Freud Teaches Psychotherapy

Nosological Issues

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Sexuality. Most authors agree that along with *The Interpretation of Dreams*, Freud's *Three Essays on the Theory of Sexuality* (1905D;7:125ff) represents his greatest creative work. Essentially, the three essays present a continuation of his nosological considerations based on the sexual etiology of psychogenic disorders, as already begun in his earlier papers. Although this is a famous and important work, it is beyond the purposes of the present clinical book to present metapsychological details of Freud's basic libido theory as it was set down in the three essays and later contributions. Those who wish a thorough review of the subject are referred to Nagera (1969). A brief review of some of the salient concepts of Freud's libido theory is to be found in chapter 2 of *The Technique and Practice of Intensive Psychotherapy* (Chessick 1992); Freud's views on sexuality are reviewed in many standard textbooks, for example, Brenner (1973).

Here I will concentrate on the clinical aspects of the three essays. The first essay classifies sexual deviations according to object and aim, points out the basic bisexuality of humans, and identifies the relationship between perversion and the normal varieties of sexuality. It contains the famous statement that neurosis is the opposite or negative of perversion, in the sense that the impulses acted out by the pervert are the strongly repressed fantasies at the basis of the neuroses. Infantile sexuality is discussed in the second essay and the famous erogenous zones and phases of development are delineated. In later editions details of infantile sexual theories and the concept of the "primal scene" (in which the child observes parental intercourse) were added. The third essay, "The Transformations of Puberty," describes the great struggle that the child has to go through in order to reach mature sexual development. Freud depicts in these three essays an epic struggle for maturity and health, in which the child is inescapably engaged from the dawn of life. As Robert (1965) points out, each time the child has to adapt to a new state he has to renounce the old one, and his life's happiness depends largely on the way he resolves the various primitive conflicts, a battle in which he has to fight essentially alone:

Just as he can mature only by gradually freeing himself from the objects he has loved, so he can reach his full intellectual development only by separating his curiosity from the sexuality which first aroused it and transferring it to the multiple objects in the world. Puberty is only the last of these stages, in which development goes by fits and starts and at the cost of painful sacrifices. ...Thinking about this slow evolution, which is in danger of being diverted by so many obstacles, one is inclined to be amazed that individuals can successfully negotiate all the stages without too many accidents and become balanced people capable of loving and freely realizing their potentialities of action and thought (p. 197).

The good clinician will ask at this point: What are the kinds of evidence on which Freud's libido theory is based? The most important evidence comes from Freud's work with neurotics, in which he again and again uncovered by his method the infantile sexual forces at the root of the psychoneuroses. A converse approach provides a second form of evidence, for the fact that we cannot obtain conscious memories of childhood sexuality in hysterics, due to the burial of those memories through amnesia, shows the importance of infantile sexuality, which should appear naturally as part of the ordinary memories of infancy. Both these types of evidence are presumptive and depend primarily upon the method of Freud.

Direct evidence is also provided by two major clinical phenomena. The first of these is the re-emergence of infantile sexual longings focused in the transference; the second comes from the direct analysis of children. For example, psychoanalysts accepted the case of Little Hans (1909B,10:3ff) as the first confirmation of Freud's theory of infantile sexuality obtained by direct observation of a child.

Hans, a five-year-old boy, suddenly refused to go into the street, alone or accompanied, because he was afraid of horses. His unwillingness to leave the house, where he seemed contented, happy, and fear-free, was an attempt to avoid his feelings of fear. In many such cases, similar inhibitions of activity result from phobias but are only secondary to the phobia and have nothing to do with its structure. This is important to remember because there is no advantage in trying to treat such inhibitions, as is frequently done. These inhibitions are most frequently observed in regard to attending school or playing with other children. Rather than simply trying to treat the inhibition, it is more important to try to understand the phobia underlying it, if at all possible. The model for all psychoanalytic therapy of phobias in children is Freud's analysis of Hans's case. Guided by the material produced by the boy, although Freud observed him directly only once, the "analysis" followed definite steps as it proceeded from one level to another.

The fear of horses consisted of two parts—a fear that a horse might fall down and a fear that a horse might bite him. The boy recognized and could discuss the former with greater clarity and ease than he could the latter, which actually contained the essential nucleus of the phobia. It should be noted that there is a reality element to the fear of a horse-bite. Horses do bite, but such occurrences are so infrequent that a child usually does not consider them.

Hans's two fears were projected expressions of a conflict in the boy's feelings: he was jealous of and hostile toward the father and toward his younger sister and wished that he could bite them both and that they would both fall down—or die. This aggressive hostility resulted from his strong attachment to his mother, which made him desire to possess her wholly himself without having to share her with anyone, to obtain from her, in addition to all the physical manifestations of love and tenderness he already had, all that she gave to his two rivals.

