

Freud and emotional development

- Freud's ideas are difficult and best understood in the historical order in which they evolved.
- Studies of CONVERSION HYSTERIA, in which FUNCTIONAL SYMPTOMS could be related to psychological trauma in early life, and cured by CATHARSIS, suggested that unpleasant memories could be REPRESSED.
- The UNCONSCIOUS can be understood through the interpretation of dreams, in which the LATENT CONTENT of the unconscious mind is transformed by the DREAM WORK into the harmless but incomprehensible MANIFEST CONTENT.
- Many repressed memories arise from the stages of INFANTILE SEXUALITY, and in the case of patients with conversion hysteria, often take the form of fantasies about sexual seduction.
- The ORAL STAGE of infantile sexuality occurs first, and revolves around the passive pleasures of ingestion of food. FIXATION at this stage can result in an ORAL PERSONALITY.
- The ANAL STAGE, which emphasizes bowel control, is concerned principally with active control and of mastery. Fixation can result in the ANAL RETENTIVE or ANAL EXPULSIVE personalities with their emphases upon control, meanness and parsimony, or on florid generosity.
- Freud's final theoretical innovation was the tripartite division of the mind into the conscious EGO, and the unconscious ID and SUPER-EGO, the latter arising during the PHALLIC STAGE in response to the OEDIPAL CONFLICT.
- The EGO-DEFENCE MECHANISMS, such as DENIAL, REPRESSION and PROJECTION are common responses to threatening information, and are frequently found in patients who are ill.

Sigmund Freud (1856–1939) is still one of the most misunderstood figures in psychology, his ideas often being dismissed out of hand by psychologists and non-psychologists alike without any real knowledge of the theories. However, his influence upon psychology is immense, principally because he tackled the most profound problems of psychology, providing answers within a comprehensive theory, which

has important implications for many problems of clinical practice. Freud therefore cannot be ignored in a book like this, although space prohibits any analysis of experimental studies investigating Freud's theories, of psychodynamics in general, or of the POST-FREUDIAN THEORISTS, such as Carl Jung (1875–1961), Alfred Adler (1870–1937), Anna Freud (1895–1982), and Donald Winnicott (1896–1971). If you are interested, there is a vast literature on these topics. The ideas of Melanie Klein (1882–1960) will be described in Chapters 29 and 30.

Freud's creation of PSYCHOANALYSIS is the present concern. My account is expository, encouraging understanding rather than scientific proof; the ideas are interesting enough to merit such an approach. Freud is best understood by following the evolution of his ideas as they developed in response to clinical and theoretical problems.

Freud trained as a doctor in Vienna, researched into the neurology of aphasia and infantile hemiplegia, and introduced cocaine as a local anaesthetic in ophthalmology and ENT surgery, and as a stimulant, to which he became addicted. During his neurology training Freud worked in Paris with the great French neurologist Charcot, who was hypnotizing patients suffering from CONVERSION HYSTERIA, in which psychological problems result in physical symptoms. Typical symptoms are an anaesthesia or paralysis unrelated to the region's actual innervation, as in GLOVE ANAESTHESIA, where the entire hand is anaesthetic up to the wrist, a defect not corresponding to the anatomy of dermatomes or cutaneous nerves. The deficit is FUNCTIONAL (i.e. due to disordered psychological processing) not STRUCTURAL (i.e. disordered anatomy). Charcot did not ask why his patients had these symptoms.

On returning to Vienna, Freud studied similar patients with Breuer, the physiologist (who had discovered the Hering-Breuer reflexes), and who had developed a 'talking cure'. He found that often a symptom could be traced back to a psychological trauma in early life, and that when revealed, strong emotional reactions were produced and the symptom disappeared. This, however, was not a cure because a new symptom subsequently emerged. Freud and Breuer concluded that conversion symptoms were caused by painful, unpleasant memories of traumatic events that had been REPRESSED into the unconscious, so patients no longer remembered them, and that symptoms were alleviated by making the memories conscious, thereby discharging the associated emotions (CATHARSIS).

