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SEVEN

Explorer of the Depths: Sigmund Freud

The Truth About Freud

More than any other figure in the annals of psychology, Sigmund Freud has been both extravagantly praised and savagely castigated for his theories, venerated and condemned as a person, and regarded as a great scientist, a cult leader, and a fraud. His admirers and critics agree that his impact on psychology, the psychotherapies, and the way human beings in Western society think about themselves has been larger than that of anyone else in the history of the science; for the rest, they seem to be talking about different people and different bodies of knowledge.

The sociologist and Freud scholar Philip Rieff said in 1959 that "the greatness of the man is beyond question, complementing the greatness of his mind," and rated his writing "perhaps the most important body of thought committed to paper in the twentieth century." But several years later a well-known scholar and humanities professor, Erich Heller, asserted in the *Times Literary Supplement* that Freud was one of the most overrated figures of our time, and Nobel Laureate Sir Peter Medawar called psychoanalytic theory "the most stupendous intellectual confidence trick of the century."

The political scientist Paul Roazen judged Freud to be "unquestionably one of the greatest psychologists of history" and "a great thinker," and the theologian Paul Tillich considered him "the most profound of all the depth psychologists." But an English scholar, E. M. Thornton, gathered up bits of evidence that, in her opinion, prove "that [Freud's] central postulate, the 'unconscious mind,'

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does not exist, that his theories were baseless and aberrational," that he formulated them while under the influence of cocaine, and that he was "a false and faithless prophet."

Freud's admirers, including the historian Peter Gay, author of a massive 1988 biography, see him as a brave and heroic fighter for truth. His detractors see him as a neurotic and ambitious egotist who sought notice by propounding fantastic theories. In two lengthy diatribes in *The New York Review of Books* in 1993 and 1994, and later in other writings, Frederick Crews, a professor of English literature, established himself as perhaps the most savage of the many Freud bashers, saying that as a therapy psychoanalysis is "indifferently successful" and "vastly inefficient"; that as an empirical approach to scientific knowledge it is "fatally contaminated" by assuming, in dialogue with patients, the very ideas it seeks to corroborate; that Freud himself was "indifferent to his patients' suffering" and that they achieved only mediocre or negative therapeutic results; that he often sought to "nail" the patient "with hastily conceived interpretations which he then drove home unabatingly"; and so on and on.

Most historians of psychology credit Freud with a long string of influential discoveries, the most noteworthy being that of the dynamic unconscious. But Frank Sulloway, a historian of science, has learnedly argued that Freud's concepts were largely "creative transformations" of ideas already extant in neurology and biology, and the scholar Henri Ellenberger has painstakingly made the case that Freud's discovery of the dynamic unconscious merely crystallized and gave shape to diffuse ideas that had already been put forward by many of his predecessors and contemporaries.

Freud saw himself, and most of his biographers have seen him, as an outsider—an isolated Jew in anti-Semitic Vienna—courageously battling medical conservatives to bring humanity the benefit of his discoveries. His disparagers say that he exaggerated the anti-Semitism around him in order to present himself as an embattled hero and that in any case he got many of his ideas from his friend Wilhelm Fliess but passed them off as his own.

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What is one to make of such contradictions?

But, then, what is one to make of a man who was himself a bundle of contradictions?[1] Radical in his theories about human nature and a militant atheist, Freud was, except in his early years, a political conservative. He espoused liberated attitudes toward sexuality but was himself a model of decorum and sexual restraint. He claimed that he rid himself of his own neuroses through his famous self-analysis, but throughout his life suffered from assorted neurotic symptoms, among them migraine headaches, urinary and bowel problems, an almost morbid dislike of the telephone, a tendency to faint at times of intense interpersonal stress, and a pathological addiction to cigars. (He smoked twenty a day and could not stop even after he developed cancer of the jaw as a result.) He hated Vienna and was never part of its easygoing café society but could not bring himself to leave it for any more congenial place until 1938, when he moved to London after the Nazi takeover of Austria.

At times, he was unabashedly egotistical; he likened himself to Copernicus and Darwin, and told an admirer of one of his later works, "This is my worst book, the book of an old man. The genuine Freud was really a great man."[2] At other times he was unassuming and modest; late in life, in "An Autobiographical Study," he wrote:

> Looking back, then, over the patchwork of my life's labors, I can say that I have made many beginnings and thrown out many suggestions. Something will come of them in the future, though I cannot myself tell whether it will be much or little. I can, however, express a hope that I have opened up a pathway for an important advance in our knowledge.[3]

He was surrounded by a large and loving family and a circle of devoted followers but over the years fought with a number of his closest friends and disciples. In his seventies he ruefully wrote:

> I cannot count on the love of many people. I have not pleased, comforted, edified them. Nor was this

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> my intention; I only wanted to explore, solve riddles, uncover a little of the truth.[4]

In photographs, Freud invariably looks formal and grave—impeccably dressed, neatly barbered, somber and unsmiling—yet his own writings and the reminiscences of those who knew him well attest that he was uncommonly witty and that he loved telling funny stories with a psychological point to them. An example from his study of humor, *Jokes and Their Relation to the Unconscious:*

If [a doctor] enquires from a youthful patient whether he has ever had anything to do with masturbation, the answer is sure to be: "*O, na, nie!*" [German for "Oh, no, never"—but in German *Onanie* means "masturbation"].[5]

And a longer joke, of the kind Freud enjoying telling and told well:

> The *Schadchen* [Jewish marriage broker] was defending the girl he had proposed against the young man's protests. "I don't care for the mother-in-law," said the latter. "She's a disagreeable, stupid person."— "But after all you're not marrying the mother-in-law. What you want is her daughter."—"Yes, but she's not young any longer, and she's not precisely a beauty."—"No matter. If she's neither young nor beautiful she'll be all the more faithful to you."—"And she hasn't much money."—"Who's talking about money? Are you marrying money then? After all it's a wife that you want."—"But she's got a hunchback too."—"Well, what *do* you want? Isn't she to have a single fault?"[6]

Evidently, the truth about Freud is, to say the least, no simple matter. But let us see what we can see.

The Would-Be Neuroscientist

One thing about Freud is obvious and indisputable: unlike the majority of noted psychologists of his time, he came from far outside the mainstream of his culture and in terms

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of background was most unlikely to become a towering figure in the discipline.

He was born in 1856 in Freiberg, a small town in Moravia (then part of the Austro-Hungarian Empire), the son of an impoverished itinerant Jewish trader in woolens, cloth, hides, and raw foodstuffs. At home, as a boy, he heard nothing of science, let alone modern psychology, and none of his ancestors had ever attended a university or even a gymnasium; by all odds, he should have become a small-time merchant like his father, Jacob.

For his first several years, he, his middle-aged father—who had been married before and raised another family—and his young mother lived in a single rented room that was soon further crowded by a baby sister. When Sigmund was four the family moved to Vienna, where, though his father's business gradually improved, the family's growth—eventually there were seven children—made for many hard years.

Freud thus had reason for his lifelong anxiety about money. And about his place in society; although by the 1860s legal reforms in the empire had freed Jews to live outside the ghetto and to attend gymnasia and universities, they remained social outcasts and were barred from practicing most professions or holding high public office.

Freud was doubly an outsider. His father had thrown off the Orthodox faith of his forebears and become a freethinker, possibly in the futile hope of being assimilated into Gentile society, and although Freud always considered himself a Jew and consorted mainly with fellow Jews, he was, he once told a Protestant friend, "a totally Godless Jew," belonging to no congregation and taking no part in the life of the Jewish community. It is not surprising that he would later seek from psychology answers to questions so unlike those asked by Helmholtz, Wundt, and James, the outstanding psychologists of his youth. In their separate ways they asked, "How does the mind work?" while Freud would ask, "What am I and what made me that way?" But he would do so only after many years of trying to become a scientist in the mold of Helmholtz.

At Freud's birth, a peasant woman had prophesied to his mother that he would become a great man, and his parents often told him the story during his boyhood. Whether for

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that reason or others, he early became extremely ambitious and diligent in his studies and was first in his class in the gymnasium for seven years. Law and medicine were the two professions then open to Jews, and in his final year at the gymnasium, after reading an inspiring essay by Goethe on Nature, he decided to spend his life in science. In 1873 he enrolled in the medical school at the University of Vienna; there, despite his exclusion from the fellowship of his anti-Semitic classmates—or perhaps because of it—he excelled as a student.

But medicine, he discovered, had little intellectual appeal for him, and as for actual practice, he found the prospect repellent. Partway through medical training he came under the spell of Ernst Brücke, professor of physiology and a co-founder, with Emil Du Bois-Reymond, of the Berlin Physical Society, the nucleus of the mechanist-physiological school that had dominated psychology for a generation. Freud was impressed by Brücke's presentation of physiological psychology and charmed by his warm and fatherly demeanor. Brücke, nearly forty years older than Freud—as was Freud's own father—took a personal interest in his brilliant young student and became both scientific mentor and father-figure to him. Freud later said that Brücke "carried more weight with me than anyone else in my whole life,"[7] a remarkable statement for one who spent nearly fifty years developing a subjective, introspective psychology totally unlike Brücke's.

But Freud's concern with introspection would come later. As a serious, hardworking medical student, he had no time for and no interest in inward-looking psychology; indeed, he was so taken by the physiological approach to psychology that he delayed the completion of his medical studies to do research in Brücke's Physiological Institute. There, the person one always envisions as sitting unseen behind a couch listening to the ruminations of neurotic patients spent much of his six-year stay at laboratory tables, dissecting fish and crayfish, tracing their nerve pathways, and peering at nerve cells through a microscope.

Intellectually committed to physiological psychology, he hoped to become a physiologist and do pure research. But Brücke advised against this. Freud had no money—he

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still lived at home and was supported by his father—and at that time a career in pure science was impossible for a person without an independent income unless he could count on achieving a high academic position, which a Jew could not. Freud gave up the dream, reluctantly completed his medical studies, and received his M.D. in 1881.

He hung on briefly at the institute but the next year met and fell in love with a friend of one of his sisters, an attractive young woman named Martha Bernays, and soon proposed marriage. She was entranced by the darkly handsome young doctor and accepted the offer, though they would not be able to marry until he could support a wife and family. The most feasible way for him to do so was to enter private practice, but he needed clinical experience and training in a specialty he could tolerate. Neurology being the specialty closest to neuroscience, he left Brücke's institute and joined the Vienna General Hospital, where he studied under Theodor Meynert, then the world's leading brain anatomist, and over the next three years became expert at diagnosing different kinds of brain damage and disease.

(During this time, as nearly everyone knows, Freud briefly experimented with cocaine. He used it himself and touted it in medical circles as a valuable analgesic and antidepressant until, seeing its destructive effects on a friend who became addicted to it, he abandoned it. By then, however, he had made himself suspect in the Viennese medical community.)

His years of hard work at the General Hospital were lonely and dispiriting; Martha Bernays lived with her mother in Hamburg, and Freud saw his fiancée only at long intervals and then for brief periods. He wrote to her and she to him almost daily; in his chatty, loving letters, he envisioned himself as Dr. Sigmund Freud, Neurologist in Private Practice, earning a good living, happily married to his beloved Martha, and raising a family. Only rarely did he write of some inner turmoil (for instance: "I have been so caught up in myself, and then I have days on end—they invariably follow one another, it is like a recurring sickness— when my spirits decline for no apparent reason"[8]), but there is no hint in the letters that he would someday search his psyche in an effort to understand his

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distress, no premonition that deep-probing psychology would drive neurology out of his mind and life.

The Hypnotherapist

Freud's move toward his unique career was initiated by his friendship and collaboration with Josef Breuer, a successful physician and physiologist fourteen years his senior whom he had met through Brücke. Despite the gap in age and status, Breuer and Freud became close friends, and Freud was a frequent visitor in the Breuer home. The friendship grew particularly close as Freud gained medical experience at the General Hospital and was able to discuss cases with Breuer.

