

Freud has “discovered” the same etiological factors. But since neither we nor his audience are/were privy to the circumstances of any of his cases, this claim—whatever it’s other inferential mistakes—is simply useless. (p. 129)

It may never be clear whether Freud’s initial motives in presenting the seduction hypothesis were noble or manipulative. However, regardless of his motives, the ensuing years following his “Aetiology of Hysteria” lecture were difficult. Reportedly, his private practice was in decline and his professional life in shambles. It was at this time that Freud began what has been described as “his lonely and painful self-analysis” (Prochaska & Norcross, 2003, p. 29). His 2-year self-analysis included uncovering memories of yearning for his mother and equally powerful feelings of resentment toward his father (Bankart, 1997).

Eventually, Freud abandoned his seduction hypothesis in favor of Oedipal theory and its associated seduction and power fantasies. Some suggest this was because he began noticing seductive patterns in so many parent-child interactions that it was unrealistic to assume that child sexual abuse occurred at such a ubiquitous rate. Others believe Freud was ahead of his time in discovering child sexual abuse, but buckled under the social and psychological pressure and abandoned his belief in the truths his patients shared with him. Still others contend that while Freud was constructing his theoretical principles, he was projecting and mixing his own fantasies into his clients’ stories. The following statement illustrates the highly personalized nature of some of Freud’s theorizing:

I found in myself a constant love for my mother, and jealousy of my father. I now consider this to be a universal event in childhood. (R. A. Paul, 1991)

Eventually, in 1925, long after he recanted the seduction hypothesis, he reflected on his struggle:

I believed these stories, and consequently supposed that I had discovered the roots of the subsequent neurosis in these experiences of sexual seduction in childhood. . . . If the reader feels inclined to shake his head at my credulity, I cannot

altogether blame him. . . . I was at last obliged to recognize that these scenes of seduction had never taken place, and that they were only fantasies which my patients had made up. (Freud, 1925, cited in Masson, 1984, p. 11)

In the creation and recanting of the seduction hypothesis, it’s difficult to sort out fact from fantasy. Perhaps this is as it should be, as it illustrates at least one formidable lesson about psychology. That is, when diving headlong into the deep psychological processes of humans, it’s possible to elicit confused and confusing storylines and to knowingly or unknowingly (unconsciously) mix (or project) our own personal issues into the plot. In the end, it may be that we create Kraft-Ebing’s “Scientific fairy tale” or, alternatively, something with lasting and meaningful significance. More likely, we create a combination of the two. (See Table 2.1 for three possible conclusions about Freud’s dabbling with the seduction hypothesis.)

PSYCHOANALYTIC THEORETICAL PRINCIPLES

Freud’s theory is one of what P. Miller (2010) refers to as the “grand theories” of developmental psychology (p. 108). If you’ve studied basic psychology, you’ve undoubtedly read about Freudian theory. One of our psychoanalytic colleagues refers to classical Freudian theory as a *museum theory*, not so much because it belongs in a museum (although a case can be made for that as well), but because classical Freudian theory is a one-person intrapsychic model that treats clients as separate, individual artifacts to be objectively examined. In contrast, modern analytic theory treats therapy as a two-person field, where the therapist’s and client’s intrapsychic and relationship interactions help shed light on patterns that may be troubling the client (Renik, 1993; Wachtel, 2008; Wachtel, 2010).

Given the museum nature of classical Freudian theory, our coverage of this material is brief. Resources on classical Freudian and contemporary psychoanalytic theories are listed at the end of this chapter.

Table 2.1 Freud's Seduction Hypothesis: Three Conclusions

<p>The official Freudian storyline goes something like this: Sigmund Freud was an astute observer who had to abandon his earlier views about child seduction and sexual abuse to discover the more basic truth of the power of internal fantasy and of spontaneous childhood sexuality. Although he initially believed his clients' sexual abuse reports, he later discovered that it was not actual abuse, but imagined sexualized relationships (fantasies) between children and caretakers—aka: the Oedipal complex—that caused psychopathology.</p>	<p>Masson's (1984) version, subsequently labeled "a new fable based on old myths" by Esterson (1998), suggests that Freud was ahead of his time in recognizing child sexual abuse. These abuses were real and it was correct of Freud to identify them and to develop his seduction hypothesis. However—and unfortunately—Freud abandoned his sexually abused clients by recanting the seduction theory. He abandoned them because of pressure from medical and scientific colleagues and because society was not ready to face the reality of rampant child sexual abuse.</p>	<p>Freudian critics suggest that Freud was an exceptionally bright, persuasive, and powerful speaker and writer, but he was practicing bad science. He was more interested in building his theory than psychological reality. Consequently, he twisted his clients' stories, mixing them with his own issues and fantasies, and created an elaborate theory initially around sexual abuse and later around sexual fantasy. His theories, although fascinating and capturing much about the projective potential in human thinking, are more about Freud than they are about his clients.</p>
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The Dynamic Approach

Freud's **dynamic approach** to human psychology is known as drive theory or instinct theory. He believed that humans are filled with mental or psychic energy. This energy comes from two essential sources: **Eros** (energy associated with life and sex) and **Thanatos** (energy associated with death and aggression).