Freud had the problem that if these memories were repressed, deep in the unconscious, then how could they be found? After trying several methods, such as hypnotism, he developed a technique in which the patient told him their free associations, dreams, slips of the tongue (PARAPRAXES), jokes, etc. and the analyst extracted the useful portions and systematically interpreted them until the repressed memory was found. The best method was the recall of dreams, and in *The interpretation of dreams*, of 1900, Freud called them 'the royal

road to the unconscious'. Freud assumed that sleep had a biological (not psychological) function, and despite not knowing this function he argued for the importance of sleep not being disturbed. He also argued that repressed memories are not unique to the hysteric, but are found in everyone to some extent, that they particularly manifested during sleep, and would wake the sleeper if unpleasant or traumatic. Dreams acted as 'guardians of sleep', preventing repressed memories and wishes from breaking through and waking the sleeper. The DREAM WORK neutralized the true OR LATENT CONTENT of the memory into the less harmful, non-threatening MANIFEST CONTENT by CENSORSHIP, using CONDENSATION (merging several events) and SYMBOLISM (transforming one event into another). Symbolism can be demonstrated experimentally by dripping water onto a sleeper's forehead and then waking them, when they report dreams of flooding, drowning, of ships at sea in a storm, etc. You yourself may have experienced an alarm clock, or an early morning phone call, being transformed into church bells, or whatever.

Dream censorship does not occur in young children, and wishes and memories may be observed directly, either waking the child from terrifying nightmares, or else being reported as direct fulfilments of wishes from waking life. To Freud an adult dream is the disguised fulfilment of a suppressed or repressed wish or fear.

Dream work, and dream interpretation, are well seen in the dream reported in his journal by the French literary critic, Edward de Goncourt on Bastille Day, July 14, 1883, several years before Freud published his theories:

'I dreamt last night that I was at a party, in white tie. At that party, I saw a woman come in, and recognised her as an actress in a boulevard theatre, but without being able to put a name to her face. She was draped in a scarf, and I noticed only that she was completely naked when she hopped onto the table, where two or three girls were having tea. Then she started to dance, and while she was dancing took steps that showed her private parts armed with the most terrible jaws one could imagine, opening and closing, exposing a set of teeth. The spectacle had no erotic effect on me, except to fill me with an atrocious jealousy, and to give me a ferocious desire to possess myself of her teeth just as I am beginning to lose all my good ones. Where the devil could such an outlandish dream come from? It's got nothing to do with the taking of the Bastille.'

Quoted with permission from Peter Gay (1985), *The Bourgeois Experience: vol 1: Education of the Senses*, New York, Oxford University Press, 198.

This dream has been interpreted in terms of the *vagina dentata*, the toothed vagina (a common anthropological symbol), representing fear

both of castration and of declining sexual potency (falling away as Goncourt's own teeth fall out). The occurrence of the dream on Bastille Day is related to its revolutionary associations, of the young French republic rising up to kill the patriarchal power of its father, and invoking the threat of reprisal in the form of castration (a variant of the Oedipal complex — see below). If such an interpretation strikes one as bizarre it can only be emphasized that it is hardly more bizarre than the original dream itself; and clearly *some* explanation is required beyond mere laughter or sniggering.

The final principle from Freud's analysis of dreams was PSYCHOLOGICAL DETERMINISM. This says that all mental events, however strange, have causes that can be discovered. There are no random, trivial, or meaningless psychological events, just failures of understanding.

If we all have repressed memories and wishes, then what are these wishes? Early in his career, Freud had found that most female hysterics reported sexual assaults or seductions as children, often by relatives, the SEDUCTION THEORY of hysteria. Freud later withdrew the theory (in circumstances which are now controversial) when he realized that most such seductions had not actually occurred, but were FANTASIES, or WISH FULFILMENTS. Because of the sexual nature of these fantasies, as well as of the latent content of many dreams, Freud developed his most misunderstood idea, the THEORY OF INFANTILE SEXUALITY, which analyses the development of emotions connected with SENSUAL GRATIFICATION, the pleasures and pains derived from sense organs. During a series of stages, different EROTOGENIC ZONES act as the focus for emotional gratification which dominate emotional development, and which, if not properly worked through, result in FIXATION, with effects occurring long into adult life.

