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**THE THEORY OF  
THE NEUROSES**  
Classical Psychoanalytic School

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# **CLASSICAL PSYCHOANALYTIC SCHOOL**

**A: The Theory of the Neuroses**

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# CLASSICAL PSYCHOANALYTIC SCHOOL

## A: The Theory of the Neuroses

Marvin G. Drellich

### Introduction

In 1945 Fenichel published a 703-page volume, *The Psychoanalytic Theory of Neurosis*. This encyclopedic treatise quickly became a standard reference since it contained an exhaustive survey of the classical psychoanalytic literature to that date. The subsequent 25 years have produced an unending stream of publications in this area, many of which are of superior merit and a few are truly seminal. Obviously a summary of the classical psychoanalytic theory of neuroses in one concise chapter must be regarded as merely an extended outline.

This outline will attempt an overview of the major theories that are the core concepts in contemporary classical psychoanalysis. The highlights of the historical evolution of these theories will be traced, and those concepts that are most extensively and effectively used by contemporary psychoanalysts will be indicated.

## **Preliminary Definitions**

The terms “neuroses” and “psychoneuroses” are used here as essentially synonymous. They refer to the group of psychiatric illnesses characterized by prominent symptoms that have 110 significant somatic origin. The symptoms include disturbances of feelings (anxiety, depression, guilt), disturbances of thought (obsessions), and disturbances of behavior (compulsions and phobic inhibitions), all of which are experienced as alien to the comfort and well-being of the individual. There are no prominent disturbances of the sense of reality as are present in the psychoses.

Classical psychoanalysis is somewhat more difficult to define. The definition given here will be entirely satisfactory only to the author and perhaps to a small number of like thinkers. This definition will be substantially but not completely satisfactory to a majority of those who consider themselves classical psychoanalysts. A small number of classical psychoanalysts may hold major disagreements with the definition.

Classical psychoanalytic theory is defined as the theory or group of theories of human psychological development, functioning, and behavior that were formulated by Sigmund Freud and progressively evolved over the 50 years (1888-1938) of his creative scientific life. Classical theory today embraces nearly all of Freud’s theoretical concepts as they were originally defined by him and as they have been modified, clarified, and extended both

by him and by numerous others who are closely associated with this body of knowledge. Classical theory includes all five of the metapsychological hypotheses or points of view (dynamic, economic, topographic, genetic, and structural) that constitute the major building blocks of Freud's comprehensive view of human behavior and psychological activity. The five hypotheses are not judged to be equal in clinical usefulness, in internal consistency, or in survival value. Rapaport has subjected each metapsychological theory to careful scrutiny and has made predictions about which are most likely to be retained, which will undergo major modifications, and which may be entirely discarded as psychoanalytic theory continues to be responsive to influences from clinical observations, from the psychological insights derived from nonclassical psychoanalytic sources and from the non-analytic behavioral sciences. Significant criticism of the economic and topographic points of view has come from some analysts who otherwise subscribe to the classical theories.

Classical psychoanalytic theory retains most of the original vocabulary of Freud's formulations, although a few modifications, refinements, and elaborations of terms have occurred as the science has evolved. Where major theoretical modifications have been introduced or original concepts have been formulated, they have been included in the classical theory to the extent that the new ideas are: (1) consistent with clinical psychoanalytic observation, (2) consistent with the main body of classical concepts, and (3)

formulated in terms of and integrated into one or more of the five metapsychological points of view. Greenson has described the elements of classical psychoanalytic practice and technique. His concepts appear to be consonant with the statement of classical theory described herein.[\[1\]](#)

It must be emphasized that classical psychoanalytic theory is in no sense a static entity. It has undergone progressive development during and after Freud's lifetime. His nuclear theories evolved piecemeal and were formulated and published over a span of 33 years (1893-1926) as his clinical experience increased, as his technique became more penetrating, as his understanding became more refined, and as existing theories proved incapable of explaining fully the complexities of the neurotic processes he was exploring. As each new theory was developed he made radical changes in some of the concepts. His final theories of sexuality, anxiety, and repression are strikingly different from his initial concepts. Where possible he attempted to retain his existing theories, integrate the newer with the older concepts, and increase the comprehensiveness of the whole.

## **Formative Influences on Freud's Theories of the Neuroses**

In 1886 at the age of 32, Freud began the practice of neurology in Vienna. A substantial number of his patients suffered from what was then called hysteria, a broadly inclusive term applied to several disorders that



would currently be called psychoneuroses. He discovered that his preparatory education in medicine, psychiatry, and neurology did not equip him to understand or to treat effectively these disorders.

### **Freud's Medical and Neurological Education**

He had attended medical school for eight years (1873-1881). During five of those years (1876-1881) he undertook study and research on the histology of the nervous system under Ernst Brücke, the great neuroanatomist and physiologist. Brücke was a leading exponent of the "Helmholtz School of Medicine," which held that all functions of the human organism could be ultimately explained in exclusively physical terms. Brücke taught that the reflexes are the basis of all activities of the nervous system, including all mental processes.

Freud was profoundly impressed with Brücke as a person as well as a teacher, and he worked for an additional year (1882) in Brücke's laboratory after obtaining his medical degree. From 1882 to 1885 he was house physician at the General Hospital in Vienna where he rotated through several services, including internal medicine, dermatology, surgery, psychiatry, and neurology. For more than a year he served in the department of nervous diseases under Franz Scholz, developer of subcutaneous injections. For five months he worked in the psychiatric clinic under Theodor Mevner, who

taught that all normal and abnormal mental processes could be related to the structure of the brain and the reflex activity of the nervous system. During the entire three years of hospital service, Freud was permitted to use Meynert's laboratory of cerebral anatomy where the young house physician carried out research on human brain anatomy. As a result of his years of research in neurophysiology under Brücke and his study of neuroanatomy and pathology in Meynert's laboratory, Freud was appointed Lecturer in Neuropathology at the University of Vienna Medical School in 1885, shortly before completing his hospital service.

A penultimate formal preparation for the practice of neurology occurred when Freud requested and was given a grant to travel to Paris for study with Jean Martin Charcot, the internationally known neurologist. Charcot was not primarily concerned with neuroanatomy or neurophysiology. He was a clinician whose emphasis was on describing and demonstrating the multitude of symptoms of hysteria. During the six months that Freud studied in Paris, Charcot demonstrated that hysterical symptoms could be removed or induced by direct suggestion to patients who were under hypnosis. He taught that hysterical symptoms were neither imagined nor feigned. He asserted that ideas alone could cause hysterical symptoms to occur, especially when these ideas constituted a psychic trauma. Clearly these psychological theories as explanations for mental disorders were in direct conflict with the exclusively physical, neuroanatomical theories of Brücke and Meynert.

## **Private Practice**

When Freud finally entered into the private practice of neurology, he found that there were few effective treatment methods for his patients who suffered from hysteria and other psychiatric disorders. Initially he used the then current techniques such as hydrotherapy, electrotherapy, massage, and the Weir- Mitchell rest cure. Late in 1887 he began to use hypnosis to remove symptoms by direct suggestion. About a year later he began to use hypnosis to achieve catharsis, that is, uncovering of painful forgotten thoughts and ideas and release or discharge of the associated intense feelings. This mode of using hypnosis he had learned from Joseph Breuer.

## **The Influence of Joseph Breuer**

Joseph Breuer was a prominent Viennese physician whom Freud had met when both were doing research at Brücke's institute. Breuer, 14 years older, was initially a revered senior colleague but gradually became a fatherly friend who referred many cases when Freud entered into private practice in 1886. Several years earlier (1881-1882) Breuer had treated a young woman (Anna O.) for various hysterical symptoms. When he recounted the remarkable story of her illness, treatment, and apparent cure to Freud, it had a profound impact on Freud's ideas concerning the causes and treatment of neuroses.

Breuer described how the patient's bizarre hysterical symptoms, paralysis, contractures, and ocular disturbances could be traced back, under hypnosis, to their origins, that is, to "traumatic" events in her past life. When these events were remembered and the associated emotions were re-experienced, the patient had a dramatic disappearance of her symptoms. She herself called it a "talking cure." Breuer and Freud called it "catharsis," and it is currently known as abreaction. Breuer's assumption was that hysterical symptoms are caused by traumatic experiences that are too painful to be remembered. These traumata reappear in a symbolic form as hysterical symptoms.

In 1888 an article entitled "Hysteria" was published in Villaret's *Medical Handbook*. This unsigned essay has been fairly conclusively attributed to Freud. In it he attempted to bring together the anatomical views of Brucke and Meynert with his growing recognition of the role of psychological factors, his inheritance from Charcot and Breuer. He asserted that "hysteria is based wholly and entirely on physiological modifications of the nervous system," but he added that conditions of life, including functional sexual problems, which have a "high psychological significance," play a part in the etiology of neurosis and that psychological traumas are frequent incidental causes of hysteria.

In 1889 he went to Nancy, France, for three weeks to perfect his

hypnotic techniques in the clinic of Ambroise Liebeault and Hippolyte Bernheim. He returned to Vienna where for several years he continued to use hypnosis to relieve symptoms by direct suggestion and also to uncover the traumatic causes and effect a cathartic cure of hysterical symptoms.

The years 1888 to 1898 were Freud's most creative, and after several false starts he produced the fundamental concepts on which have been built the classical psychoanalytic theories of the neuroses.

