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# **METAPSYCHOLOGY**

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## Metapsychology

All the concepts of metapsychology have come under recent attack even from within the psychoanalytic community itself—so a current polemical disagreement rages about it, with some even insisting to ignore it entirely. If the reader wants to get a real grasp of Freud’s thinking, however, his controversial concepts of “metapsychology,” concepts about which he thought and revised continuously, are worth some study. I shall attempt to outline the evolution of Freud’s thought about metapsychology in this chapter. In many ways the subject of metapsychology is the most controversial and hotly disputed in the field of psychoanalysis. In the present book I try to deal only with those aspects of metapsychology that have immediate clinical application and attempt to avoid the highly complex intricacies of the subject, which has generated a literature that resembles medieval philosophy in its complexity and form.

*The Topographic and Structural Theories.* As Freud progressed in his study of hysterical phenomena and dreams he constantly attempted to relate the clinical material to his development of a coherent theory of mental functioning. He first attempted to couch this theory in neurophysiological terms, as in his *Project for a Scientific Psychology* (1950A; 1:283-397). However, he gave up attempting to base his theory on aspects of the functioning nervous system and, borrowing his basic concepts from the *Project for*

*a Scientific Psychology*, restructured the theory using purely psychological conceptions totally free of neuroanatomical implications.

Chapter VII of *The Interpretation of Dreams* (1900A; 5:509-622) is Freud's basic account of his theory of the mind; it has since served as the foundation for subsequent extensions and modifications of his views on the subject. Jones (1953, pp. 396-404) and Brenner et al. (1970) present brief and easily readable summaries of this extremely difficult chapter.

Chapter VII of *The Interpretation of Dreams* and Freud's paper, "The Unconscious" (1915E; 14:161ff), written fifteen years later offer, in an almost overly condensed form, the basic concepts of depth psychology; these concepts taken together constitute the *topographic theory* (Arlow and Brenner 1964), which may be described in its early form as follows:

- (1) The system unconscious (Ucs.), or the infantile part of the mind; and the system preconscious (Pcs.), or the adult part of the mind,
- (2) The system unconscious, containing mainly wishes and seeking to re-experience the sensations of previous gratifications.
- (3) The unpleasure principle, later called the pleasure principle by Freud (don't be confused), which governs the system unconscious. According to the pleasure principle, accumulated mental energy must be discharged as quickly and fully as possible to bring the system back to the previous

resting state. The system preconscious is guided by what Freud later called the reality principle.

- (4) The system unconscious is oblivious to reality and operates essentially by condensation and displacement of mental energies; mutually contradictory tendencies can exist side by side.
- (5) The dynamic notion that in the system unconscious, mental energies are freely mobile.
- (6) The notion of a dynamic interplay between the unconscious and the preconscious, introducing the thorny metapsychological problem of repression as a major concept, discussed by Freud at length later in his paper on repression and Lecture XXXII of his *New Introductory Lectures*. I discuss this subject in detail later in this chapter.

In chapter VII the rudiments of "repression proper" and "primal repression" are introduced. When the preconscious has *never* cathected a certain unconscious wish, Freud called this failure primal repression, and this store of infantile wishes, "which has from the first been held back from the Pcs., becomes a *sine qua non* of repression" (p. 604).

If a preconscious wish or idea becomes associated with or cathected by an unacceptable unconscious wish, the preconscious cathexis will be withdrawn, in accordance with the unpleasure principle, which avoids all unpleasure. This withdrawal of cathexis from a preconscious idea because of

its association with an unconscious unacceptable wish is called repression proper. As Freud conceived it at this point, if there is a strong instinctual drive associated with the repudiated idea, it may still try to force its way to the conscious, even if it has lost its cathexis from the Pcs. There then follows a defensive struggle, for the Pcs. in turn reinforces its opposition to the repressed thoughts, "i.e. produces an 'anticathexis'", the result of which may be the appearance of a compromise formation in the conscious. Notice that primal repression leads to a pulling of associated ideas into the unconscious; repression proper is a pushing out of unacceptable thoughts from the system preconscious.

(7) The topographic theory is not to be thought of as a spatial theory but as a functional theory.

(8) The Kantian notion that consciousness is like a sense organ for the perception of psychic qualities. This will be discussed in chapters 20 and 21 when we evaluate the position of Freud in philosophy.

The famous diagrams in chapter VII of *The Interpretation of Dreams* are worthy of careful study. The notion of psychotherapy as a vehicle to bring the unconscious under the domination of the preconscious is presented first; the critical distinction between primary and secondary process is then established:

The primary processes are present in the mental apparatus from the first,

while it is only during the course of life that the secondary processes unfold, and come to inhibit and overlay the primary ones; it may even be that their complete domination is not attained until the prime of life. In consequence of the belated appearance of the secondary processes, the core of our being, consisting of unconscious wishful impulses, remains inaccessible to the understanding and inhibition of the preconscious; the part played by the latter is restricted once and for all to directing along the most expedient paths the wishful impulses that arise from the unconscious. These unconscious wishes exercise a compelling force upon all later mental trends, a force which those trends are obliged to fall in with or which they may perhaps endeavor to divert and direct to higher aims (pp. 603-604).

From careful study of this it appears that the *system unconscious* plays the same role for Freud as *noumena* did for Kant. Freud seems to confirm this, because he continues, "The unconscious is the true psychological reality; in its innermost nature it is as much unknown to us as the reality of the external world, and it is as incompletely presented by the data of consciousness as is the external world by the communications of our sense organs" (p. 613). In this chapter of *The Interpretation of Dreams* the whole notion of dynamic psychiatry and Freud's assumptions about its underlying philosophy is set down. The symptoms of mental illness are explained on a dynamic basis, that is, as a result of the strengthening and weakening of the various components in the interplay of inner forces, so many of whose effects are hidden from view even while ordinary mental functions are apparently normal. It is the unique brilliance and creative genius of this book on *The Interpretation of Dreams* that led Freud to insist often that it was, of everything he wrote, his

greatest work.