In November 1882, Breuer told Freud about one of his patients, a young woman suffering from hysteria whom he had treated for a year and a half. Known to history by the case-study pseudonym Anna O., she was Bertha Pappenheim, a pampered, overprotected daughter of wealthy Jewish parents and a friend of Martha Bernays's. Freud was fascinated by the case, got Breuer to go over it with him in great detail, and a dozen years later co-authored with Breuer a report that is often called the first case of psychoanalysis, although in actuality it was only the seed from which psychoanalysis sprouted and grew.[9]

Bertha Pappenheim, an attractive, intellectual woman of twenty-one, was deeply attached to her father and had nursed him during his illness until she became bedridden with severe hysterical symptoms, including loss of appetite, muscular weakness, paralysis of the right arm, and a severe nervous cough. Her father died two months later, and she then became much worse. She suffered from hallucinations of black snakes and skeletons, speech difficulties (at times she was unable to speak in her native German, though she could speak in English, French, or Italian), the inability to drink even when painfully thirsty, and periods of "absence" or somnolent confusion that she called "time missing."

Breuer told Freud that he had visited her regularly but could not help her until he accidentally stumbled on a

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curious method of doing so. During her "absences," she would mutter words that arose from a train of thought, and Breuer found that by lightly hypnotizing her, he could get her to use these words as a starting point to reproduce for him the images and fantasies in her mind—after which, strangely, she would be free of mental confusion for a number of hours. The next day she might relapse into another absence, but Breuer could again dispel it by another light hypnosis. She called it "the talking cure" or sometimes "chimney sweeping."

Breuer also told Freud that the talking cure could do much more than temporarily relieve her mental confusion; if he could get her to remember under hypnosis when, and in what connection, a particular symptom first appeared, the symptom would disappear. In one session, for instance, she traced her inability to drink water back to a time when she saw a little dog drink from a water glass and was disgusted by the sight; when she came out of the trance she was able to drink and the symptom never returned. Similarly, the talking cure rid her of the paralysis in her right arm after she recalled that one time, while tending her father, that arm was draped over the back of the chair and became numb, at which point she had had a dream of a black snake approaching and of being unable to use her arm to fend it off.

By this method Breuer tackled her symptoms one by one and brought them all under control. But one evening, he told Freud, he found her confused again and writhing with abdominal cramps. He asked her what was the matter. "Now comes Dr. B.'s child," she said.[10] He realized with alarm that she was undergoing a hysterical pregnancy stemming from fantasies about him. He abruptly referred her to a colleague, went on vacation with his wife, and treated Bertha Pappenheim no more.

She had not, in fact, been cured by the catharsis of the talking cure but only temporarily relieved of her symptoms. It remained for Freud to discover years later that such patients needed to do more than remember the events that triggered each symptom; they had to search for their hidden meanings. In most cases, he would find, these were sexual, as in the episode of "Dr. B.'s child." But Breuer was uncomfortable with the topic of sexuality, and

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though at the moment of the hysterical pregnancy he had "had the key in his hand" (as Freud later wrote to a friend), "he dropped it… [and] in conventional horror took to flight."[11]

(Bertha Pappenheim spent some time in a sanatorium, where she eventually recovered. She went on to have a successful career, first as housemother in an orphanage, then as head of an institution for unwed mothers and young prostitutes, and the leader of a long-term campaign to protect "endangered girls." She never married and had no recorded love life; the sexual problems underlying her hysteria were not cured but sublimated—a process Freud would later elucidate—in good works for fallen women.[12])

In 1886, four years after Breuer told him about that case, Freud, then thirty-one, opened an office (and later that year married Martha) and began private practice as a specialist in neurological and brain disorders, which he treated with such physical therapies as were then available. But few patients arrived, and he was glad to get Breuer's referrals of patients suffering from hysteria. Freud had recently taken special training in that subject; he had gone to Paris for several months on a small grant from Brücke's Neurological Institute to study under Jean Martin Charcot, the noted neuropathologist and director of the Salpêtrière hospital. Charcot was, among other things, the discoverer of the phenomenon of hysteria. He was also a skilled hypnotist, but he hypnotized hysterics only to get them to display the symptoms of hysteria to his students. He believed that hysteria, though it may have been triggered by some traumatic event, such as a railroad accident, resulted from a hereditarily weak neurological system, and he considered the disease progressive and irreversible.

Impressed by Charcot's views, Freud at first treated his own hysterical patients as if the neurosis were indeed a neurological disorder. For the most part he used "electrotherapy," a method in vogue at the time; he applied electrodes to the affected part of the body and delivered a mild electric current that produced a tingling or muscular twitch. He had some initial success with the method, but his familiarity with hypnosis led him to suspect that the benefits were due less to the electric current than to

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suggestion—his assurance to the patient that the treatment would dispel the symptom.

With this in mind, he began the more direct use of hypnotic suggestion, although this was disapproved of in Viennese medical circles and considered close to quackery. Freud knew that members of the "Nancy School" in France, followers of the medical hypnotist Auguste Liébeault, of whom we heard earlier, were treating hysteria by post-hypnotic suggestion. They would hypnotize their patients and tell them that the symptom would disappear when they awoke from the trance. Freud adopted the technique and was delighted by the results. In December 1887 he wrote to Wilhelm Fliess, a Berlin ear, nose, and throat specialist he had met that year and with whom he had struck up a close friendship, "During the last few weeks I have plunged into hypnotism, and have had all sorts of small but peculiar successes."[13]

But all too soon he found to his sorrow that the relief was usually partial and temporary, so he took a different tack, using hypnosis as Breuer had with Bertha Pappenheim. For several years Freud hypnotized hysterics and asked them to recall and talk about the "traumatic event" that first brought about a particular symptom. He had fairly good results with some, but, disappointingly, either the improvement was temporary or the banished symptom was replaced by a different one. Moreover, the technique was inapplicable to the many patients who could not be hypnotized.

Despite these limitations, in the course of half a dozen years Breuer and he discussed a series of cases—Bertha Pappenheim and Freud's more recent patients—and gradually worked out a theory of hysteria that, unlike Charcot's, was wholly psychological. They concluded that "hysterics suffer from reminiscences"—memories of emotionally painful experiences—that have somehow been excluded from consciousness. As long as such memories remain forgotten, the emotion associated with them is "strangulated" or bottled up and converted into physical energy, taking the form of a physical symptom. When the memory is recovered through hypnosis, the emotion can be felt and expressed, and the symptom disappears.

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This was the gist of a brief paper that Breuer and Freud published in 1893[14] and of a lengthy, detailed work published in 1895, *Studies on Hysteria*, which reported on Breuer's one case and four of Freud's, presented their theory of hysteria, and discussed the relief of symptoms by hypnotic catharsis—and by a better method Freud had discovered that abandoned hypnosis altogether and brought about not temporary relief but actual cure.

The Invention of Psychoanalysis

No historical or sociological account of scientific progress can adequately explain the sudden appearance of psychoanalysis and its discoveries of unconscious psychological processes. In the latter part of the nineteenth century many men reared in Vienna or other leading European cities were trained in medicine and steeped in the tradition of physiological psychology, but Freud alone went on to practice neurology, then to use hypnotherapy with hysterics, and finally to invent psychoanalysis. The evolution of his thinking was nurtured in part by the social conditions and state of scientific knowledge in his era, but in part by his genius and the personal problems that made him sensitive to similar problems in others.

Freud took his first small step toward the invention of psychoanalysis not by design but in response to a demand made by one of his patients. She was Baroness Fanny Moser, a forty-year-old widow whom he called Frau Emmy von N. in *Studies on Hysteria.* She sent for Freud in 1889 when she was suffering from facial tics, hallucinations of writhing snakes and dead rats, fearful dreams of vultures and fierce wild animals, frequent interruptions of her speech by a spastic clacking or popping noise that she made with her mouth, a fear of socializing, and a hatred of strangers.

Over a period of time Freud rid her of many of her symptoms by the cathartic Breuer method—she was the first patient with whom he used it—and also by the Nancy method of post-hypnotic suggestion. As he later reported in *Studies:*

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> The therapeutic success on the whole was considerable; but it was not a lasting one. The patient's tendency to fall ill in a similar way under the impact of fresh traumas was not got rid of. Anyone who wanted to undertake the definitive cure of a case of hysteria such as this would have to enter more thoroughly into the complex of phenomena than I attempted to do.[15]

From Frau Emmy, however, he learned something of great importance. When he asked her to recall the traumatic episode that had initiated some symptom, she would often ramble on tediously and repetitiously without relating anything pertinent. One day Freud asked her why she had gastric pains and what they came from:

> Her answer, which she gave rather grudgingly, was that she did not know. I requested her to remember by tomorrow. She then said in a definitely grumbling tone that I was not to keep on asking her where this or that came from, but to let her tell me what she had to say.[16]

To his credit, Freud sensed that this was an important request and let her proceed as she wished. She began talking of her husband's death and wandered on from there, eventually speaking of the slander circulated by his relatives and by a "shady journalist" to the effect that she had poisoned him. Although this had nothing to do with her gastric pains, it revealed to Freud why she was so isolated and unsociable, and why she hated strangers; previous urging had not elicited the significant thoughts, but allowing her to ramble freely had. He realized that, wearisome as it might be, allowing the patient to say whatever came into her mind was a more effective route to hidden memories than prodding and probing; this eventually led him to the use of the technique, critically important to both therapy and research, of "free association."

Freud recognized, too, that the technique might spare him the attempt at hypnosis with patients who could not be hypnotized. He asked them—and, after a while, all his patients—to lie down on a couch in his office, close their eyes, concentrate on remembering, and say whatever came

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to mind. Often they would go blank; nothing would come to mind, or what came was irrelevant, and for good reason: Freud had already noticed that forgotten memories that were retrieved only with great difficulty were those one would prefer to forget—memories involving shame, self-reproach, "psychical pain," or actual harm. Patients who could not remember traumatic episodes were unconsciously defending themselves from pain.

Freud called this inability to retrieve painful memories "resistance" and invented a way to break through it. He first used the technique in 1892 with a young woman who could not be hypnotized and who was unable to produce useful memories. He pressed her forehead with his hand, assuring her that this would infallibly produce such memories. And it did. What came to her mind that first time was the recollection of a night when she returned home from a party and stood beside her father's sickbed. From that she went on, slowly and meanderingly, to related thoughts, and after a while to the recognition that she had felt guilty for enjoying herself while her father lay critically ill. At last, and with much effort, Freud got her to recognize that one of her symptoms, severe pain in her legs, was her way of fending off guilt-producing pleasures. She later made a complete recovery and married.[17]

The essential aspect of the process, however, was not what Freud did with his hand but what the patient agreed to do. As he later explained:

> I assure [the patient] that, all the time the pressure lasts, he will see before him a recollection in the form of a picture or will have it in his thoughts in the form of an idea occurring to him; and I pledge him to communicate this picture or idea to me, whatever it may be. He is not to keep it to himself because he may happen to think it is not what is wanted, not the right thing, or because it would be too disagreeable for him to say it. There is to be no criticism of it, no reticence, either for emotional reasons or because it is judged unimportant. Only in this manner can we find what we are in search of, but in this manner we shall find it infallibly.[18]

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What came forth was very rarely a forgotten painful memory but usually a link in a chain of associations that, if pursued, slowly led to the pathogenic idea and to its hidden meaning. In *Studies* Freud called this process "analysis," and the next year, 1896, began using the term "psychoanalysis."

Freud soon concluded that the pressure technique, which was only another form of suggestion, was inadvisable, because it was reminiscent of hypnosis and also made the doctor too vivid a presence at a time when the patient was trying to focus on memories. He abandoned it by 1900, relying thereafter on verbal suggestion.[19]

Thus, by 1900 the basic elements of the method consisted of relaxation on the couch,* the therapist's repeated suggestion that free association would yield useful ideas, the patient's agreeing to say whatever came to mind without any holding back or self-censorship, and the unconscious associations this process revealed in the patient's memories and ideas. The method proved applicable not only to hysteria but to other neuroses. Freud tinkered with the technique for decades, but its fundamentals, aimed at achieving curative insight by looking into the psychodynamic unconscious, had all been established within a dozen years of the time he first treated a patient without using hypnosis.