### **The Earliest Psychoanalytic Theories of the Neuroses**

Freud continued to treat patients with hypnosis, waking concentration, and finally free association, a technique that he evolved in the years 1892-1893. He had gathered an enormous amount of data on the current and past events in the lives of his patients who suffered from psychoneurotic disorders. He could not be content with the sketchy and relatively superficial psychological concepts of Charcot, Breuer, or Bernheim, so he began to formulate his own more complex and penetrating theories based largely on inferences drawn from his clinical observations. Several preliminary theories were formulated but never published because he judged them to be unsatisfactory. These false starts have been preserved through his correspondence and his preliminary drafts that were sent to Wilhelm Fliess, his sole confidant for many years.

In the first publications that can properly be called psychoanalytic, we find diverse concepts that were later to be integrated into an overall theory of the neuroses. Most important is the now universally recognized concept that there are elements in the human mind, ideas, thoughts, memories, and associated feelings that are *unconscious*, that is, entirely outside of conscious awareness. These unconscious elements are not easily retrieved or brought to consciousness. They are not, however, entirely inconsequential. Unconscious psychological elements (only later were they more precisely described as drives, defenses, and so forth) are able to find expression through the symptoms of neuroses.

A second crucial observation was that *sexual factors* are the most important of the unconscious psychological elements. The detailed formulation of the role of sexuality in the etiology of the neuroses was to take another decade for Freud to work out.

### **Role of Sex in the Etiology of Neuroses**

In 1888 Freud had said that “conditions related functionally to sexual life play a great part in the etiology of hysteria (as of all neuroses).” Here he was referring to adult sexual life or to the sexuality of adolescence or young adulthood. In 1893 he published with Breuer a preliminary communication based on Breuer’s Anna O. and several of Freud’s own cases. Their expanded

publication in 1895 made explicit the importance of traumatic sexual experiences occurring in adolescence or young adult life for the etiology of the neuroses.

Freud's publications in this decade include several concepts that were to find prominence in his later systematic formulations. In "The Neuro-Psychoses of Defense" (1894) the concept of *defense* is extensively discussed for the first time. He described the *repression* of unacceptable sexual ideas and the *conversion* of excitation into "something somatic". The concept of defense, also called "the theory of repression," is the cornerstone of the classical dynamic hypothesis. The discovery of unconscious psychical elements and the recognition of unconscious defenses are nuclear in the theory of *intrapsychic conflict*. The conflict theory is the fundamental dynamic hypothesis and is indispensable to all psychodynamic theories.

In this paper he went beyond the theory of sexual trauma and introduced the idea that masturbation plays a crucial role in the etiology of neurasthenia and coitus interruptus is the pathogenic factor in anxiety neurosis. These theories were eventually to be abandoned in favor of more sophisticated theories of sexuality, but there is another theme introduced at this time (1894-1895) that was to have lasting significance: the first formulation of Freud's theory of *anxiety*.

He described a “quota of affect,” which indicated a quantity of feeling or emotion, and used it synonymously with “a sum of excitation,” which indicated a quantity of energy. He asserted that anxiety neurosis occurs when a sum of undischarged affect or excitation, specifically sexual excitation, is transformed into anxiety. He called this condition an “actual neurosis” and distinguished it from the psychoneuroses. The actual neurosis is an essentially toxicological concept in that dammed up libido is transformed into anxiety. The psychoneuroses (hysteria, obsessions, phobias) were already being explained in psychodynamic terms.

The toxic theory of anxiety was to be dramatically modified by Freud in later years. Anxiety was to be recognized as the outcome of an intrapsychic conflict. The revised anxiety theory was to become a central element in all psychodynamic theories as, indeed, it is today. The idea of a “quota of affect” or a “sum of excitation” was destined to find a place in his economic hypothesis where it has some acceptance today.

In 1896 Freud began to refer to his method and theory as *psychoanalysis*. He advanced his sexual theory in dramatic terms. He asserted that psychological defenses are in every instance directed against a sexual experience of a traumatic nature. Further, the traumatic sexual experience always occurred before the age of puberty and was, in fact, the seduction of the child by the child’s father. In cases of hysteria the patient as a child was a



passive participant in the seduction, while in the obsessional neuroses the child played an active role in the seduction.

The seduction theory was not destined to be retained for long. As early as September 1897 Freud had privately expressed doubts about the seduction theory. He had formulated this theory from the histories of many patients who claimed to have remembered such seductions. He could not support the implication that there were so many perversely seductive fathers to account for the legions of hysterical and obsessional patients. Freud was discouraged by this reversal and despaired of ever finding the connection between sexuality and neuroses. From these ruins, according to Strachey, "Freud became aware of the part played by fantasy in mental events and this opened the door to the discovery of infantile sexuality and the Oedipal Complex." He came to realize that his patients' "seductions" occurred only in their fantasies, which compelled him to recognize (1) that sexuality is a significant element in earliest childhood, and (2) that infantile sexuality is the consequence of unconscious *instinctual drives*<sup>[2]</sup> that remain psychically active throughout life.

In 1897 Freud began his systematic self-analysis by recording and associating to his own dreams.' He sent much of this material to Fliess in Berlin, who supplied friendly encouragement for this undertaking, but appears to have contributed no substantive insights or creative

interpretations. By March 1899 the daily self-analysis was discontinued, although he continued to analyze his dreams intermittently thereafter.

Most of the substance of his self-analysis forms the core of his monumental work, *The Interpretation of Dreams* (1900). Freud always regarded the dream book as his major creative work. This volume, along with his *Three Essays on the Theory of Sexuality* (1905), ushered in a substantially new and integrated theory of psychoanalysis, a theory that has been expanded and modified but remains in many respects intact today as the heart of the classical psychoanalytic theory.

## **The Five Classical Psychoanalytic Hypotheses**

Classical psychoanalytic theory currently consists of five distinct but overlapping hypotheses or points of view. The foregoing historical discussion has indicated some of the intellectual antecedents that found their way into the five theories. Each hypothesis represents an attempt to comprehend and explain the organization and functioning of the human mind or psychic apparatus. Each theory, viewed separately, attempts to be inclusive and thereby explain the motives and vicissitudes of normal as well as neurotic thinking and behavior.

None of the five theories is, in fact, inclusive, and no claim has been made for the completeness of any or all. Indeed, these concepts are most

meaningful and explanatory when taken together, that is, when they are considered to supplement and clarify each other. These five theories are to a greater or lesser extent metaphorical concepts. Classical psychoanalytic clinicians and theoreticians will generally use all five as conceptual tools, but, as will be shown, the dynamic, genetic, and structural theories appear to be the most extensively used in recent years.

No attempt will be made here to outline a complete summary, much less a statement of classical theory in all its aspects. Several volumes exist that present the entire scope of classical theory: psychopathology of neuroses and psychoses, concepts of normal and abnormal development, the theoretical basis of psychoanalytic technique, the psychology of dreams and wit, and applied psychoanalysis. Here the hypotheses will be described to the extent that they bear upon our understanding of the etiology and psychopathology of the neuroses.

### **The Dynamic Hypothesis**

The dynamic point of view is concerned primarily with the interaction of the largely unconscious factors within the mind. The most important interaction is the conflict of psychical elements within the individual; in fact, this theory has also come to be called the theory of *intrapsychic conflict*.

The recognition of the existence of unconscious mental activity is a

central element in this theory. Freud's earliest discoveries of the psychological factors in mental illness, discoveries that emerged from his encounters with Charcot, Breuer, and Bernheim and from his own clinical work, involved the bringing into consciousness of psychical elements that were in the patient's mind but were previously entirely excluded from conscious awareness. He was first concerned with uncovering the traumatic events of the patient's earlier life. These traumata had left the patients with painful and unacceptable memories that had to be put out of conscious awareness by means of a psychical *defense*. The concept of defense, which he called the "theory of repression," implies a dynamic interaction of opposing forces in the mind.

What then are the elements involved in these dynamic interactions or conflicts of intrapsychic forces? At first Freud believed that memories of sexual traumata were the elements that were repressed, but his sexual theories were then sidetracked. His concern with adult sexual practices, masturbation, coitus interruptus, and abstinence were toxicological, not psychological, theories and had little significance for the theory of intrapsychic conflict. His short-lived theory of childhood seduction was within the psychological realm, but more important, it led to his discovery of *infantile sexuality* and his formulation of the role of *sexual instinctual drives* in the dynamic psychological processes of the mind.

The dynamic hypothesis then is concerned with the conflict between the instinctual drives that “propel the organism toward gratification” and the defenses, the counterforces that oppose the expression and gratification of these impulses.

For many years the instinctual drives were considered to be exclusively sexual in nature. The instinctual drives were described as “the demands that the body makes upon the psychological apparatus.” These demands produce within the psyche a *psychical representation* of the instinctual drive. Any fantasy or overt action that directly or indirectly may serve to express or discharge the instinctual drive is called a *drive derivative*.

In 1920 Freud published a controversial volume in which he postulated the existence of a death instinct, one part of which was an aggressive instinctual drive. The death instinct has had very little acceptance in the psychoanalytic community, but the recognition of the aggressive instinctual drives and of the defenses against them has become an integral part of the dynamic point of view. It should be noted that the aggressive drives are never spoken of as having a somatic source or origin but rather are judged to be entirely psychological. Nevertheless, it is possible to speak of an idea that is the psychical representation of the aggressive drive and also to speak of an aggressive instinctual drive derivative.

The defenses or counterforces oppose the discharge or expression of the sexual and aggressive drives because the individual has learned from a very early age to associate many instances of drive discharge with pain. The pain includes distressing feelings (anxiety, guilt, shame), physical pain, and danger to one's safety, security, or even survival.