In Freud's shift from the topographic theory to the later structural theory (id-ego-superego, as will be discussed later), certain aspects of clinical material were insufficiently reinterpreted at the time in the light of the newer metapsychology that had to be formed concurrently with this shift, leaving an inconsistency in the formulation of the theory of mental functioning. Arlow and Brenner (1964) give a complete review of the topographic and structural theories and attempt to resolve the inconsistencies. In current clinical practice Freud's structural theory, as he outlined it in the later stages of his life, still represents a useful set of functional concepts essential in organizing our thinking about the clinical data presented by our patients; but the theory contains serious shortcomings when applied to certain clinical data and to severe psychopathology (Gedo and Goldberg 1973).

Every practicing psychotherapist should be thoroughly familiar with *both* the topographical and the structural theories of Freud and be able to utilize them in discussing clinical phenomena; if one wishes to replace these metapsychological concepts one should do so with caution and only after prolonged study of the newer, equally complicated models such as those based on information systems (Peterfreund and Schwartz 1971). The basic theoretical paradigm of Freud is contained in the topographical and structural theories of psychoanalysis, and psychoanalytically oriented

psychotherapy is at present based on this paradigm.

*The Pleasure Principle and the Reality Principle.* "Formulations on the Two Principles of Mental Functioning" (Freud 1911B; 122:215-226) has become one of the classics of psychoanalysis even though it is extremely difficult, condensed, and was badly received when first presented. It represents a turning point in Freud's interests and begins a series of papers on metapsychology which in turn were conceived as the first part of a book on the subject that was later abandoned (see chapter 17).

The basic point of the "Formulations on the Two Principles of Mental Functioning" is to introduce the distinction between the pleasure principle that dominates the primary processes of mental life and the reality principle which dominates secondary process thought. Primary processes are unconscious mental processes striving, under the domination of the pleasure principle, for the realization of wishes and a yield of pleasure, as well as to avoid unpleasure. With the introduction of the reality principle, which occurs gradually, fantasy and daydream are split off and conscious thought guides the person to strive for what is useful and to guard against the imagination. Repression or flight is to some extent replaced by judgment and sublimation.

Freud begins, "We have long observed that every neurosis has as its result, and probably therefore as its purpose a forcing of the patient out of

real life, an alienating of him from reality" (p. 218). "This sentence alone," writes Jones (1955, p. 313), "apart from very many other ones in Freud's writings, shows how unjustified is the reproach which has been leveled against him that he neglected the importance of the social environment in the genesis of the neuroses." This turning away from reality on the part of neurotics brings into focus the investigation of the development of the relation of neurotics and of mankind in general to reality. According to Freud, in the primary system such as operates in the young infant, and in dreams, and in waking fantasies, no mental process has any other purpose than to elicit pleasure and avoid unpleasure. The failure of this system to obtain adequate satisfaction compels the further step of taking reality into account: "The psychological apparatus had to decide to form a conception of the real circumstances of the external world and to endeavor to make a real alteration in them" (Freud, p. 219).

This setting up of the reality principle leads to some basic changes in the psychic apparatus. The perceptual apparatus must be expanded in order to be aware of external as well as internal states, and the sense organs become more directed toward the external world. Consciousness becomes more interested in sensory qualities in addition to the qualities of pleasure and unpleasure "which hitherto had been alone of interest to it" (p. 220).

A special function is instituted to search the external world. The activity

of this function meets the sense impressions halfway instead of awaiting their appearance. This searching function is defined as a "tension" by Freud. At the same time a system of "notation" is introduced to lay down the results of this periodical activity of consciousness, and this is a part of what Freud calls "memory." Ideas leading to pain and which therefore have previously been shut out by repression are now subjected to judgment. In this paper on two forms of mental functioning by Freud, drawing back from pain and shutting out reality is defined as repression, which may confuse the reader; some authors suggest the word "disavowal" as more suitable for this function. The reader must remember the paper was written before Freud's structural theory.

At any rate, motor discharge, which was initially under the pleasure principle for the purpose of unburdening the mental apparatus of accretions of stimuli, now shifts under the reality principle to action in changing the environment. Restraint upon action or motor discharge becomes necessary and is provided by means of the process of thinking, which is defined here as "an experimental kind of acting, accompanied by displacement of relatively small quantities of cathexis together with less expenditure (discharge) of them" (p. 221). Thus thought makes it possible for the mental apparatus to support an increase in tension with the delay of discharge, and thought becomes an experimental way of acting.

The ego permits small quanta of primary process energy to pass through; such quanta are then transformed by the ego into secondary process energy, using memory, and are more in tune with reality. This is Freud's conception of thought—the change of unbound primary process energy into secondary process energy—an experimental way of acting with comparison to memory and then modification and synthesis into secondary process.

The clinical point of this discussion is the explanation of pathological thought as presented in Freud's case of "Paul Lorenz," discussed in chapter 12 of the present book. Pathological thought occurs when the instinct itself is discharged in thought. Thus obsessional thought is a discharge, but a regressive one, and the instinct is not discharged through the motor apparatus as instincts should be, but rather in a substituted discharge of rumination or obsessional thinking. This is an extremely common clinical phenomenon.

The reality principle governs the process of thought, which contains judgment—in which there is a comparison of external reality with the conceivably successful memory traces, and finally a form of trial action as described above—an experimental way of acting using small amounts of energy. This process also makes the original impulse easier to deal with, since some of its energy has been borrowed and discharged in the thought process. Under this theory, such thinking as that employed in pure mathematics,

which does not have action as its end result, would have to be defined as regressive! Freud explains that if a serious block of discharging energy in the operation of the motor apparatus is erected by the superego, then all the energy is dammed up, floods backwards, and hypercathects the thought systems, leading to a drainage through obsessive rumination—a situation beautifully dramatized in Shakespeare's *Hamlet*.