There is, of course, a great deal more to psychoanalytic technique than this, much of it arcane and complex. Since we are concerned primarily with the development of psychological science and only to a limited extent with the treatment of mental disorders, we need not linger here over the details of psychoanalytic therapy or the variants devised by followers of Freud who came to disagree with his theories and therapeutic methods. But we must take note of two other elements of psychoanalytic therapy that Freud worked out, since they are central not only to his treatment of patients but to his use of psychoanalysis as the investigative method by which he made his major psychological discoveries.

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The first is the phenomenon of *transference.* Freud had mentioned this briefly and in a limited sense in *Studies*, but five years later, in 1900, a failed treatment led him to make much more of it. At that time he began treating an eighteen-year-old girl identified in his case report as Dora. He and she traced her hysterical symptoms back to a sexual approach made to her by Herr K., a neighbor, and to her conflicting feelings of repulsion and sexual attraction to him. But Dora broke off treatment after only three months, just as she was making good progress. Freud, stunned, pondered long and deeply about why she might have done so. Re-examining a dream of hers about leaving treatment—an analogue of her fleeing Herr K.'s house at the time of the sexual advance—he concluded that he himself, a heavy smoker whose breath smelled of tobacco smoke, had reminded Dora of Herr K., also a smoker, and that she may have begun to transfer the feelings she had for Herr K. to Freud. Not noticing this, he had failed to deal with it constructively. His conclusion:

> I ought to have listened to the warning myself. "Now," I ought to have said to her, "it is from Herr K. that you have made a transference onto me. Have you noticed anything that leads you to suspect me of evil intentions similar (whether openly or in some sublimated form) to Herr K.'s? Or have you been struck by anything about me or got to know anything about me which has caught your fancy, as happened previously with Herr K.?"[20]

This, he said, would have enabled Dora to clear up her feelings about Freud, remain in treatment, and look still deeper into herself for other memories.

Transference, Freud concluded, cannot be avoided; dealing with it is by far the hardest part of the task but is an essential step in breaking through resistance and bringing the unconscious to light:

> It is only after the transference has been resolved that a patient arrives at a sense of conviction of the validity of the connections which have been established during the analysis… [In treatment] all

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> the patient's tendencies, including hostile ones, are aroused; they are then turned to account for the purposes of the analysis by being made conscious…Transference, which seems ordained to be the greatest obstacle to psychoanalysis, becomes its most powerful ally, if its presence can be detected each time and explained to the patient.[21]

Seen from the viewpoint of therapy, the analysis of transference is a corrective experience that reveals and repairs the trauma. Had Freud acted in time, Dora would have seen that, unlike Herr K., he (and presumably many other men) could be trusted and that she did not have to fear their feelings about her or hers about them. Seen from the viewpoint of psychology, the analysis of transference is a way of investigating and verifying hypotheses about the unconscious motivations behind inexplicable behavior.

The second element of analytic technique that became a principal method of psychological investigation for Freud is *dream interpretation.* Despite his failure to recognize Dora's dream as a signal of her transference to him, he had been fruitfully using patients' dreams for five years to get at unconscious material; he later called dream interpretation "the royal road to the knowledge of the unconscious in mental life."[22]

Freud was far from the first psychologist to be interested in dreams; in *The Interpretation of Dreams* (1900), he cited 115 references to earlier discussions of the subject. But most psychologists had viewed dreams as degraded, absurd, and meaningless thoughts that originated not in any psychic process but in some bodily process that was disturbing sleep. Freud, conceiving of the unconscious as not merely ideas and memories outside of awareness but as the repository of painful feelings and events that have been forcibly forgotten, saw dreams as significant hidden material breaking into view while the protective conscious self is off duty.

He hypothesized that dreams fulfill wishes that would otherwise wake us and that their basic purpose is to enable us to continue sleeping. Some dreams fulfill simple bodily

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needs. In *Interpretation* Freud said that whenever he had eaten salty food, he became thirsty during the night and dreamed of drinking in great gulps. He also cited the dream of a young medical colleague who liked to sleep late and whose landlady called through the door one morning, "Wake up, Herr Pepi! It's time to go to the hospital!" That morning Pepi particularly wanted to stay in bed, and dreamed that he was a patient in bed in the hospital, at which point he said to himself, "As I'm already *in* the hospital, there's no need for me to go there," and went on sleeping.[23]

But the wish fulfillment of many dreams is far subtler and more recondite. Often, wishes that have been hidden in the unconscious threaten to break through into consciousness during the relaxed condition of sleep; if they did, they would produce distress sufficient to awaken the sleeper. To protect sleep, Freud supposed, the unconscious mind disguises disturbing elements, transforming them into relatively innocuous ones; the dream is mysterious precisely because what it seems to be about is not what it is really about. But by free-associating to what we remember of dreams, we may be able to recognize the real content behind the disguise and so peer into our unconscious mind.

Freud arrived at this view after he first analyzed a dream of his own. In July 1895, he dreamed about "Irma," a young woman he was then treating. The dream is complicated and Freud's analysis of it very long (over eleven pages). In brief, he meets Irma in a large hall where guests are arriving and learns from her that she has been having choking pains in her throat, stomach, and abdomen; fears that he has incompetently overlooked some organic trouble; and after many other details, discovers that his friend Otto, a physician, had given Irma an injection with an unclean syringe and that this was the source of her trouble.

Pursuing the real meanings of the many components of the dream through free association, Freud recalled that the previous day he had met his friend Oscar Rie, a pediatrician who knew Irma, and who had said to him, "She's better, but not quite well." Freud had felt annoyed; he had taken this to be veiled criticism, meaning that he

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had been treating Irma with only partial success. In the dream, he disguised the truth by turning Oscar Rie into Otto, changing Irma's remaining neurotic symptoms into physical ones, and making Otto responsible for her condition—unlike himself, who was always scrupulous about the cleanliness of needles he used. Freud's conclusions:

> Otto had in fact annoyed me by his remarks about Irma's incomplete cure, and the dream gave me my revenge by throwing the reproach back on to him. The dream acquitted me of responsibility for Irma's condition by showing that it was due to other factors… The dream represented a particular state of affairs as I should have wished it to be. *Thus its content was the fulfillment of a wish and its motive was a wish.* [24]

Through ruthless self-examination of his own less than creditable motives in the dream, Freud had discovered a technique of incomparable value. Within the next five years he analyzed over a thousand dreams of his patients and reported in *Interpretation* that the method was one of the most useful tools of psychoanalytic treatment and of research on the workings of the unconscious mind.

The use of psychoanalytic procedures for research purposes has been much criticized as methodologically unsound. Free association leads the patient and analyst to an interpretation of a dream, but how can one prove that the interpretation is correct? In a few cases there may be historical evidence that a trauma, reconstructed from a dream symbol, did in fact occur, but in most cases, as in Freud's Irma dream, there is no way to prove objectively that the interpretation has revealed the real dream content.

Yet as anyone knows who has ever interpreted his or her dreams in therapy, there comes a moment in the effort when one feels a shock of recognition, an epiphany, a sense of having stumbled on emotional truth. In the end, dream analysis is authenticated by the analysand's own response—"Yes! This must be the true meaning of it because it *feels* true"—and because that response enables

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him or her to begin grappling with the problem that generated the dream.

In Freud's case, free association and dream analysis led him to just such experiences of illumination and rescued him from a serious scientific error. Very early in his practice of psychotherapy, he suspected that sexual difficulties were at the basis of many or most neurotic disorders. He might have got that idea from the *Zeitgeist.* Although Viennese society was still thoroughly prudish and hypocritical about sexuality, in medical and scientific circles it had become a matter of much interest. Dr. Richard von Krafft-Ebing had published a lengthy account of sexual deviations, and anthropologists were reporting the sexual customs of peoples around the world.

But these works dealt with adult sexuality; children were thought to be innocent, pure, and untouched by sexual desires or experiences. Freud, however, had repeatedly heard patients recall, after much effort, that they had had sexual feelings in childhood and, astonishingly, that they had been sexually molested by adults, their experiences having ranged from being fondled to being raped. Hysteria was one outcome; obsessional neuroses, phobias, and paranoia were others. The guilty adults were nursemaids, governesses, domestic servants, teachers, older brothers—and, most shockingly, in the case of female patients, fathers.[25]

Freud was amazed, and thought he had made a major discovery. By 1896, after half a dozen years of hypnotherapeutic and analytic experience, he announced his so-called seduction theory in a published paper and in a lecture before the local Society for Psychiatry and Neurology presided over by the great Krafft-Ebing.[26] The lecture was received icily, and Krafft-Ebing told him, "It sounds like a scientific fairy tale."[27] In the weeks and months after the lecture Freud felt shunned by the medical community and totally isolated, and referrals of patients fell off alarmingly. But although he clung to his belief in his discovery for a while, eventually he too reluctantly began to doubt its validity.

For one thing, he was having only partial success treating patients who had unearthed recollections of

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molestation; some, in fact, who he thought were doing best, broke off treatment before being cured. For another, he was finding it ever harder to believe that perverse acts by fathers against their daughters were so widespread. Since there was no unarguable indication of reality in the unconscious, these recollections of seduction might actually be fictitious.[28] This was a depressing thought; what he had considered a major discovery and "the solution of a thousands-[of-]years-old problem" might be an error.

Although he had recently been able to move his growing family to a spacious apartment at Berggasse 19 and was doing well enough to indulge in his keenest pleasure, an annual trip to Italy, he had many other reasons for being depressed and anxious. His father's death, in October 1896, had affected Freud far more deeply than he had anticipated (he felt "torn up by the roots"); his long friendship with Breuer, who had been so helpful to him but who would not accept his increasingly radical ideas about neurosis and therapy, was disintegrating; and although he had held the unpaid but prestigious position of *Privatdozent* (lecturer) in neuropathology at the university for nearly a dozen years, he still had not been appointed a professor, a far more prestigious status that would have aided his career. For all these reasons, Freud's neurotic symptoms became exacerbated, particularly his worries about money, fears of heart disease, obsession with thoughts of death, and a travel phobia that made it impossible for him to visit Rome, which he desperately wanted to do but the thought of which filled him with inexplicable fear.

In the summer of 1897 the forty-one-year-old Freud began to psychoanalyze himself in an effort to understand and combat his own neurosis.[29] To a degree, he had already been doing this by analyzing some of his dreams, but now he subjected himself daily to his own scrutiny in a rigorous, systematic fashion. Descartes, Kant, and James —even, perhaps, Socrates—had examined their conscious minds, but only Freud sought to unlock the secrets of his unconscious mind.

Self-analysis may seem a contradiction in terms. How can one be guide and guided, analyst and analysand, at the

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same time? How can one be the patient and also the therapist onto whom the patient transfers feelings that he then analyzes? But no one else was trained or able to serve as Freud's analyst, and he had to do it himself. To some extent, however, he made Wilhelm Fliess, to whom he was developing a powerful attachment, a surrogate analyst. Fliess, although an ear, nose, and throat specialist, had many interests, including psychology, about which he formulated a number of theories, some brilliant and others mystical and absurd. Freud wrote regularly and often to Fliess, telling him what was happening in his research and self-analysis, and met him from time to time for what Freud called "congresses"—two or three days of intense discussion about his and Fliess's work and theories. Fliess's letters in response to Freud's do not exist nor is there any record of what he said in their congresses, but it is generally believed that he helped in the self-analysis or at least that Freud clarified his own thinking in the course of telling the results of self-analysis to a trusted confidant.

