

The Psychoanalytic Approach

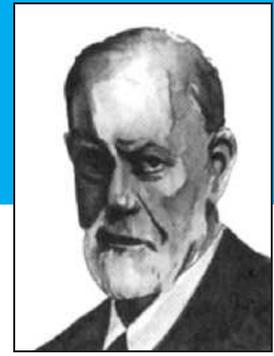
The earliest approach to the formal study of personality was psychoanalysis, the creation of Sigmund Freud, who began his work in the closing years of the 19th century. So important and far-reaching were Freud's formulations that many of his ideas and his unique approach to psychotherapy remain influential into the 21st century. In addition, nearly every personality theory developed in the years since Freud's work owes a debt to his position—either building on it or opposing it.

Psychoanalysis as Freud conceived it emphasized unconscious forces, biologically based drives of sex and aggression, and unavoidable conflicts in early childhood. These were considered the rulers and shapers of our personality.

Freud's views had an impact not only on psychology but also on the general culture. He succeeded in redefining the human personality and revolutionizing our ways of thinking about human nature.

chapter 2

Sigmund Freud: Psychoanalysis



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*Turn your eyes inward,
look into your own depths,
learn to first know
yourself.*

—Sigmund Freud

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Personality theory has been influenced more by Sigmund Freud than by any other individual. His system of **psychoanalysis** was the first formal theory of personality and is still the best known. Freud's influence has been so profound that more than a century after his theory was proposed it remains the framework for the study of personality, despite its controversial nature. Not only did Freud's work affect thinking about personality in psychology and psychiatry, but it also made a tremendous impact on our view of human nature. Few ideas in the history of civilization have had such a broad and profound influence.

Many of the personality theories proposed after Freud are derivatives of or elaborations on his basic work. Others owe their impetus and direction in part to their opposition to Freud's psychoanalysis. It would be difficult to comprehend

and assess the development of the field of personality without first understanding Freud's system.

The Life of Freud (1856–1939)

The Early Years

Freud was born on May 6, 1856, in Freiberg, Moravia (now Pribor, Czech Republic). In 1990 the town changed the name of its Stalin Square to Freud Square, and in 2006 the house in which Freud was born was restored and opened as a museum. His father was a relatively unsuccessful wool merchant. When his business failed in Moravia, he moved the family to Leipzig, Germany, and later, when Freud was 4, to Vienna, Austria. Freud remained in Vienna for nearly 80 years.

When Freud was born his father was 40 years old and his mother (the elder Freud's third wife) only 20. The father was strict and authoritarian. Freud recalled his childhood hostility and anger toward his father. He felt superior to his father as early as age 2. Freud's mother was attractive and her behavior toward her first-born son was protective and loving. Freud felt a passionate, even sexual attachment to her, a situation that set the stage for his concept of the Oedipus complex. We shall see that much of Freud's theory reflects his childhood experiences.

Freud's mother took pride in young Sigmund, convinced he would become a great man. Among Freud's lifelong personality characteristics were a high degree of self-confidence, an intense ambition to succeed, and dreams of glory and fame. Showing the impact of his mother's continuing attention and support he wrote: "A man who has been the indisputable favorite of his mother keeps for life the feeling of a conqueror, that confidence of success that often induces real success" (quoted in Jones E., 1953, p. 5). There were eight children in the Freud family, two of them his adult half-brothers with children of their own. Freud resented them all and grew jealous whenever new competitors for his mother's affection were born.

From an early age he exhibited a high level of intelligence, which his parents helped to foster. His sisters were not allowed to practice the piano lest the noise disturb Freud's studies. He was given a room of his own; he often took his meals there so as not to lose time from his studies. The room was the only one in the apartment to contain a prized oil lamp; the rest of the family used candles.

Freud entered high school a year earlier than was typical and was frequently at the head of his class. Fluent in German and Hebrew, he mastered Latin, Greek, French, and English in school and taught himself Italian and Spanish. As a youngster he enjoyed reading Shakespeare in English. Freud had many interests, including military history, but when it came time to choose a career from among the few professions open to Jews in Vienna, he settled on medicine. It was not that he wanted to be a physician but rather that he believed medical studies would lead to a career in scientific research, which in turn might bring the fame he desired. While completing work for his medical degree at the University of Vienna, he conducted physiological research on the spinal cord of fish and the testes of eels, making respectable contributions to the field.

The Cocaine Episode

While in medical school, Freud began to experiment with cocaine. (At that time, cocaine was not an illegal substance, and it was not yet known that cocaine could have an addictive effect on some, but not all, users.) He took the drug himself and persuaded his fiancée, sisters, and friends try it. Highly enthusiastic, Freud called cocaine a miracle drug and a magical substance that would cure many ills and also be the means to the recognition he craved.

In 1884 he published an article about cocaine's beneficial effects. This article was later judged to be a contributor to the epidemic of cocaine use in Europe and the United States, which lasted into the 1920s. Freud was strongly criticized for his part in unleashing the cocaine plague. The publicity brought him infamy rather than fame, and for the rest of his life he tried to eradicate his earlier endorsement of cocaine, deleting all references to it from his own bibliography. However, according to letters published long after his death, he continued to use cocaine well into middle age (Freud, 1985).

The Sexual Basis of Neurosis

A professor discouraged Freud from pursuing his intended career in scientific research, pointing out that it would be many years before he could obtain a professorship and support himself financially in the university system. Because he lacked an independent income, he believed his only choice was to enter private practice. A further impetus was his engagement to Martha Bernays, which lasted four years before they could afford to marry. Freud established practice as a clinical neurologist in 1881 and began his exploration of the personalities of people suffering from emotional disorders.

He studied several months in Paris with the psychiatrist Jean Martin Charcot, a pioneer in the use of hypnosis. Charcot also alerted Freud to the possible sexual basis of neurosis. Freud overheard Charcot comment that a particular patient's problem was sexual in origin. "In this sort of case," Charcot said, "it's always a question of the genitals—always, always, always" (Charcot quoted in Freud, 1914, p. 14). Freud noted that while Charcot was discussing this issue he "crossed his hands in his lap and jumped up and down several times.... for a moment I was almost paralyzed with astonishment" (Freud quoted in Prochnik, 2006, p. 135).

When Freud returned to Vienna, he was again reminded of the possible sexual origin of emotional problems. A colleague described a woman patient's anxiety, which the therapist believed stemmed from her husband's impotence. The husband had never had sexual relations with his wife in 18 years of marriage. "The sole prescription for such a malady," Freud's colleague said, "is familiar enough to us, but we cannot order it. It runs: *Penis normalis dosim repetatur!*" (quoted in Freud, 1914, p. 14). As a result of these incidents, and his own sexual conflicts, it can be suggested that Freud was certainly open to the possibility of a sexual basis for emotional disturbance.