Hans feared these hostile feelings for two reasons. First, he was afraid that if his father knew about these hostile wishes, he would become angry. Being bigger and stronger, he would then inflict on Hans by way of punishment the same misfortune as the boy wished on him. Second, he loved his father and knew that if he injured or killed him, he would not have any father to love him. In the face of the fear of injury at his father's hands and loss of his loving care, he attempted to repress his hostile feelings and was successful in that they did not seem to exist toward the father but only in a confused fantasy about horses.

Freud felt it was necessary first to discuss with the boy the facts of the situation, facts which were available from the observations made and reported by the parents before the phobia developed. The boy was afraid of horses— at first lest they fall down and later, and somewhat more justifiably, lest they bite him. At Freud's suggestion, Hans's father told him that the reason he was so afraid of horses was that he was so preoccupied with penises; that he felt that he had no right to be so preoccupied; that he was too fond of his mother, wanted to be with her all the time, and particularly wanted to be taken into her bed. Since it was felt that the aim of his desire to be taken into his mother's bed was to see her penis, and since this aim had to be taken away, he was also told that a girl does not have a penis—a fact Hans had refused to accept for several years.

The boy reacted to the first part of this interpretation by becoming interested in looking at horses from a distance; to the last part by a slight improvement in his phobia but with a vigorous denial that what his father said was true. It seemed evident that this vigorous denial was a protective measure, since to admit that a girl has no penis would shatter his selfconfidence and mean that his mother's castration threat (actually made by her against Hans's masturbation) might really be carried out.

This situation was followed by a dream which presented further material, since it revealed that he was afraid his mother would not like him because his penis was too small. The dream also expressed a desire to do something forbidden. The forbidden thing was, of course, his longing for his mother, which he felt had been forbidden by his father. The real situation that he was afraid not of horses but of his father because he, Hans, loved his mother so much—was discussed with him by Freud on his single visit, in the company of his father. Hans reacted to the discussion by bringing out clearly his ambivalent reaction to his father and in addition another fear: that his father would leave him. The ambivalence was based on a conflict of two impulses: fear of his father and fear for his father's safety; that is, he felt hostile toward him, yet loved him and did not want to lose him as a result of the hostility.

After this was discussed with him he began to abreact some of his

feelings. Although still afraid of horses, he began to play-pretend he was a horse. Here he was beginning to identify himself with his father. The material now changed. He began to express his conscious disgust with his now unconscious but formerly conscious desire to be so intimate with his mother as to be able to see her move her bowels; he then brought up one of his two earlier fears, that of the horse falling down. This was associated with a fear of defecation, as interest in seeing the feces falling—a concern lest his mother let him fall at his birth (pointing to his infantile theories about birth), and a wish that his mother would drop his younger sister into the bath and let her drown. Here again was the fear of his hostile wish against his rival.

The discussion of this new material allowed him to express verbally certain sadistic wishes to beat and tease horses. These wishes seemed to be better tolerated by him when directed toward the mother and were partly the expression of an obscure, sadistic desire for the mother, but they were really directed toward his father and were an expression of a clear impulse to revenge himself on him. There was also the motive of revenge against his mother, for he began to wish to have a child of his own and to wish that his mother would not have one. He became intrigued with the question as to whether people liked or did not like having children. The basis for this concern was, of course, the question as to whether people liked or did not like moving their bowels. Satisfied on this account, he began to fantasize that he had a large family which he would look after as his mother had looked after him. In this fantasy he compensated for his unsatisfied passive longing to be fondled by his mother by an active longing to fondle others. He then solved his conflict over his jealous rivalry with his father by fantasizing that he would marry his mother and then his father would be his grandfather, and by dreaming that his father could not castrate him for his hostility but instead would give him a bigger and better penis. After he produced these ideas his phobia disappeared and his relationships with his parents became normal.

Freud calls attention to three important points. First, Hans's anxiety dared show itself boldly in a phobia because he had been brought up by understanding parents; hence, the anxiety situation was not too severely complicated by a guilty conscience or a fear of punishment. Second, the turning point of the case—the beginning of the entrance of unconscious material into consciousness—came with the interpretation given to the boy that he was afraid of his father because he cherished jealous and hostile wishes against him. The boy's realization that his father knew this and yet was not angry allowed him to produce his unconscious thoughts and fantasies. Third, the motive for the illness—the gain the boy obtained by his unwillingness to leave the house— allowed him to stay with his mother and thus gave him an excuse to avoid the conflict between his affection for and his hostility toward his father. This point—the excuse for avoiding conflict—is

highly important, as it often appears as a marked resistance to treatment and may necessitate lengthy discussion with the child during the course of treatment.