To understand infantile sexuality, we must put ourselves into the mind of the infant, forgetting all we know as adults, and see the child's world through its own eyes, and with its knowledge and experience. An infant in the first few months of life has little control of its limbs and only a rudimentary analysis of sensations. The world is a strange, confusing place in which some events cause pleasure or gratification, of which the most consistent is feeding. This ORAL STAGE continues into the second year of life. Pleasure comes from food, and all that goes with it, causing secondary associations, particularly with the mother and the mother's breast, the provider of bounty. This pleasure is entirely *passive*, appearing and disappearing out of control of the infant. The infant feels itself the victim of apparently arbitrary fate, sometimes rewarding, sometimes punishing by its absence, and always beyond real understanding.

By the second and third years of life the child has adequate muscle control and good perception. To the parents the child's development is dominated by an important social behaviour, toilet training, which also dominates emotional development, for the bowels are a source

of pleasure in the ANAL STAGE. The bowels are the first internal organ requiring mastery (without which they act reflexly and spontaneously), and such control gives both reward, in the parent's pleasure, and punishment, in the parent's displeasure at lack of control. More importantly the pleasure is *active*, the child realizing it controls whether reward is received, and realizing it can punish the parents by defecating inappropriately. The parents' responses to defecation show that faeces are in some sense a valued SYMBOLIC GIFT.

At this stage you may well be repelled by this apparently bizarre turning in Freud's theorizing. Freud realized this and countered it well in his *Introductory lectures on psychoanalysis*, of 1915:

'I know you have been wanting for a long time to interrupt me and exclaim: 'Enough of these atrocities! You tell us that defecating is a source of sexual satisfaction and already exploited in infancy! that faeces is a valuable substance and that the anus is a kind of genital! We don't believe all that but we do understand why paediatricians and educationists have given a wide berth to psychoanalysis and its findings.' No, Gentlemen. . . . Why should you not be aware that for a large number of adults, homosexual and heterosexual alike, the anus does really take over the role of the vagina in sexual intercourse? And that there are many people who retain a voluptuous feeling in defecating all through their lives and describe it as being far from small? As regards interest in the act of defecation and enjoyment in watching someone else defaecating, you can get children themselves to confirm the fact when they are a few years older and able to tell you about it. Of course, you must not have systematically intimidated them beforehand, or they will quite understand that they must be silent on the subject.' Freud S. *Introductory Lectures on Psychoanalysis*, Standard edition, vol 16, 315-16.

The fourth and fifth years of life are the PHALLIC STAGE, when the child finds that the penis or clitoris is a source of pleasurable sensations, that the two sexes not the same, and the child is attracted to the parent of the opposite sex. Masturbation occurs, is suppressed by the parents, and responding to social rewards and punishments, is suppressed by the child. The child then enters the long LATENT STAGE, from five to puberty, when there are no apparent erogenous zones. At puberty the child enters the adult GENITAL STAGE, with sexual pleasure manifesting primarily from the genitals, and secondarily through all the senses, intercourse being only part of the broader pleasures of sexuality.

If the stages are not worked through properly then fixations occur, to some extent occurring in all of us. ORAL FIXATION results in undue pleasure from passive consumption, particularly of food, but from any object in the mouth (and many of us chew pencils while writing . . .).

ANAL FIXATION produces two separate symptom complexes; the ANAL RETENTIVE personality, emphasizing control, and often meanness and parsimony, and the ANAL EXPULSIVE personality, with its florid emphasis upon giving.

Analysis of the sexual stages of development led Freud to his final contribution, a comprehensive theory of the mind, particularly of the unconscious. The sexual stages are the result of unconscious processes, reflecting the PLEASURE PRINCIPLE of immediate gratification. These pleasures conflict with others which are conscious and controlled largely by social factors acting on the REALITY PRINCIPLE, of deferred gratification for subsequently greater rewards. CONFLICTS between conscious and unconscious processes are a major cause of symptoms.