It is amazing how much is condensed into this little paper. The difficulty of passing from the pleasure principle to the reality principle is alleviated by preserving a special region where the pleasure principle reigns, such as in the fantasy life or play of children. A theory of education is presented in which the teacher's friendliness is seen as a bribe to replace the pleasure principle by the reality principle—here is an area where behavior therapy and psychoanalytic theory clearly overlap. Religion (see chapter 18) is seen as an extension of the same replacement, by demanding renunciation of pleasure in this life. Even science, which is most attuned to the reality principle, offers intellectual pleasure during the work and promises practical gain in the end. Art is seen as a special way of reconciliation between two principles.

Finally, while the ego goes through this transformation "from a *pleasure-ego* into a *reality-ego*, the sexual instincts undergo the changes that lead them from their original auto-erotism through various intermediate phases to object-love in the service of procreation" (p. 224). This throws light

on the choice of neuroses, since the particular phase of development of the ego and of the sexual instincts that is disturbed leads to characteristic neurotic formations. This idea is picked up in Freud's paper "On the Predisposition to Obsessional Neurosis" (Freud 1913l; 12:313-326), in which he introduces the topic of the pregenital organization of the libido. He says the obsessional neurosis is connected to either a fixation at, or a regression to, the anal-sadistic phase, a characteristic pregenital organization phase.

It should be clear to the reader that a whole philosophy is condensed into this brief and difficult paper. Of course, it is a controversial philosophy. One sometimes tends to forget that by this philosophy Freud is trying to explain some obvious clinical phenomena such as obsessive rumination, and in so doing presents us with some conceptual understanding that allows us to take an investigative stance to the clinical phenomena patients present. As anyone who has sat for many sessions with a ruminating obsessive patient can attest, such phenomena can be very irritating. In addition, Freud's philosophy explains the great difficulty that patients have in distinguishing unconscious fantasies from memories, since in primary process thought wishes are equated with their fulfillment and thoughts are given an actual reality. Freud himself was the first clinician to be badly misled by this fact when at first he accepted as factually true the innumerable stories of assault and sexual seduction in childhood presented by his hysterical patients. Such reports are not strictly lies and the patient is not to be condemned for them;

they occur because it is not easy for a weakened ego to distinguish the fulfillment of a wish in fantasy from the memory of a happening. Clinically we often see patients who have spent their lives filled with guilt and atonement for wishes to which they react as if these wishes were actually accomplished in reality. This is not to ignore the fact that in this day and age it is possible for children to be actually abused, and clinicians must keep the possibility in mind.

*Repression.* In "On the History of the Psychoanalytic Movement" (1914D;14:3ff), Freud declared that the theory of repression is the cornerstone on which the whole structure of psychoanalysis rests. His concept of repression goes back historically to the very beginning of psychoanalysis. Since Freud's notion of repression changed gradually, the reader sometimes becomes confused as to what he means by the term repression. Because of this confusion of meaning and because of the current clinical importance of this term, I will focus on the metapsychological paper "Repression" (1915D;14:14-158) and on an excellent review of the subject by Brenner (1957).

The distinction between repression and disavowal or denial (*Verleugnung*) was first made in Freud's much later paper, *Fetishism* (1927E;21:149ff). Disavowal as the ego's reaction to an intolerable external reality was further developed in some of Freud's last writing, especially

chapter 8 of *An Outline of Psychoanalysis* (1940A;23:141ff). Recent studies of pre-oedipal pathology and narcissistic personality disorders have brought this distinction into focus, and are treated at length in chapter 17 of the present book.

Freud's brief paper on repression is one of his early works on metapsychology and begins by defining repression as an instinctual vicissitude, one of the resistances which seek to make an instinctual impulse inoperative. Repression is a preliminary stage of condemnation, "something between flight and condemnation" (p. 146). According to Freud, repression is not a defense mechanism present from the very beginning and cannot arise until a cleavage has occurred between conscious and unconscious mental activity. When the need to avoid pain is greater than the pleasure of gratification, repression occurs, and its essence "lies simply in turning something away, and keeping it at a distance, from the conscious" (p. 147). Notice that before the mental organization achieves the cleavage between conscious and unconscious mental activity, the task of fending off unacceptable instincts is dealt with by the other vicissitudes which instincts may undergo, e.g., reversal into the opposite or turning around upon the subject's own self, or projection.

Next, Freud introduces one of the most difficult of his concepts, that of primal repression, in which the ideational representative of the instinct is from the beginning denied entrance into the preconscious or conscious. At

this point, astute psychiatric residents usually ask how there can be ideational content to an instinct if it never reaches the preconscious or consciousness. Primal repression is a hypothetical construct which seems to confuse the theory. One way to look at it is to realize that Freud is talking about unstructured rudimentary ideational material or pre-ego impulses which are simply left behind or outside of consciousness as the ego develops, and thus can never be subjected to secondary process. However, this answer is vague and not very satisfactory.

At this point, even more astute residents and students may ask how such material can be kept in repression if there is no counteractiveness. Here again we must say that this rudimentary unstructured material is simply left out as the ego forms its structure. Philosophers immediately argue that this is one of those concepts that cannot be proven and can never be known, since if it could be known, by definition it would not be in a state of primal repression. In Freud's notion of primal repression, we are dealing fundamentally with a metaphysical concept, a target for Ockham's razor.

Freud then defines repression proper, in which mental derivatives of repressed instincts or associated with repressed instincts are expelled into the unconscious. He insists that this material must be connected to primarily repressed material, which, he says, has a magnetic attraction and draws its derivatives into the id: "Repression proper, therefore, is actually an after-

pressure" (p. 148). Thus repression proper occurs not only due to a repulsion which operates from the direction of the conscious upon the unacceptable instinct; "quite as important is the attraction exercised by what was primarily repressed upon everything with which it can establish a connection" (p. 148). Freud believes that repression would probably fail in its purpose if there were not something previously repressed ready to "receive" what is repelled by the preconscious!