The case of Hans illustrates the application of Freud's theories of infantile sexuality in clinical situations. The symptoms of neuroses develop as a converted expression of impulses which in a broader sense might be designated as perverse if they could manifest themselves directly in purely conscious fantasies and acts. The polymorphous perverse disposition is the primitive and universal disposition of the human sexual impulse, from which normal sexual behavior develops as a consequence of maturation, organic changes, and psychic repression. At this point in his work, Freud conceived libido as a quantum of sexual energy arising from all over the body; the psychic representative of this is ego libido. Libido is accessible to study only when invested in objects; libido can be given, removed, suspended, or invested in the self. In psychotherapy we study the vicissitudes of libido in the individual's life history and via the transference.

In the third essay, on the transformations of puberty, Freud presents his theory of the more complex and difficult psychosexual development of females and uses this theory to explain why females are more prone to hysteria than are males. I will not review the controversial issue of female sexual development here since I have already done so in a previous book (Chessick

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1977a) and subsequent publication (1988). A clinician should never forget Freud's point in this essay: that sublimation enables strong excitations arising from particular sources of sexuality to find an outlet and use in other fields, so that an increase in psychical efficiency results from a disposition which in itself may threaten the adequate functioning of the personality.

Because Freud was a marvelous writer, rare among scientists in clarity and style, the best place to study his libido theory is the three essays on sexuality—rather than trying to struggle through condensed abstractions of his work; even an aesthetic literary reward awaits the reader who studies Freud directly. [An appendix to the three essays in the *Standard Edition* (p. 244-5) provides a complete list of Freud's writings dealing predominantly or largely with sexuality. Philosophical aspects of the libido theory are found in the third essay, section 3 (1905D;7:217-218.]

Precipitating Factors. A brief paper by Freud (1912C;12:229ff) emphasizes the clinical search for the precipitating factors in any neurosis. In this paper he attempts to classify the various ways in which a person may become afflicted with a neurosis. (For some reason this classification has not been thoroughly investigated.)

There are several ways in which reality can become unbearable, leading to the onset of a neurosis. Neurosis may appear simply as the result of a more- or-less sudden libidinal privation, that is, from severe external frustration. In these situations, given the proper predisposition, the libido turns away from reality and toward the life of fantasy, "in which it creates new wishful structures and revives the traces of earlier, forgotten ones" (p. 232). This process revives the repressed infantile desires which are incompatible with the subject's present-day individuality, leading to a conflict. The conflict is resolved by the formation of symptoms which represent compromises and often carry punishment as well as substitutive gratification.

A neurosis may also be precipitated by an individual's failure to adapt to reality and fulfill its demands. This is a consequence of internal inflexibility in which the person is unable to change in order to meet fresh demands from reality. The consequence is frustration and the same chain of events as described previously.

Yet another precipitation of neurosis results from an inhibition in development. Freud's example of this concerns people who collapse after leaving the irresponsible age of childhood because their libido has never left its infantile fixations—a common and important clinical problem.

Finally, a fourth precipitant involves people who have met successfully with fresh demands of reality and who have been previously healthy, but now

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suffer from a purely internal, organically determined change in the psychic economy such as may occur at puberty or the climacteric. For example, in puberty the sudden upsurge of the instinctual drives can overwhelm the immature ego, which is then forced to move in a regressive direction.

It should be clear that this is a very important clinical paper; the strategy for psychotherapy will depend in an important way on the therapist's assessment of the factors involved in the onset of the emotional illness. This again emphasizes the importance of taking a *careful history* at the beginning of any psychotherapy procedure and requires a meticulous scientific assessment of the various factors, internal and external, with which the patient's ego constantly has to deal throughout the changing circumstances of human life.

Character. One of Freud's favorite theories concerns the injurious influence of civilization when it dedicates itself to the harmful suppression of the sexual life of civilized peoples, as first put forth in a brief paper in 1908 (1908D;9:179ff). A fascinating aspect of this paper is Freud's review of statements by other authors about the injurious effect of "modem" civilization, statements taken from various writings prior to 1908. In contrast to these superficial studies, Freud's theory explains that civilization is built up on the suppression of instincts, both aggressive and sexual. This suppression places extraordinarily large amounts of force at the disposal of civilized activity, and thus the aim of these instincts is displaced without materially diminishing the intensity of the drive. Freud explains, "This capacity to exchange its originally sexual aim for another one, which is no longer sexual but which is psychically related to the first aim, is called the capacity for *sublimation*. ...The original strength of the sexual instinct probably varies in each individual; certainly the proportion of it which is suitable for sublimation varies" (p. 187). This theme was taken up later in a very famous book (Freud 1930A;21:59ff).

One of Freud's most famous papers, "Character and Anal Erotism" (1908B;9:168ff), was greeted with jeers and disbelief on all sides when it was published. Nevertheless, it represents a very important beginning contribution to the subject of personality disorders. The theme is very simple. Freud proposes that the character traits of orderliness, parsimony, and obstinacy are to be regarded as the "first and most constant results of the sublimation of anal erotism." This leads to the major general thesis, "We can at any rate lay down a formula for the way in which character in its final shape is formed out of the constituent instincts: the permanent character-traits are either unchanged prolongations of the original instincts, or sublimations of those instincts, or reaction-formations against them" (p. 175).