Childhood Sexual Abuse: Fact or Fantasy?

By 1896, after several years in clinical practice, Freud was convinced that sexual conflicts were the primary cause of all neuroses. He claimed that the majority of his women patients reported traumatic sexual experiences from childhood. These events resembled seduction, with the seducer usually being an older male relative, typically the father. Today we call such experiences child abuse, and they often involve rape or incest. Freud believed that it was these early sexual traumas that caused neurotic behavior in adulthood.

About a year after he published this theory, Freud changed his mind. He decided that in most cases the childhood sexual abuse his patients mentioned had never really occurred. They had been telling him fantasies, Freud claimed. At first, this was a stunning blow, for it seemed that the foundation of his theory of neurosis had been undermined. How could childhood sexual traumas be the cause of neurotic behavior if they had never happened?

On reflection, Freud concluded that the fantasies his patients described were quite real to them. They believed that the shocking sexual events had actually happened. And because the fantasies still focused on sex, sex remained the cause of adult neuroses.

In 1898, he wrote that “the most immediate and, for practical purposes, the most significant causes of neurotic illness are to be found in factors arising from sexual life” (quoted in Breger, 2000, p. 117).

In 1984, nearly a century later, a psychoanalyst who briefly headed the Freud Archives charged that Freud lied and that his patients had truly been victims of childhood sexual abuse. Jeffrey Masson claimed that Freud called these experiences fantasies to make his ideas more palatable and acceptable to the public. Otherwise, who would believe that so many fathers and uncles were sexually abusing little girls? In other words, Masson said, Freud covered up the truth to make his theory of neurosis more acceptable (Masson, 1984).

The charges received much international publicity and were denounced by most Freud scholars on the grounds that Masson offered little persuasive evidence (see Gay, 1988; Krüll, 1986; Malcolm, 1984). It is important to note that Freud never claimed that all the childhood sexual abuses his patients reported were fantasies; what he did deny was that his patients’ reports were always true. It was, Freud wrote, “hardly credible that perverted acts against children were so general” (Freud, 1954, pp. 215–216).

Today we know that childhood sexual abuse is far more common than once thought, which led contemporary scholars to suggest that Freud’s original interpretation of the seduction experiences may have been correct. We do not know whether Freud deliberately suppressed the truth, as Masson claimed, or whether he genuinely believed that his patients were describing fantasies. It may well be that “more of Freud’s patients were telling the truth about their childhood experiences than [Freud] was ultimately prepared to believe” (Crewsdon, 1988, p. 41).

Ten years after Freud changed his mind and announced that childhood seduction scenarios were fantasies, he admitted in a letter to a friend that such traumatic experiences were frequently genuine. A few years later he confided to another friend that “I have myself analyzed and cured several cases of real incest (of the most severe kind)” (quotes from Kahr, 2010, p. 4).

The conclusion that child sexual abuse occurred more often than Freud was willing to admit publicly was reached by one of Freud’s disciples in the 1930s, and Freud tried to suppress the publication of his ideas. It has also been suggested that Freud changed his position on the seduction theory because he realized that if sexual abuse was so widespread, then many fathers (including perhaps his own) would be considered suspect of perverse acts against their children (Krüll, 1986).

Freud’s Sex Life

It is a paradox that Freud, who emphasized the importance of sex in emotional life, experienced so many personal sexual conflicts. He “had no contact with members of the opposite sex throughout [his early years]. He was decidedly shy and afraid of women and was a virgin when he married at age 30” (Breger, 2009, p. 11). His attitude toward sex was negative. He wrote about the dangers of sex, even for those who were not neurotic, and urged people to rise above what he called the common animal need for sex. The sex act was degrading, he wrote, because it contaminated mind and body. He apparently abandoned his own sex life at the age of 41, writing to a friend: “sexual excitation is of no more use to a person like me” (Freud, 1954, p. 227). He occasionally had been impotent during his marriage and had sometimes chosen to abstain from sex because he disliked condoms and *coitus interruptus*, the standard birth control methods of the day.

Freud blamed his wife, Martha, for the termination of his sex life, and for many years he had dreams involving his resentment toward her for forcing him to abandon sex.

“He felt resentful because she became pregnant so easily, because she often became ill during her pregnancies, and because she refused to engage in any kind of sexual activity beyond [procreative acts]” (Elms, 1994, p. 45). Thus, Freud’s periods of impotence may also have been related to his fear that Martha would become pregnant again.

Freud’s personal frustrations and conflicts about sex surfaced in the form of neuroses; in the same way he believed sexual difficulties affected his patients. In his 40s, he experienced a severe neurotic episode, which he described as involving “odd states of mind not intelligible to consciousness—cloudy thoughts and veiled doubts, with barely here and there a ray of light.... I still do not know what has been happening to me” (Freud, 1954, pp. 210–212). He was also troubled by a variety of physical symptoms, including migraine headaches, urinary problems, and a spastic colon. He worried about dying, feared for his heart, and became anxious about travel and open spaces.

Freud diagnosed his condition as anxiety neurosis and neurasthenia (a neurotic condition characterized by weakness, worry, and disturbances of digestion and circulation), and he traced both disturbances to an accumulation of sexual tension. In his writings, he proposed that neurasthenia in men resulted from masturbation, and anxiety neurosis arose from abnormal sexual practices such as *coitus interruptus* and abstinence. By so labeling his symptoms, “his personal life was thus deeply involved in this particular theory, since with its help he was trying to interpret and solve his own problems.... Freud’s theory of actual neurosis is thus a theory of his own neurotic symptoms” (Krüll, 1986, pp. 14, 20).

Despite Freud’s personal conflicts about sex (or perhaps because of them), he was fascinated by beautiful women. A friend noted that “among [Freud’s] students there were so many attractive women that it began to look like more than a matter of chance” (Roazen, 1993, p. 138).

For 3 years Freud psychoanalyzed himself through the study of his dreams. It was during this period that he performed his most creative work in developing his theory of personality. Through the exploration of his dreams, he realized, for the first time, how much hostility he felt toward his father. He recalled his childhood sexual longings for his mother and dreamed of a sex wish toward his eldest daughter. Thus, he formulated much of his theory around his own neurotic conflicts and childhood experiences, as filtered through his interpretations of his dreams. As he perceptively observed, “The most important patient for me was my own person” (Freud quoted in Gay, 1988, p. 96).