In constructing his theory, Freud used physical models to describe how psychic energy is built up, transformed, connected to certain images, distributed, and discharged. But, as Brenner (1973) pointed out, "Psychic energy is a term for a psychological concept, not a physical one" (p. 20). Parallel physical processes may exist, but they have yet to be pinpointed.

The hypothesis of **psychic determinism** underlies the dynamic approach. Brenner (1973) stated: "in the mind, as in physical nature...nothing happens by chance, or in a random way. Each psychic event is determined by the ones which preceded it" (p. 2).

Psychic determinism proposes an underlying psychological explanation for every emotion, thought, impulse, and behavior. There are no accidents. If you oversleep, you're probably avoiding something or someone. If you party too hard, maybe

you're expressing antagonism toward your parents' demands for responsible behavior. If you forget your professor's name, perhaps you have an unconscious aggressive impulse toward her. Or she may remind you, in some unconscious way, of someone you felt sexual feelings for and so you defend against your sexual impulse by not recalling her name.

The concept of psychic determinism is one reason some people feel uncomfortable talking to psychology or counseling majors. If you go to a party and someone asks, "Are you analyzing me?" you can at least partially blame Freud and his concept of psychic determinism.

Eros and thanatos are the two basic drives that energize behavior. Freud referred to eros-related energy as **libido**, whereas thanatos- or destructive-related energy was unnamed. Based on Freudian drive (dynamic) theory, every impulse has an *origin*, *aim*, *object*, and *intensity*. An impulse always *originates* from some place in the body. For example, in very young children, most pleasure (or libidinal) impulses arise from the oral region. This is why young children put everything into their mouths. Their *aim* (or goal) is oral gratification.

If we stay with a small child example, the dynamic approach might look like this:

- Origin of impulse: Baby experiences physical hunger sensations.

- Aim of impulse: Get food! (Gratification).
- Object of impulse: Breast or bottle (Caregiver).
- Intensity of impulse: Strength of hunger sensation varies.

Most importantly, this impulse-gratification cycle involving an object (person) is often repeated in a baby's life. As a consequence, a process or pattern occurs over and over and is eventually internalized. Some may refer to this as the caregiver-child *dance*. This internalized interaction pattern becomes an **internal working model**. If this internalized cycle is dysfunctional due to parental overindulgence or withholding, a **repetition compulsion** of the pathological cycle may occur and continue during adulthood. Psychoanalytic therapy brings automatic, dysfunctional impulse-gratification cycles into awareness so they can be replaced with more adaptive and intentional behavior patterns.

The Topographic Approach

The psychoanalytic mind is divided into three interrelated regions: the **unconscious**, the **pre-conscious**, and the **conscious**. Freud described the scene:

Let us . . . compare the system of the unconscious to a large entrance hall, in which the mental impulses jostle one another like separate individuals. Adjoining this entrance hall there is a second, narrower, room—a kind of drawing-room—in which consciousness, too, resides. But on the threshold between these two rooms a watch-man performs his function: he examines the different mental impulses, acts as a censor, and will not admit them into the drawing-room if they displease him. (Freud, 1963, p. 295)

Freud believed human consciousness is an “exceptional rather than a regular attribute” (Brenner, 1973, p. 2). In other words, there's much more going on at the unconscious level than at the conscious.

Because awareness of primitive sexual and aggressive impulses might disrupt our daily lives, our brain

protects us from them. As we will see later, the main purpose of psychoanalytic therapy is to help us slowly become aware of unconscious impulses or maladaptive internal working models. By bringing unconscious impulses to awareness, we're better able to manage them, because even when existing outside awareness, primitive impulses still influence us in indirect and destructive ways.

For example, if a young man has an unresolved **Oedipal conflict** with his father, he may be overly aggressive and competitive. His lack of awareness of the origin, aim, intensity, and object of these impulses allows for their escalation. As a consequence, one night while out with friends, he becomes belligerent toward a police officer and ends up in jail. Alternatively, if the young man had received psychoanalytic therapy, he might recognize this pattern, manage his competitive and combative impulses, and avoid jail time. Note: Consistent with the Greek myth, the Oedipal conflict involves a male child's sexual attraction and wish to possess or marry his mother. This conflict emerges at the phallic stage (see below) and is resolved when the boy identifies with his father. Freud thought that resolution of this conflict led to development of the superego. A similar dynamic involving female development is referred to as the Electra complex.