Freud did not leave many accounts of the nature of the formation of character. A discussion of sublimation may be found in the "Three Essays" but it adds little to what has already been quoted previously. Freud believed that "The processes of the formation of character are more obscure and less accessible to analysis than neurotic ones" (1913];12:323). His main discussion of the subject is in the first half of chapter III of *The Ego and the Id* (1923B;19:28ff), a discussion which is essentially repeated in lecture 32 of the *New Introductory Lectures* (1933A;22:81-111). Here he discusses the role of introjection or identification in the formation of character, as a consequence of having to give up a sexual object primarily during the resolution of the Oedipus complex. Further confusion is introduced by his introduction of the phrase "the character of the ego." At any rate, not only does the character of the ego become "a precipitate of abandoned object-cathexes" in which these identifications or introjections play an important role in the building of character; but the formation of the resolution of the optimation of the same sex as an heir to the resolution of the Oedipus complex is described by Freud as the most important identification of all.

This view helps to explain the concept of multiple personality, in which different identifications seize the consciousness. Even if a subject has not reached this stage there obviously may remain the problem of conflicts among the various identifications, in which the ego crumbles if the identifications are too numerous, powerful, and incompatible with one another. To summarize, Freud (1933A;22:91) writes:

We have already made out a little of what it is that creates character. First and foremost there is the incorporation of the former parental agency as a super-ego, which is no doubt its most important and decisive portion, and, further, identifications with the two parents of the later period and with other influential figures, and similar identifications formed as precipitates of abandoned object-relations. And we may now add as contributions to the construction of character which are never absent the reactionformations which the ego acquires—to begin with in making its repressions and later, by a more normal method, when it rejects unwished-for instinctual impulses.

The treatment of personality disorders or disorders of character has become increasingly important in our time as the sexual revolution may have reduced the number of classical sexual psychoneuroses. Today's treatments are time-consuming and difficult, and some psychiatrists have attempted to legislate such disorders out of existence by simply dropping them from the manual of mental disorders or relegating their treatment to psychologists or social workers. To me this is analogous to arguing that because the treatment of cancer is lengthy and expensive and often not completely satisfactory, physicians should not use up their valuable time in working with such patients. In the same vein, insurance companies should not be expected to pay or compensate for lengthy and expensive treatment of malignancy since this raises the insurance rates for everybody. The etiology of cancer is obscure and in most cases difficult to ascertain; why not re-label these diseases as "difficulties in cellular metabolism" and relegate their treatment to physiologists or biochemists? Calling cancer or character disorder by a different name does not change the amount of suffering, pain, and

unhappiness caused by these disorders. Both groups of disorders can be fatal, both groups of disorders have multiple etiology often with numerous factors contributing to the development of an individual case, and both groups of disorders present frightened human beings who are living a life characterized by pain and suffering.

"Some Character-types Met with in Psychoanalytic Work" (1916D;14:310ff) presents one of Freud's rare papers on character traits and their formation. He avoids broad general statements and instead chooses three particular types of character traits that he came across in his work. The first of these Freud labeled "Exceptions" and as an example he presents Shakespeare's Richard III. Much of the unreasonable and furious behavior of such people is founded on their secretly cherishing the belief that they are exceptions to the rule that society demands a certain level of conduct from everybody. Today we know (Chessick 1977, 1993a) that such patients are suffering from severe narcissistic disorders as manifested by a sense of entitlement and a disavowal of the restrictions placed on ordinary human beings. Freud's example was right on the target, for he felt that such cases suffered unjustly in childhood from some ill- treatment or accident; indeed Richard III suffered the tremendous narcissistic blow of being born in a deformed state, so that "Dogs bark at me as I halt by them." His narcissistic rage and subsequent attempts at revenge are well known. I assume the great plays of Shakespeare are familiar territory for every practicing psychotherapist, since Shakespeare was the greatest psychologist who ever lived, the acknowledged master even of Freud.

The second two types of characters are better known to the general public. Those "wrecked by success" such as Lady Macbeth collapse upon attaining their ambitions, because the attainment of the success is associated with a forbidden infantile wish which may be toyed with or strived after but not actually gratified. "Criminals from a sense of guilt" are cases where a criminal act has been committed in order to provoke a punishment. This would alleviate some unbearable sense of guilt arising from deeper unconscious sources, and also allow the patient to practice behavior that forms a rationalized ground for the displacement of the guilt. Freud remarks that Nietzsche in *Thus Spoke Zarathustra* gave broad hints of the same mechanism in his section entitled "The Pale Criminal" (discussed in Chessick 1977a).