The Pinnacle of Success

Freud’s theory, then, was formulated initially on an intuitive basis, drawn from his experiences and memories. He constructed it along more rational and empirical lines through his work with patients, examining their childhood experiences and memories through case studies and dream analysis. From this material, he fashioned a coherent picture of the development of the individual personality and its processes and functions.

As his work became known through published articles and books as well as papers presented at scientific meetings, Freud attracted a group of disciples who met with him weekly to learn about his new system. The topic of their first meeting was the psychology of cigar making. One writer referred to the group as a second-rate “collection of marginal neurotics” (Gardner, 1993, p. 51). Freud’s daughter Anna described the early disciples a bit more charitably as

the unconventional ones, the doubters, those who were dissatisfied with the limitations imposed on knowledge; also among them were the odd ones, the dreamers, and those who knew neurotic suffering from their own experience. (quoted in Coles, 1998, p. 144)

The disciples included Carl Jung and Alfred Adler, who later broke with Freud to develop their own theories. Freud considered them traitors to the cause, and he never forgave them for disputing his approach to psychoanalysis. At a family dinner, he complained about his followers' disloyalty. "The trouble with you, Sigi," said his aunt, "is that you just don't understand people" (quoted in Hilgard, 1987, p. 641).

At home, Freud led a disciplined and regimented life. His daughter-in-law remarked, "The Freuds had their noontime meal, the main meal in Vienna, at the stroke of one, and war or no war, you had to be there on time or not eat" (quoted in Berman, 2008, p. 561).

In 1909, Freud received formal recognition from the American psychological community. He was invited to give a series of lectures at Clark University in Worcester, Massachusetts, and to receive an honorary doctoral degree. Although grateful for the honor, Freud did not like the United States, complaining of its informality, bad cooking, and scarcity of bathrooms. Although he had been troubled by gastrointestinal problems for many years prior to his visit to the United States, nevertheless "he blamed the New World for ruining his digestion" (Prochnik, 2006, p. 35).

Freud's system of psychoanalysis was warmly welcomed in the United States. Two years after his visit, American followers founded the American Psychoanalytic Association and the New York Psychoanalytic Society. Over the next few years, psychoanalytic societies were established in Boston, Chicago, and Washington, D.C.

By 1920, only 11 years after his trip to America, more than 200 books had been published on psychoanalysis (Abma, 2004). Leading U.S. magazines such as *Ladies Home Journal*, *The New Republic*, and *Time* featured articles about Freud. Dr. Benjamin Spock's phenomenally successful baby and child care books that influenced the rearing of several generations of American children were based on Freudian teachings. Freud's work on dreams inspired a popular song that included the line: "Don't tell me what you dream'd last night—For I've been reading Freud" (quoted in Fancher, 2000, p. 1026). America may have made Freud sick, so he claimed, but it also helped bring him worldwide fame.

During the 1920s and 1930s, Freud reached the pinnacle of his success, but at the same time his health began to decline seriously. From 1923 until his death 16 years later, he underwent 33 operations for cancer of the mouth (he smoked 20 cigars daily). Portions of his palate and upper jaw were removed, and he experienced almost constant pain, for which he refused medication. He also received X-ray and radium treatments and had a vasectomy, which some physicians thought would halt the growth of the cancer.

When the Nazis came to power in Germany in 1933, they expressed their feelings about Freud by publicly burning his books, along with those of other so-called enemies of the state, such as the physicist Albert Einstein and the writer Ernest Hemingway.

"What progress we are making. In the Middle Ages they would have burnt me; nowadays they are content with burning my books" (Freud quoted in Jones E., 1957, p. 182).

In 1938, the Nazis occupied Austria, but despite the urgings of his friends, Freud refused to leave Vienna. Several times gangs of Nazis invaded his home. After his daughter Anna was arrested, Freud agreed to leave for London. Four of his sisters died in Nazi concentration camps.

Freud's health deteriorated dramatically, but he remained mentally alert and continued to work almost to the last day of his life. By late September 1939, he told his physician, Max Schur, "Now it's nothing but torture and makes no sense any more" (Schur, 1972, p. 529). The doctor had promised that he would not let Freud suffer needlessly. He administered three injections of morphine over the next 24 hours, each dose greater than necessary for sedation, and brought Freud's long years of pain to an end.

Log On**The Freud Museum**

Visit the Freud Museum in London to see photos, depictions of Freud's years in England, and furnishings from his home in Vienna, including the famous psychoanalytic couch. You can also purchase a Freud T-shirt, coffee mug, mouse pad, jigsaw puzzle, or beanie.

Library of Congress: Freud Exhibition

The exhibition on Freud displayed at the Library of Congress in Washington, D.C., in 1998, which contains many photographs and other items of interest.

The Life and Work of Sigmund Freud

Provides an overview of Freud's life and work.

instincts In Freud's system, mental representations of internal stimuli, such as hunger, that drive a person to take certain actions.

Instincts: The Propelling Forces of the Personality

Instincts are the basic elements of the personality, the motivating forces that drive behavior and determine its direction. Freud's German term for this concept is *Trieb*, which is best translated as a driving force or impulse (Bettelheim, 1984). Instincts are a form of energy—transformed physiological energy—that connects the body's needs with the mind's wishes.

The stimuli (hunger or thirst, for example) for instincts are internal. When a need such as hunger is aroused in the body, it generates a condition of physiological excitation or energy. The mind transforms this bodily energy into a wish. It is this wish—the mental representation of the physiological need—that is the instinct or driving force that motivates the person to behave in a way that satisfies the need. A hungry person, for example, will act to satisfy his or her need by looking for food. The instinct is not the bodily state; rather, it is the bodily need transformed into a mental state, a wish.

When the body is in a state of need, the person experiences a feeling of tension or pressure. The aim of an instinct is to satisfy the need and thereby reduce the tension. Freud's theory can be called a homeostatic approach insofar as it suggests that we are motivated to restore and maintain a condition of physiological equilibrium, or balance, to keep the body free of tension.

Freud believed that we always experience a certain amount of instinctual tension and that we must continually act to reduce it. It is not possible to escape the pressure of our physiological needs as we might escape some annoying stimulus in our external environment. This means that instincts are always influencing our behavior, in a cycle of need leading to reduction of need.