Every day, for several years, Freud used free association and the examination of each night's dreams to seek hidden memories, early experiences, and the concealed motives behind his daily wishes, emotions, slips of the tongue, and little memory lapses; he sought to understand himself and, through himself, psychological phenomena common to humankind. "This analysis is harder than any other," he wrote to Fliess early in the process. "But I believe it has got to be done and is a necessary stage in my work."[30] Time and again he thought he was finished, only to discover otherwise; time and again he came to a standstill, fought to make progress—and made it, as a later letter tells:

> I am now experiencing in myself all the things that as a third party I have witnessed going on in my patients—days when I slink about depressed because I have understood nothing of the day's dreams, fantasies, or mood, and other days when a flash of lightning brings coherence into the picture, and what has gone before is revealed as preparation for the present.[31]

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No wonder it was hard work. He was unearthing from his "dung heap," as he called it, memories that had been deeply hidden because they were repellent and guilt-producing, such as his childish jealousy of a younger brother (who died in infancy, leaving a permanent residue of guilt in Freud), his conflicting feelings of love and hate for his father, and particularly a time when, at two and a half, he saw his mother nude and was sexually aroused.[32]

Ernest Jones, in his monumental biography of Freud, said that the self-analysis produced no magical results and that Freud's neurotic symptoms and dependence on Fliess actually became more pronounced in the first year or so as disturbing material came to light. But by 1899 Freud's symptoms were much improved and he felt far more normal than four or five years earlier. By 1900 the task was largely complete, although for the rest of his life he continued to spend the last half hour of every day analyzing his moods and experiences.

The self-analysis, imperfect though it was, had considerable personal benefit but yielded a far greater one, according to most Freud scholars. Through it Freud arrived at a number of his theories about human nature or confirmed theories he had been deriving from his experience with patients.

The most important of these was that children, even in their early years, do have powerful sexual feelings, which are particularly apt to involve sexual attraction toward a parent, usually of the opposite sex. But children sense that these desires and fantasies are so wicked in the eyes of their parents and other adults that they thrust them into the unconscious and forget that they have ever had them.

Now at last Freud understood why so many of his patients had told of being seduced in childhood. The "memories" they had unearthed were of childish fantasies, not of actual seductions.[33] He had been on the right track; he simply hadn't gone far enough to reach the psychic truth. Jeffrey Masson, an apostate psychoanalyst and ferocious Freud critic, has alleged that Freud gave up his seduction theory because it offended his fellow physicians and was bad for business, but in fact Freud's contemporaries found his new theory of infant sexuality and incestuous desires even more repugnant than the

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seduction theory. Yet Freud, despite his money worries, sense of isolation, and desire to be publicly recognized, felt compelled to publish the truth, and did so, partly in 1900 and more fully in 1905.

By 1900, he had done much more than invent a new therapy for neuroses and discover childhood sexuality. He had developed a number of highly consequential theories about human psychology, both normal and abnormal. While he drew on the latest findings and ideas of certain psychologists (the French psychologist Pierre Janet would even accuse Freud of plagiarizing his ideas about the "subconscious," as he called it), what was original in Freud's work—and much of it was—was based on what he had gleaned from his own mind and his patients' by a form of exploration without precedent in the history of psychology.

Dynamic Psychology: Early Formulations

The theories that would make Freud famous and would profoundly affect Western culture describe mental processes in purely psychological terms. Freud had begun as an adherent of the mechanistphysiologist school, in which all mental events supposedly were, or someday would be, explicable in physiological terms. Not until he gave up that view did he make his major discoveries.

Freud had clung to the physiological doctrine for some time after turning to hypnotherapy and psychoanalysis. In 1895, the very year in which Breuer and he published *Studies on Hysteria*, a predominantly psychological approach to that subject, he wrote an eighty-page rough draft of a "Project for a Scientific Psychology" in which he ambitiously sought to explain mental processes in terms of the physiological events taking place in the brain.[34] While the "Project" contained a number of his budding psychological theories, it accounted for them in such physical terms as the laws of motion, the quantity of nervous excitation in neurons, the inertia or discharge of that energy, the pathways of discharge, and the principle of the conservation of energy.

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Freud sent the draft to Fliess, but he himself criticized it harshly and left it unfinished. Neuroscience, he found, was not yet advanced enough for such an approach; like William James, he felt that for the time being psychology would have to deal with thoughts and emotions solely in psychological terms. Freud wrote to Fliess, a month after sending him "Project," "I no longer understand the state of mind in which I hatched [it] out…It seems pure balderdash."[35] A few years later he added:

> I have no desire at all to leave psychology hanging in the air with no organic basis. But, beyond a feeling of conviction [that there must be such a basis], I have nothing, either theoretical or therapeutic, to work on, and so I must behave as if I were confronted by psychological factors only.[36]

Although he abandoned the attempt at a unified theory, Freud in no way reverted to the traditional dualist view that mind is a substance separate and distinct from body. He often used the word *Seele*, which is translated in the Standard Edition of his writings as "soul," but the German word has many meanings and the psychoanalyst Bruno Bettelheim has persuasively argued that Freud meant by it *psyche*, the mental and emotional aspects of the individual, or, simply, the entire apparatus of mind and emotions.[37] All his life Freud was firmly convinced that no aspect of mind existed apart from the brain and that physical processes in its neurons are the materials of the phenomena of mind. Also, as a scientist he was a thorough determinist; he believed that every mental event has its causes, and that free will is only an illusion.[38]

After Freud gave up the effort to construct a physiologically based theory of mental events, he made a series of great leaps forward. In only five years (1895 to 1900), he invented a new psychotherapy and formulated a number of revolutionary theories of human psychology. In the years to come he would amplify, alter, and add to them, but had he done nothing after 1900, he would have added a whole new dimension to psychology. His theory of the mind, as strewn in bits and pieces throughout his writings of that period, has the following main components:

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The dynamic unconscious: [39] Nearly all the previous research and theorizing of psychologists had dealt with conscious mental processes, such as perception, memory, judgment, and learning. What Freud added to psychology and to Western culture was a set of theories of the unconscious and its crucial role in human behavior. Ernest Jones says this is generally held to be his greatest contribution to science.[40]

Freud, to be sure, did not discover the unconscious, as is often said. For two centuries thinkers had speculated about it—everyone from the rationalist Leibniz to the nineteenth-century hypnotherapists and from the poets and philosophers of the Romantic movement to Helmholtz, the members of the Würzburg School, and William James. By and large, though, they had all considered the unconscious merely a repository, a warehouse of experiences and information waiting to be called to use. Freud would label this relatively inert but accessible area of mental life the "preconscious" and conceive of it as quite distinct from the unconscious.

There had been, however, many clues in the work of Freud's predecessors and contemporaries, especially the hypnotherapists, that the unconscious played an active role in mental life; some even applied the term "dynamic" to it. Freud adopted and transformed this idea on the basis of his clinical experience and self-analysis.

He envisioned the mind as having three levels of functioning: the conscious, the preconscious, and the unconscious. The last was the largest and most influential part; far from being a warehouse of inactive material, it was an area of highly active and powerful primitive drives and forbidden wishes that constantly generated pressure on the conscious mind, in disguised or altered form, thereby motivating and determining much of our behavior.

This had become apparent to Freud from his clinical work. The thinking and behavior of his neurotic patients before analysis were controlled by forces they knew nothing of and could not master. The goal of psychoanalysis was to give the patient's ego "freedom to decide."[41] This did not imply free will but an awareness of

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one's unconscious motives and the attainment of a state in which choices were determined by conscious ones.

Freud came to believe that what was true of neurotics was equally true of normal people. The latter, however, developed in such a way that their unacceptable desires, hidden from awareness, were converted into acceptable ways of acting. Thus, healthy behavior, like pathological behavior, was motivated and directed largely by the forces of the unconscious.

Primary and secondary processes: [42] The unconscious mind, in Freud's view, is not merely a place in which we sequester the intolerable ideas and desires of the primitive and infantile part of the mind. He termed the mental processes that take place in it "primary"; they seek the uninhibited fulfillment of wishes either through actions or, when these are blocked by real-world forces, fantasies like those of childhood seduction, or dreams. The content of the unconscious, though not derived from the real world, is the *psychic reality* that motivates us.

As we grow up we learn that we cannot behave according to these untamed primary-process urges; we learn what is acceptable and successful in the real world and what is not. Our conscious mind operates according to "secondary processes"—the thinking, knowing, and problem-solving mental activities needed to conceive of and carry out ways of satisfying our desires that are socially acceptable.

The pleasure principle: [43] Many philosophers and psychologists had theorized that human behavior is largely governed by the quest for pleasure and the avoidance of pain. Freud incorporated this doctrine into his theory of the unconscious but altered its focus. The fundamental motive force for the entire psychic apparatus, he said, is a wish arising from any unfulfilled want or excitation—a wish to relieve the resulting *Unlust* (unpleasure), thus dissipating the tension and yielding pleasure. In the early period, Freud called it the "unpleasure principle," but later

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renamed it the "pleasure principle," the label by which it became a part of the psychological vocabulary.

"The pleasure-unpleasure principle is fundamental in Freud's psychology," Jones says. "It automatically regulates all the processes of cathexis."[44] "Cathexis," a critically important term in Freud's writing, is a word coined by James Strachey, translator of the Standard Edition, to approximate Freud's use of *Besetzung*, the German word meaning "occupation" or "filling" that Freud used to signify "charge of psychical energy,"[45] or, in lay terms, "emotional investment."

Hunger is a typical wish. When primary-process thinking (imagining food, dreaming of food) fails to relieve unpleasure, secondary-process thinking takes over; the cathexis or psychic energy is transferred to real-world activities, such as buying food and cooking, that will, after a while, alleviate the hunger and bring about the pleasure of relief.

Primary processes therefore operate according to the pleasure principle, secondary processes according to the *reality principle.* But as Freud would later add:

> The substitution of the reality principle for the pleasure principle implies no deposing of the pleasure principle, but only a safeguarding of it. A momentary pleasure, uncertain in its results [i.e., those of the wish], is given up, but only in order to gain along the new path an assured pleasure at a later time.[46]

Sexuality; the Oedipus complex: [47] Although Freud's ideas about sexuality would not assume their mature form or significance in his system until somewhat later, we have seen that even before 1900 he had come to believe that the sexual drive is one of the most powerful, exists even in childhood, and plays a major role in the development of both the normal and the neurotic personality.

The most important aspect of this drive, he held, was that in young children it is usually directed by primary processes toward the parent of the opposite sex. As everyone knows, Freud called these wishes Oedipal, because Oedipus, in the Greek myth, unknowingly kills his father and marries his mother. In the young boy, the sexual

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wish directed toward the mother is accompanied by hatred of the rival, the father, and by the hostile wish to be rid of him. But through realistic secondary-process thinking the child recognizes that his father is far stronger than he and would certainly win any struggle between them, and that the Oedipal wish involves grave danger.

The resulting conflict between wish and fear causes intolerable anxiety. Not until 1910 would Freud label this the "Oedipus complex,"[48] but in letters to Fliess in the late 1890s he had begun drawing the analogy to the Oedipus myth, and he publicly stated the theory in brief form in 1900 in *The Interpretation of Dreams.* He saw the Oedipus complex as an inevitable part of human experience: "It is the fate of all of us, perhaps"—soon he would drop the "perhaps"—"to direct our first sexual impulse toward our mother and our first hatred and our first murderous wish against our father. Our dreams convince us that this is so." Later, he would theorize about a different but analogous phenomenon in female children.

Repression: [49] To survive the anxiety of the Oedipus complex, the child represses the Oedipal wishes, hiding them away in the unconscious. Repression is a central and essential mechanism of the mind, the psyche's basic way of defending itself against a highly anxiety-producing conflict produced by a primitive wish and fear of harm in the real world. Jones says that it "may certainly be counted as one of Freud's most important and original contributions."

In the years to come, Freud would extend the theory of the Oedipus complex and its resolution through repression to make it the core of a theory of child development.