In *Herzog* (1964) Bellow explains "To haunt the past like this—to love the dead! Moses warned himself not to yield so greatly to this temptation, this peculiar weakness of his character. He was a depressive. Depressives cannot surrender childhood—not even the pains of childhood." This great novel almost paraphrases a passage in the first lecture on psychoanalysis given by Freud in the United States in 1909 (1910A;11:16-17), in which he explains how neurotics not only remember painful experiences of the remote past, but still cling to them emotionally: "They cannot get free of the past and for its sake they neglect what is real and immediate. This fixation of mental life to pathogenic traumas is one of the most significant and practically important characteristics of neurosis."

Thus one of the basic premises of psychoanalytically informed psychotherapy maintains that a vital treatment goal is to enable the patient to separate emotionally from his or her past, to allow the past to sink into obscurity and to lose its influence on the patient's current life. This process offers a continuing barometer of the patient's progress in psychotherapy as we watch the patient's reactions to people mature, and as we experience the changes in the transference. It is also important in nosology, for a successful psychoanalytically-informed nosology must distinguish among the disorders in terms of the developmental vicissitudes. For those who worry about whether the past can ever be understood correctly Freud, in discussing the case of Little Hans, reminds us (1909B;10:122), "In an analysis, however, a thing which has not been understood inevitably reappears; like an unlaid ghost, it cannot rest until the mystery has been solved and the spell broken."

Anxiety. In his innovative *Inhibitions, Symptoms and Anxiety* (1926D; 20:77ff), a work that Freud had some difficulty in binding together in one theme, he presents his so-called signal theory of anxiety, which is vitally important in understanding the formation, diagnosis, and treatment of neurotic

and character disorders. The significance of this theory requires clinicians to go over this work rather carefully.

In the first section Freud points out that "inhibition" represents a simple lowering or restriction of function, whereas "symptom" occurs when a function "has undergone some unusual change or when a new phenomenon has arisen out of it" (p. 87). As clinicians we frequently see both inhibitions and symptoms in our patients. This work reverses the early theory of Freud which insisted that inhibitions lead to anxiety. Freud now contends that anxiety motivates the ego to inhibit or repress (with subsequent symptom-formation) when there is a conflict with the id, a conflict with the superego, or problems within the ego itself leading to impoverishment of energy. An example of the latter is seen when the ego is involved in a particularly difficult psychical task such as in the process of grief or mourning, during which other ego functions are generally inhibited out of the impoverishment of energy. Inhibition is the expression of a restriction of an ego-function, whereas symptoms arise due to the failure of repression.

Section II deals with the process of symptom formation, in which a symptom is viewed as the behavioral, affective, or somatic manifestation of a defense. Among the famous mechanisms of defense elaborated by Anna Freud (1946) and others, repression has a central and basic role in all neurotic symptom formations. Where does the ego get the power to repress? How can

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it forbid the gratification of an instinct by inhibiting or deflecting? Freud's answer is that this process arises from the intimate relationship between the perceptual system and the ego. Thus when the ego is opposed to an instinctual process in the id, "it has only to give a *signal of unpleasure* in order to attain its object with the aid of that almost omnipotent institution, the pleasure principle" (p. 92). According to Freud, the ego withdraws energy cathected to the instinct that is to be repressed, and uses this energy for the purpose of releasing unpleasure—which Freud equates with the feeling of anxiety. This unpleasure then mobilizes psychic functions along the pleasure principle and sets the ego's mechanisms of defense into action.

If the ego successfully represses the instinct we learn nothing; we find out about this repression only from those cases in which the repression has more or less failed. In the event of failure of the repression, a substitute formation occurs, very much reduced, displaced, and inhibited, and which is no longer clearly recognizable as a satisfaction. This is a symptom. Thus a symptom is a sign of, and a substitute for, an instinctual satisfaction which has been forbidden direct gratification—it is a consequence of the process of repression. As Freud conceives of it, the ego, in its close connection with the perceptual system, perceives and wards off internal and external dangers in the same fashion. When it perceives an unacceptable instinct in the id it gives a signal of unpleasure (felt as anxiety) in order to enlist the aid of the pleasure principle in overpowering the id. In section III, Freud explains that the ego is the organized portion of the id: because of this, when the ego tries to suppress an instinct, the remainder of the id—which is not organized—does not come to the rescue of the endangered part and grapple with the ego, at least initially.

Freud then explains, in a discussion of very great importance to clinicians, how the ego must subsequently struggle with the symptoms that have now been formed. Thus, "The initial act of repression is followed by a tedious or interminable sequel in which the struggle against the instinctual impulse is prolonged into a struggle against the symptom" (p. 98). The very nature of the ego obliges it to attempt to organize and synthesize all the aspects of the personality, and therefore it finds it necessary to use every possible method to incorporate the symptoms into the organization of the personality and prevent them from remaining isolated. It makes an adaptation to the symptom.