Freud then proceeds to make one of his most important clinical observations. Repressed instinctual representatives proliferate in the dark, as he calls it, and take on extreme forms of expression which seem alien to the patient and actually frighten him or her by installing the picture of an extraordinary and dangerous strength of instinctual forces. "This deceptive strength of instinct is the result of an uninhibited development in phantasy and of the damming-up consequent on frustrated satisfaction" (p. 149). In the neuroses there is great fear of various repressed instinctual derivatives, but when they have become exposed to the light in intensive psychotherapy they appear silly and relatively harmless. It is a serious failure of empathy on the part of the psychotherapist to assume that apparently minor wishes of an infantile nature should be as ridiculous to the patient as they obviously are to the therapist, and to ridicule such infantile desires. To the patient these are threats of the greatest magnitude coming from within himself or herself, and much of the patient's personality has been developed to protect from what he

or she considers to be explosive or catastrophically destructive hidden ideation and wishes. It is only after a successful psychotherapy that a patient can look back on his unconscious ideation and regard it as a harmless set of infantile phenomena. In fact, when a patient begins to snicker at his or her own infantile wishes we know that the patient is making good progress in psychotherapy.

Not everything that is related to what was primally repressed is withheld from the conscious; some derivatives get through but they are far enough disguised and removed to do so. Repression can even receive a transitory lifting, as for example in jokes.

The entire notion of dynamic psychiatry rests on the concept of repression. Freud explains that the repressed (repression proper) exerts a continuous pressure in the direction of the conscious which must be balanced by an unceasing counterpressure. This implies that the maintenance of repression involves an uninterrupted expenditure of force, and its removal results in a saving of energy. Similarly, whenever an unacceptable idea acquires a certain degree of energy or strength, this activation leads to repression. So a substitute for repression would be a weakening, by indirect discharge, of what is distasteful and would need to be repressed, and so on. Notice that both the energetic charge of affect and the ideational representation of the instinct undergo a fate—the former is transformed and the latter is

repressed. At this point Freud thought that the feeling of anxiety resulted from the transformation of these unacceptable affects into anxiety. Two other possible fates for the affect are total suppression so that no trace of it is found or "it appears as an affect which is in some way or other qualitatively colored" (p. 153).

The implication of this theory seems to be that ordinary ideas always go first through the unconscious and then move into the higher integrated areas of conscious mental function. The lower systems of mentation must cathect the higher ones for the perception of an idea—or even of an external stimulus—to reach consciousness. The id thus retains or attracts certain perceptions where the cathexes are, and much elaboration has to occur before conscious perceptions take place. Freud explains, "The mechanism of a repression becomes accessible to us only by our deducing that mechanism from the *outcome* of the repression" (p. 154). In this theory, symptoms are substitutive formations that represent the return of the repressed, and thus the mechanism of forming symptoms is not the same as that of repression. The paper concludes with examples of symptom formation in the various psychoneuroses.

Brenner (1957) distinguishes four important stages at which Freud made important innovations in or significant additions to the concept of repression. In the first stage, (1894-1896) repression was thought of as a

pathological mental process in which memories of a painful nature were suppressed in individuals who had a sexual experience in childhood—an experience which, "though pleasurable at the time it occurred, had been later considered bad or shameful and whose memory had consequently been repressed."

In the second stage (1900-1906) repression was thought of as occurring in normal as well as neurotic individuals, and infantile (primal) repression was a consequence of sequences in the maturation of the psychic apparatus and was the precondition of later repressions. Thus a store of infantile memories and wishes which never had been and never would be accessible to the preconscious constituted the infantile core of "the repressed." Brenner explains, "This formulation was in accord with Freud's experience that infantile memories and wishes were not recoverable or rememberable as such in later years and that their existence has to be *inferred* from their effects on mental life, notably in dreams and neurotic symptoms." As explained above in discussing Freud's paper, this store of inaccessible memories was thought to be the precondition of all later instances of repression; the conscious has to turn away from any derivatives of such infantile memories. A vague notion of an organic factor in repression was introduced at this time but was largely neglected in his later writings.

The theories of the third stage (1911-1915) were put forward in the

paper on repression described above and in the famous paper, "The Unconscious" (1915E;14:161ff), to be discussed later in detail. Here, repression is still seen as an immature mechanism which is replaced in the process of psychotherapy or psychoanalysis by conscious judgment and condemnation of unacceptable impulses.

The final stage (1923-1939) was necessitated by the introduction of the structural theory of mind and the signal theory of anxiety described in detail in chapter 6. Anxiety is seen as the predecessor and motive for repression; the signal of anxiety arises as the anticipation of danger from intrapsychic conflict and of flooding due to the intensity of stimuli. Although Freud did not make a full final statement on the subject, upon shifting to the structural theory he seems to have concluded that of several defense mechanisms, repression is the basic one which the ego may employ against an instinctual drive which is the source of anxiety. The mechanism of repression is now seen as the establishment of a countercathexis by the ego, and therefore a substantial degree of ego development must take place before this can occur. In this final phase, Freud's notion of primal repression shifts, now meaning to represent early infantile repressions which occur by the same mechanism as later ones—to avoid anxiety—and are quite basic, since later repressions are by and large repetitions or consequences of the infantile ones. The earlier basic conceptual distinction between primal repression and repression proper fades away.

In an excellent summary, Brenner mentions certain other aspects of the later theory of repression. Between the repressed drive and the counter-cathexes of the ego an equilibrium is established which may shift, for example, when (1) the defenses of the ego are weakened as by illness or sleep; (2) when drives are strengthened as in puberty or chronic frustration, and (3) when there happens to occur a correspondence "between the content of current experience and of the repressed drive." Repression is potentially pathogenic in that it produces a crippling of the instinctual life and a constriction of the sphere of influence of the ego, as well as causing a continuing drain on the ego's store of available psychic energy.