The Developmental Stage Approach

In recent years early brain development has been emphasized in the popular press and in the schools (Badenoch, 2008; Begley, 2007; Siegel, 2007). For many, this emphasis seems like common sense, but in the early 1900s, the idea that adult functioning is shaped by early childhood experiences was groundbreaking. Freud was the first to outline an extensive developmental theory explaining how early childhood experiences influence later adult functioning.

P. Miller (1983) described Freud's developmental stages:

Each stage is defined in terms of the part of the body around which drives are centered. The eye of the storm shifts from the oral to the anal to the

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- **Oral:** birth to 18 months
- **Anal:** 18 months to 3 years
- **Phallic:** 3 to 6 years
- **Latency:** 6 to 12 years
- **Genital:** 12 years to adulthood

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phallic area during the first five years. Then a period of latency in middle childhood is followed by the genital stage of adolescence. Each stage presents new needs that must be handled by the mental structures. The way in which these needs are met (or not met) determines not only how sexual satisfaction is achieved, but also how the child relates to other people and how he [sic] feels about himself. He develops characteristic attitudes, defenses, and fantasies. Unresolved conflicts in any stage may haunt the person throughout his lifetime. (pp. 125–126)

Freud's developmental theory is relatively straightforward. Children move through four developmental stages and a latency period. Progress through stages is driven by biological maturation—which forces individuals to confront demands inherent to each stage. At each stage, if parents are overly indulgent or withholding, the child can end up with fixations or complexes. A fixation or complex is an unresolved unconscious conflict (aka dysfunctional internal working model). Freud's developmental stages include:

- *Oral*: birth to 1 year old.
- *Anal*: 1 to 3 years old.
- *Phallic*: 3 to 5 years old.
- *Latency*: 5 to 12 years old.
- *Genital*: adolescence to adulthood.

Most contemporary psychoanalysts don't find much value in Freud's original developmental stages. As one of our psychoanalytic colleagues put it, "Freud's stages don't really match up with reality; they're not really taken seriously any more" (Spitzform, personal communication, February, 2003).

On the other hand, Freud's general premise that individuals have developmentally based dysfunctions that can be treated via analysis remains alive and well within psychoanalytic circles. Contemporary analysts consider a variety of developmental theories when working with clients (Erikson, 1963; Mahler & Bergman, 1975; Stern, 1985).

The Structural Approach

Freud's **structural approach** involves interrelationships of the well-known concepts of id, ego, and superego. As discussed previously, powerful, unconscious forces flow through the body and mind. If not for the system's structural components, human behavior would be completely dictated by sexual and aggressive forces or drives. However, because these primal forces flow through the id, ego, and superego, humans learn to constructively manage their urges; we learn to wait, to watch, and to control ourselves.

The id is the seat of biological desires. As a structural entity within the human personality, it functions on the *pleasure principle* and *primary-process thought*. Freud described the id as "a chaos, a cauldron full of seething excitations" (Freud, 1964, p. 73).

For the most part, id impulses are outside awareness or unconscious. However, it's possible to glimpse these impulses in society—as in cases when individuals seek immediate sexual or aggressive gratification. Additionally, we can view id impulses within ourselves via dreams, fantasies, flashes of instinctual desire, and powerful pleasure-seeking urges. Primary process thought, another facet of id functioning, is characterized by hallucination-like images of fulfilled sexual or aggressive desires.

In many ways, the id is mother of the ego. Because it's impossible to continuously have one's desires gratified, you must learn to wait for what you want. Although the id is a powerful seething cauldron of desire, the ego has potent resources of its own. Ego functions include memory, problem-solving abilities, and logical thought. These functions are considered *secondary thought processes* and help us cope with primary sexual and aggressive drives.

The **superego** develops when children resolve their Oedipal (or Electra) issues and begin more strongly identifying with same-sex parents and parental demands or expectations. There are two parts of the superego: First, there is the **conscience**. The conscience develops as a function of parental

prohibitions. When mom, dad, or another adult authority figure says, “No!” or “Stop that!” or administers punishment, these admonitions are internalized within the child’s psyche and later used by the child (and, in later years, by the adult) to self-punish or prohibit unacceptable impulses. The conscience becomes the inner source of punishment, which may be why children of strict and punitive parents often end up with neurotic guilt as adults.

The superego also includes the **ego-ideal**. In contrast to the negative, punishing conscience, the ego-ideal is a positive desire to emulate adult standards. For example, when parents model healthy, rational, and functional behavior, the child strives to behave similarly. Using the language of behavioral psychology, the conscience is an inner presence that uses a “stick” or punishment as a motivator, while the ego-ideal uses a “carrot” or reinforcement as a primary motivator.

Overall, the **ego** acts as a mediator within the human personality. It must contend not only with the id’s primitive impulses, but also with admonitions and expectations of the superego, as well as realities of the external world. This is no easy task, and therefore the ego often must use defense mechanisms as a means of dealing with battling forces.