For example, if the presence of a symptom entails the impairment of a capacity, this defect can be used to appease the superego or to refuse some claim from the external world. "In this way the symptom gradually comes to be the representative of important interests; it is found to be useful in asserting the position of the self and becomes more and more closely merged with the ego and more and more indespensable to it" (p. 99). The clinical point here is that when the therapist tries subsequently to help the ego and deal

with the symptom, he or she finds that these "conciliatory bonds" between the ego and the symptom operate on the side of the resistance and are very difficult to separate. For example, in obsessional symptoms and even in paranoia the symptoms may become very valuable to the ego, leading to success in certain types of work and affording narcissistic gratification forms of secondary gain from an illness. Therefore, Freud regards the attitude of the ego toward symptoms as both friendly in its effort to integrate the symptoms into the personality and unfriendly in the continuing direction of repression of the basic forbidden instinct.

Section IV, which is rather tortuous for the practicing clinician, essentially contains Freud's repudiation of his old theory of anxiety and again emphasizes the notion that the source of anxiety is energy borrowed from instinctual drives, energy then used by the ego to give a signal of unpleasure as explained previously. The concept of actual neuroses (described above in chapter 5) is never abandoned by Freud; his new theory of anxiety simply sidesteps this type of neurosis. Subsequent authors have repeatedly pointed out the ambiguity in this situation (Compton 1972, 1972a; Waelder 1967).

Section V explains how, as an emotional disorder progresses, the instinctual forces in a symbolic way gain the upper hand through a spread of the neuroses. Freud conceives of this phenomenon as a ceaseless struggle being waged against that which is repressed, a struggle in which the repressing

forces steadily lose ground. Freud describes a familiar clinical picture in the obsessional neuroses, in which symptoms that once stood for a restriction of the ego come to represent satisfactions due to the ego's inclination to synthesis as described; the eventual result is an extremely restricted ego which is reduced to seeking satisfaction in the symptoms. The final outcome, familiar to clinicians, is that in every decision involving certain spheres of living the ego finds itself almost as strongly impelled from one side as from the other and cannot decide, with a resulting paralysis of will. More and more spheres of living become drawn into the conflict as the disorder progresses.

At the time it was believed that this problem was of special importance in obsessive-compulsive neuroses, because the instincts involved were thought to be more primitive and thus quantitatively stronger. An equally reasonable viewpoint, and one closer to my clinical experience, is that the ego in obsessive-compulsive neuroses is relatively weak and closer to the borderline disorders than other forms of neuroses. I have observed a number of schizophrenic breakdowns resolve themselves under the influence of psychotherapy into obsessive-compulsive neurotic disorders of varying degrees of severity. Sullivan (1956) discusses the relationship of obsessionalism and schizophrenia at length—but from the interpersonal point of view.

Section VI describes some of the mechanisms of defense and leads log-

ically to Anna Freud's (1946) famous book on the subject. It is hardly necessary to add at this point that every practicing psychotherapist must be thoroughly familiar with her book and all the standard mechanisms of defense as they are described in every textbook (for example Brenner 1973). I would like however to caution the therapist against an increasingly common error in dealing with this subject. The mechanisms of defense are called into play by the failure of repression on the part of the ego against an instinctual drive; they have nothing *directly* to do with interpersonal relationships and social transactions. Those who discuss "games" or defenses in interpersonal relationships or social transactions are not employing the psychoanalytic orientation to understanding human beings, an orientation based on the empathic perception of *intrapsychic* phenomena. Here they are only discussing the manifest results of these phenomena.

Section VII proposes the famous signal theory of anxiety, in which anxiety is conceived of as a signal by the ego of a situation of danger as described above, and subsequently obviated by the ego's doing something to avoid that situation or to withdraw from it. Symptoms are the ultimate result of attempting to avoid the danger situation emerging from within, whose presence was originally signaled by the generation of anxiety.

Readers of Freud may well be confused by the fact that he uses the concept of regression in several different ways; for example (1) "temporal" regression, defined as returning to earlier reaction patterns or to temporally earlier modes of psychic functioning; (2) "formal" regression, involving a change from the use of general and abstract symbols and signs such as words to visual imagery as in dreams; and (3) "topographical" regression, representing a change from organized secondary process thought and behavior to primary process thought. [A thorough discussion of this difficult subject is presented by Arlow and Brenner (1964).]

In section VIII, anxiety itself is analyzed into three components: (1) a specific unpleasurable quality or tension as felt with an unpleasurable character which "seems to have a note of its own"; (2) fairly definite physical sensations usually involving the heart or respiration, symptoms which Freud calls "acts of discharge"; and (3), perceptions of physiologic discomfort which differentiate anxiety from similar states such as mourning and pain. Freud's differentiation of unpleasure and anxiety is never very convincingly established.