The basic neurophysiological mistake Freud made was in his acceptance of the principle of constancy, which was widely held at the time. It assumes that the organism equates tension with unpleasure and discharge of tension with pleasure; that is, the organism wishes at all times to keep itself in a state of quiescence. A common confusion tends to occur between Freud's notion of the pleasure principle and the principle of constancy, which Freud later labeled the nirvana principle, since at the beginning Freud himself assumed that these two principles were either closely correlated or identical. This is one of those subjects on which Freud changed his views several times. The appropriate references for his various viewpoints are given in "Instincts and their Vicissitudes" (1915C; 14:121) in an excellent and useful footnote by Strachey.

Since conditions such as sexual excitement in which there is a state of increasing tension can be pleasurable, it seems clear that the principle of constancy and the pleasure principle cannot be identical. Freud's final conclusion rests on the suggestion that the pleasurable or unpleasurable quality of a state may be related to a rhythm of the changes in the quantity of excitation present. In *Beyond the Pleasure Principle* (1920G;18:3ff) he regards the pleasure principle as a modification of the principle of constancy or the nirvana principle. In this final speculation he maintains that the principle of constancy comes from the death instinct and its modification into the pleasure principle is due to the influence of the life instinct. The principle of constancy has been largely discredited by recent research on the physiology of the brain, the psychological functioning of infants, and sensory deprivation experiments.

*Complemental Series.* Out of this discussion Freud develops the clinically important notion of complementary series. He begins by asking whether neuroses are exogenous or endogenous illnesses, that is, are they the inevitable result of a particular constitution, or the product of certain detrimental or traumatic experiences in life? Freud maintains that a series of cases could be presented which vary in the amount of each of these factors, so that in some, constitutional factors seem overwhelmingly important, while in others the detrimental experiences seem to be the primary determinant of the formation of the neuroses. This notion was originally presented as the

"etiological equation" in Freud's earliest works. In the *Introductory Lectures on Psychoanalysis* (1916X;15:3ff) it is discussed at some length and several examples of complementary series are offered. In addition to the series formed by cases involving constitutional or biological factors on the one hand, and detrimental or traumatic experiences on the other, we have a series formed of those cases in which the intensity and pathogenic importance of infantile experiences are primary, and of those cases in which later adult experiences of an overwhelming destructive nature are clearly the major factor in the formation of the neurosis. Still another series is formed by those cases in which the destructive events in infancy such as parental seduction, etc., really happened, and by those cases based on the psychic fantasies during the early years that have no basis in fact. This aspect of Freud's thinking is often unfortunately ignored by his critics.

The notion of complementary series is extremely useful in understanding the breadth of Freud's view. For example, even the thorny problem of the group of schizophrenias can be explained as a complementary series of cases: in some it seems clear that a major constitutional or biological factor is at work; in others there is ample evidence for profound detrimental and environmental factors in childhood. Freud's viewpoint leaves room for all types of cases and offers a neat integration of the psychological and the biological. Similarly, we know that any adult can be broken down and forced into neurotic symptomatology if sufficient psychic trauma are applied; this

unfortunate empirical information fits into the second complementary series described above.

Perhaps the most interesting is the third complementary series, in which some neurotics allow the psychic reality of their infantile fantasies to influence their entire lives. Freud does not explain why this might be so, but it is perhaps related to his concept of the adhesiveness of the libido (see chapter 16), which he defined as the tenacity with which the libido adheres to particular trends and objects, an independent factor varying from individual to individual. The causes of such adhesiveness are unknown but probably represent a biological or constitutional factor. Not only is this adhesiveness of the libido of great significance in understanding the etiology of neuroses but it is a factor encountered in the intensive psychotherapy of all disorders, since there seems to be a remarkable variation in the timetable with which a patient can work through and free up from certain infantile positions. Awareness and an understanding of the individual patient's timetable are extremely important, for unempathic attempts to hurry psychotherapy increase resistance and interfere with the treatment (Chessick 1974).

*Ego and Superego: The Structural Theory.* Many aspects of Freud's *The Ego and the Id* (1923B;19:3ff) are important for the practice of intensive psychotherapy, besides the basic presentation in this work of the structural theory of the mind. [This theory is also summarized in Lecture 31 of *New*

*Introductory Lectures on Psychoanalysis* (1933A;22:57-80).] For example, the notion of the relation of the ego to the id as analogous to a man on horseback is very important. The man has to hold in check the superior strength of the horse "with this difference, that the rider tries to do so with his own strength while the ego uses borrowed forces" (p. 25), and often a rider, "if he is not to be parted from his horse, is forced to guide it where it wants to go" —so sometimes the ego must transform the id's will into action as if it were the ego's own wish.

This analogy recurs in a difficult passage in Kohut's *Analysis of the Self* (1971, p. 187). In Freud's view the ego rides the id like the rider rides on a horse. The goal of psychotherapy is to uncover the unconscious and help the ego to sublimate and control the power of the id. For example, if the patient is stuck with strong aggression or a punishing superego, there is a limitation on how much one can do; it depends on how much you can help the ego to sublimate, utilize, and control the id energy. Thus Kohut says the ego has a drive-channeling function. The ego may also have what we could call a drive-curbing function—this represents the ego or rider off the horse. In Kohut's view, given an atmosphere of appropriate soothing, structures in the pre-Oedipal ego acquire form as a consequence of transmuting microinternalizations and the gradual integration of the archaic grandiose self—as described in the previous chapter. Separated from its instinctual origins, the ego maintains a certain dominance. This phenomenon, says

Kohut, is more or less an autonomous function of the self. An example is an autonomous professional skill such as that of a surgeon, which in adult life has become separated from its instinctual origin and allows the person to function autonomously in this area without being driven by the id.

Because there are so many confusing definitions and emerging concepts in this area, at this point I want to present a number of basic definitions and formulations for clarification, based on Freud's *The Ego and the Id* (1923B;19:3ff). (Please also see Chessick 1993).