From the earliest years of childhood the individual has encountered external opposition to his immediate gratification of instinctual drives. Prohibitions and threats from parents, society, and all other external sources, whether explicit or implicit, are perceived and remembered. This leads to the unconscious conviction that the direct expression of drive impulses will lead to serious consequences— pain, retaliation, or punishment. The instinctual demands upon the psyche are continual but not necessarily constant in intensity. In circumstances where external factors stimulate either sexual or aggressive responses, the internal demands are even more insistent. (Quantitative questions will be discussed in the section on the economic hypothesis.)

The opposition to the expression of the instinctual drives is initially the perceived external threats of pain or danger. Early in life the threats become internal, generate a sense of greater or lesser danger, and lead to the internal defenses which are set in opposition to the awareness and the undisguised expression of the instinctual drives. Fear of annihilation, fear of castration,

fear of isolation, and even fear of being overwhelmed by unbearably intense excitation are among the unconscious fears that motivate the defenses.

The variety and vicissitudes of the defenses were not systematically worked out until after the formulation of the structural theory. Within the dynamic theory it is simply stated that the expectation of pain or injury that is associated with the gratification of sexual or aggressive drive derivatives serves to mobilize intrapsychic defenses against these impulses.

It must be emphasized that the foregoing description was at one time considered to be characteristic of *all* mental activity, normal and abnormal. Now there has been a growing tendency to accept Hartmann's views on the existence of conflict-free mental activities, but it remains a widely accepted viewpoint that *most* mental activity and subsequent behavior, be they normal or pathological, involve some degree of intrapsychic conflict.

One of the important implications of the dynamic viewpoint is the principle of *psychic determinism*. Brenner states, "in the mind, as in physical nature about us, nothing happens by chance or in a random way. Each psychic event is determined by the ones which preceded it." There is a cause or causes for every mental event, conscious and unconscious. The final overt manifestation, the dream, the joke, the slip of the tongue, the choice of job, the choice of spouse, the largest and smallest decision, and, for our immediate

concern, the manifest symptom or symptoms of the psychoneuroses, all are determined. All are the result of the many unconscious psychic processes that interact and conflict and thereby determine the final overt manifestations, be they normal or pathological.

The principle of the dynamic functioning of the mind—the unconscious intrapsychic conflict—for all its simplicity has been included in all four subsequent psychoanalytic hypotheses. Each new approach included a place for the continuing, active, unconscious intrapsychic conflict between instinctual drives and defenses. The structural concepts will be shown to be the most direct, though very elaborate and sophisticated, development of the dynamic concepts.

The conflict theory was the first in which Freud tried to develop a consistent and enduring preliminary statement about the psychopathology of the neuroses. The symptoms of neurosis are seen to arise out of intrapsychic conflict. The sexual and aggressive instinctual drives have intensity (see economic theory) and phase-specific qualities (see genetic theory). The defenses, which for many years were thought of as repression, direct exclusion from consciousness, have been recognized to include many simple and complex psychic activities (see structural hypothesis). The wide variety of defenses that come to be used singly or in concert to cope with instinctual drive demands, and with internal and external prohibitions, have a great deal



to do with the attainment of mental health, the qualities of one's personality or character, and the occurrence of psychiatric illness. The foregoing discoveries are actually an elaborate fleshing out on the sturdy skeleton of the dynamic hypothesis.

### **The Economic Hypothesis**

The antecedents of the economic hypothesis can be found in the influence of Brücke's, Meynert's, and Freud's early work in neuroanatomy and neurophysiology. Brücke was the model of scientific integrity, discipline, and dedication to truth. These principles found a prominent place in Freud's standards of personal and scientific conduct and persisted long after he had departed from Brücke's neuro-anatomical theories of mental life.

Brücke believed that organisms are products of the physical world, systems of atoms moved by forces according to the principle of the conservation of energy. He held that all mental processes were reducible to physical reflexes of the nervous system. Moreover, all activities of the nervous system were based on a quantity of excitation, originating in the system, which travels along the nerve fibers and collects or accumulates at a larger place in the channel due to summation of stimuli.

As late as 1895 Freud had prepared a draft, "Project for a Scientific Psychology," that he hoped would serve as a comprehensive psychology for

neurologists. He tried to explain his burgeoning psychological insights in terms that were consonant with the current neurophysiological theories. He tried to “represent psychical processes as quantitatively determined states of specifiable material particles.” He described the occupation of a neuron by a quantity of energy as the *cathexis (besetzung)*. Above all, he was concerned with the “distribution and circulation of quantities of energy within the hypothetical brain structure.”

He never published the “Project” because he was on the threshold of moving much further away from the neuroanatomical model of the mind. It should be noted, however, that concern with quantities of energy and cathexis was to appear again in his substantially psychological formulations, especially the economic hypothesis.

The economic theory is concerned primarily with the quantity and movement of psychic energy within the psychic apparatus. Indeed, the economic theory has been called an energy transfer theory. It is one logical development of the dynamic theory in that it tries to explain the outcome of intrapsychic conflict in quantitative terms. It is concerned with the intensity of instinctual drives, the strength of psychic defenses, and the internal and external factors that affect the quantity of their energies.

The first systematic statement of the economic point of view is in

Chapter 7 of *The Interpretation of Dreams*. He postulated the existence of a hypothetical psychic energy that has a quantity and displaceability. Psychic energy was introduced to explain the internal operations of his first (topographic) model of the psychic apparatus. Psychic energy is alluded to in many of his subsequent clinical and theoretical publications, culminating in the thoroughgoing restatement and refinement in his 1915 series on metapsychology. -

It must be repeated at the outset that psychic energy is a hypothetical concept, an abstraction that refers to an entity that is neither real nor measurable in physical terms. Psychic energy has been postulated and retained in classical psychoanalysis as the most effective way to understand, explain, and communicate observations about the vicissitudes of the instinctual drives and the opposing forces.

The instinctual drive, defined as the demand that the body makes upon the psyche, is conceptualized as producing a hypothetical central stimulation. This excitation or tension is considered to be constantly present but undergoes fluctuations in intensity. The increase and decrease of levels of intensity are described in terms of levels or quantities of psychic energy. The tension is entirely unconscious, and it is said to make demands upon the psychic apparatus in order that actions may be initiated that would permit the tension to be reduced. When instinctual tension increases it is labeled

*unpleasure*; when appropriate action intervenes to reduce the tension it is labeled *pleasure*. This *pleasure-unpleasure principle* is an essential element in the economic theory; however, it must be clarified that the term “pleasure” is not used here in the narrow sense of enjoyment or delight, but rather it indicates a satisfaction or gratification that is the consequence of the lessening of unpleasure.

An instinctual drive is considered to have (1) a source, the organ or tissue from which it arises; (2) an intensity, the quantity of psychic energy that may accumulate (increasing tension) or discharge (decreasing tension); (3) an aim, in all instances satisfaction or gratification; and (4) an object, the person or thing in the external world that may be acted upon or related to in such a manner that the interaction will effectively discharge or reduce the inner tension. Actually the psychic energy is said to be directed toward, attached to, or invested upon the psychical representation of a person or thing. This investment is called the *cathexis* of the object.

An instinctual drive invests the psychical representation of the external object with increasing cathexis. This impels the individual to initiate action toward the real object in order to achieve gratification. Prohibitions and fears may oppose the motor activity that would permit gratification. Indeed, prohibitions may even oppose being conscious of the wish to act. This opposition to action or to the wish to act is called *countercathexis*.

Counter cathexis is seen to require a quantity of psychic energy to maintain inhibition of action and unawareness of the drive wish. Here is the dynamic concept of *repression*, restated in economic terms as the counter cathexis directed against awareness of the drive wish.

As a result of repression and inhibition, drive tension will persist or increase and will seek alternate channels for discharge. This involves a *displacement* of instinctual energy, an important concept to explain many behavioral phenomena in economic terms. A hysterical symptom may be described as the alternate channel or pathway that symbolically discharges the drive tension but does so in a disguised manner that conceals the true nature of the drive wish. Indirect, incomplete discharge is thus possible while the drive wish remains repressed. The same symptom may also symbolically exact the punishment (pain) that is unconsciously associated with gratification of the forbidden instinctual drive.

Drives may undergo other vicissitudes besides repression and displacement. A drive may be reversed into its opposite, as when an *active* instinctual wish may be opposed and find an acceptable pathway of discharge through a *passive* involvement with the object. *Sadistic* impulses may be opposed and lead to a *masochistic* cathexis of the object. The object itself may be changed. A young man may have persistent excessive sexual wishes directed toward his mother, who had been both sexually provocative and

prohibiting. These oedipal wishes will be unconscious and unexpressed, but they may be directed toward another female who in any way can be unconsciously associated with his mother. Such change of object will often be a determinant of the choice of the love object in adult life. When the original drive wish was very strongly opposed, the opposition may also be transferred to the new object, and sexual inhibitions (impotence) may be the outcome of any sexual acts directed toward the woman identified with his mother. When still stronger opposition to oedipal wishes occurs, it may lead to avoidance of all women as sexual objects, and the man may be aware only of sexual wishes toward men. These clinical illustrations are necessarily one-dimensional and cannot be taken as complete explanations of impotence, homosexuality, or any other symptom or behavior pattern. All symptoms and behavior are *overdetermined*; that is, they are the outcome of many psychic elements, drives, and defenses in prolonged interaction. In the foregoing clinical examples the elements mentioned were only a few of the many forces that combined to produce the symptom.