In this section, considerable discussion occurs about the prototype of the anxiety experience and Rank's birth-trauma theory, which is obsolete today. For the clinician what is important is Freud's contention that anxiety cannot be experienced until at least a rudimentary ego exists—which immediately obviates Rank's theory. As the rudimentary ego comes into being, the infant learns that the mother relieves the danger of a growing tension due to need, against which the infant alone is helpless. The infant learns from experience that the mother satisfies these needs and avoids danger for the infant. When the infant has found that the mother can put an end to this danger, the fear is displaced from the danger of being overwhelmed by needtensions to the danger of the loss of the mother. Thus "It is the absence of the mother that is now the danger; and as soon as that danger arises the infant gives the signal of anxiety, before the dreaded economic situation has set in. This change constitutes a first great step forward in the provision made by the infant for self-preservation, and at the same time represents a transition from the automatic and involuntary fresh appearance of anxiety to the intentional reproduction of anxiety as a signal of danger" (p. 138).

Section IX defines defenses as an attempt at flight from an instinctual danger and attempts to describe the kinds of dangers experienced at various phases of development. In the final section, X, Freud delineates three factors that create the conditions under which the forces of the mind are pitted against one another: the long period of helplessness during child development; inferred biogenetic factors having to do with human pre-history; and a psychological factor wherein the ego is obliged to guard against certain instinctual impulses in the id and to treat them as dangers, while at the same time, it is intimately bound up with the id and therefore, "can only fend off an instinctual danger by restricting its own organization and by acquiescing in the formation of symptoms in exchange for having impaired

the instinct" (p. 156).

The "Addenda" to this work contains a classification of five varieties of resistance, most useful for clinicians: (1) The first variety arises from repression, in which the ego resists the uncovering of the repressed unacceptable ideation. (2) Transference resistance represents a form of resistance to remembering, in which a repetition of the relationship to early significant figures in the transference is substituted for the remembering of these relationships. (3) Resistance arises as a consequence of the gain of illness (discussed above), for the ego has synthesized the symptoms into a functioning personality and achieved a certain secondary gain from the symptoms, a gain which it attempts to retain. (4) The sense of guilt over the repressed instinctual drive and the need for punishment resists any success of the treatment, and is termed superego resistance by Freud. (5) Freud labels the final form of resistance as "resistance of the unconscious." which seems to me closely related to the transference resistance. It is extremely important and has to do with the compulsion to repeat, necessitating a long period of working through in any intensive psychotherapy (this will be discussed in greater detail in the present book in chapter 12 on transference and countertransference). Freud's most important discussions of "resistance of the unconscious" are found in his papers "Remembering, Repeating and Working-through (1914G;12:146ff) and "Analysis Terminable and Interminable" (1937C;23:211ff). Every clinician must be continuously aware

of these five varieties of resistance as they appear in the day-to-day practice of intensive psychotherapy.

The philosophy of science behind Freud's theory of the formation of symptoms presented here has been open recently to serious question. As Waelder (1967) points out, the notion of the ego's activities in this theory is fundamentally teleological: it explains psychic activities in terms of the purposes they serve. Waelder explains, "It is a close relative of Aristotle's *entelechy*, the pre-existing form which guides the development of plant or animal according to nature; or a relative of the medieval physician's *vis medicatrix naturae*, the healing power of nature" (pp. 13-14). This subject will be discussed in detail in the final section of the present book.

In *An Outline of Psychoanalysis* (1940;23:141ff), written thirteen years later, Freud pushes his teleologic description of the ego to its final extreme: goal-directed or teleological expressions abound in that late work. This again illustrates the unresolved tension in Freud's thought, as pointed out in the introduction and first chapter of the present book, between a humanistic and vitalistic explanation of phenomena and a mechanistic and deterministic orientation. On the other hand, it is certainly true that, as Waelder points out, "The revision of the theory of (neurotic) anxiety and the realization of a variety of defense mechanisms have born rich fruit and have changed the outlook and practice of psychoanalysis" (pp. 34-35).

Freud's notion of actual neuroses, viewing anxiety in these cases as a consequence of dammed-up libido, has been discarded by most psychoanalysts, but there is an interesting revival of this theory in an attempt to explain manic-depressive illness as an actual neurosis (Wolpert 1975). A complete description of the psychoanalytic theory of anxiety from its beginnings to the present day is presented in detail by Compton (1972, 1972a). He notes Freud's lack of discussion about anxiety in the psychoses and suggests that psychotic anxiety might possibly be a type of response different from neurotic anxiety. Reviewing experimental work, he feels that Freud is confirmed in argument that no experience of fear or anxiety is possible before ego nuclei have formed around three to six months of age. Further work is clearly necessary to resolve the ambiguity in Freud's anxiety theory; some contributions have attempted to dispel this ambiguity by sweeping assumptions leading to further obfuscations; others have sharpened up the theory here and there, but without adding much of fundamental importance for the practice of intensive psychotherapy.

An exception to this is the contribution of Loewenstein (1964), who suggests that intrasystemic conflict may also result in anxiety based on a threatened loss of control of the ego's own function. Hartmann, Kris, and Loewenstein have suggested that the ego does not differentiate from the id but that both develop from a common undifferentiated matrix. Their work on the concept of ego autonomy and its various implications has been summarized previously by me (1977, 1993), and has basic ramifications for the practice of intensive psychotherapy. Recent advances on Freud's hierarchy of danger situations typical in various developmental phases have been summarized by Gedo and Goldberg (1973).