It is obviously important for therapeutic purposes to have a clear notion of the formation of the ego and the superego, but the nature of this formation is still controversial. In the early phases of development Freud explains that "the character of the ego is a precipitate of abandoned object-cathexes and that it contains the history of those object-choices" (p. 29). The condition of identification is at least a major one under which the id can give up its object, according to Freud, and in the early years of life the separation from objects requires a precipitation of identifications with the lost objects in the ego. In an extremely important clinical passage Freud reminds us that if there are too many object identifications in the ego, "too numerous, unduly powerful and incompatible with one another" (p. 30), a pathological outcome will not be far off. As a consequence of the different identifications becoming cut off from one another by resistances, a disruption of the ego may occur or at least

conflicts between the various identifications can take place. Furthermore, as Freud points out, the effects of the first identifications made in earliest childhood will be most general and lasting. It follows that any psychotherapy aiming to produce major changes in the ego must struggle with these earliest identifications. Elsewhere I (1977, 1992, 1996) have discussed at length the therapeutic techniques aimed at dealing with these early identifications.

The facts that the mechanisms of defense within the ego and the need for punishment are often not accessible to consciousness forced the revision in Freud's thinking from the topographic theory to the structural theory of the mind. In fact, the cruel, relentless, and even destructive attitude of the superego toward the individual of whose mind it is a part is in many cases very striking and may be entirely unconscious in the patient. Aggressive energy is borrowed from the id by the superego and channeled into the superego's cruelty and destructiveness, all of which may go on outside the consciousness. In certain cases the superego may gain the position of a tyrannical power over the rest of the personality and proceed in the slow or even dramatic process of subjugating and destroying it. Kohut and Seitz (1963) explain: "Freud extended and deepened his study of the various components of endopsychic morality (the censoring and punitive forces, the standards of the ego-ideal, the approving and loving powers) and ultimately came to the conclusion that the essential cohesiveness of these variegated functions resulted from the fact that they have once been united, outside the

personality, in the parental authority" (p. 135). This is all part of the increasingly significant position which aggression began to occupy in Freud's psychoanalytic theorizing after World War I and which continues by his followers to the present day.

It is most important to understand that according to Freud's theory, the precursors of the superego are not very relevant. The superego is seen predominantly as the heir of the resolution of the Oedipus complex and the firm consolidation of the mind into ego, id, and superego occurs at the point of the resolution of the Oedipus complex, followed by latency identifications and the consolidation process of puberty. The exact details of this consolidation remain somewhat in dispute, but the important clinical point is that before the age of four to six, when the Oedipus complex becomes central, one cannot speak of a significant superego or of an internalized behavior-regulating system unless, like the Kleinians, one introduces a major modification of Freud's thought.

Freud does not make a very sharp distinction between the superego and the ego-ideal. The ego-ideal is the result of identification in the resolution of the Oedipus complex. It is formed by a process seen as similar to the formation of the ego, that is, as a result of identification due to the loss of pre-Oedipal objects. Thus the superego is a special modification of the ego, formed by a process similar to the formation of the ego, but more specifically

delineated in that process known as the resolution of the Oedipus complex, by identification with the parent of the same sex. It is under the strong pressure to resolve the Oedipus complex that this modification of the ego known as the superego comes into being.

In this theory the ego is that part of the id which has been modified by the direct influence of the external world—it is first and foremost a body ego, an extension of the surface-differentiation between the body and the rest of the world. It is ultimately derived from body sensations, especially those springing from the surface of the body. Freud liked to regard it as a mental projection of the surface of the body, akin to the famous cortical homunculus of the neuroanatomists in describing the projection of the pyramidal tract fibers on the cerebral cortex.

The ego comes into being by the rhythmical and phase-appropriate appearance of the mother administering to the infant's needs. This produces the beginning perception that a source outside the infant has the capacity to protect it from overstimulation and unpleasure. As a result, the initial anxiety of being overwhelmed from within by painful stimuli becomes replaced by anxiety regarding the appearance or disappearance of the mother. Her phase-appropriate appearance and disappearance enables the ego to set up identification with the mother and drive channeling mechanisms develop so that gradually a delay in her appearance can be tolerated and eventually the

process of separation-individuation can occur. However, until the time of the Oedipus complex subsequent to the formation of the cohesive sense of self, the ego remains quite primitive and limited in the variety of mechanisms at its disposal.

It is only after the formation of the superego and consolidation of the functioning units of the ego and superego that a solid repression barrier can be established. The final outcome of this is the adolescent process, a secondary separation-individuation resulting in an adult, healthy-functioning psyche. Thus the metapsychological description of the phenomena of the pregenital disorders must differ sharply from the description of the infantile neuroses or Oedipal disorders. One reason for the great confusion and different points of view on this subject in the literature and elsewhere is that very often pre-Oedipal dynamisms are described in terms of the structural theory as if they arise out of the functioning of a kind of rudimentary ego and superego precursors. This debatable use of the structural theory represents a fundamental parting of ways in psychoanalytic theorizing, with serious consequences for the type of psychotherapeutic approach chosen, as I have described in *The Intensive Psychotherapy of the Borderline Patient* (1977). This debatable use of the structural theory also explains the confusion that Arlow and Brenner (1964) have pointed out, between the use of the topographic theory and the structural theory in attempts to explain psychoses. Their effort has been to apply the structural theory to an explanation

of psychoses in order to make the metapsychology of psychoses consistent with Freud's views. However, this approach still implies that it is possible to explain the pregenital phenomena of the psychoses by use of the structural theory.