Principle of constancy: [50] Although Freud had given up the attempt to explain psychological processes in physiological terms, he continued to believe that Helmholtz's principle of the conservation of energy—that the sum of forces in any isolated system remains constant—applied to psychic phenomena. As Breuer and he had

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stated in *Studies on Hysteria*, "There exists in the organism a tendency to keep intracerebral excitation constant."[51]

When some event induces surplus excitation, as in an occurrence that makes us angry, we tend to discharge the anger one way or another in order to preserve our normal balance of excitation. How we do so is the outcome of primary-process thinking governed by—or sometimes breaking through—the constraints of secondary-process thinking. Breuer and Freud gave an example: "When Bismarck had to suppress his angry feelings in the King's presence, he relieved himself afterward by smashing a valuable vase on the floor."[52]

The principle of constancy is a basic tenet of Freud's psychology; it is an essential part of his explanation both of the neuroses as well as certain other phenomena, most notably displacement. Since the total amount of psychic excitation remains constant, if it is diminished in one idea, it is increased in a related idea; it is "displaced." As we know, Freud relied on this concept to account for neurotic symptoms and dreams, in both of which the energy of impermissible wishes is displaced onto permissible activities. Later, he would apply the concept to account for "sublimation"—constructive acts that use the energy of unfulfilled or repressed desires in positive ways. Hostile impulses, for example, can be redirected into competitive striving for success; the energy of self-love achieves satisfaction through love of another. Freud, always skilled at finding an appropriate quotation or literary example, here quoted a poem in which Heine imagines God explaining Creation:

> *Illness was no doubt the final cause*
> *Of the whole urge to create;*
> *By creating, I could recover;*
> *By creating, I became healthy.*[53]

Success

In 1900, despite the completion of his self-analysis, Freud, at forty-four, had reason to feel discouraged and depressed.

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He had had high hopes that *The Interpretation of Dreams*, which he considered his most important work, would be a major success. Later, he remarked, "Insight such as this falls to one's lot but once in a lifetime."[54] Yet on publication, in November 1899, it received a few flattering but muddled reviews in Vienna and little notice elsewhere, and commercially was an abysmal failure, selling only 351 copies in six years.

Freud felt more ignored and isolated than ever. His practice, which he had hoped the book would increase, fluctuated erratically, and he continued to be plagued by the fear of poverty. His friendship with Breuer was long over and his intensely close and dependent reliance on Fliess as confidant, supporter, co-worker, and idol was crumbling. During his self-analysis Freud had scrutinized his near-worship of Fliess, finding in it neurotic tendencies and a disguised homoerotic component; as the analysis freed Freud from emotional dependence on Fliess, Fliess became testy and critical. At a congress in August 1900, they attacked each other's ideas fiercely, and Fliess told Freud he doubted the value of Freud's psychoanalytic researches. They never held another meeting, and the warmth disappeared from their correspondence. The friendship abruptly ended a few years later when Fliess accused Freud of divulging his unpublished theory of universal inherent bisexuality to the philosopher Otto Weininger (who then used it in print) without identifying it as Fliess's idea.[55]

Freud must also have felt isolated in his private life. Although he had a solid relationship with Martha, the intensity and intimacy of the years before marriage were long since gone, and he never discussed his ideas with her. He and she had suspended conjugal relations when he was only thirty-seven in order to give her some relief from childbearing, and although they later resumed their sexual connection, by 1900 he told Fliess that he considered himself "done begetting."[56]

From that year on, however, Freud's life began to improve. In 1902 he was at last promoted to Professor Extraordinarius at the University of Vienna and for the rest of his life was generally known as Professor Freud. The

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honor came late, but was both symbolically and practically of great value to him.

That same year, Wilhelm Stekel, a Viennese physician whom Freud had successfully treated for impotence, suggested that Freud hold weekly evening meetings with a handful of colleagues who were interested in his work. Freud liked the idea and sent invitations to three other physicians. In the fall of 1902 the five, calling themselves the Wednesday Psychological Society, began regular meetings in Freud's office. One member would present a paper, after which, over coffee and cake, the group would discuss it and relevant aspects of psychoanalytic theory and therapy. In the group's first years, according to one member, "there was an atmosphere of the foundation of a religion in that room. Freud himself was its new prophet who made the heretofore prevailing methods of psychological investigation appear superficial."[57]

The group grew gradually; its early members included Otto Rank, Alfred Adler, Sandor Ferenczi, and Ernest Jones, all destined to become important in the psychoanalytic movement. By 1906 there were seventeen, and two years later the expanding group, now factional and acrimonious, became the Vienna Psychoanalytic Society. Many such societies sprang up in other cities in Europe and America, and by 1910, at a congress in Nuremberg, the International Psychoanalytic Association was founded.

Freud's professorship and the formation of the Wednesday Psychological Society brought an increase in his practice and income. In his office suite, completely separate from the family's spacious living quarters, he began collecting the Roman and Greek statuettes and other antiquities that he loved, arranging them on a table in his line of vision where he sat behind the head of the patients' couch. He also could now afford more luxurious vacations to more remote areas. It was his custom to work extremely hard for nine months of the year and then take a three-month summer break. He would spend the first part of the vacation in the mountains with his large family—Martha, their six children, and Martha's unmarried sister, Minna. Although in photographs he always looks stern, even severe—he is said to have had a piercing gaze and a

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commanding air—in private life he could be warm, relaxed, and informal, and on vacation would put on a backpack, hiking clothes, and boots and take his older children walking in the forest, climbing, hunting mushrooms, and fishing.

After some weeks of this, he would leave the family and go to Italy, where, as a result of his self-analysis, he was now able to visit Rome. Martha did not accompany him; Freud was very much a conservative, middle-class Viennese paterfamilias whose wife was the chatelaine of the household, her only purpose in life being, she said, to serve "our dear chief." She maintained peace and order, relieving Freud of all mundane concerns, laid out his clothes for him each day, and even put toothpaste on his toothbrush.[58] With such support, it is not surprising that Freud, a compulsive worker, could accomplish so much. Although he saw patients eight or nine hours a day, he wrote prolifically in the evening and on weekends, and his lifetime output of psychological writings fills twenty-three good-sized volumes.

Among the many works, both short and long, that Freud completed in the early years of the new century were two that are particularly important, one because it added greatly to his renown, the other because it added greatly to his notoriety.

The first, published in 1901, was *The Psychopathology of Everyday Life.* It dealt with such topics as forgetfulness, slips of the tongue, and bungled actions, which Freud viewed not as mere accidents but as having significant unconscious causes. Although the purpose of the work was serious, it was filled with entertaining anecdotes from Freud's own life, from his patients' lives, and from the newspapers and other sources. One example is a favorite of Freud's, which he used again in several later writings. The President of the Lower House of the Austrian Parliament, expecting a particular session to yield little good and secretly wishing it were already over, formally opened it with the announcement, "Gentlemen, I take notice that a full quorum of members is present and herewith declare the sitting closed!"[59] *The Psychopathology of Everyday Life* became Freud's most

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widely read book; it went through eleven editions and was translated into twelve languages in his lifetime.

The second notable work, which appeared in 1905, was *Three Essays on the Theory of Sexuality;* it went much further than his previous work in picturing sexuality as a fundamental force in human behavior. The first essay dealt with sexual aberrations, picturing them as the consequences of incomplete or distorted development. The second dealt with infantile sexuality, enlarging Freud's earlier views of the subject and maintaining that all human beings are innately perverse but that in healthy development the perversity is mastered. The third essay dealt with the development of sexuality in puberty and the differentiation of male and female personalities as a consequence of anatomical differences.

The explicit details in *Three Essays* and its theoretical ideas about infantile sexuality outraged the straitlaced burghers of middle-class Europe and America. Freud was called a dirty-minded pansexualist and "Viennese libertine," and the book was labeled "pornography" and a befouling of the purity of childhood. According to Jones, writing in 1955, "It was this publication that brought the maximum of odium on his name; much of it still remains, especially among the uneducated. The book was felt to be a calumny on the innocence of the nursery."[60] But the book struck a responsive note. It was widely discussed in psychological and psychiatric circles, reissued a number of times, and translated into nine languages. James Strachey says that it and *The Interpretation of Dreams* are Freud's "most momentous and original contributions to human knowledge."[61]

Three years later Freud received an invitation to be a key speaker at the psychology conference that would be part of Clark University's twentieth-anniversary celebration. It was the first international recognition of the man and his work. He accepted, went to Worcester, Massachusetts, accompanied by two colleagues, Sandor Ferenczi and Carl Jung, and delivered five lectures before an audience of leading psychologists and psychiatrists on the history of psychoanalysis, its major theories, and its therapeutic technique. A few listeners found the material offensive (Weir Mitchell, an eminent physician, called

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Freud a "dirty, filthy man," and a Canadian dean said that Freud seemed to advocate "a relapse into savagery"[62]), but most listeners, including William James, were impressed. The lectures were favorably discussed in the daily papers and in *The Nation*, were published in the *American Journal of Psychology*, and greatly widened the impact of Freud's ideas. By the time Freud returned from the conference, he was famous.

Not that this brought him tranquillity. Proud, sensitive, stubborn, and egotistical, like many other great pioneers, Freud became deeply embroiled in the politics of the movement he had started, and he struggled to control the disputes arising within it over theory and therapeutic methods. He seems to have felt that the Vienna Psychoanalytic Society should be run not as a democracy but as a hierarchy, an attitude perhaps natural to one who lived in a monarchy. But his view may also have been reasonable in one who had made important discoveries and wanted to preserve them from distortion or contamination. The resulting wrangles over theory and practice, and the bitter schisms, became a recurring pattern in the psychoanalytic movement.

To some extent the pattern may have been only an institutionalized version of a trait in its founder's personality. Freud had been very close to Breuer and then to Fliess, and in each case the friendship cooled and ended in bitterness when they developed views differing from his. Similar breaches occurred over the years in Freud's friendships with three of his closest followers and colleagues.

Alfred Adler came to believe that the main factors affecting the child's development had to do with his or her position in the family and the parents' child-rearing practices. When these were pathogenic, they created in the child an "inferiority complex," leading to behavior that sought to compensate for it. Adler was critical of Freud's ideas about the role of sexuality in character development and the neuroses, arguing, for instance, that women's character is shaped not by the lack of a penis so much as by envy of men's social position and privileges, and that

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the boy's conflicts at around age five stem less from Oedipal desires than from the conflict between his competitive urges and his feeling of powerlessness. After a prolonged struggle with Freud, who tried unsuccessfully to harmonize Adler's views with his own, Adler and a group of his followers resigned from the Vienna society in 1911 and formed one of their own.

Carl Jung, a Swiss psychiatrist and psychoanalyst, disagreed with Freud's central doctrine of the sexual origin of the neuroses. He interpreted them as manifestations of current maladjustment, not as disorders arising from traumas in infancy or childhood. Jung also held religious and mystical convictions, and a belief in the "collective unconscious," a psyche common to all individuals; these doctrines were a source of contention between him and Freud. After having been an enthusiastic follower, Jung gradually drew away from Freud, and in 1914 he formally broke with the Freudian movement and founded his own.

Otto Rank, a faithful disciple and close associate of Freud's for many years, slowly developed a theory of his own in which the chief source of anxiety is the trauma of birth, and the male sexual urge is a desire to return to the mother's womb. Efforts by Freud to reconcile Rank's views with his own failed; the relationship grew strained and finally ended in 1926.

Once, when the subject came up at dinner in the Freud home of his inability to hold on to his followers, an aunt of Freud's spoke up: "The trouble with you, Sigi," she said, "is that you just don't understand people."[63]

Remarkably, Freud remained immensely productive through all these stressful developments, the deprivations and social disruptions of World War I, which caused his practice to dwindle alarmingly, and the postwar inflation, which wiped out his life savings.

He continued to develop psychoanalytic theory through his clinical work with patients and to share ideas with a number of fellow analysts by letter and at conferences, although he never again collaborated with anyone as he had with Breuer and Fliess. Until his later years he did not cease extending and adding to his body of psychological

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theories in an outpouring of articles, case histories, and books.