People may take different paths to satisfy their needs. For example, the sex drive may be satisfied by heterosexual behavior, homosexual behavior, or autosexual behavior, or the sex drive may be channeled into some other form of activity. Freud thought that psychic energy could be displaced to substitute objects, and this displacement was of primary importance in determining an individual's personality. Although the instincts are the exclusive source of energy for human behavior, the resulting energy can be invested in a variety of activities. This helps explain the diversity we see in human behavior.

All the interests, preferences, and attitudes we display as adults were believed by Freud to be displacements of energy from the original objects that satisfied the instinctual needs.

Types of Instincts

life instincts The drive for ensuring survival of the individual and the species by satisfying the needs for food, water, air, and sex.

libido To Freud, the form of psychic energy, manifested by the life instincts, that drives a person toward pleasurable behaviors and thoughts.

cathexis An investment of psychic energy in an object or person.

death instincts The unconscious drive toward decay, destruction, and aggression.

aggressive drive The compulsion to destroy, conquer, and kill.

Freud grouped the instincts into two categories: life instincts and death instincts. The **life instincts** serve the purpose of survival of the individual and the species by seeking to satisfy the needs for food, water, air, and sex. The life instincts are oriented toward growth and development. The psychic energy manifested by the life instincts is the **libido**. The libido can be attached to or invested in objects, a concept Freud called **cathexis**. If you like your roommate, for example, Freud would say that your libido is cathected to him or her.

The life instinct Freud considered most important for the personality is sex, which he defined in broad terms. He did not refer solely to the erotic but included almost all pleasurable behaviors and thoughts. He described his view as enlarging or extending the accepted concept of sexuality.

That extension is of a twofold kind. In the first place, sexuality is divorced from its too close connection with the genitals and is regarded as a more comprehensive bodily function, having pleasure as its goal and only secondarily coming to serve the ends of reproduction. In the second place, the sexual impulses are regarded as including all of those merely affectionate and friendly impulses to which usage applies the exceedingly ambiguous word “love.” (Freud, 1925, p. 38)

Freud regarded sex as our primary motivation. Erotic wishes arise from the body’s erogenous zones: the mouth, anus, and sex organs. He suggested that people are predominantly pleasure-seeking beings, and much of his personality theory revolves around the necessity of inhibiting or suppressing our sexual longings.

In opposition to the life instincts, Freud postulated the destructive or **death instincts**. Drawing from biology, he stated the obvious fact that all living things decay and die, returning to their original inanimate state, and he proposed that people have an unconscious wish to die. One component of the death instincts is the **aggressive drive**, described as the wish to die turned against objects other than the self. The aggressive drive compels us to destroy, conquer, and kill. Freud came to consider aggression as compelling a part of human nature as sex.

Freud developed the notion of the death instincts late in life, as a reflection of his own experiences. He endured the physiological and psychological debilitations of age, his cancer worsened, and he witnessed the carnage of World War I. One of his daughters died at the age of 26, leaving two young children. All these events affected him deeply, and, as a result, death and aggression became major themes in his theory. In his later years, Freud dreaded his own death, and exhibited hostility, hatred, and aggressiveness toward colleagues and disciples who disputed his views and left his psychoanalytic circle.

The concept of the death instincts achieved only limited acceptance, even among Freud’s most dedicated followers. One psychoanalyst wrote that the idea should be “relegated to the dustbin of history” (Sulloway, 1979, p. 394). Another suggested that if Freud were a genius, then the suggestion of the death instincts was an instance of a genius having a bad day (Eissler, 1971).

The Levels of Personality

Freud’s original conception divided personality into three levels: the conscious, the pre-conscious, and the unconscious. The conscious, as Freud defined the term, corresponds to its ordinary everyday meaning. It includes all the sensations and experiences of which we are aware at any given moment. As you read these words, for example, you may be

conscious of the feel of your pen, the sight of the page, the idea you are trying to grasp, and a dog barking in the distance.

Freud considered the conscious a limited aspect of personality because only a small portion of our thoughts, sensations, and memories exists in conscious awareness at any time. He likened the mind to an iceberg. The conscious is the portion above the surface of the water—merely the tip of the iceberg. More important, according to Freud, is the unconscious, that larger, invisible portion below the surface. This is the focus of psychoanalytic theory. Its vast, dark depths are the home of the instincts, those wishes and desires that direct our behavior. The unconscious contains the major driving power behind all behaviors and is the repository of forces we cannot see or control.

Between these two levels is the preconscious. This is the storehouse of memories, perceptions, and thoughts of which we are not consciously aware at the moment but that we can easily summon into consciousness. For example, if your mind strays from this page and you begin to think about a friend or about what you did last night, you would be summoning up material from your preconscious into your conscious. We often find our attention shifting back and forth from experiences of the moment to events and memories in the preconscious.

The Structure of Personality

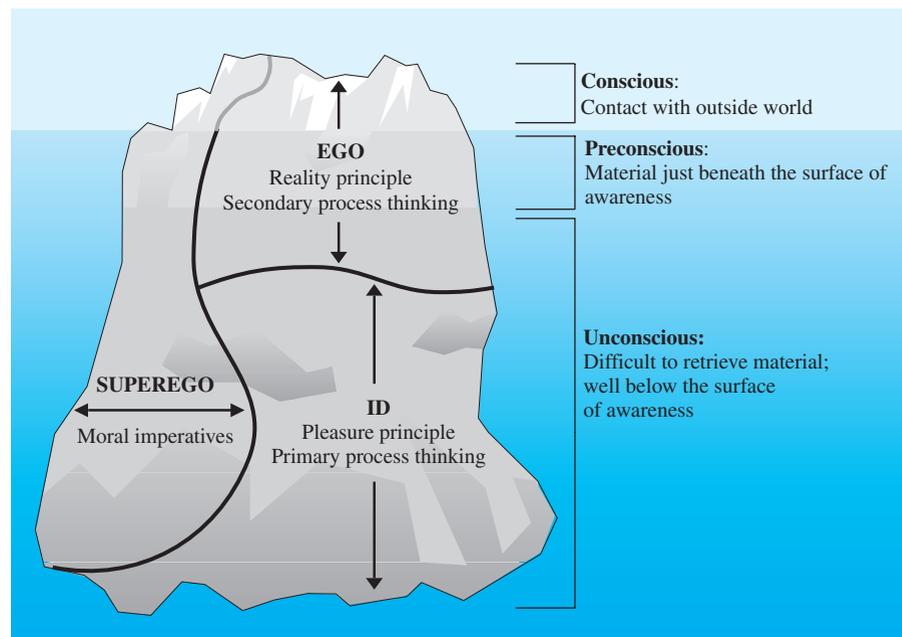
The Id

Freud later revised this notion of three levels of personality and introduced three basic structures in the anatomy of the personality: the id, the ego, and the superego (see Figure 2-1). The **id** corresponds to Freud's earlier notion of the unconscious (although the ego and superego have unconscious aspects as well). The id is the reservoir for the instincts and libido (the psychic energy manifested by the instincts). The id is a powerful structure of the personality because it supplies all the energy for the other two components.

id To Freud, the aspect of personality allied with the instincts; the source of psychic energy, the id operates according to the pleasure principle.