In 1905 Freud introduced the term “libido,” which he described as the expression of sexual instinctual energy. At that time he spoke only about the sexual instinct, postulated no other instinctual drives, and described the opposition to discharge as coming from internal censors or counterinstinctual forces. In 1910 he introduced the concept of *ego instincts*, which he identified as the selfpreservative instincts and hence the repressive forces. After that he

referred to the conflict between sexual instincts (libido) and ego instincts. In 1920 he again revised his instinctual drive theory. Here he introduced the concept of the *aggressive instincts*, that is, instinctual drives directed toward the destruction of the object. (See section on dynamic theory for additional comments on the acceptance of the aggressive instinctual drives.)

The wide acceptance of the concept of aggressive drives has given classical psychoanalysis a *dual theory of instinctual drives*. This theory postulates two fundamental drives: (1) the sexual drive, whose energy is called libido and which is judged to have a somatic source; and (2) the aggressive drive, whose energy has not been given an acceptable name and which has not been judged to have a somatic source. The two drives may be in conflict—that is, they may vie for priority of expression—but in most instances the two drives are fused. This means that the object representation is cathected and drive wishes initiate actions that serve to gratify both drives simultaneously. All behavior, normal and pathological, is determined by the conflicts between the fused drives and the counterforces. Obviously in any specific instance one or the other drive may be the more prominent instinctual element.

If the economic hypothesis seems somewhat obscure, that is precisely Freud's own evaluation of these concepts. He asserted that "the instincts are the most obscure element of psychological research" and that this theory

must undergo constant alteration with advances in knowledge. Although many objections have been raised over the years to the energetic concept, it has also received some thoughtful and persuasive support. Brenner's comments seem to be representative of the current classical position; he wrote, "it cannot be emphasized too strongly that the division of drives that we use is based on clinical grounds and will stand or fall on these grounds alone."

At this time there remains a distinct need for a theory that deals with quantification, increase and decrease of tensions, intensity of drives, strength of defenses, thresholds, displacement, and discharge. These quantitative formulations, while hypothetical and abstract, are, nevertheless, the most effective frame of reference in which to organize the quantitative variables of psychology and behavior.

### **The Topographic Hypothesis**

This is the name that Freud gave to his first published model of the mental apparatus. In Chapter 7 of *The Interpretation of Dreams* he described the psyche as consisting of three systems: the conscious (Cs), the preconscious (Pcs), and the unconscious systems (Ucs). He theorized a linear, spatial relationship between these systems. The Cs included the perceptual apparatus that received external stimuli and responded with a hypothetical excitation that could flow from one system to another. In the absence of



internal opposition the flow of excitation will reach the motor apparatus, and action will ensue directed toward discharging the excitation.

He made it clear that “psychical topography has nothing to do with anatomy,” and the psychical systems do not correspond to any location in the brain. The Ucs consisted of the instinctual drive representations that seek to discharge their cathexes, that is, to move their excitation into the Pcs and Cs and thence to impel the motor apparatus to discharge the excitation. Unconscious processes are timeless, have little regard for external reality, and press relentlessly for satisfaction. The mode of functioning of the Ucs is called the *primary process*, the tendency to discharge without delay and without awareness or regard for reality factors or internal interference. Primary process includes a readiness to displace its energies on to any object representation that permits immediate gratification; hence it is said to have a *mobility of cathexes*. In contrast, the secondary process, the mode of functioning of mental content in Pcs and Cs, takes into consideration the external realities, prohibitions, appropriateness of objects, and the need for delay or postponement of gratification.

The topographic theory provides a model of the mind within which the energy of instinctual drives moves as it presses for discharge. The psychic energy becomes attached to ideas and representations of external objects, and it encounters the censoring counterforces that are “located” in the Pcs.

These forces function to control or bind the mobile cathexes that seek to move into the Pcs and Cs from their origin in the Ucs.

The topographic theory has been summarized here very briefly because in its original spatial or hydraulic form it has not retained its usefulness for a substantial number of classical psychoanalysts. The decline of this model has been accelerated since 1923 when Freud postulated the more sophisticated structural model of the psychic apparatus. Freud never intended the structural model to replace the topographic one. In his later publications he continued to use both models in his formulations. Nevertheless, the topographic vocabulary has undergone changes as it continued to be used by classical psychoanalysts.

Current theory retains the concept that mental content may be fully conscious and in immediate awareness; it may be preconscious and relatively easily brought into consciousness, or it may be unconscious and therefore recoverable with considerable difficulty because of the opposing repressive forces. In this sense the terms are no longer used to designate systems but rather to describe qualities of mental content. As adjectives the words find almost unanimous acceptance.

Beliak has advanced a still more precise approach in asserting that degrees of consciousness-unconsciousness must lie on a continuum. Mental

content may occupy (figuratively, not spatially) any position or degree along this continuum. Obviously the three systems of the topographic model do not provide the means of distinguishing the many degrees of consciousness-unconsciousness of mental content. Gill, after a thoroughgoing examination of the topographic model, concluded "there should not be a topographic point of view in addition to a structural one." Arlow and Brenner concurred: "there is essentially little in the topographic model . . . which cannot be more satisfactorily explained by the structural model." Lewin, on the other hand, supports the topographic terminology when discussing dreams, but he finds the structural theory more valuable when discussing the neuroses.

Primary process has been retained as a clinical term to describe a certain kind of thinking. It is primitive, irrational, wishful thinking that is dominated by emotions and is relentlessly pleasure-seeking. Primary process thinking is characteristic of the normal infant; it is more prominent in dreams and can be seen to be dominant in the psychoses. Secondary process thinking is characteristic of the more mature, rational, integrated adult personality. It takes into account the external realities, judges the appropriateness of objects and opportunities for satisfaction, and delays gratification in accordance with these considerations.

## **The Genetic Hypothesis**

The concepts that comprise the genetic theory are widely known and are popularly associated with Freud because they include many of his most creative insights into human sexuality. Actually the genetic hypothesis is first and foremost a developmental theory, specifically a *theory of psychosexual development*. According to Hartmann and Kris, “Genetic propositions describe how any condition under observation has grown out of an individual’s past and extended throughout his total life span.”

Genetic theory is concerned with the regular, predictable phases of development, with the tasks and problems that are inevitably encountered in each phase, and with the attempt to solve these problems in the course of maturation. Particular attention is directed toward the child’s psychosexual development, the characteristics of the sexual instinctual drives at specific phases of the maturational process. The formal publication of the genetic theory occurred in 1905, but it represents the culmination of 15 years of investigation and several unsuccessful theories of the significance of sexuality, especially infantile sexuality, for the genesis of the neuroses. His earlier theories of sexual traumata, unhealthy adult sexual practices, and childhood sexual seduction all had to be abandoned (see discussion of earliest psychoanalytic theories). From the ashes of the seduction theory came the discovery of the sexual fantasies of the child, the concept of infantile sexuality, and the timetable of psychosexual development as described in his *Three Essays on the Theory of Sexuality*.

In many of its aspects the genetic theory is based on and dependent on the economic hypothesis. Attention to the origins, quantity, displacements, and vicissitudes of sexual instinctual energy (libido) are an integral part of the developmental scheme; hence the term "libido theory" is used as synonymous with psychosexual theory.

Freud began by postulating that the sexual instinctual drive is present in all persons from the earliest days of life. The drive originates from somatic sources and makes demands on the psychic apparatus for discharge of the accumulating sexual energies or libido. The major somatic source of libido appears to shift in a regular, predictable pattern in the course of development. These major sources are called the *libidinal* or *erogenous zones*.

In earliest infancy and roughly until the age of 18 months, the infant's libidinal tensions originate primarily from the mouth, lips, and tongue. In addition to being the chief source of libidinal tension, this oral zone is also the primary organ for gratification of this tension. The only way the infant can relieve tension (unpleasure) in the oral area is by regular opportunities to engage in vigorous sucking and later biting and chewing. The prominence of the oral zone as the source of libidinal tension and the organ of achieving pleasure has logically led to calling the first year to 18 months of life the *oral phase* of psychosexual development.

At approximately 18 months the major source of libidinal tension gradually shifts to the *anal zone*. The anus and surrounding area make up the chief erogenous zone. Unpleasure is experienced as the tension in the anal area associated with the accumulation of feces in the rectum and the conscious urge to defecate. Pleasure occurs in the anal area when defecation occurs and anal tension is relieved. Later in the *anal phase* the retention of feces and controlled defecation come to be experienced as pleasurable, and the feces themselves become an object of the child's interest.

Sometimes in the third year of life the chief erogenous zone again shifts, this time to the genitals, the penis in boys and the clitoris in girls. This is the *phallic phase* of development, when the phallic organs are the sources of libidinal tension and the organs for achieving pleasure through infantile masturbation. It appears that pleasure is also achieved by seeing the genitals of others (voyeuristic component instinct), showing one's genitals to others (exhibitionistic component instinct), and urinating (urethral erotism). The phallic phase lasts for about three years, but it must be understood that this is in no sense an infantile equivalent of adult genital sexuality.

It is essential that we take into consideration the role of *object relations* in psychosexual development. In the oral phase the first object of the sexual drive is the infant's own body, especially his own mouth. Soon he begins to have a hazy awareness of things outside himself. At first it is an awareness of

the mother, the feeding person, or more accurately the visually or tactilely perceived breast, which acquires a psychic representation (memory trace) and becomes cathected as an essential object for gratification. In the anal phase the mother seeks to begin toilet training. She takes a position in opposition to the child's spontaneous pleasure of defecation. She is now an object who interferes with gratification. She seeks to assume control of the anal activity and introduces the issue of discipline. Control and discipline are issues that are destined to have far-reaching consequences on the child's ultimate character structure.