Freudian psychology is, of course, only a part of human psychology, as Freud himself recognized.[64] It has little to say about all those conscious processes of learning, reasoning, problem solving, and creativity which seem the peak achievements of evolution and culture, and nothing whatever about behaviorism, the strictly external approach to psychological research that swept through university psychology departments in the United States by the 1920s and that Freud dismissed in a footnote.[65]

Freud's psychology was and remained entirely inward-looking and seemingly timeless, in contrast to so much that was happening in the world around him. Electricity, internal combustion engines, the automobile and airplane, the telephone and radio, were radically altering daily life and social patterns; wars and revolutions were dismantling empires and breeding new democracies and dictatorships; class structures and the Victorian foundations of family life were eroding and yielding to widened suffrage, social mobility, women's rights, and divorce. Amid all this, Freud remained focused on primal and eternal inner verities: sexual and other instincts, inner conflicts between them and the demands of the outer world, and the events of childhood and their influence on the development of personality and the emotions.

Yet perhaps the speed of social change, the disintegration of traditions, and the emergence of a bewildering array of social options made Freud's psychology particularly appealing, especially in America (except in academic, behaviorist circles). In a time of rapid change, it spoke of unchanging aspects of human nature; in a time of tremendous emphasis on material goods and the physical sciences, it stressed humanistic phenomena—desires, frustrations, conscience, moral values; to a culture of individualism and optimism, it spoke of the personal determinants of behavior, and offered theory and therapy supportive of the hope that people can change themselves for the better. In 2004, the neuropsychologist Mark Solms wrote, "For the first half of the 1900s, the ideas of Sigmund Freud dominated explanations of how the human mind works," and the historian Eli Zaretsky credits Freud

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with having created the "*first great theory and practice of* '*personal life*' … the experience of having an identity distinct from one's place in the family, in society, and in the social division of labor."[66]

Explorer of the Depths: Sigmund Freud 215

Whatever the reasons for the success of psychoanalysis as a therapy and a psychology, Freud's fame grew from 1909 on and reached a peak between the two world wars. His name indeed became a household word. Though relatively few people had read any of his works, every reasonably well-read person knew who he was. He was likened to Einstein in his influence on modern thought, and many noted intellectuals wrote to him or sought him out and lionized him. Media bigwigs attempted to capitalize on his name and fame. In 1924, at the time of the Leopold and Loeb murder trial, Colonel Robert McCormick, publisher of the *Chicago Tribune*, offered Freud $25,000 to come to Chicago and analyze the two young killers; Freud declined. Samuel Goldwyn offered Freud $100,000 to assist in making a film portraying famous love stories of history; Freud's reply earned him a *New York Times* headline: "FREUD REBUFFS GOLDWYN. Viennese Psychoanalyst Is Not Interested in Motion Picture Offer."[67]

Freud was unimpressed by these indications of his fame, but when he was awarded the Goethe Prize in 1930, he called it "the climax of my life as a citizen."[68]

In 1923, at sixty-seven, Freud developed cancer of the upper jaw from his lifelong heavy cigar smoking and underwent the first of what would be thirty operations over the next sixteen years to remove recurrent pre-cancerous or cancerous tissue. He had to wear a prosthesis—a kind of large denture—to separate his mouth from his nasal cavity; it made talking and eating difficult, and had to be removed regularly, a painful procedure, so that the affected area could be cleaned.

His final years were darkened by the rise of the Nazis in Germany, who began burning his books in 1933. As the danger grew that the movement would overwhelm Austria, friends and family tried to get him to leave, but he adamantly refused. Only when Germany took over Austria in March 1938 and the Nazis confiscated his passport did

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the fragile, aged Freud, nearing eighty-two, recognize his peril and agree to leave if he could. Partly through the intervention of President Franklin Delano Roosevelt and his ambassador to France, William C. Bullitt, the Nazis were induced to let him go, and late that year he and the faithful Martha moved to London. Although his cancer had become inoperable, he was still of perfect mind and continued to write and to see a few patients. At last, in intolerable pain, he asked his physician to end his suffering by an overdose of morphine; he died on September 23, 1939, three weeks after the outbreak of World War II.

Dynamic Psychology: Extensions and Revisions

Between 1900 and 1923 Freud expanded and altered his theories of psychology but thereafter, he said, he made "no further decisive contributions to psychoanalysis."[69] He did produce three major works between 1923 and 1939, but they deal with issues reaching beyond the bounds of psychology and are not our concern.*

He also further elaborated his ideas about psychoanalytic technique in a number of papers, but the fundamentals remained unchanged. In truth, Freud was not much interested in therapeutic technique except as a means to two ends—earning a living and, more important, exploring human nature and adding to the science of the mind.[70] "Psychoanalysis," he said late in life, "which was originally no more than an attempt at explaining pathological mental phenomena… [has] developed into a psychology of normal mental life."[71]

As a method of investigating mental life, psychoanalytic therapy sees the world in a grain of sand. Freud derived some of his largest and most daring theoretical ideas from tiny details—an image or name in a patient's dream, a slip of the tongue, a joke, an odd symptom, a remembered scene of childhood, a facial expression. In a lecture on the "parapraxes" (little slips and mistakes), Freud told his listeners he knew they might regard these as too trivial to

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merit study, but, he explained in his inimitably charming manner, they are clues to hidden psychological realities:

> The material for [psychoanalytic] observations is usually provided by the inconsiderable events which have been put aside by the other sciences as being too unimportant—the dregs, one might say, of the world of phenomena… [But] are there not very important things which can only reveal themselves, under certain conditions and at certain times, by quite feeble indications?…If you are a young man, for instance, will it not be from small pointers that you will conclude that you have won a girl's favor? Would you wait for an express declaration of love or a passionate embrace? Or would not a glance, scarcely noticed by other people, be enough? a slight movement, the lengthening by a second of the pressure of a hand? And if you were a detective engaged in tracing a murder, would you expect to find that the murderer had left his photograph behind at the place of the crime, with his address attached? or would you not necessarily have to be satisfied with comparatively slight and obscure traces of the person you were in search of?[72]

It was from patient attention to endless trivia that Freud pieced together the main elements of his psychology. The chief extensions and revisions of his early discoveries are as follows:

Infantile sexuality: [73] Although Freud had early recognized sexuality as a powerful force in childhood, not until 1905, in *Three Essays*, did he state the far more radical conclusion that the sexual drive is present even in infancy. What convinced Freud was his own accumulating clinical evidence plus confirming observations reported in the medical literature. His conclusion: "A child has its sexual instincts and activities from the first; it comes into the world with them."[74]

But what he meant by sexuality in infancy and childhood is a broader and more pervasive impulse than the sexuality of adulthood; although Freud called it

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sexuality or libido, he was speaking of the general desire for *sensuous* pleasure of any kind. Gentle stimulation of any part of the infant's body yields such pleasure; the infant is, in Freud's term, *polymorphous perverse.* At first, the mouth is the major site of sensuous pleasure, obtained initially by sucking, then by mouthing and eating; when the child is between one and a half and three, the anal region becomes a chief source of sensuous pleasure as he or she begins to control and be aware of the expulsion or the willful retention of feces; and between the ages of three and six the child derives pleasure from self-stimulation of the genitals.

Parents, however, exert a powerful restraining influence on these elemental gratifications, mostly through toilet training and the disapproval or punishment of masturbation. The originally polymorphous sexual instinct becomes narrowed and channeled so that in adulthood it will be focused on genital sexuality with a partner.

Faulty child rearing—undue emphasis on eating or toilet training, or the failure to inhibit taboo impulses—can block the child's development toward genital sexuality. The child remains fixated at an early level of development; the fixation can appear in adult life as a preference for exclusively oral sex or anal sex, but more commonly takes the form of traits of character. The child overindulged at the oral stage may in adulthood be obsessed with eating, drinking, and smoking; the child deprived or insufficiently gratified in the oral stage may grow up passively dependent on others for feelings of self-esteem. Similarly, difficulties of adjustment during the anal stage may result, in adult life, in compulsive neatness, stinginess (retentiveness), and stubbornness.

The later stages of sexual development: [75] The most crucial psychological event of the child's life takes place at the "phallic" stage of development (Freud applied that term to both sexes), in the age range of three to six. The child's sexuality, though chiefly autoerotic, is potentially responsive to persons of either sex, but by the phallic stage the child has divined from many clues the sort of person who might appropriately provide gratification of his or her

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sexual urges. The ideal model—and the closest at hand—is the parent of the opposite sex.

This, Freud had said earlier, leads directly to the Oedipus complex, which he had portrayed as a critical stage. Now, going further, he envisioned its resolution as central to character development. Freud theorized that the boy's rivalry with his father causes him to fear that the powerful father will conquer him by castrating him (rather than killing him), and he reacts to that fear not only by totally repressing his sexual feelings toward his mother and replacing them with feelings of affection but by transforming his hostility and rivalry toward his father into identification with him and his role in life.

Things take a somewhat different course with the girl, who, in Freud's later view of female development, imagines she has already been castrated. She suffers "penis envy"; her love of her mother turns into hostility (she fantasizes that her mother allowed her to be born without a penis or to be castrated); she dreams of making up for the loss by having a child by her father. But the dream proves impossible; eventually she gives it up and rids herself of her anxiety-producing hostility toward her mother by identifying with her. Since, however, she has no penis, her fear of harm is less powerful than the boy's. Throughout life her feeling of having been deprived of a penis negatively influences her personality, her goals in life, her moral sense, and her self-esteem. As Gay puts it, "By the early 1920s, Freud seemed to have adopted the position that the little girl is a failed boy, the grown woman a kind of castrated man." *[76]

Both boys and girls, at about the age of five, having undergone repression of their sexuality, enter the "latency" stage of life, during which they are largely freed of the concerns and anxieties caused by the sexual instinct and turn their attention and energy toward schooling and growing up. But the repressed sexual impulses have been only locked away, not eliminated, and they continually try to break through. They find indirect and disguised outlet in the form of dreams and, in those children who have not adequately resolved the Oedipal complex, pathological symptoms.

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Finally, when the child is around twelve, the hormonal changes of puberty awaken the sleeping sexual impulse, and the repressed feelings begin to be directed outward, in socially approved fashion, toward people of the opposite sex outside the family. In this final "genital" phase of development, the sexual urge is transformed into "object love"—acceptable fulfillment of sexual and emotional desires through the love of another person, often one who is in some way similar to the forbidden object of sexual love, the opposite-sex parent.

Thus Freud's theory of psychosexual development, often narrowly misconstrued as concerned only with sexual desire and behavior, actually deals with far larger issues: the basic, inevitable conflicts between childishness and maturity, instinctive desires and societal norms, and wishes and reality, the resolutions of which are crucial to character development and social life.

The structure of the psyche: [77] Freud had at first pictured the psychic apparatus as made up of the unconscious, the preconscious, and the conscious, but as he worked out his theory of psychosexual development he found this a too-simple formulation. He depicted instead a tripartite psyche comprising id, ego, and superego; these are not entities in any physical or metaphysical sense but merely names of groups or clusters of mental processes that serve different functions.

In the newborn, all mental processes are id processes, unconscious and primary. There is nothing akin to logical reasoning in the id; it is a cauldron of instinctual demands for the satisfaction of primitive desires having to do with self-preservation (hunger, thirst, and the like), sexuality, and aggression. The demands of the id operate in accordance with the pleasure principle; they seek the relief of tension without any consideration of social rules or the practical consequences of relief-seeking acts.

Since social life would be impossible if the id directed behavior, child rearing and socialization are aimed at controlling the forces of the id and directing them into acceptable activities. In part this is achieved through training and education of the conscious mind, which

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understands, reasons, and functions according to secondary-process thinking; this is the ego, or self, which develops and becomes differentiated from the id as the child grows. The ego is not sharply separated from the id but somewhat overlaps and merges with it. However, ideas and emotions in the id that enter the ego and create anxiety, such as the Oedipal impulse, are thrust back by repression and walled off so that they cannot re-enter consciousness.