FIG-2-1

Freud's levels and structures of personality.



Source: From Weiten, *Psychology: Themes and Variations*, 2E. © 1992 Cengage Learning.

pleasure principle The principle by which the id functions to avoid pain and maximize pleasure.

primary-process thought Childlike thinking by which the id attempts to satisfy the instinctual drives.

secondary-process thought Mature thought processes needed to deal rationally with the external world.

ego To Freud, the rational aspect of the personality, responsible for directing and controlling the instincts according to the reality principle.

reality principle The principle by which the ego functions to provide appropriate constraints on the expression of the id instincts.

Because the id is the reservoir of the instincts, it is vitally and directly related to the satisfaction of bodily needs. As we noted earlier, tension is produced when the body is in a state of need, and the person acts to reduce this tension by satisfying the need. The id operates in accordance with what Freud called the **pleasure principle**; through its concern with tension reduction, the id functions to increase pleasure and avoid pain. The id strives for immediate satisfaction of its needs and does not tolerate delay or postponement of satisfaction for any reason. It knows only instant gratification; it drives us to want what we want when we want it, without regard for what anyone else wants. The id is a selfish, pleasure-seeking structure, primitive, amoral, insistent, and rash.

The id has no awareness of reality. We might compare the id to a newborn baby who cries and waves its fists when its needs are not met but who has no knowledge of how to bring about satisfaction. The hungry infant cannot find food on his or her own. The only ways the id can attempt to satisfy its needs are through reflex action and wish-fulfilling hallucinatory or fantasy experience, which Freud labeled **primary-process thought**.

The Ego

Most children learn that they cannot take food from other people unless they are willing to face the consequences; for example, that they must postpone the pleasure obtained from relieving anal tensions until they get to a bathroom, or that they cannot indiscriminately give vent to sexual and aggressive longings. The growing child is taught to deal intelligently and rationally with the outside world and to develop the powers of perception, recognition, judgment, and memory—the powers adults use to satisfy their needs. Freud called these abilities **secondary-process thought**.

We can sum up these characteristics as reason or rationality, and they are contained in Freud's second structure of personality, the **ego**, which is the rational master of the personality. Its purpose is not to thwart the impulses of the id but to help the id obtain the tension reduction it craves. Because it is aware of reality, the ego decides when and how the id instincts can best be satisfied. It determines appropriate and socially acceptable times, places, and objects that will satisfy the id impulses.

The ego does not prevent id satisfaction. Rather, it tries to postpone, delay, or redirect it in order to meet the demands of reality. It perceives and manipulates the environment in a practical and realistic manner and so is said to operate in accordance with the **reality principle**. (The reality principle stands in opposition to the pleasure principle, by which the id operates.) The ego thus exerts control over the id impulses. Freud compared the relationship of the ego and the id to that of a rider on a horse. The raw, brute power of the horse must be guided, checked, and reined in by the rider; otherwise the horse could bolt and run, throwing the rider to the ground.

The ego serves two masters—the id and reality—and is constantly mediating and striking compromises between their conflicting demands. Also, the ego is never independent of the id. It is always responsive to the id's demands and derives its power and energy from the id.

It is the ego, the rational master, which keeps you working at a job you may dislike, if the alternative is the inability to provide food and shelter for your family. It is the ego that forces you to get along with people you dislike because reality demands such behavior from you as an appropriate way of satisfying id demands. The controlling and postponing function of the ego must be exercised constantly. If not, the id impulses might come to dominate and overthrow the rational ego. Freud argued that we must protect ourselves from being controlled by the id and proposed various unconscious mechanisms with which to defend the ego.

So far, we have a picture of the personality in battle, trying to restrain the id while at the same time serving it, perceiving and manipulating reality to relieve the tensions of

the id impulses. Driven by instinctual biological forces, which we continually try to guide, the personality walks a tightrope between the demands of the id and the demands of reality, both of which require constant vigilance.

The Superego

The id and the ego do not represent Freud's complete picture of human nature. There is a third set of forces—a powerful and largely unconscious set of dictates or beliefs—that we acquire in childhood: our ideas of right and wrong. In everyday language we call this internal morality a conscience. Freud called it the **superego**. The basis of this moral side of the personality is usually learned by the age of 5 or 6 and consists initially of the rules of conduct set down by our parents. Through praise, punishment, and example, children learn which behaviors their parents consider good or bad. Those behaviors for which children are punished form the **conscience**, one part of the superego. The second part of the superego is the **ego-ideal**, which consists of good, or correct, behaviors for which children have been praised.

superego To Freud, the moral aspect of personality; the internalization of parental and societal values and standards.

conscience
A component of the superego that contains behaviors for which the child has been punished.

ego-ideal
A component of the superego that contains the moral or ideal behaviors for which a person should strive.

In this way, children learn a set of rules that earn acceptance or rejection from their parents. In time, children internalize these teachings, and the rewards and punishments become self-administered. Parental control is replaced by self-control. We come to behave at least in partial conformity with these now largely unconscious moral guidelines. As a result of this internalization, we experience guilt or shame whenever we perform (or even think of performing) some action contrary to this moral code.

As the arbiter of morality, the superego is relentless, even cruel, in its quest for moral perfection. In terms of intensity, irrationality, and insistence on obedience, it is not unlike the id. Its purpose is not merely to postpone the pleasure-seeking demands of the id, as the ego does, but to inhibit them completely, particularly those demands concerned with sex and aggression. The superego strives neither for pleasure (as does the id) nor for attainment of realistic goals (as does the ego). It strives solely for moral perfection. The id presses for satisfaction, the ego tries to delay it, and the superego urges morality above all. Like the id, the superego admits no compromise with its demands.

The ego is caught in the middle, pressured by these insistent and opposing forces. Thus, the ego has a third master, the superego. To paraphrase Freud, the poor ego has a hard time of it, pressured on three sides, threatened by three dangers: the id, reality, and the superego. The inevitable result of this friction, when the ego is too severely strained, is the development of anxiety.

