Psychoanalytic Theory: Part I - Freud

EH 4301
Spring 2011
Sigmund Freud (1856-1939)

- 20th century called “the Freudian century”
- Theory of psychoanalysis suggested new ways of understanding
  - love
  - hate
  - childhood
  - family relations
  - civilization
  - sexuality
  - fantasy
  - conflicting emotions that make up our everyday lives
Freud

- Key concepts to keep in mind when studying Freud:
  - Sexuality
  - Memory
  - Interpretation
Psychoanalysis provides...

- A theory of the history of the individual mind:
  - Its early development
  - Its frustrations
  - Its desires
Psychoanalysis provides…

- A set of specific therapeutic techniques used for:
  - Recalling
  - Interpreting
  - Coming to terms with one’s individual history
Freud

- His theories of the mind emphasize:
  - Early development of sexuality in the infant
  - Adult psychological illnesses
    - Emerge from conflict between
      - Individual sexual desires
      - Society’s restraints on those desires
A Few of Freud’s Writings

- *Studies on Hysteria* (1895) w/Joseph Breuer
- *The Interpretation of Dreams* (1900)
- *The Psychopathology of Everyday Life* (1901)
- *Jokes and Their Relation to the Unconscious* (1905)
- *Three Essays on the Theory of Sexuality* (1905)
- *Beyond the Pleasure Principle* (1920)
Freud & Breuer

- Founding concepts connected to his experiences treating his first hysterical patients.
- **Hysterion** (womb):
  - Wandering womb disease
  - Believed only women suffered it
    - Hysterical illnesses recorded on Egyptian papyrus
      - 1900 B.C.
Freud & Breuer

- **Hysteria:** patients developed severe bodily symptoms:
  - amnesia
  - paralysis
  - unexplained pains
  - nervous tics
  - loss of speech
  - loss of feeling in limbs
  - sleep-walking
  - hallucinations
  - convulsions
Freud

By late 19th century

- Prevalent belief
  - all hysterics were fakers
    - Disturbances in female reproductive organs

- Later belief
  - Inherited biological disease
    - Weak constitutions
    - Alcoholic parents
    - Syphilitic parents
    - “bad blood”
Freud

- Disagreed on causes of hysteria
  - Thought causes were psychological origins in sexual disturbances from early childhood
    - SEDUCTION THEORY
  - Focused on narratives of these patients
    - Women (bourgeois)
      - Pressures
      - High expectations
  - Recommended talking/listening as a cure
Freud

- Believed a repetition of destructive behavior reveals the existence of some significant *psychological* difficulty that has probably been influencing a person for some time *without that person knowing it*. 
Hysterical symptoms

- Strange (but meaningful) reactions of the body to an unbearable mental situation.
  - Anna O.
    - Developed mysterious abhorrence of water
    - Symptom revealed through hypnosis
    - Phobia cured
Doctor helps patients uncover the original motive for illness
Connection is made between past event and bodily symptom
Conscious understanding of symptom can make it disappear
Freud

**DISPLACEMENT**

- Central to Freud’s theory of symptoms and dreams
- Involves shifting of an emotional reaction from one part of one’s life to another
- The formation of the hysterical symptom consists of shift from mind to body
  - What the mind cannot accept, the body acts out without comprehending it.
Freud

- Uncovering a reason behind an illness will instigate a cure.
- Great deal of weight placed on
  - Interpreting & understanding symptom
  - Recalling the first time symptom appeared
  - What provoked appearance of symptom
FREE ASSOCIATION

- Patient will say whatever comes to mind as it occurs to her
- Patient and analyst piece together the chain of associations to work together and unlock the patient’s problems.
Freud

- DYNAMIC MODEL
  - asserts that our minds are a dichotomy consisting of
    - **the conscious** (the rational)
    - **unconscious** (the irrational)
Freud

○ THE CONSCIOUS
  ● perceives and records external reality
  ● the reasoning part of the mind
Freud

○ THE UNCONSCIOUS
  • storehouse of instinctual desires and needs

- Hidden desires
- Ambitions
- Fears
- Passions
- Irrational thoughts
“In mental life, nothing which has once been formed can perish...everything is somehow preserved and...in suitable circumstances...it can once more be brought to light.” (Freud, 1930)
Childhood wishes and memories live on in unconscious life, even if they have been erased from the conscious.
REPRESSION

- A person confines a desire that cannot be satisfied to the unconscious
  - Because of the requirements of reality or of the conscience
FANTASY (Phantasy)

- Imaginary scene
  - subject who is fantasizing is usually the protagonist
- Represents distorted fulfillment of a wish
  - the consciousness cannot allow that wish to be fulfilled in reality or even straightforward in the mind because of inhibiting factors
Freud

- **FANTASY**
  - Can occur **consciously**
    - Daydreams
    - Conscious desires
  - Can occur **unconsciously**
    - Dreams
Freud

○ **Parapraxes** (Freudian slip)
  - Unconscious wishes reveal themselves to conscious
Dreams fulfill unconscious wishes
Believed dreams could be “read”

Considered *Interpretation of Dreams* (1900) to be his most important work

“Insight such as this falls to one’s lot but once in a lifetime” (56).