Many other impulses, in contrast, are consciously controlled by the ego. The child learns, among other things, that one does not take another's property, strike another without just cause, or masturbate in public; we teach our children that such actions are not acceptable and will have dire consequences. Although in part we train them, as we do animals, by simple reward and punishment, in larger part we rear them by telling them how they should behave and why. The ego, absorbing these lessons, becomes capable of self-criticism and self-control.

Much of the ego, however, is not conscious. Many of its processes are preconscious—not repressed but not in the spotlight of attention. We do a good deal of our problem solving, for example, outside of consciousness, continuing to consider information we have gathered and ways of achieving our goal without consciously thinking about the matter. When a solution pops into mind seemingly from nowhere, it is because we were working on it all along. Similarly, the preconscious operates many of our well-learned skills, freeing the conscious mind to use its limited attention elsewhere. The trained musician's fingers automatically strike the right notes as he reads music; he does not have to think about them.

In contrast, the superego, which monitors and censors the ego, is unconscious and critically important to the governing of social behavior. It develops within the ego as a result of the Oedipus complex, at which time the child, coming to identify with the same-sex parent, absorbs the parent's injunctions and beliefs and makes them part of himself or herself. Perceived commands like "you must not" or "you should" are transformed by identification into "I must not" and "I should." This mechanism turns all sorts of moral values into internalized and self-imposed

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rules; collectively, they form the "ego ideal" or superego, what we usually call conscience. Moral issues are consciously weighed by the ego; the superego evokes a compelling sense of *ought* or *ought not.* The ego of a person adrift in a life raft might reason that to give food and water to a dying companion would be wasteful and result in the death of both of them; the superego might override the ego and insist on sharing what remained.

Earlier, Freud had held that the development of the superego takes place in girls in a fashion exactly analogous to that in boys. Later, he came to think that the girl, lacking castration anxiety, has a less intense Oedipal crisis and therefore a less developed superego and moral sense throughout life.[78] (Curiously, the paper in which he stated these patriarchal views was, at his request, read on his behalf at the 1925 International Psycho-Analytical Congress by his beloved daughter, the psychoanalyst Anna Freud.)

The individual's behavior is thus the outcome of an interplay among the three agencies of the psyche. The id seeks immediate gratification of its desires; the ego, using reality-principle thinking, seeks to restrain the impulse and find acceptable forms of gratification; and the superego exerts control by means of parental values absorbed into the unconscious. When the id is too strong for the ego and superego, the person's behavior is either pathological or criminal; when the superego is too strong for the ego, the person is guilt-ridden and frustrated or moralistic and persecutory of others.[79] In the healthy individual, the ego controls the system, finding ways to permit sufficient gratification of the id but not at the cost of bringing about overwhelming guilt feelings from the outraged superego.

Instinct theory: [80] By "instinct" Freud did not mean what biologists mean: specific forms of behavior coded into the genes—web spinning by spiders, nest building by birds—forms of behavior he referred to by the German word *Instinkt.* But the German word translated in the Standard Edition as "instinct" is *Trieb*, which denotes "impulse," "moving force," or "drive."[81]

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In his early work Freud had assumed that the sexual instincts associated with the mouth, anus, and sex organs made up the sum total of psychic energy. But his later research on "repetition compulsions" (tendencies to repeat self-defeating or painful acts) plus the horrendous events of World War I broadened his thinking; he became convinced that there is also an instinct to destroy. When directed outward, it takes the form of aggression, but if blocked, it may turn inward, as seen in repetition compulsions.

He thus propounded a two-instinct theory: The life instinct, or Eros, comprises all life-preserving impulses, among them the sexual drive; and the death instinct, or Thanatos, embraces all impulses toward hostility, sadism, and aggression—and even, he tentatively suggested, a mysterious drive toward one's own death.

Anxiety, symptoms, defenses: [82] Originally Freud held that neurotic anxiety and its symptoms—as distinguished from the realistic anxiety one feels when facing a real-world danger—arise from the blocked energy of the repressed sexual instinct: unrelieved sexual tension generates anxiety. But as he accumulated clinical data, he developed the more sophisticated explanation on which he based the theory of the Oedipus complex and its resolution, and extended it to account for other forms of neurotic anxiety. An instinctual desire reaching consciousness either as a fantasy or overt action creates an anticipation of harm. This causes the child to feel intolerable anxiety; the ego, to defend itself, represses the instinctual desire, whereupon the anxiety disappears.

But what does the psyche do with the bottled-up energy, the tension-producing unpleasure of the unfulfilled instinctual demand? How does the psyche keep it from breaking through into consciousness? One solution—the defective, pathogenic one Freud saw in his neurotic patients—was the formation of symptoms:

> A symptom arises from an instinctual impulse which has been detrimentally affected by repression… The instinctual impulse has found a substitute in spite of repression, but a substitute

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> which is very much reduced, displaced, and inhibited and which is no longer recognizable as a satisfaction. And when the substitutive impulse is carried out there is no sensation of pleasure; its carrying-out has, instead, the quality of a compulsion.[83]

He illustrated the process by citing one of his most famous case histories, that of Little Hans.[84] At the Oedipal stage of childhood the boy developed a phobia that prevented him from going out to the street; he was afraid of horses (the streets were full of them in that era), which he thought would bite him. His inability to go out was, Freud says, "a restriction which his ego had imposed on itself so as not to arouse the anxiety-symptom." But where had the fear of being bitten by horses come from? Analysis traced it back to Little Hans's Oedipal desires, his wish to do away with his father, and the resultant fear that his father would harm him. Instead of resolving it in a healthy fashion, he had displaced it to horses (significantly, his father used to play the part of the horse and let Hans ride on him) and transformed his fear of castration into a fear of being bitten.

In short, an impermissible wish, repressed but maladaptively dealt with, becomes a neurotic symptom. The symptom is costly to the sufferer, but not as costly as the anxiety it allays:

> An agoraphobic patient may start his illness with an attack of anxiety in the street. This would be repeated every time he went into the street again. He will now develop the symptom of agoraphobia; this may also be described as an inhibition, a restriction of the ego's functioning, and by means of it he spares himself anxiety attacks. We can witness the converse of this if we interfere in the formation of symptoms, as is possible, for instance, with obsessions. If we prevent a patient from carrying out a washing ceremonial, he falls into a state of anxiety which he finds hard to tolerate and from which he had evidently been protected by his symptom.[85]

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Repression is thus the fundamental defense against all anxiety-producing wishes, memories, or feelings, and the very bedrock of the psychological structure.[86] It works unconsciously; the child who has repressed the wish that a little sibling would die does not know that he harbors such a wish and will react with scorn or rage to any suggestion that he does. (Suppression, a different mental act, is the conscious control of an impermissible desire; one wills oneself to avoid acting on the desire, but this does not get rid of the anxiety.)

As with the Oedipal conflict, repression can result in neurosis but normally does not; the psyche finds adaptive ways to handle the repressed material. It does so by means of a number of other defenses— again, all unconscious— that transmute the unacceptable into the acceptable. Freud named several and referred readers to a more complete treatment of the defense mechanisms by his daughter, Anna Freud.[87] Among the more commonly used defenses named by Freud or discussed by Anna Freud are these:

Denial is a relatively primitive defense in which the individual simply fails to perceive or acknowledge an anxiety-producing reality. A woman who is forced to care for a dying husband may tell herself (contrary to all the evidence) that he will recover shortly, or she may say, "I want to keep him alive as long as possible," when unconsciously she wishes the ordeal were over.

Rationalization is a more sophisticated version of denial. The individual acts out of one motive but justifies the act in terms of another that is more acceptable. A battered woman whose low self-esteem makes her too dependent to be alone tells herself that she stays with her abusive lover or husband because she loves him.

Reaction formation goes a step further, exaggerating and displaying for all to see a trait exactly opposite to the repressed one. The man repressing homosexual wishes may behave in a macho fashion or physically assault gays. The would-be sybarite may become a born-again Christian or an implacable foe of erotic art and literature.

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Displacement directs repressed feelings toward an acceptable substitute. A woman with an unduly strong attachment to her father may choose a man his age as a husband. A man who has buried his fierce anger at his controlling father may become a chronic rebel, fighting with all sorts of authority figures.

Intellectualization fends off anxiety by taking an ostensibly intellectual interest in an impermissible desire, a painful loss, or the like. A person with repressed sadistic impulses may become a social scientist specializing in the study of sadists or torturers. Freud's contemporary Havelock Ellis, though sexually inhibited during most of his life, wrote a mass of scholarly studies of normal and abnormal forms of sexual behavior.

Projection, a very common defense mechanism, is the attributing of one's own unacceptable impulses to the object of those impulses. People who deny feeling racial hatred may believe that persons of the other race hate them, or attribute to the others the impulses they deny in themselves, as in the case of Ku Klux Klan members who see blacks as vicious and sexually animalistic.

Sublimation, finally, is the most prosocial of the defense mechanisms; by means of it, superego and ego transmute the instinctual demand into some socially valuable related activity. Painting is often a sublimation of the childish impulse to smear or handle feces; writing or performing, sublimations of the impulse to exhibit oneself; surgery, a noble transformation of the urge to do harm; and most athletic games (and such nonathletic ones as chess), acceptable and enjoyable sublimations of aggression.

But Is It Scientific?

Ever since Freud began publishing his ideas, his psychology has been fiercely attacked on one ground or

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another. At first and for some decades many physicians and psychologists called it dirty and perverted; by the 1930s communist theorists were castigating it as decadent and bourgeois; and in the same decade the Nazis condemned it as Jewish filth and burned Freud's books.

Psychoanalysis outlived these assaults, but for many years it has been under attack of a more thoughtful kind: A number of psychologists and philosophers of science have asserted that it is not scientific. Their chief argument is that psychoanalytic research is not experimental; the psychoanalyst does not construct a situation in which he or she can control variables and manipulate them one at a time to measure their impact and so establish causal connections.

Experimentation, however, is not the only way to do science; induction from observation is another. Having perceived a pattern in a mass of data, the scientist hypothesizes about its cause, then tests the supposition by looking at more examples. If they too fit the hypothesis, it is strengthened; if they fail to, it is weakened. It is this method that is the basis of psychoanalytic research.

But the evidence so gathered, says the philosopher Adolf Grünbaum, is weak. For one thing, the observations that reveal a pattern have a "shared contaminant"—the analyst's influence. After the analyst offers an interpretation of some piece of behavior, for instance, the patient may dutifully come up with a confirming memory (which may in fact be imaginary).[88] For another, when free association is used to investigate such different areas as neurotic symptoms, dreams, and parapraxes, the agreement among the data may be the result of using a single method to explore different phenomena rather than a genuine concurrence of the findings.

Grünbaum says that this does not warrant the conclusion that psychoanalysis is unverifiable; rather, it indicates that verification of its theories must come from well-designed *extra* clinical studies, either epidemiological or even experimental.[89]

Many efforts toward that end have, in fact, been made. Some have involved laboratory experiments in which volunteers are subjected to a stimulus that, according to Freudian theory, should yield a particular result. Others,

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relying on tests to measure certain character traits among which there is supposed to be a psychodynamic connection, have sought the statistical correlations among those traits that would support the supposition. Still others have taken a developmental approach, observing and measuring the personality traits and behavior of children as they grow up to see whether character development proceeds according to Freudian theory or requires other explanations.

By now a large body of such studies has accumulated. They vary greatly in methodological soundness, and range widely in scope, testing everything from overarching theory to small and specialized subtheories. This makes it difficult to weigh the cumulative outcome, but a few hardy scholars have sought to do so.