Anxiety: A Threat to the Ego

We already have a general idea of what the word *anxiety* means and how we feel when we are anxious. We know that anxiety is not unlike fear, although we may not know what we are frightened of. Freud described **anxiety** as an objectless fear; often, we cannot point to its source, to a specific object that induced it.

anxiety To Freud, a feeling of fear and dread without an obvious cause; **reality anxiety** is a fear of tangible dangers; **neurotic anxiety** involves a conflict between id and ego; **moral anxiety** involves a conflict between id and superego.

Freud made anxiety an important part of his personality theory, asserting that it is fundamental to the development of neurotic and psychotic behavior. He suggested that the prototype of all anxiety is the birth trauma, a notion elaborated on by a disciple, Otto Rank.

The fetus in its mother's womb is in the most stable and secure of worlds, where every need is satisfied without delay. But at birth, the organism is thrust into a hostile environment. Suddenly, it is required to begin adapting to reality because its instinctual demands may not always be immediately met. The newborn's nervous system, immature and ill prepared, is bombarded with diverse sensory stimuli. Consequently, the infant engages in massive motor movements, heightened breathing, and increased heart rate. This birth trauma, with its tension and fear that the id instincts won't be satisfied, is our first

experience with anxiety. From it is created the pattern of reactions and feelings that will occur whenever we are exposed to some threat in the future.

When we cannot cope with anxiety, when we are in danger of being overwhelmed by it, the anxiety is said to be traumatic. What Freud meant by this is that the person, regardless of age, is reduced to a state of helplessness like that experienced in infancy. In adult life, infantile helplessness is reenacted to some degree whenever the ego is threatened.

Reality Anxiety, Neurotic Anxiety, and Moral Anxiety

Freud proposed three types of anxiety: reality anxiety, neurotic anxiety, and moral anxiety. The first type of anxiety, the one from which the others are derived, is **reality anxiety** (or objective anxiety). This involves a fear of tangible dangers in the real world. Most of us justifiably fear fires, hurricanes, earthquakes, and similar disasters. We run from wild animals, speeding cars, and burning buildings. Reality anxiety serves the positive purpose of guiding our behavior to escape or protect ourselves from actual dangers. Our fear subsides when the threat is no longer present. These reality-based fears can be carried to extremes, however. The person who cannot leave home for fear of being hit by a car or who cannot light a match for fear of fire is carrying reality-based fears beyond the point of normality.

The other kinds of anxiety, neurotic anxiety and moral anxiety, are more consistently troublesome to our mental health. **Neurotic anxiety** has its basis in childhood, in a conflict between instinctual gratification and reality. Children are often punished for overtly expressing sexual or aggressive impulses. Therefore, the wish to gratify certain id impulses generates anxiety. This neurotic anxiety is an unconscious fear of being punished for impulsively displaying id-dominated behavior. Note that the fear is not of the instincts, but of what may happen as a result of gratifying the instincts. The conflict becomes one between the id and the ego, and its origin has some basis in reality.

Moral anxiety results from a conflict between the id and the superego. In essence, it is a fear of one's conscience. When you are motivated to express an instinctual impulse that is contrary to your moral code, your superego retaliates by causing you to feel shame or guilt. In everyday terms, you might describe yourself as conscience-stricken.

Moral anxiety is a function of how well developed the superego is. A person with a strong inhibiting conscience will experience greater conflict than a person with a less stringent set of moral guidelines. Like neurotic anxiety, moral anxiety has some basis in reality. Children are punished for violating their parents' moral codes, and adults are punished for violating society's moral code. The shame and guilt feelings in moral anxiety arise from within; it is our conscience that causes the fear and the anxiety. Freud believed that the superego exacts a terrible retribution for violation of its tenets.

Anxiety serves as a warning to the person that something is amiss within the personality. Anxiety induces tension in the organism and thus becomes a drive (much like hunger or thirst) that the individual is motivated to satisfy. The tension must be reduced.

Anxiety alerts the individual that the ego is being threatened and that unless action is taken, the ego might be overthrown. How can the ego protect or defend itself? There are a number of options: running away from the threatening situation, inhibiting the impulsive need that is the source of the danger, or obeying the dictates of the conscience. If none of these rational techniques works, the person may resort to defense mechanisms—the nonrational strategies designed to defend the ego.

Defenses against Anxiety

Anxiety is a signal that impending danger, a threat to the ego, must be counteracted or avoided. The ego must reduce the conflict between the demands of the id and the strictures of society or the superego. According to Freud, this conflict is ever present because

defense mechanisms

Strategies the ego uses to defend itself against the anxiety provoked by conflicts of everyday life. Defense mechanisms involve denials or distortions of reality.

repression A defense mechanism that involves unconscious denial of the existence of something that causes anxiety.

denial A defense mechanism that involves denying the existence of an external threat or traumatic event.

reaction formation A defense mechanism that involves expressing an id impulse that is the opposite of the one that is truly driving the person.

the instincts are always pressing for satisfaction, and the taboos of society are always working to limit such satisfaction. Freud believed that the defenses must, to some extent, always be in operation. All behaviors are motivated by instincts; similarly, all behaviors are defensive in the sense of defending against anxiety. The intensity of the battle within the personality may fluctuate, but it never ceases.

Freud postulated several **defense mechanisms** and noted that we rarely use just one; we typically defend ourselves against anxiety by using several at the same time (see Table 2-1). Also, some overlap exists among the mechanisms. Although defense mechanisms vary in their specifics, they share two characteristics: (1) they are denials or distortions of reality—necessary ones, but distortions nonetheless, and, (2) they operate unconsciously. We are unaware of them, which means that on the conscious level we hold distorted or unreal images of our world and ourselves.

Repression **Repression** is an involuntary removal of something from conscious awareness. It is an unconscious type of forgetting of the existence of something that brings us discomfort or pain and is the most fundamental and frequently used defense mechanism. Repression can operate on memories of situations or people, on our perception of the present (so that we may fail to see some obviously disturbing event), and even on the body's physiological functioning. For example, a man can so strongly repress the sex drive that he becomes impotent.

Once repression is operating, it is difficult to eliminate. Because we use repression to protect ourselves from danger, in order to remove it, we would have to know that the idea or memory is no longer dangerous. But how can we find out that the danger no longer exists unless we release the repression? The concept of repression is the basis of much of Freud's personality theory and is involved in all neurotic behavior.

Denial The defense mechanism of **denial** is related to repression and involves denying the existence of some external threat or traumatic event that has occurred. For example, a person with a terminal illness may deny the imminence of death. Parents of a child who has died may continue to deny the loss by keeping the child's room unchanged.