Used the same techniques that he had developed for analyzing neurotic symptoms

[http://www.psywww.com/books/interp/toc.htm](http://www.psywww.com/books/interp/toc.htm)
Hysterical symptoms were confined to the sick.

Healthy people dream just as much as those with mental illnesses.

“You should bear in mind that the dreams which we produce at night have, on the one hand, the greatest external similarity and internal kinship with the creations of insanity, and are, on the other hand, compatible with complete health in waking life.”
Freud

- Dreams happen every night to everyone.

- Initial theory:
  - Dreams were all wish-fulfillments

- Later expanded to include:
  - Dreams are also expressed infantile material which had been repressed
    - Often sexual in nature
  - Dreams were also expressions of repressed wishes
    - Particularly sexual in nature
Freud

- The sexual nature of the child
  - his most controversial theory
  - the one which he believed most outraged society
Freud

- Childhood fantasies formed a continuum with sexual desire.
- All children had an innate curiosity about sex and about own origins.
- All infants have **libido**
  - Basic, instinctual sexual drive
POLYMORPHOUS PERVERSITY

- Infant wants everything it comes in contact with/takes everything in
- Infant cannot discern between self/body and the outside world
- Infant imagines the world will satisfy his desires instantly
- Infant’s primary aim in life is to get as much pleasure as possible
  - Aka: the “Pleasure Principle”
Becoming aware of one’s self as a separate individual is a process of learning to detach.

An understanding of an interior self from the outer circumstances the world provides.
Freud

- Three stages of erotic satisfaction:
  - Oral
    - Suckling
      - ends at weaning
  - Anal
    - Pleasure from excretory functions
    - First “gift” to parents
      - ends when going to the bathroom by oneself is commonplace
  - Phallic (Genital)
    - Becoming aware of own bodily pleasures
Freud

- Three stages can overlap, but all happen up to age of 5
- Child goes into state of “infantile amnesia” in which he forgets everything that happened in childhood.

- LATENT STAGE
  - Repression of sexual impulses of childhood
Psychoanalysis concerns itself with unearthing these early experiences, emotions, and desires. Attempts at “freeing” this repressed knowledge can cure emotional neurotics. Adults repress desires and inhibit them because of society.
Problems later in life can be traced to trauma during the stages.

- Smoker has oral fixation because he may have been weaned too early or was never breast fed.
- Holding back and expulsion are related to control issues, orderliness and neatness later in life.
  - “an anal retentive”
Problems later in life can be traced to trauma during the stages.

**SEDUCTION THEORY**

- Originally believed child abuse was factor in later development of sexual neuroses.
- Later changed theory

  Children have own erotic desires without any interference from others.
Freud

- Parents are usually first objects of fantasy and desire for the child.
  - Parents always signify more than just the provider of nourishment and protection
    - What Freud calls “sexuality” becomes part of the infant’s world.
  - Realizes that the parents are not just focused on the child, but also are interested in each other.
  - Upsets child, realizing he is not center of the universe
  - New crisis of sexual desire and jealousy
    - Oedipal Complex
Freud

**OEDIPAL COMPLEX**

- Sophocles story (5th century B.C., tragedy)
- Greek mythological figure, Oedipus
- King of Thebes
- Parents: Laius & Jocasta
- Freud saw the myth enacted in every family (although on a less dramatic scale)
  - Oedipus acted out a wish that everyone has in early childhood.
Freud

- OEDIPAL COMPLEX
  - Depicted the infantile desire experienced by all little boys who want to see the mother as the principle object of their affections and resent sharing her with the father.
  - Will see the same sex parent as a rival for that desired parent.
    - “It is the fate of all of us, perhaps, to direct our first sexual impulses towards our mother and our first hatred and murderous wish against our father. Our dreams convince us that this is so.”
      (Interpretation of Dreams 364)
Freud

○ OEDIPAL COMPLEX

● Child realizes that he cannot get rid of his father (father is more powerful).

● Child thus identifies with the father or takes him as a role model.
  ● For Freud, the threatening, punishing aspect of the father is internalized in the child.
    ● CASTRATION COMPLEX
Freud

- OEDIPAL COMPLEX
  - Negotiation of the OC as a child
    - an integral part of sexual development
      - Healthy
      - Neurotic
Psychoanalysis begins to take form when ideas about the following take place:

- Centrality of fantasy
- Importance of childhood sexuality
- Free association