The child becomes concerned with such questions as: Who has control of my body and its functions? Must I conform, obey, and surrender control to mother, or may I somehow defy her and retain control of where and when I defecate? What is the punishment for defiance? What are the rewards for conformity? None of these occur as verbal questions but rather as nonverbal concerns of the preverbal child.

In the phallic phase an event of momentous importance occurs, coincidental with the shift to the dominance of the genital erogenous zone. This event is the *Oedipus complex*, which occurs inexorably during the phallic phase, and therefore this period is also referred to as the *oedipal phase* of object relations.

The child's sexual interest in the parent of the opposite sex and his rivalrous hostile wish to displace the parent of the same sex are too well known to bear detailed discussion. This is a normal developmental event; it does not necessarily lead to pathology, sexual or otherwise, in later life. Depending on the quality of the mother-child relationship, the father-child relationship, and the parents' relationship to each other, there is precipitated in the child's mind the elements (memories, attitudes, beliefs, convictions, fears, prohibitions) that will shape the character of his or her adult heterosexual life.

It must be made clear that the stages of psychosexual development do not come to an abrupt end. Under all circumstances there remain elements of the oral, anal, and phallic libidinal drives that remain active and become incorporated in the adult psychic life and behavior. Under favorable circumstances these *partial instinctual drives* will serve to enhance and enrich the adult personality and sexuality. Under unfavorable circumstances the persistent partial drives or the defenses against them will produce character peculiarities, rigidities, or, as we shall see, psychoneurotic symptoms.

Another necessary clarification is that the word "sexual" as used in this theory and all classical psychoanalytic theories does not have the narrow meaning by which it is ordinarily defined. Freud and classical psychoanalysts use the word "sex" as a very broad and inclusive term to indicate all psychical



and behavioral processes associated with pleasure-seeking. Pleasure is associated with discharge of instinctual drive tension. There remains, regretfully, an adamant refusal on the part of many critics of psychoanalysis to understand or to remember the psychoanalytic use of the word "sex," and they base their criticism on the assumption that "sex" can only refer to adult genital sexual activity.

In order to understand the value of the genetic hypothesis for the theory of the neuroses, it is necessary to consider the phenomena of *fixation* and *regression*. Fixation indicates an arresting of development, wherein characteristic elements of an early phase persist to an excessive degree in later stages of development. Fixation is likely to occur when there have been unusual frustrations or, less often, excessive gratifications during a given stage. When there have been unusual frustrations the unfulfilled drives of that stage remain unchanged and active in seeking the phase-specific satisfactions into later phases of life. An exaggerated preoccupation and pursuit of oral or anal gratifications, either directly or indirectly, are examples of the consequence of fixations at these stages.

An excess of gratification during a given phase may cause the individual to renounce this level with great reluctance and defer moving on to the challenges and satisfactions of the next phase, which may seem so much more difficult to achieve. It follows that the most favorable outcome of any phase of

development occurs when there has been an optimal balance between gratifications and frustrations at that time.

Regression is seen to occur when there already exists a fixation or predisposition to fixation that had not yet produced phase-specific symptoms. At times of great stress, trauma, or frustration in a later stage of development, the individual may regress to symptoms, behavior, or defenses that are specific for the phase of fixation. In a sense a regression is either the process whereby a latent or potential fixation becomes manifest or the process whereby a minor or moderate overt fixation becomes more flagrant and dominates current behavior.

### **The Structural Hypothesis**

In 1923 Freud worked out a new model of the mental apparatus. This theory was expected to have far more explanatory potential than did the topographic model. This expectation has clearly been realized. The structural hypothesis represents the most widely accepted statement of the functional divisions of the human mind. It has been proven to have enormous usefulness and an almost inexhaustible potential for refined formulations based on clinical observations.

The structural theory divides the mind into three functional divisions, the *id*, the *ego*, and the *superego*. These are neither physical structures nor

physical divisions. They correspond to no physical locations in the brain. The mental processes that are “grouped” together within each “structure” have essentially similar or closely related functions, relatively constant objectives, and consistent modes of operation. Beres has warned against the danger of reifying or concretizing the psychic structures. Id, ego, and superego are abstract conceptual metaphors; they must not be treated as concrete entities. These structures are nothing more than functional systems; they can only be defined by the functions of the elements in each structure.

The id includes the psychic representations of the sexual and aggressive instinctual drives. Its contents are totally unconscious. It includes “the sum total of ‘wishes’ which are the resultant of certain perceptions and memories of the earlier gratification of basic physiological needs.”

The ego is the structure that includes the widest variety of functions. It is well to remember that Freud used the word “ego” from the beginning of his scientific career. He used it loosely and at various times he meant it to refer to the self, the defensive agency of the mind, and the seat of the self-preservative instinct. With the formulation of the structural theory the word “ego” now has assumed and retained a firm meaning, and the casual, unfocused use of the term has all but disappeared.

The ego includes all the mental elements that regulate the interaction

between the instinctual drives and the demands of the external world. This includes the perception of the needs of the individual (physical and psychological needs) and the characteristics and demands of the environment. The ego coordinates and regulates these disparate elements. It strives to achieve maximum gratification of instinctual wishes while maintaining the individual in a realistic relationship to the external environment.

It is impossible to say too much about the ego because the major thrust of classical psychoanalytic theory over the past 40 years has been in the direction of *ego psychology*. The latter is the conceptualization of nearly all mental activities in terms of the functions of the ego as it mediates between instinctual drives, external demands, and superego judgments. Ego psychology is concerned with understanding the many *defense mechanisms* that are available to cope with and protect against threats, real or imagined, from internal and external sources. Many symptoms of psychoneurotic illness are recognized as reflecting specific defensive operations that have been evolved by the individual to protect against the demands of the instinctual drives. Anna Freud is credited with the major role in describing the important defense mechanisms in the repertory of the ego.

*Repression*, the first defense mechanism to be recognized as such, is the exclusion of an idea and its associated feelings from consciousness. It may

exclude a thought that was once conscious but was too painful and had to be banished from conscious awareness. It may keep ideas or inclinations from ever reaching conscious awareness.

*Isolation* is the defense whereby ideas are split off from the feelings that are associated with and appropriate to them. An obsessional idea such as “my brother is going to have an accident” may be permitted to reach consciousness if it is isolated from its associated feelings of wishfulness and guilt. The thought without feelings is experienced as an alien, intrusive idea that has no real connection with the thinker.

*Reaction formation* maintains repression by replacing an unacceptable drive derivative with its opposite. A person may remain entirely unaware of anal erotic impulses to make a great mess by maintaining a conscious, active concern with order, neatness, and cleanliness.

*Displacement* refers to the tendency to direct an unacceptable instinctual wish away from the original object and on to an essentially neutral or less threatening object. A young woman is unaware of her hatred toward her mother but feels an often inexplicable resentment toward older women in positions of authority.

*Projection* is the defense whereby a painful or unacceptable impulse or idea is attributed to someone else. A young woman who cannot allow herself

to recognize sexual feelings toward her married employer will be convinced that he is sexually interested in her and that he is communicating his interest in many indirect ways.

*Undoing* is a reparative defense whereby the individual makes amends for having thought or acted in an unacceptable, guilt-producing way. An unscrupulous businessman will make generous charitable contributions to his church on Sunday and thereby permit himself to resume his dishonest business practices on Monday. He “paid the price” and “wiped his slate clean.”

*Turning against the self* is a variety of displacement whereby the instinctual impulse, usually aggressive in nature, is displaced from the original external hated object and directed toward the self as self-hatred, self-accusation, and self-deprecation. This is an important mechanism in depression and masochistic character neuroses.

*Denial* is a very primitive defense whereby the individual remains unaware of certain tangible, visible aspects of external reality that would be painful to acknowledge. The persistent feeling that the death of a loved one has not occurred and that the deceased is still alive is an obvious instance of denial.

*Rationalization* occurs when a person convinces himself that he is carrying out or avoiding an action for some neutral or acceptable reason in

order to remain unaware of the unacceptable instinctual drive derivative that is the actual but unconscious motive.

*Identification* is far more than a defense mechanism. It is a ubiquitous aspect of maturation and learning through which a child becomes like another person, usually a loved or feared parent or parent substitute. By identification the child acquires some of the values, morality, mannerisms, behavioral style, and even the pathological symptoms of the object. Identification is used as a defense as a way of coping with separation or loss of the love object.

It must be stressed that defense is not to be equated with pathology. All persons need and use a variety of defense mechanisms without signs of mental disturbance. What is significant is the specific repertory of defenses, their flexibility and appropriateness, which determine a person's character structure and manifest symptoms of psychoneurosis when it occurs.

The ego includes many mental elements that are unconscious as well as almost all that are conscious. Remembering, concentrating, decision making, judgment, intellectual activities of all kinds, planning, and learning are among the functions of the ego. Initiation and control of motor activity and the development and maintenance of relations with others (object relations) are also within the province of the ego. Reality testing is an obvious ego function,

as is “regression in the service of the ego,” a phenomenon whereby the artistic or creative person can draw upon repressed mental content in the service of the creative process.

The third psychic structure, the superego, is actually a highly specialized aspect of the ego. It is the structure that represents the ethical and moral attitudes, the readiness to feel guilt, the unconscious roots of the sense of conscience. The superego content is the result of internalization of the moral and ethical standards of society, especially as these values have been communicated and to some extent interpreted and modified by one’s parents.

One of the virtues of the structural hypothesis is that it meshes very effectively with the dynamic and genetic points of view. The three psychic structures are not considered to be fixed or immutable; rather they are viewed as developing under the influence of inborn constitutional factors and the individual’s unique developmental experiences. *Ego development*, especially, has received a great deal of study and is recognized as proceeding parallel with and complementary to libido development.