The most important psychotherapeutic consequence of the structural theory which emerged out of the genius of Freud's old age is that the ego is now in the limelight of psychotherapy, especially as the site of anxiety. As Ellenberger (1970) says, the main concern of psychotherapy is to relieve the ego's suffering under the pressures of three harsh masters— the id, the superego, and external reality—by reducing these pressures and helping the ego to acquire strength. He writes, "As a consequence of these new theories, the focus of Freudian therapy shifted from the analysis of the instinctual forces to that of the ego, from the repressed to the repressing. Analysis of defenses would necessarily uncover anxiety, and the task of the analyst was now to dispel the excess of anxiety and to strengthen the ego, so that it could face reality and control the pressure of drives and the superego" (p. 517). As I (1977a) explained previously, this approach, through the work of such pioneers as Anna Freud, Freida Fromm-Reichmann, and Franz Alexander, led to the entire field of psychoanalytic psychotherapy.

To review briefly Freud's conceptions of the superego and ego ideal we might begin with the paper "On Narcissism" (1914C;14:69ff), written before

the structural theory was presented. In this paper Freud proposed two psychic agencies which function to preserve for the ego a sense of self-esteem. The first agent or ego ideal represents the series of achievements which, when reached, lead to a state of imagined infantile perfection and narcissistic bliss. He differentiated this agent from the agent which had the function of observing the real achievements and comparing them with the ideal standards. In *Introductory Lectures on Psychoanalysis* he considered this self-criticizing faculty to be the same as the dream censor (discussed in chapter 13), and as belonging to the ego, not the superego.

In *Group Psychology and the Analysis of the Ego* (1921;18:67ff) the separateness of the "conscience" and ego ideal from the ego began to appear in Freud's thinking. Here he conceived of the possibility of the ego-ideal-conscience as coming into conflict with the rest of the ego, and even raging with a critical cruelty against the ego. The extent of this cruelty, which can function unconsciously, was a major motivation for his development and presentation of the structural theory in *The Ego and the Id*.

The reader must be reminded again that Freud considered the development of the superego primarily as a consequence of the resolution of the Oedipus complex. He increasingly emphasized the punitive and cruel aspects of the superego rather than its benign, loving aspect. In *Inhibitions, Symptoms and Anxiety* (1926D;20:77ff) he thought of the threat from the

superego as an extension of the castration threat and finally, in *New Introductory Lectures on Psychoanalysis* (1933A;22:3ff), he viewed the superego as an internalized parental authority dominating the ego through punishment and threats of withdrawal of love. The apparent paradox of the often clinically observed contrast between the harshness of the superego as an alleged imitation of the parents and the gentleness of the actual parents in real life was explained through the borrowing by the superego of the child's own hostility to the prohibiting parent. Thus the superego is always thought of as having a direct connection to the id and as able to drain aggression from the id by turning it upon the ego.

*Neuroses and Psychoses.* Two brief papers present Freud's basic view on the difference between neuroses and psychoses (Freud 1924B; 19:148-156, 1924E; 19:182-189). Because this difference is crucial, these papers are mandatory reading for the psychotherapist. Freud had already pointed out how a neurosis resulted from a conflict between the ego and the id; these two papers represent an extension of his monograph, *The Ego and the Id*. In the psychoses there is a disturbance in the relationship between the ego and the external world in which "the ego creates, autocratically, a new external and internal world; and there can be no doubt of two facts—that this new world is constructed in accordance with the id's wishful impulses, and that the motive of this dissociation from the external world is some very serious frustration by reality of a wish—a frustration which seems intolerable" (1924B; 19:151).

Thus for Freud frustration of infantile wishes and needs remains as a common etiology in the onset of neuroses and psychoses. In a conflictual tension of this kind, if the ego remains true to the external world a neurosis develops; if it allows itself "to be overcome by the id and thus torn away from reality" (p. 151), a psychosis develops.

Freud points out the complicating factor whereby severe conflicts can occur between the ego and the superego and he attributes the narcissistic neuroses to this kind of conflict. Here he implies a division of the conditions known as paranoia or paraphrenia away from other forms of schizophrenia such as hebephrenia, which end in a greater loss of participation in the external world.

He also opens the question of how the ego can deal with all the various demands made on it by the id, superego, and external world, which leads to his unfinished thoughts, continued later on in papers dealing with such aspects as "Splitting of the Ego in the Process of Defense" (1940E;23:273ff). He concludes, "One would like to know in what circumstances and by what means the ego can succeed in emerging from such conflicts, which are certainly always present, without falling ill. This is a new field of research, in which no doubt, the most varied factors will come up for examination" (p. 152). Thus he suggests that in its development it is possible for the ego to "avoid a rupture in any direction by deforming itself, by submitting to

encroachments on its own unity and even perhaps by effecting a cleavage or division of itself" (p. 153).

In the second paper Freud (1924E;19:182ff) further studies the relationship of the ego to reality in neuroses and psychoses. At the beginning of the neuroses, the first step occurs in which the ego, in the service of reality, sets about repression of an instinctual impulse. The reaction against the repression and the failure of that repression is the second step, involving the formation of a neurosis which in turn signifies a flight from reality, since every neurosis in some way serves the patient as a means of withdrawing from painful immediate reality.

Psychoses also consist of two steps. The first of these directly drags the ego away from reality, while the second attempts to remodel reality in order to make good the loss. This remodeling produces the hallucinations and delusions of psychoses. At the same time these hallucinations and delusions are fraught with distress and anxiety because the remodeling is carried through against forces which violently oppose it—rejected reality constantly forces itself upon the mind and interferes with the remodeling process.

Furthermore, in both neuroses and psychoses the second step is partly unsuccessful. The repressed instinct in the neuroses cannot procure full gratification through the symptom formation. In psychoses the hallucinations

and delusional systems that represent a remodeling of reality are not completely satisfying (see also chapter 21 of this book).

Freud emphasizes the blurring of the distinction between neuroses and psychoses because in both cases there are attempts to replace disagreeable reality by a "reality" which is more in keeping with the subject's wishes. Neuroses do not disavow reality, they only ignore it; psychoses disavow it and try to replace it.