Freud's theory of the mind has three parts. The ID, the lowest, unconscious, instinctual part of the mind, containing sexual motivations and drives such as hunger, thirst, and sleep, is driven entirely by the pleasure principle of immediate gratification. It is the only mind of the newborn infant. The EGO is the conscious mind, which splits off from the id in the first months of life, is rational and accepts the reality principle that pleasures must sometimes be deferred. The SUPER-EGO, also unconscious, and formed during the phallic stage, acts as morality or conscience. It arises from what Freud called the OEDIPAL CONFLICT, named after the character in Sophocles' tragedy *Oedipus Rex*, who inadvertently killed his father and married his mother. Freud said the phallic stage pushes the child towards the parent of opposite sex, resulting in family conflict and sexual jealousy. The conflict is resolved by the developing super-ego, which responds to social and moral pressures to restrain the wishes and desires of ego and id. Unsuccessful Oedipal resolution results in undue IDENTIFICATION with one parent.

Freud's theory of the mind has the ego as the only conscious part (the 'I', the internal voice which seems to be 'us', ourselves). It is bombarded from below by the animal drives of the id, and from above by the moral restraints of the super-ego. The ego is protected from these unconscious demands, which often conflict with one another and with the ego, by the several-fold EGO DEFENCE MECHANISMS, whose importance transcends specifically Freudian theory, and apply to any situation in which ego is threatened. Table 11.1 lists the mechanisms and shows how they might appear in a patient with a possible diagnosis of cancer. All doctors should look out for these mechanisms (both in themselves and other doctors as well as in patients) and then should ask about the *real* underlying problems.

In this necessarily abbreviated account of a major western thinker, you may have found it difficult to accept many of the ideas. At a personal level, the processes cannot possibly seem to apply to you or to the people around you. Freud responded to such criticism by pointing out in psychoanalytical therapy the revelation of unconscious

Table 11.1

The ego defence mechanisms, with examples of their applications in a patient with malignant disease.

----- DEFENCE MECHANISM -----		----- EXAMPLE -----
<u>Altering the facts</u>		
DENIAL	Pretend the facts are wrong	"No, I can't feel a lump"
REPRESSION	Forget the facts	"No, no complaints"
ISOLATION	Accept the facts, but deny the feelings	"Oh, only a small lump of no importance"
<u>Altering the feelings</u>		
PROJECTION	Attribute own feelings to others	"My husband is so worried about it"
REACTION-FORMATION	Excessive feelings of the opposite sort	"I've never felt calmer and more relaxed"
SUBLIMATION	Liberating unacceptable feelings through socially acceptable actions	e.g. sudden, excessive and atypical work for charity
DISPLACEMENT	Transfer emotions from one person to another	"The nurse [i.e. you, the doctor] is so unsympathetic"
<u>Altering the interpretation</u>		
REGRESSION	Retreat to a previous stage of development	"I'm in your hands completely, doctor"
INTELLECTUALIZATION	Analyse problem in general, rather than in relation to you specifically	"What is the quality of the scientific evidence that this treatment is necessary?"
RATIONALIZATION	Explain the serious in terms of the trivial or mundane	"I always tend to lose some weight during the summer"

processes always produced RESISTANCE and emotion, and that meant one was nearing an essential truth. On intellectual grounds the theories are also threatening, and we can now see Freud's theory as the third great revolution in western man's thought about human nature; the Copernican revolution said man was not the centre of the universe; the Darwinian revolution said man was not different from other animals; and the Freudian revolution said the mind of man was not his own, being influenced by uncontrollable unconscious processes. Such ideas are threatening and denial is tempting. Never-

theless, Freud's theories provide insight into a range of psychological phenomena needing explanation, and which form problems for many patients; how it does that we will see in Chapters 28, 29 and 30.