Ego development has not been as thoroughly worked out as has libido development, in part because the structural hypothesis was a later arrival on the theoretical scene, but primarily because ego development is a far more complex matter. It can only be understood in terms of the development of the



many ego functions: defense, thinking, dealing with reality, object relations, regulation and control of instinctual drives, the various autonomous functions (to be discussed in the next section), and the organizing or integrative function of the ego. Only a brief sketch of ego development is possible here; for additional details see Hartmann and Kris," Hartmann, Kris, and Loewenstein, and Jacobson.

The earliest pre-ego process is believed to be the *stimulus barrier*. This barrier protects the infant from the multitude of external stimuli that constantly impinge upon him and would produce an intolerable overstimulation were it not for the dampening by the stimulus barrier. The barrier serves to protect against the "traumatic situation," the situation in which the organism is flooded with an excess of stimulation that it is helpless to escape or discharge. It is further postulated that an innate pre-ego perceptual capacity is present at birth. At the outset this perception may simply be able to experience and differentiate painful states (increasing drive tension) and pleasurable states (decreasing tension).

The ego and the id develop from an *undifferentiated matrix* of instinctual energy in the earliest weeks of life. As the infant begins to endure the first painful consequences of contact with the external world (for example, when he is not fed at the first signs of hunger), there is an instantaneous attempt to relieve this tension by a hallucination. This hallucination consists of memory

traces of previous satisfactions (being fed) and the fragmentary perceptions of the external object (mother) that had been associated with previous gratifications. This is the beginning of what will later be fantasy formation. Hallucinatory fulfillment is only momentary because the actual tension of hunger persists and increases. Next an overt motor-affective response ensues; the infant begins to cry and thrash his arms and legs about. When the mother responds promptly by feeding and fondling the infant, there is a reduction of drive tension, a sense of gratification, and in the earliest months the infant falls asleep.

This event includes the earliest perceptions, memory traces, and object representations. Here, too, is the beginning of the sense of differentiation of the *self* and the *object representation*. In the earliest months it is postulated that during or after gratification the differentiation is not maintained, and a sense of *fusion* of self and object ensues. This blissful fusion persists until hunger or other painful tension occurs to disturb the ecstatic, intrapsychic union. The fusion of self and object is a precursor of the mechanism of identification.

It is the frustration and the failure of the hallucinatory wish fulfillment that provide the impetus for the activation of the ego functions of consciousness, differentiation of self, and object and motor affective responses. The latter have an impact on the environment (are “successful” in

bringing about feeding) and also contribute to the perception of one's body and body parts. Primitive perception of reality and focusing of attention occur with this event. The hallucinatory wish fulfillment is a primary process response for instant gratification. The failure of hallucination and the sequence of subsequent activities are secondary process responses. A series of similar events produces memory traces that are the basis for *learning from experience*.

Every day brings frustrations and unpleasurable perceptions that evoke ego responses that are to a greater or lesser extent successful in achieving gratification. The ego functions become more refined and additional functions are activated as different tensions arise. Differentiation of self and mother becomes more distinct, and secondary process thinking, with ability to endure longer delays in gratification (frustration tolerance), becomes more prominent.

Before the end of the first year the infant has some sense of the success of his motor-affective responses in evoking consistently gratifying responses from the mother. With this comes the capacity to be awake and alone for short periods of time with the expectation that mother will be available and responsive when needed. This growing sense of *object constancy* has lasting impact on the development of *basic trust*. It also produces a sense of one's effective influence upon the external world, an important ingredient for

feelings of *self-esteem*. The repeated frustrations, gratifications, and separations in the second and third years are part of what Mahler calls the *separation-individuation* phase of ego development.

The crucial question of anxiety is related to these first three years. The traumatic situation of flooding the organism with excess, undischageable excitation has already been described. The excitation may come from external sources or from instinctual drives. As development progresses, the likelihood of flooding from external sources is lessened, but the danger of flooding by undischageable drive tensions remains prominent. The earliest instances of increasing drive tension (hunger) and the absence of mother are probably recorded as unified memory traces; that is, the extended absence of mother and the mounting drive tension are “remembered” as inseparably associated events. Later the mere absence of mother may evoke the association with increasing drive tension. Before the tension reaches the level of flooding, the ego diverts a small quantity of instinctual energy to produce the subjective feeling of anxiety. This *anxiety serves as a signal* to warn that the traumatic situation is imminent and to mobilize the executive functions of the ego. Anxiety as a signal of danger is one of the first defensive operations of the ego and is fated to have the most lasting consequences.

The anxiety signal is evoked by all subsequent perceptions of danger from external or internal sources, whether these perceptions are real or

imagined. The role of anxiety in the genesis of psychoneurotic symptoms cannot be overestimated. In all instances where an unacceptable instinctual impulse threatens to overwhelm the ordinary defenses, the anxiety signal is evoked and new or intensified defenses are set into operation in order to maintain repression. Throughout life the persistence of anxiety in the absence of external danger, the commonest symptom of all psychoneuroses, is a clear indication that the ego unconsciously perceives a continuing danger of instinctual drive derivatives reaching conscious thought or action. The theoretical and clinical publications on the psychoanalytic theory of anxiety are numerous and of high caliber.

*Separation anxiety* appears to be the earliest occurrence of the signal function. In the oedipal phase a new surge of phallic instinctual drive tension introduces new dangers. First, the possibility exists that the sexual interest in the parent will erupt into conscious thought or action, and then the parent of the same sex will retaliate against such expressions of sexuality. The punishment is unconsciously conceptualized as castration, that is, loss of the “offending” organ that is simultaneously, the source of the excitation and also the organ of expression of the forbidden impulse. In the face of *castration anxiety* the child takes in the real or imagined parental prohibitions and threats, the psychic representation of which forms the nucleus of a separate structure, the superego.

Development and elaboration of ego functions proceeds into later childhood, where motor, intellectual, and social skills are evolved as the child must meet new demands of the external world. In adolescence the capacity for efficient regulation and control of sexual drives is developed in response to the increased libidinal demands of this period. The ability to restrain effectively and to express appropriately the sexual drive and the capacity to relinquish excessive self-love (narcissism ) in favor of object love are ego activities that must be developed in adolescence. The maturation of ego functions continues into adult life, especially in the areas of work and love.

### **Classical Metapsychology after Freud, The Adaptive Hypothesis**

One outgrowth of the increasing concern with ego psychology has been the special attention that has been paid to normal development and nondefensive ego functions, the so-called *adaptive hypothesis*. Since this area is not immediately concerned with the neuroses it will be mentioned in the briefest way.

In 1939 Hartmann took up the problem of adaptation in ego psychology. In this and subsequent works he postulated a *conflict-free* area of ego activities. He referred to development of conflict-free ego functions as *autonomous ego development*. Many ego functions that arise independent of the drive-defense conflict are described as *primary autonomous ego functions*.

Further, he went on to describe certain ego functions that originate in the drive-defense conflict but become detached from conflict and come to function in the service of the ego. These he called *secondary autonomous ego functions*.

Autonomous ego functions operate with neutralized libido or neutralized aggressive energy and include aspects of perception, memory, motility, and the stimulus barrier thresholds. Taking an evolutionary approach, Hartmann postulated that the primary autonomous ego apparatuses are adaptive elements whose functions have evolved as preparedness for coping with an “average expectable environment.”

Many of Hartmann’s theoretical concepts are accepted in the mainstream of classical psychoanalytic theory. Somewhat less widely accepted but clearly on the threshold of acceptance are the theoretical innovations of Erikson. In the adaptational spirit he has formulated a timetable of psychosocial development. He has emphasized the interdependence of libido development, ego development, and social experience, not only in childhood, but throughout the entire life cycle. Erikson describes an *epigenetic* sequence of developmental phases, parallel to libido and ego development. The epigenetic concept emphasizes the inevitable, universal ground plan. There are specific social developmental tasks and challenges occurring at predictable developmental phases of social

adaptation. Each person develops unique solutions to the phase- specific social tasks.

It is noteworthy that neither Hartmann nor Erikson made any attempt to integrate their theories into a unified adaptive point of view. Perhaps each regarded his formulations as preliminary. Certainly these most recent additions to classical theory will require further clinical observation and evaluation, but Rapaport has judged them both to have a high likelihood of survival.

## **The General Theory of the Neuroses**

The foregoing summary of psychoanalytic metapsychology is in no sense complete. It is intended to provide an organized statement of the major theories that permit the formulation of a general theory of the neuroses in classical psychoanalytic terms. It is apparent that this formulation draws upon all five metapsychological points of view to the extent that each system permits meaningful and consistent generalizations that can be based, first and last, on clinical observations. Much of what follows has been discussed in the sections on the five hypotheses. Here the implications for the genesis of neuroses will be brought together.

## **Intrapsychic Conflict**



The most important element in the psychoanalytic theory of the neuroses is the concept of intrapsychic conflict. The conflict is considered to be between an unconscious instinctual impulse that presses to reach consciousness and an opposing force or forces. To be more precise, the unconscious impulse is a mental derivative (an unconscious fantasy or wish) of an instinctual drive (either sexual or aggressive). The derivative is seeking to enter consciousness as a conscious thought or through overt physical action. The opposition has been attributed to counteracthesis in the economic theory, to a censor in the topographic theory, and to the defensive functions of the ego in the structural theory. This opposition occurs because of the real or apparent dangers that are associated with the emergence of the forbidden instinctual derivative into consciousness. Many prohibitions derive from reality- adaptive factors, such as the needs to survive, to remain physically intact, to avoid pain, to assure stable and gratifying object relations, all of which operate through the ego functions of perception, learning from experience, memory, and capacity for anticipation. Other prohibitions derive from moral forces, which are said to be superego demands upon the ego to maintain repression.