In the paper *Fetishism* (1927E;21:149ff) Freud points out that disavowal necessarily implies a split in the subject's ego. Freud begins this paper with an important distinction, which he finishes in chapter 8 of *An Outline of Psychoanalysis* (1940A;23:141ff), between repression, which applies to the defense against internal instinctual demands, and disavowal, which applies to defense against the claims of external reality. Thus a third form of disorder is possible, in which a reality perception as well as a perception of reality based on a wish exist side by side—a split in the ego in which both faithfulness to reality testing and a remodeling of reality take place *simultaneously*. Freud suggests that this third form can occur more easily in children, who have a lesser degree of differentiation in their psychical apparatus.

The use of the term disavowal is not consistent in Freud. The term

develops increasing significance at the outset of his paper "The Infantile Genital Organization of the Libido" (1923E;19:140ff). A footnote by Strachey in this paper traces the use of the term. In the two papers on psychoses, disavowal is used as a way of turning away from reality—a denial of reality. Usually Freud uses the term to represent denial of reality with respect to the discovery of castration. Thus two contrary ideas are held simultaneously in the conscious mind, an attitude which fits in both with the wish and with reality. In psychosis, in contrast to fetishism, the attitude which fits in with reality is absent. The splitting of the ego consequent on disavowal is hinted at in the paper "Neurosis and Psychosis" and is emphasized in the paper on fetishism. The unfinished sequel paper, entitled "Splitting of the Ego in the Process of Defense" (1940E;23:273ff), was published posthumously. Splitting represents a disturbance of the synthetic function of the ego. Freud's final statement on the subject is found in *An Outline of Psychoanalysis* (1940A;23:201-4). Here he contends that a splitting of the ego involving disavowal of perceptions of reality can be found in neuroses, psychoses, and perversions.

In the short note on "A Disturbance of Memory on the Acropolis" (1936A; 22:238ff) Freud describes his momentary feeling, standing on the Acropolis, "What I see here is not real"—a feeling of derealization. The phenomena of derealization primarily serve the purpose of defense: "They aim at keeping something away from the ego, at disavowing it" (p. 245). In

this case standing on the Acropolis represented Freud's achievement of superiority to his father. The essence of success "was to have gotten further than one's father," but to excel one's father was forbidden. Thus to see Athens and the Acropolis represented the achievement of a forbidden wish and when it happened the ego had to disavow the experience by the momentary feeling "what I see here is not real."

From the psychotherapist's point of view, the important point is the distinction between repression and disavowal. Repression does not involve a splitting of the ego, but rather the setting up of counter-cathexes against unconscious energized mnemonic residues, wishes, and drives pressing for expression. Disavowal, on the other hand, represents contrary sets of attitudes or perceptions both present in the conscious mind at the same time and therefore necessitates a splitting of the ego in order to maintain this condition. This is the starting point for understanding the important clinical aspects of the borderline and narcissistic personality disorders, as well as many other conditions.

The best short description of Freud's metapsychological concepts is found in Lecture 31 of *New Introductory Lectures in Psychoanalysis* (1933A;22:57-80). This extremely valuable summary is mandatory reading for every psychotherapist and even those nonpsychoanalysts who are described by Freud in the same work as "the many psychiatrists and

psychotherapists who warm their pot of soup at our fire (incidentally without being very grateful for our hospitality)" (p. 8). This chapter is highly recommended for educated lay persons or nonpsychiatrists who are interested in a clear description of psychoanalytic theory. Because of Freud's marvelous prose style it is even good general reading for advanced college students.

Lecture 31 again emphasizes the capacity of the ego to split itself at least temporarily during a number of its functions; for example, "The ego can take itself as an object, can treat itself like other objects, can observe itself, criticize itself, and do Heaven knows what with itself" (p. 58).

Here again Freud differs from Kant, who in his famous work couples the conscience within us with the starry heavens above as the two greatest mysteries. In answer to Kant, Freud writes, "The stars are indeed magnificent, but as regards conscience God has done an uneven and careless piece of work, for a large majority of men have brought along with them only a modest amount of it or scarcely enough worth mentioning" (p. 61). This lecture contains an error regarding Kant, when Freud states that in the id there is an exception to the philosophical theorem that space and time are "necessary forms of our mental acts." Kant, of course, stated that space and time are necessary forms of our conscious experience; he said nothing about so-called mental acts in Freud's sense. In *Beyond the Pleasure Principle* (1920G; 18:3ff)

Freud also misquotes Kant as stating time and space are "necessary forms of thought". In contrast Freud speaks of unconscious mental processes as being timeless. The confusion here is due to Freud's shift from the topographical to the structural theory. According to Freud, "Instinctual cathexes seeking discharge—that, in our view, is all there is to id" (p. 72). So thoughts and experiences are not in the id. Thoughts, ideas, and experiences are in the ego; thoughts, impressions, and experiences which have sunk into the id by repression are no longer logical ideas and do not have to partake of the necessary forms of conscious ideation. In that sense they are timeless.

As a sort of clinical conclusion, Freud reminds us in Lecture 34 of *New Introductory Lectures in Psychoanalysis* that psychoanalytic activity is arduous and exacting; it cannot be handled like a pair of glasses that one puts on for reading and takes off when one goes for a walk: "As a rule psychoanalysis possesses a doctor either entirely or not at all" (p. 153). Freud enumerates a number of factors that limit the therapeutic effectiveness of psychoanalytic psychotherapy. For example, not everything can be brought to life again. "Some changes seem to be definitive and correspond to scars formed when a process has run its course" (p. 154). In the psychoses the instincts may be too powerful for the opposing forces that we try to mobilize. Thus a limitation upon psychoanalytic success is given by the form of an illness. Psychological changes take place slowly, and "if they occur rapidly, suddenly, that is a bad sign" (p. 156). The treatment must be adapted to characteristics of the illness.

In "Analysis Terminable and Interminable" (1937C; 23:211ff) as we have seen in Chapter 16, Freud continues at length in an unusual increasingly pessimistic vein about the therapeutic value of psychoanalysis.

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