Nosology. Freud's outstanding description of the development of a neurosis presented in the *Introductory Lectures on Psychoanalysis* (1916X; 16:243ff) reminds us repeatedly that neurotics are anchored in their past. They search about in the history of their life until they find a period in which there was some kind of happiness, even if they have to go back as far as the time when they were infants in arms (as they remember it or as they imagine it from later notions and hints). This anchoring in the past and the search for early infantile kinds of satisfactions collides with the adult censorship and leads to symptom formation.

Freedman et al. (1976) present an interesting table (p. 1082) developed from an early edition of Freud's collected papers in which the four famous case histories are compared in terms of the psychoneurotic reactions in the childhood of the patients. Dora, Little Hans, "The Rat Man," and "The Wolf-Man" are compared with respect to family history, childhood symptoms, and alleged etiologic experiences. Those interested in child psychotherapy will find this table especially interesting. Gedo and Goldberg (1973) have also brought Freud's models of mental functioning up to date and integrated the discoveries of Kohut (1971). By this synthetic work, which is difficult and technical, a nosological structure of the emotional disorders can be constructed, with important ramifications for the understanding and treatment of mental disorders. Briefly, the first phase of development, the autistic and oral libido phase, is best understood on the reflex arc model as given in chapter VII of *The Interpretation of Dreams* (Freud 1900A;5:509-622). The experienced danger of this phase is traumatic overstimulation, and narcissism is primary. Hallucinatory omnipotence is the sense of reality; and the typical defense is automatic avoidance, described by Freud as primal repression. Patients in this phase are in a traumatic or panic state and need medication and need-gratification or pacification as treatment. The unpleasure principle—to avoid unpleasure—is the regulatory principle of mental functioning.

This phase ends with the achievement of cognitive self object differentiation at roughly six to eight months of age.

The second phase of oral and anal attachments of the libido exhibits a characteristic danger of separation, or the loss of the object or its love. The grandiose self and idealized parent imago are invested with narcissism, and reality is tested by magical gestures and words. Typical defenses are what I would call intrusion and extrusion; in other words, massive projection plus externalization, and introjection. Psychotic disintegration is characteristic of this phase, and repetitive behavior to restore self-cohesion occurs along the principle of self-definition. The treatment in this phase is identification with the therapist and his reliable self. Unification is achieved by utilizing the therapist and his setting as the transitional object.

By three to four years of age a consolidation of the cohesive sense of self occurs, and the Oedipus complex begins; grandiosity is confined to the phallus and the phallic phase begins. Due to jealousy and hostility in the Oedipus complex, castration is the significant anxiety and phallic narcissism prevails. The omnipotence of sexual autoerotism is basic to the sense of reality, and the pleasure principle is the regulatory principle of mental functioning. The typical defense of this phase occurs when the ego abandons its synthetic function and glosses over disparate aspects of reality—disavowal. Narcissistic personality disorders are found in this phase and the treatment is that of optimal disillusionment, preferably by psychoanalysis if the proper transference is formed.

Around six to eight years of age the Oedipus complex is resolved and the superego forms. This definitive step moves the person to obey the reality principle, and anxiety takes on a moral nature as self-regulating systems take over. Narcissism becomes infused into the ego ideal and the reality principle rules. At this point the setting-up of permanent counter-cathexes or repression is the typical defense, and we have the era of the infantile neuroses and neurotic character disorders. The treatment of such disorders is psychoanalysis with interpretation, if possible, or psychoanalytically informed psychotherapy.

The final phase begins with the consolidation of the repression barrier and a definitive ego-id differentiation. This occurs through identifications that take place during the latency phase of libidinal development, or with a reworking during adolescence of the entire psychic structure. The result is the final consolidation of the repression barrier; the individual then enters into adult life. Realistic threats are the primary danger and signal anxiety is used by the ego. Narcissism eventually becomes transformed into wisdom, humor, creativity, and empathy, and the individual accepts the transience of life. Renunciation and the reality principle prevail and introspection is used to maintain good adult functioning.

Freud's tripartite model of the psyche is useful for understanding neuroses and the portrayal of behavior due to intrapsychic conflicts during these last two phases; his topographic model may still be used for the understanding of dream, errors, and neurotic symptoms during these last two phases. The regulatory principle of mental functioning may be thought of during this final phase as more than adaptation to reality, rising to a creative principle during which the individual attempts to further discover novel
aspects of reality or even achieve transcendence (Chessick 1974, 1978a, 1999). Arlow and Brenner (1964) disagree sharply with Gedo and Goldberg's view, insisting that only the structural (tripartite) model should be used in understanding all phases and all clinical phenomena. The subject remains controversial and unresolved.

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