Unconscious intrapsychic conflict is a universal occurrence in all persons, healthy or psychologically disturbed. Conflict is postulated to begin sometime in the first year of life when the earliest ego functions appear to develop and are called upon to oppose the immediate and indiscriminate

discharge of the inborn instinctual drives.

Psychoanalytic theory is concerned with quantitative factors in the conflict between drive derivatives and repressive forces. The quantitative factors are inferred from clinical observations of the result of the conflict, and there is no intent to suggest that such quantities are measurable in any concrete sense. When the strength of the drive is greater than the repressive forces, the drive derivative will reach conscious awareness as a thought, idea, or fantasy, or as a physical action that is directed toward direct gratification. The strength of the instinctual drives is judged to be increased at critical times in psychosexual development. The oral, anal, and phallic instinctual drives are maximal at the phases of development that correspond to the dominance of each of these erogenous zones. At puberty the instinctual drives are considered to be strengthened by the psychophysiological changes of this period. The instinctual drives are judged to be weakened at times of physical illness and in later life.

When the repressive forces are sufficient to prevent the emergence of the instinctual drive into consciousness, *repression* is said to occur. Repression cannot be expected to be permanent; the instinctual drives continue to exert a pressure toward discharge, and the repressive functions must exert a continuous counterforce in order to maintain repression. Such continuing unconscious conflict is ubiquitous in all persons at all times. The

outcome of the conflict will have consequences for the character and mental health of the individual.

### **Stable Outcome of Conflict**

The most favorable outcome occurs when there is a stable relationship between drive and defense, and the conflict has little or no intrusive impact on conscious waking life, although it may be detected in dreams. During sleep the defensive functions are somewhat relaxed or reduced; the unacceptable instinctual drives are relatively stronger and threaten to reach consciousness. In this situation the dream functions to provide a hallucinatory gratification (wish fulfillment) of the instinctual drive derivative, while the residual defensive forces operate to disguise the direct nature of the wish fulfillment lest the dreamer be awakened by confrontation with the drive derivative in its direct, undisguised form.

Another consequence of the stable relationship between drive and defense is the development of the individual's *character*. The variety of defenses and tactics that the ego has employed to admit, repel, or modify the instinctual drive demands are unique for each individual. A relatively fixed pattern of defenses is established for each person, and these defenses shape the regularly recurring tactics for coping with internal conflicts. Depending upon the specific experiences of psychosexual development (traumas,

frustrations, gratifications) and upon the effectiveness of ego development (variety, strength, and flexibility of defenses), the individual may come to adulthood with a “normal” character structure or with a *character neurosis*. A normal character structure involves the capacity for a degree of direct gratification at realistically appropriate times and places, a successful use of modified drive gratification (sublimation), and the relative flexibility of defensive patterns. In the character neuroses the individual is burdened with a very narrow spectrum of defensive options. The limited number of defenses are endowed with excessive strength and interfere with direct drive gratification even when such satisfaction would be appropriate. Successful sublimation of drives is limited, and the constricted but intense defenses produce rigid, stereotyped patterns of behavior.

### **Neurotic Outcome of Conflict**

When there is a significant disturbance in the stable equilibrium between the instinctual drives and the repressive forces, particularly when the strength of the instinctual drive threatens to overcome the defenses, the development of psychoneurotic symptoms is a likely outcome. The symptom occurs as a result of a *compromise formation* as follows: (1) the drive derivative and its associated unconscious fantasy wishes find a channel that permits an incomplete gratification; (2) the repressing forces impose a highly disguised form upon the gratifying process in order to make the specific drive

derivative consciously unrecognizable; and (3) the superego imposes an element of suffering onto the drive expression in order to disguise the fact that gratification of unacceptable drive derivatives has indeed occurred. The superego-imposed suffering also functions as a self-punishment that is unconsciously introduced to ward off the expected external punishment for drive gratification. These dynamics explain why the symptom is often called *the return of the repressed*.

The psychoneurotic symptom, whatever may be its external form, can be explained as the outcome of an intrapsychic conflict that has resulted in a compromise between partial expression of the drive, profound disguise of final expression of the drive, and the imposition of conscious suffering as punishment for drive gratification. In the section on the special theory of the neuroses (see below), specific psychoneurotic symptoms will be discussed in the framework of the theory of conflict.

### **Psychosexual Development, Ego Development, and Neurotic Conflict**

The foregoing description of the psychoneurotic outcome of the intrapsychic conflict has included brief comments on the strength and character of instinctual drives and defensive forces. Here there must be a more detailed consideration of the elements that influence the strength and character of the drives and the ego functions. These influences are regularly

traced back to childhood developmental experiences, especially the course of infantile psychosexual development and the course and outcome of ego development. Psychosexual development and ego development occur simultaneously, and each is profoundly influenced by the other; both are also influenced by the child's interaction with the significant persons in his immediate external environment. (See sections above on psychosexual and ego development.)

Freud's discovery of the role of childhood experiences and especially the role of infantile sexuality in the genesis of the neuroses is firmly held today and is conceptualized in the framework of the genetic hypotheses. Fixation at a particular phase of psychosexual development is an arresting of development where the partial instinctual drive of that phase is said to persist with an excessive intensity into the later stages. There is a concomitant arresting of ego development wherein the ego defenses that are a permanent feature of the phase of fixation retain an excessive prominence in the repertoire of ego functions in later life. Excessive frustration is the chief basis for fixation, although in some instances excessive gratification will also contribute. Fixation requires that extraordinary or unusually strong ego defenses be mobilized in order to contain the intense, persistent partial instinctual drive. Such diverting of defensive energy to oppose persistent drives of an earlier phase (which should have achieved relative stability) will impair the ego's energy and versatility in coping with the partial impulses of

the current phase.

Regression occurs in later life in response to stress, trauma, and frustration; it involves reverting back to the libidinal drive derivatives and also to the prominent ego defenses that are characteristic of the specific phase of fixation.

## The Special Theory of the Neuroses

The extended discussion of classical psychoanalytic theory is a necessary preliminary for a presentation of the psychogenesis of the psychoneuroses. It will be helpful, before proceeding, to reiterate a highly condensed statement of the genesis of psychoneurotic symptoms: (1) Unconscious intrapsychic conflict between instinctual drive and defense is ubiquitous. (2) Some of the functions of the ego are: (a) to maintain repression of unacceptable drives, (b) to permit the expression of acceptable drive derivatives, and (c) to arrange compromises through which unacceptable drives may find expression in a disguised form. (3) One form of compromise is the psychoneurotic symptom. Its manifest elements are determined by the nature of the drive, the form of the disguise imposed on it, the defense involved in maintaining the disguise, and the addition of painful elements as punishment for drive discharge. (4) Anxiety is the *sine qua non* that signals the possible or imminent emergence of repressed impulses. The

anxiety signal usually causes an increased intensity of defenses as well as evoking new defenses to assure that repression is maintained and thereby anxiety is reduced or eliminated. (5) In this last sense it is convenient to speak of defenses against anxiety as a shorthand for defenses against the instinctual drive whose threatened emergence produces an anxiety signal.

### **Anxiety Reaction**

Anxiety reaction is the psychoneurosis characterized by chronic, free-floating anxiety and episodes of acute intense anxiety. Earlier this was called *anxiety neurosis* and *actual neurosis* and was considered to be caused by a damming up of libido and direct transformation of libido into anxiety. This was a purely physiological or toxic theory and has now been replaced by a psychological theory. The distressing anxiety is caused by the failure of all the defenses to maintain effective stable control over the instinctual drives. Patients with anxiety reaction may have phobic, obsessional, compulsive, or depressive symptoms. They are likely to have passive-dependent personality traits, sexual and work inhibitions, and occasional paranoid feelings, but neither the neurotic symptoms nor the neurotic character traits are sufficient to stabilize the conflict, so the patient is rarely free of anxiety.

Persistent feelings of helplessness are indicators of traumatic experiences that date from the earliest developmental phase and recur in



later phases. Separation anxiety and fear of being overwhelmed by one's own feelings derive from traumata in the oral phase. Fear of losing control of oneself and fear of having no control over the diffusely dangerous external environment result from anal phase difficulties. Sexual inhibitions and gender identity problems are traced to persistent oedipal phase problems.

Throughout early development the child was subjected to a heightened influx of stimuli from severe traumatic experiences (external sources) or from unusual degrees of infantile frustration (internal source). Available channels for discharge of excitation are likely to have been reduced because of extraordinary parental neglect or prohibitions.

There is some question whether the acute anxiety attack is not only a sudden signal of danger but may also be a diffuse, nonspecific discharge or safety valve for the internal excitation.' This is unsettled, but if it is a discharge phenomenon as well as a signal, it is unsuccessful because little or no relief of chronic anxiety is experienced after the acute anxiety attack.

### **Phobic Reaction**

Phobic reaction is the psychoneurosis that has also been called *anxiety hysteria*. The patient has one or more prominent phobias. A phobia is an intense feeling of anxiety that is evoked by a specific, ordinarily neutral place or thing called the phobic object or situation. The patient will experience

mounting anxiety as he approaches or comes into contact with the phobic situation or object.

A patient with a bridge phobia will have intense anxiety as he comes near a bridge and as he crosses it. As he drives off the bridge there is a sharp decline in anxiety, and when he can stay away from bridges he may be relatively free of anxiety.