Reaction Formation One defense against a disturbing impulse is to actively express the opposite impulse. This is called **reaction formation**. A person who is strongly driven by threatening sexual impulses may repress those impulses and replace them with more socially acceptable behaviors. For example, a person threatened by sexual longings may

Table-2-1 Some Freudian defense mechanisms

<p>Repression: Involves unconscious denial of the existence of something that causes anxiety</p> <p>Denial: Involves denying the existence of an external threat or traumatic event</p> <p>Reaction Formation: Involves expressing an id impulse that is the opposite of the one truly driving the person</p> <p>Projection: Involves attributing a disturbing impulse to someone else</p> <p>Regression: Involves retreating to an earlier, less frustrating period of life and displaying the childish and dependent behaviors characteristic of that more secure time</p> <p>Rationalization: Involves reinterpreting behavior to make it more acceptable and less threatening</p> <p>Displacement: Involves shifting id impulses from a threatening or unavailable object to a substitute object that is available</p> <p>Sublimation: Involves altering or displacing id impulses by diverting instinctual energy into socially acceptable behaviors</p>

reverse them and become a rabid crusader against pornography. Another person, disturbed by extreme aggressive impulses, may become overly solicitous and friendly. Thus, lust becomes virtue and hatred becomes love, in the unconscious mind of the person using this mechanism.

projection A defense mechanism that involves attributing a disturbing impulse to someone else.

regression A defense mechanism that involves retreating to an earlier, less frustrating period of life and displaying the usually childish behaviors characteristic of that more secure time.

rationalization A defense mechanism that involves reinterpreting our behavior to make it more acceptable and less threatening to us.

displacement A defense mechanism that involves shifting id impulses from a threatening object or from one that is unavailable to an object that is available; for example, replacing hostility toward one's boss with hostility toward one's child.

sublimation A defense mechanism that involves altering or displacing id impulses by diverting instinctual energy into socially acceptable behaviors.

Projection Another way of defending against disturbing impulses is to attribute them to someone else. This defense mechanism is called **projection**. Lustful, aggressive, and other unacceptable impulses are seen as being possessed by other people, not by oneself. The person says, in effect, "I don't hate him. He hates me." Or a mother may ascribe her sex drive to her adolescent daughter. The impulse is still manifested, but in a way that is less threatening to the individual.

Regression In **regression**, the person retreats or regresses to an earlier period of life that was more pleasant and free of frustration and anxiety. Regression usually involves a return to one of the psychosexual stages of childhood development. The individual returns to this more secure time of life by manifesting behaviors displayed at that time, such as childish and dependent behaviors.

Rationalization **Rationalization** is a defense mechanism that involves reinterpreting our behavior to make it seem more rational and acceptable to us. We excuse or justify a threatening thought or action by persuading ourselves there is a rational explanation for it. The person who is fired from a job may rationalize by saying that the job wasn't a good one anyway. The loved one who turns you down now appears to have many faults. It is less threatening to blame someone or something else for our failures than to blame ourselves.

Displacement If an object that satisfies an id impulse is not available, the person may shift the impulse to another object. This is known as **displacement**. For example, children who hate their parents or adults who hate their bosses, but are afraid to express their hostility for fear of being punished, may displace the aggression onto someone else. The child may hit a younger brother or sister, or the adult may shout at the dog. In these examples, the original object of the aggressive impulse has been replaced by an object that is not a threat. However, the substitute object will not reduce the tension as satisfactorily as the original object. If you are involved in a number of displacements, a reservoir of undischarged tension accumulates, and you will be driven to find new ways of reducing that tension.

Sublimation Whereas displacement involves finding a substitute object to satisfy id impulses, **sublimation** involves altering the id impulses. The instinctual energy is diverted into other channels of expression, ones that society considers acceptable and admirable. Sexual energy, for example, can be diverted or sublimated into artistically creative behaviors. Freud believed that a variety of human activities, particularly those of an artistic nature, are manifestations of id impulses that have been redirected into socially acceptable outlets. As with displacement (of which sublimation is a form), sublimation is a compromise. As such, it does not bring total satisfaction but leads to a buildup of undischarged tension.

As we noted, Freud suggested that defense mechanisms are unconscious denials or distortions of reality. We are, in a sense, lying to ourselves when we use these defenses, but we are not aware of doing so. If we knew we were lying to ourselves, the defenses would not be so effective. If the defenses are working well, they keep threatening or disturbing material out of our conscious awareness. As a result, we may not know the truth about ourselves. We may have a distorted picture of our needs, fears, and desires.

Our rational cognitive processes, such as problem solving, decision making, and logical thinking, may then be based on an inaccurate self-image. To Freud, we are driven and controlled by internal and external forces of which we are unaware and over which we can exercise little rational control.

There are situations in which the truth about ourselves emerges, when the defenses break down and fail to protect us. This occurs in times of unusual stress or when undergoing psychoanalysis. When the defenses fail, we are stricken with overwhelming anxiety. We feel dismal, worthless, and depressed. Unless the defenses are restored or new ones form to take their place we are likely to develop neurotic or psychotic symptoms. Thus, defenses are necessary to our mental health. We could not survive long without them.

Psychosexual Stages of Personality Development

Freud believed that all behaviors are defensive but that not everyone uses the same defenses in the same way. All of us are driven by the same id impulses, but there is not the same universality in the nature of the ego and superego. Although these structures of the personality perform the same functions for everyone, their content varies from one person to another. They differ because they are formed through experience, and no two people have precisely the same experiences, not even siblings reared in the same house. Thus, part of our personality is formed on the basis of the unique relationships we have as children with various people and objects. We develop a personal set of character attributes, a consistent pattern of behavior that defines each of us as an individual.

A person's unique character type develops in childhood largely from parent-child interactions. The child tries to maximize pleasure by satisfying the id demands, while parents, as representatives of society, try to impose the demands of reality and morality. So important did Freud consider childhood experiences that he said the adult personality was firmly shaped and crystallized by the fifth year of life. What persuaded him that these early years are crucial were his own childhood memories and the memories revealed by his adult patients. Invariably, as his patients lay on his psychoanalytic couch, they reached far back into childhood. Increasingly, Freud perceived that the adult neurosis had been formed in the early years of life.

Freud sensed strong sexual conflicts in the infant and young child, conflicts that seemed to revolve around specific regions of the body. He noted that each body region assumed a greater importance as the center of conflict at a different age. From these observations he derived the theory of the **psychosexual stages of development**; each stage is defined by an erogenous zone of the body (see Table 2-2). In each developmental stage a conflict exists that must be resolved before the infant or child can progress to the next stage.

psychosexual stages of development To Freud, the oral, anal, phallic, and genital stages through which all children pass. In these stages, gratification of the id instincts depends on the stimulation of corresponding areas of the body.