One review of such studies, made some years ago by the psychologists Seymour Fisher and Roger P. Greenberg, focused more on results than on methodological adequacy, and rendered a split decision. Fisher and Greenberg named the following Freudian theories as being well supported: his concepts of the oral and anal character; the etiology of male homosexuality (Freud postulated that a hostile, rejecting father and a close, binding mother so intensify Oedipal rivalry as to inhibit the choice of a female partner); the origin of paranoia as a defense against homosexual impulses; several aspects of Oedipal theory; and as much of dream theory as concerns the dream's function as an outlet for psychological tension.

They cited as those found faulty the thesis that the dream is a camouflaged unconscious wish, the claim that psychoanalysis is superior to other therapies in the treatment of neurosis, some parts of the Oedipal theory, and many of Freud's ideas about the female character.

Their summation:

> When we add up the totals resulting from our search, balancing the positive against the negative, we find that Freud has fared rather well. But like all theorists, he has proved in the long run to have far from a perfect score. He seems to have been right about a respectable number of issues, but he was also wrong about some important things. If one considers only his formulations concerning

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> men and if, further, one considers only his theoretical propositions…, his record of correct hits is excellent.[90]

A later review of such studies, the 1981 edition of Paul Kline's *Fact and Fantasy in Freudian Theory*, was more inclusive than Fisher and Greenberg's and, according to Kline, more discriminating, because he drew conclusions only from research with the soundest methodology. Making no effort to appraise such larger Freudian theories as the death instinct and the pleasure principle, which are "metapsychological"— essentially philosophic, and so untestable—Kline found that no fewer than sixteen Freudian concepts have been verified. He summed up as follows:

> The objective evidence [provides] some confirmation of a tripartite division of mental activity into ego, super-ego, and id. Developmental theory is supported in that oral erotism [the erotic component in the infant's oral pleasure], Oedipus and castration complexes appear to occur. Furthermore adult personality patterns like the oral and anal character can be generally observed. There seems no doubt that the defence mechanism repression is commonly used and other defences have been observed. Sexual symbolism is a verified phenomenon both within and outside dreams… [In sum] many of the Freudian concepts most important to psychoanalytic theory have been supported.[91]

Decline and Fall—and Revival

But by the time these partial confirmations had appeared, the prestige and influence of Freudian psychology and the popularity of psycho-analysis—always limited, to be sure, by its cost, if nothing else—were waning.

Throughout the 1960s, 1970s, and 1980s, a congeries of pervasive social changes and important developments

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within the behavioral sciences undercut the status of the theory and the elitist appeal of analytic therapy.[92]

The social developments and protest movements of those decades turned public attention toward broader and more external issues, the women's movement generated bitter vocal opposition to Freud's ideas about women, and spokespersons of the homosexual revolution fiercely assailed Freud's ideas about homosexuality.

In academic psychology, new and empirically based research was demonstrating many influences on child development other than those Freud had posited; in clinical psychology, there gushed forth an unending stream of briefer and more practical adaptations of psychoanalysis and of nonanalytic therapies; in psychiatry, in the 1950s and 1960s, tranquilizers and antipsychotic medications were beginning to empty mental hospitals of deeply depressed and moderately schizophrenic patients, and outside the hospitals medication appeared to be far more efficient and quicker than insight-oriented talk therapy.

Psychoanalytic organizations had sought to cast psychoanalysis as a specialty within medicine,* but the American Psychiatric Association rejected or radically revised in its *Diagnostic and Statistical Manual III* (1980) and *IV* (1994) many Freudian-based diagnoses of mental illness. And as mentioned earlier, by the 1980s and 1990s a number of penetrating (but often tendentious) attacks on Freud's scientific methodology and his personality appeared.

No wonder *Time* magazine's cover of November 29, 1993, was a portrait of Freud alongside the boldfaced question "Is Freud Dead?"—the answer apparently being self-evident.

Guess again.

Despite all the valid and invalid attacks on Freudian theory, many of Freud's ideas have permanently perfused and modified our culture. "The world's history is the world's judgment," said Schiller, and this is surely true in Freud's case. After all the assaults on his character, the philosophic arguments about his theories, and the laborious efforts to validate or invalidate them, the measure of the man and his ideas is their impact on the history of psychology and on Western civilization. Today,

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Freud's enemies and admirers agree, his ideas have permeated Western culture, spawning a host of variant psychotherapies and, more important, profoundly influencing the way artists and writers, legislators, teachers, parents, advertisers, and the majority of literate people think about human nature and themselves. As Fisher and Greenberg said in 1977, "Freud's theories are now a basic part of our cultural substance,"[93] and by any number of objective criteria, that is still undoubtedly so. But we all intuitively know it to be so. We have only to reflect for a moment on how often, and how naturally, we think in terms of Freudian psychology: the sexual symbolism of various objects, the secret (or at least half-secret) hostility of much humor, the unconscious reasons for mistakes and slips of the tongue, the hidden motives in risk taking and self-defeating behavior, the parental role in homosexual development, the everyday effort to look for the "real" reason someone has said or done something we find hard to understand, and on and on. Such ways of thinking pervade everyday life.

These and similar beliefs are based on a larger one: the existence of the dynamic unconscious. It is this which Freud was alluding to when, late in life, he told an admirer, "I am not a great man—I made a great discovery."[94]

His great discovery, opening up what had been a vast unexplored area of the mind, permanently enlarged the dimensions and changed the direction of modern psychology, according to the British historian of the field, L. S. Hearnshaw:

> [Freud] brought psychologists face to face with the whole range of human problems, with the central questions that had been treated by great thinkers, artists and writers from ancient times, but had been almost excluded from the arid abstractions of the academic schools— with problems of love and hate, of happiness and misery; with the turmoil of social discontent and violence, as well as the trifling errors and slips of everyday existence; with the towering edifices of religious belief as well as the petty, but tragic, tensions of family life.[95]

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Raymond Fancher went even further:

> His demonstration of the importance and pervasiveness of unconscious mental factors was so effective that this once revolutionary idea is almost taken for granted today. The best art and literature of our time portrays human beings as creatures in conflict with themselves, subject to forces beyond their personal conscious control, and unaware of their own identities… Sigmund Freud was among the small handful of individuals whose work vitally affected not just a single field of specialization, but also an entire intellectual climate.[96]

The central component of that climate remains as real today, many psychologists and psychiatrists feel, as when Fancher made that statement in 1979. As Jonathan Lear, a philosopher and psychiatrist at the University of Chicago says, Freud's reputation rests on the "core idea" that human life is "essentially conflicted," but that the conflict is hidden from us because it stems from wishes and instincts that are actively repressed because we cannot tolerate recognizing them consciously.[97]

Yet others, even though they prize certain central concepts of Freudian psychology, fear that with the decline and fall of psychoanalysis those concepts are in danger of being forgotten. Eli Zaretsky, for one, feels less than optimistic that we will preserve the profound understandings Freud and psychoanalysis brought us. "Can [those understandings] survive the decline of psychoanalysis? Have the global speedup, the near collapse of the boundary between the public and the private, and computerization, which reduces the psychology of meaning to the transfer of information, eviscerated intrapsychic experience? Do our new insights into race, nations, and gender obviate the need for individuals to understand their own unique individuality?"[98]

Offsetting this rather gloomy view, there has been, lately, a surprising development: a resurgence of interest in psychoanalysis—both as therapy and as psychology. (*Newsweek* 's March 27, 2006, cover, heralding a long and

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deeply researched article,[99] consisted of Freud's portrait and the headline FREUD IS NOT DEAD.)

In part, the revival represents a renewed interest in modern and greatly modified forms of analytic therapy. The American Psychoanalytic Association has actually grown a little in the past half-dozen years and now has 3,400 members, and a rival group, the National Association for the Advancement of Psychoanalysis, has 1,500.

But in part—and far more important—a number of elements in Freudian psychology have recently been validated by contemporary neuroscience, making real his 1905 fantasy that psychological phenomena would someday be explicable in physical terms. In a review of this evidence in *Scientific American*, Professor Mark Solms of the University of Cape Town says:

> For decades, Freudian concepts such as ego, id, and repressed desires dominated psychology and psychiatry's attempts to cure mental illnesses. But better understanding of brain chemistry gradually replaced this model with a biological explanation of how the mind arises from neuronal activity. The latest attempts to piece together diverse neurological findings, however, are leading to a chemical framework of mind that validates the general sketch Freud made almost a century ago. A growing group of scientists are eager to reconcile neurology and psychiatry into a unified theory.[100]

Solms goes on to list several ways that neuroscience has validated Freudian ideas, among them the following:

> —Neuroscience has shown that the major brain structures essential for forming conscious memories are not functional during the first two years of life, accounting for what Freud called infantile amnesia. As Freud supposed, it is not that we forget our earliest memories; we simply cannot recall them to consciousness. But this does not prevent them from affecting adult feelings and behavior. "It is becoming increasingly clear," writes Solms, "that a good deal of our mental activity is unconsciously motivated."

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—Neuroscientists have identified unconscious memory systems that account for some irrational phobias. Joseph LeDoux of New York University has shown that under the conscious cortex a neuronal pathway, bypassing the hippocampus—which generates conscious memories—sends perceptual information to the primitive brain structures that generate fear responses. The result: Current events often trigger unconscious memories of emotionally important past events, resulting in irrational conscious fear.

—Even if much of our behavior is unconsciously driven, this does not prove Freud's claim that we actively repress unpalatable information. But neurological case studies supporting the concept of repression are beginning to accumulate. Vilayanur Ramachandran of the University of California at San Diego reported a study, now famous, of a woman whose left arm was paralyzed by a stroke but who remained completely unaware of it for days, until Ramachandran artificially stimulated the right hemisphere of her brain; she then recognized that her arm was paralyzed and that she had unconsciously ignored the defect for eight days. But after the effects of stimulation wore off, she reverted to the belief that her arm was all right—and even forgot the part of an interview in which she had recognized the paralysis. Ramachandran, impressed, wrote: "The remarkable theoretical implication of those observations is that memories can indeed be selectively repressed…Seeing [this patient] convinced me, for the first time, of the reality of the repression phenomena that form the cornerstone of classical psychoanalytic theory."[101]

—Dreams, which many anti-Freudians explained in terms devoid of Freudian meanings, do, after all, have meaning. Although some dreaming is driven by brain chemistry and reflects random cortical activity, brain scans and other evidence show that dreaming is generated by a network of structures centered on the forebrain's instinctual-motivational circuitry; this has given rise to a number of theories about dreaming similar to Freud's. Solms and others have also found that dreaming stops completely when certain fibers

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deep in the frontal lobe have been severed (as by an accident or brain surgery)—a symptom that coincides with a general reduction in motivated behavior.

Solms's conclusion: "It appears that Freud's broad brushstroke organization of the mind is destined to play a role similar to the one Darwin's theory of evolution served for molecular genetics—a template on which emerging details can be coherently arranged…It is gratifying to find that we can build on the foundations he laid, instead of having to start all over."

In the end, we have to disagree with Freud's modest statement that he was not a great man but had made a great discovery. Only a great man could have done so.

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* Freud felt that the use of the couch helped focus the patient's attention on his own ideas, not on the analyst, but he also admitted having a personal motive: "I cannot put up with being stared at by other people for eight hours a day (or more)" (*On Beginning the Treatment* [1913], S.E. XII: 134).

* The three works: *The Future of an Illusion*, 1927 (on the origins of religion); *Civilization and Its Discontents*, 1930 (on the control of human desires that makes society possible); and *Moses and Monotheism*, 1939 (on the origins of monotheism).

* Freud's theory of female psychology has come to be widely considered parochial and culture-bound, and thoroughly disproven by the changes of the past four decades in the status of women and the nature of femininity. Freud himself admitted that his understanding of feminine psychology was "incomplete and fragmentary" and once said, "The great question that has never been answered and which I have not yet been able to answer, despite my thirty years of research into the feminine soul, is 'What does woman want?'" (Jones, 1955: 421).

* A personal note: I remember being astonished when in the early 1950s I visited the psychiatrist Dr. Karl Menninger to interview him about suicidal patients and found him wearing a white coat.

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