Defense mechanisms are designed to ward off unacceptable id impulses that are at odds with superego standards or that would result in problems within the real world. They have four primary characteristics:

1. They are automatic: Individuals reflexively use their defense mechanisms.
2. They are unconscious.
3. They ward off unacceptable impulses.
4. They distort reality (to a greater or lesser extent, depending upon the defense mechanism employed).

From an applied perspective, most therapies are ego supportive; they aim to help the ego—a rational

and logical thinking entity—deal more effectively with primitive desires, internalized parental and societal standards, and the real world. Brief descriptions of eight common ego defense mechanisms are in Table 2.2.

Psychopathology and Human Change

Based on psychoanalytic theory, psychopathology arises from early childhood experiences. Further, *Freud believed psychopathology existed on a continuum, with even healthy individuals showing occasional signs of pathology. This portion of his theory has been referred to as the normal-abnormal continuum:*

In an abnormal personality, psychological processes are exaggerated or distorted. A melancholic patient has an overly strong superego. A sadistic killer has a strong, uncontrolled aggressive drive. An amnesiac must repress all of a painful past. Yet every normal personality has traces of melancholia, sadism, and unaccountable forgetting. (P. Miller, 1983, p. 128)

The building blocks of psychopathology were described in the preceding sections. To summarize, there are several key issues pertaining to psychopathology and human change that have remained relatively constant in psychoanalytic theory and therapy. First, therapy focuses primarily on internalized, dysfunctional childhood experiences as the origin of psychopathology. Second, pathological childhood experiences are not completely understood, recalled, or dealt with consciously. Consequently, repetitive and dissatisfying behavior and thinking patterns exist and changing these patterns feels beyond the client’s control. Third, a cornerstone of human change involves an insightful or consciousness-raising experience. Fourth, human change isn’t instantaneous; it requires a working through process where consistent practicing of new ways of understanding and dealing with inner impulses and human relationships occurs.

Table 2.2 Ego Defense Mechanisms

Defense mechanism descriptions and examples

- Repression** involves forgetting an emotionally painful memory. When a client has repressed a memory, there may be behavioral evidence that it exists, but the client genuinely has an absence of recall: "Hmm. Nope. I don't remember anything unusual about my childhood. In fact, I don't recall much at all."
- In contrast to repression, **denial** is usually expressed with more force. Its essence is captured by Shakespeare's famous line about protest[ing] too much. Clients using denial often say, "No way, that's not true" and repeat their denial forcefully.
- Projection** occurs when clients push their unacceptable thoughts, feelings, or impulses outward, onto another person. A client may accuse someone else of anger, while denying his or her own: "I'm not mad about anything; you're the one who's pissed off!"
- If it's too dangerous to directly express aggression toward someone, the individual may behave in an excessively loving way. This is **reaction formation**. The inverse example occurs when it's not acceptable to express sexual attraction; therefore, the individual behaves in ways suggestive of hatred or distaste toward the person toward whom he or she really feels an attraction.
- Displacement** occurs when the aim of sexual or aggressive impulses is shifted from a more dangerous person or activity to a less dangerous person or activity. Aggressive displacement is characterized by the colloquialism of "kicking the dog." Sexual displacement occurs when sexual feelings are aroused by a forbidden object (person) and displaced onto a more acceptable object.
- Humans are notorious for rationalizing or intellectualizing away primitive impulses.
- Rationalization** occurs when clients use excessive explanations to account for their behavior. For example, if a student makes an impulsive, hostile comment to someone in class, he or she might extensively explain and justify the comment.
- Regression** involves going back to old, less sophisticated methods of doing things. Traumatized children may regress to wetting the bed or pooping their pants rather than using more advanced toileting skills. Adults who are skillful communicators may regress to shouting and aggression rather than controlling their impulses.
- Sublimation** is one of the most constructive defense mechanisms. It occurs when primal sexual or aggressive energy is channeled into positive loving or vocational activities. For example, sexual energy is often sublimated into creative tasks and aggression into hard work (e.g., house cleaning, yard work).
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EVOLUTION AND DEVELOPMENT IN PSYCHOANALYTIC THEORY AND PRACTICE

As we've seen, Freudian theory originally focused on biological or somatic instinctual sexual and aggressive drives as the primary motivational factor influencing behavior. Despite Freud's dynamic appeal, two of his inner circle split away, personally and theoretically, going on to develop their own approaches—first Alfred Adler stepped away

(Chapter 3) and later Carl Jung (see Putting it in Practice 2.1 and online at www.wiley.com/go/counselingtheories). This makes the evolution and development of psychoanalysis complex and multifaceted. One way of reducing confusion is to follow Pine's (1990) four primary stages of development in psychoanalytic thinking:

1. Drive
2. Ego
3. Object
4. Self