The phobic object or situation symbolically represents a forbidden or painful instinctual impulse; it simultaneously represents an external object or situation that is likely to increase the intensity of the forbidden or dreaded instinctual drive. By the mechanism of *displacement* the anxiety becomes diverted from the internal drive and from the realistically threatening external stimulus and attaches to the otherwise neutral phobic object. To the extent that the patient can *avoid* the phobic object he remains generally free of anxiety.

Displacement and avoidance are the definitive defense mechanisms in phobias, but they are only partially successful. When the phobic object cannot be avoided the anxiety returns. Furthermore, the phobic object is frequently a thing of uncanny fascination to the phobic patient. The fascination occurs because the phobic object, while ostensibly neutral, contains symbolic qualities that cryptically reveal the feared object and the feared instinctual

drive. The cryptic representation functions in much the same manner as the manifest dream disguises, but it also reveals or leads to the revealing of the latent dream wish.

The phobic object represents a *temptation*, an unacceptable sexual or aggressive impulse, and simultaneously represents the *punishment* believed to occur if the impulse were to be acted upon. *Claustrophobia*, the fear of closed places and crowds, illustrates some of these dynamics. A man who slept in his parents' bedroom for more than eight years had frequently overheard and observed parental intercourse. This recurring *primal scene* is a trauma in that it floods the youngster with sexual excitation for which there is no discharge channel. His fear of closed places in later life was traced in part to these oedipal origins. The closed place represents first the bedroom from which he couldn't escape. It also represents the wish to intrude into the parental sexual act, not only to separate his parents but also to become a participant in the sexual act. In some unspecific way he sought to relieve the painful undischageable sexual excitation by participation in the parents' sexual activity. Finally his adult fear of being smothered and actual difficulty in breathing in the claustum represent the punishment for the incestuous wishes.

Phobias may originate from earlier phase traumas. A young woman had had a talented, dramatic, overstimulating mother whose behavior toward the

daughter was highly inconsistent. The little girl had experienced unpredictable, impulsive attentions and equally unpredictable indifference from her mother. The attentions included singing, dancing, endless talking, reading aloud, all accompanied by dramatic hugging and other physical contact. The girl was excited, delighted, and also terrified by these attentions. When her mother was preoccupied and unresponsive the child was initially relieved, but later she sought out, with unpredictable success, more interaction with her mother. As an adult she had claustrophobic symptoms especially pronounced during sexual intercourse. With her husband in the superior position and manifesting great sexual excitement and activeness, the patient would develop feelings of being overwhelmed and smothered by him. Analysis established that the phobia represented the wish to achieve primitive oral gratification with her mother, to achieve a psychical sense of fusion with the “loving,” nourishing mother. The fear represented the memory trace of the overwhelming, overstimulating mother who, she believed, was capable of actually enveloping and incorporating her. The claustrium was the wished for mother who simultaneously loved and threatened to devour her and also included punishment for the patient’s aggressive feelings, which were responses to the mother’s inconsistency and unpredictable rejections.

## **Conversion Reaction**

Conversion reaction was more common in Freud's time when it was known merely as *hysteria*, but it is by no means rare today. The most prominent feature is the *conversion* of instinctual drive derivatives into one or more apparently somatic symptoms. In the absence of physical disease the patient may have spasms, paralyses, weakness, anesthesia, paresthesia, coughing, shortness of breath, pains, or any other symptom ordinarily associated with somatic illness.

The patient is likely to be unsophisticated about psychological matters and is naively unable to see through the often tissue-thin disguises that are intended to conceal the instinctual impulses that are both expressed and punished by the symptom. For many years the conversion reaction was considered to be the result of a phallic phase fixation. The symptom represented the disguised gratification of forbidden oedipal wishes as well as the symbolic retribution. The woman who is unable to swallow is discovered to be expressing her fellatio fantasy directed toward her father. Weakness, paralysis, or pains in the hands are expressive of (1) masturbatory impulses associated with unconscious oedipal fantasies, and (2) destructive impulses toward the parent of the same sex who "interferes" with oedipal gratification.

The hysterical patient invariably shows a pronounced preoccupation with sexual matters, transparent seductiveness as well as an apparent sexual "innocence," strong sense of sexual morality and sexual inhibitions, all of

which are immature sexual responses and are consistent with the concept of oedipal phase fixation.

In the past two decades clinical evidence points toward a primary role for oral fixations and an important but secondary role for oedipal fixations. The patient shows gross immaturity, constant seeking of love and attention, and minimal capacity to tolerate frustration. The prominent defense mechanisms of the hysterical personality, identification, denial, and fantasy formation, are that which are regularly evoked during the normal development in the oral phase. By *identification* the hysteric, who is highly suggestible, takes on as his own the symptoms and behavior of those who are closest to him. Identification by oral incorporation is normally the first type of object relationship, but for the hysteric it persists into later phases and even into adult life as a mode of relating to others. One consequence is the absence of a distinct sense of self and an ease in changing to whatever behavior and response appear to promise instant gratification of needs.

*Fantasy formation* is another prominent ego activity in hysterics. The fantasies are not mature rehearsals for real experiences but rather are wishful gratifications. The most unrealistic wishful fantasies are retained against all the evidence of experience; this is because *denial* of external realities is a regularly encountered ego defense.

The oedipal phase is not coped with in a satisfactory fashion because the prehystric child brings to this phase exaggerated oral dependency strivings and ego functions that were more suited to cope with oral phase issues. Small wonder that the adult heterosexual life has many infantile features. It betrays strivings for anaclitic gratifications and oral phase ego defenses in what is only superficially adult genital activity.

### **Obsessive-Compulsive Neurosis**

Obsessive-compulsive neurosis is a widely recognized disorder. The patient is troubled by persistent obsessional thoughts, usually of a painful, guilt-producing, or otherwise distressing nature. The obsessions will often dominate his thinking, will interfere with full participation in intellectual, social, sexual, and work activities, and, above all, will be experienced as alien and intrusive. The compulsions are the stereotyped recurring acts and rituals that the patient feels an irresistible urge to carry out. Anxiety is felt if the compulsion is not performed, and temporary relief of anxiety occurs when the act is carried out in the “proper” fashion and the “correct” number of times. Checking over and over again to see that the door is locked, that the gas is turned off, or that the baby is still breathing are obvious examples. Dressing or undressing in a fixed sequence, counting rituals, compulsive touching, or avoidance of touching are also typical.

The obsessive-compulsive is likely to have a characteristic life style that does not seem alien to him but may be a trial to others. He is a serious, conscientious, hardworking person who seems to be more comfortable as a follower rather than as a leader. He is careful to obey the law and follow the wishes and orders of others. He is honest, orderly, thrifty, inflexible, unimaginative, overly intellectual, and literal. These traits describe the individual who is said to have an anal personality.-

Psychoanalytic investigation has traced the genetic roots of obsessive-compulsive neurosis to disturbances of development in the anal stage. One of the major issues in this phase has to do with the child's struggle to retain *control* over the evacuation of the bowels and over the pleasure associated with expulsion and retention. The struggle includes the mother's attempt to institute toilet training; she attempts to impose her will as to where and when the evacuations will occur. When toilet training has been harsh, rigid, and carried out in an atmosphere of fear and threats, the child will submit out of fear and will manifest an apparent compliance while concealing profound rage, resentment, and the need to find opportunities for disguised defiance. The prototype of all later disciplinary, conforming experiences is established here.

The child will be burdened with unusually strong aggressive and destructive drives, which can rarely be allowed into consciousness or



expressed directly lest he experience intense anxiety and guilt. Disguised expressions of the aggressiveness and defiant and oppositional impulses are reflected in many character traits and actions. The development of genital sexuality is impaired by the intrusion of anal-sadistic and aggressive drive derivatives into the adult sexual situation. Sometimes it is the defenses against these drives that are most obvious in the form of inhibitions of sexual performance.

The defenses that are prominent in opposition to anal-sadistic drive derivatives include *reaction formation*, changing impulses into their opposite. Rage and resentment are expressed as exaggerated kindness and considerateness; tendencies toward messiness and disorder are outwardly seen in neatness, orderliness, and cleanliness. *Undoing* is a technique that allows defiance, rage, and negativism to be expressed with less disguise provided a severe penalty, punishment, or compensatory corrective action is arranged for to undo the original destructive action. *Isolation* of feelings from ideas permits the obsessive-compulsive to have grossly destructive obsessional fantasies and keep them unreal and less painful because they are isolated from their associated feelings. *Magic thinking* finds a function with these patients and is the basis of many of the private rituals and fantasied pacts with fate. *Regression* to anal erotic forms of pleasure and to primitive, anal phase ego activities is a response to new stress or traumata in later life.

The *compulsions* themselves serve a defensive function to channel off the aggressive energies into “approved,” non-guilt-producing, outwardly harmless activities. All defenses are directed toward maintaining unawareness of aggressive tendencies and preventing any overt, undisguised aggressive or destructive acts. The unconscious “knowledge” of his intense rage requires that the obsessive-compulsive never allows himself to lose control of himself. Freedom, spontaneity, and impulsive behavior are associated with loss of control of oneself and the unleashing of one’s wide-ranging murderousness and destructiveness.

The foregoing discussion of the genesis and dynamics of several psychoneuroses is far from exhaustive and is intended only to illustrate in a preliminary way how the concepts of classical psychoanalytic theory may begin to be applied to specific diagnostic entities. The reader is referred to the separate chapters in this *Handbook* that are devoted to the individual psychoneurotic syndromes for further details.

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