Table-2-2 Freud's psychosexual stages of development

STAGES	AGES	CHARACTERISTICS
Oral	Birth–1	Mouth is the primary erogenous zone; pleasure derived from sucking; id is dominant.
Anal	1–3	Toilet training (external reality) interferes with gratification received from defecation.
Phallic	4–5	Incestuous fantasies; Oedipus complex; anxiety; superego development.
Latency	5–Puberty	Period of sublimation of sex instinct.
Genital	Adolescence–Adulthood	Development of sex-role identity and adult social relationships.

fixation A condition in which a portion of libido remains invested in one of the psychosexual stages because of excessive frustration or gratification.

Sometimes a person is reluctant or unable to move from one stage to the next because the conflict has not been resolved or because the needs have been so supremely satisfied by an indulgent parent that the child doesn't want to move on. In either case, the individual is said to be fixated at this stage of development. In **fixation**, a portion of libido or psychic energy remains invested in that developmental stage, leaving less energy for the following stages.

Central to the psychosexual theory is the infant's sex drive. Freud shocked his colleagues and the general public when he argued that babies are motivated by sexual impulses. Recall, however, that Freud did not define sex in a narrow way. He believed that the infant is driven to obtain a diffuse form of bodily pleasure deriving from the mouth, anus, and genitals, the erogenous zones that define the stages of development during the first five years of life.

The Oral Stage

The oral stage, the first stage of psychosexual development, lasts from birth until some time during the second year of life. During this period, the infant's principal source of pleasure is the mouth. The infant derives pleasure from sucking, biting, and swallowing. Of course, the mouth is used for survival (for the ingestion of food and water), but Freud placed a greater emphasis on the erotic satisfactions derived from oral activities.

The infant is in a state of dependence on the mother or caregiver who becomes the primary object of the child's libido. In more familiar terms, we might say the infant is learning, in a primitive way, to love the mother. How the mother responds to the infant's

In the oral stage of psychosexual development, pleasure is derived from sucking, biting, and swallowing.



Philip Nealey/Photodisc/Jupiter Images

demands, which at this time are solely id demands, determines the nature of the baby's small world. The infant learns from the mother to perceive the world as good or bad, satisfying or frustrating, safe or perilous.

There are two ways of behaving during this stage: oral incorporative behavior (taking in) and oral aggressive or oral sadistic behavior (biting or spitting out). The oral incorporative mode occurs first and involves the pleasurable stimulation of the mouth by other people and by food. Adults fixated at the oral incorporative stage are excessively concerned with oral activities, such as eating, drinking, smoking, and kissing. If, as infants, they were excessively gratified, their adult oral personality will be predisposed to unusual optimism and dependency. Because they were overindulged in infancy, they continue to depend on others to gratify their needs. As a consequence, they are overly gullible, swallow or believe anything they are told, and trust other people inordinately. Such people are labeled oral passive personality types.

The second oral behavior, oral aggressive or oral sadistic, occurs during the painful, frustrating eruption of teeth. As a result of this experience, infants come to view the mother with hatred as well as love. After all, she has been responsible for everything in the infant's environment, so she must also be responsible for the pain. Persons who become fixated at this level are prone to excessive pessimism, hostility, and aggressiveness. They are likely to be argumentative and sarcastic, making so-called biting remarks and displaying cruelty toward others. They tend to be envious of other people and try to exploit and manipulate them in an effort to dominate.

The oral stage concludes at the time of weaning, although some libido remains if fixation has occurred. Then the infant's focus shifts to the other end.

The Anal Stage

Society, in the form of parents, tends to defer to the infant's needs during the first year of life, adjusting to its demands and expecting relatively little adjustment in return. This situation changes dramatically around the age of 18 months, when a new demand, toilet training, is made of the child. Freud believed that the experience of toilet restrictions during the anal stage had a significant effect on personality development. Defecation produces erotic pleasure for the child, but with the onset of toilet training, the child must learn to postpone or delay this pleasure. For the first time, gratification of an instinctual impulse is interfered with as parents attempt to regulate the time and place for defecation.

As any parent can attest, this is a time of conflict for all concerned. The child learns that he or she has (or is) a weapon that can be used against the parents. The child has control over something and can choose to comply or not with the parents' demands. If the toilet training is not going well—for example, if the child has difficulty learning or the parents are excessively demanding—the child may react in one of two ways. One way is to defecate when and where the parents disapprove, thus defying their attempts at regulation. If the child finds this a satisfactory technique for reducing frustration and uses it frequently, he or she may develop an anal aggressive personality. To Freud, this was the basis for many forms of hostile and sadistic behavior in adult life, including cruelty, destructiveness, and temper tantrums. Such a person is likely to be disorderly and to view other people as objects to be possessed.

A second way the child may react to the frustration of toilet training is to hold back or retain the feces. This produces a feeling of erotic pleasure (derived from a full lower intestine) and can be another successful technique for manipulating the parents. They may become concerned if the child goes several days without a bowel movement. Thus, the child discovers a new method for securing parental attention and affection. This behavior is the basis for the development of an anal retentive personality. Stubborn and stingy, such a person hoards or retains things because feelings of security depend on

what is saved and possessed and on the order in which possessions and other aspects of life are maintained. The person is likely to be rigid, compulsively neat, obstinate, and overly conscientious.

The Phallic Stage

A new set of problems arises around the fourth to fifth year, when the focus of pleasure shifts from the anus to the genitals. Again the child faces a battle between an id impulse and the demands of society, as reflected in parental expectations.

Children at the phallic stage display considerable interest in exploring and manipulating the genitals, their own and those of their playmates. Pleasure is derived from the genital region not only through behaviors such as masturbation, but also through fantasies. The child becomes curious about birth and about why boys have penises and girls do not. The child may talk about wanting to marry the parent of the opposite sex.

The phallic stage is the last of the pre-genital or childhood stages, and phallic conflicts are the most complex ones to resolve. They are difficult for many people to accept because they involve the notion of incest, a taboo in many cultures. Between incestuous desires and masturbation we can see the seeds of shock, anger, and suppression being sown in the parents of the typical 4-year-old. Reality and morality come to grips with the evil id once again.

The boy comes to resolve the Oedipus complex by identifying with his father.



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Oedipus complex

During the phallic stage (ages 4–5), the unconscious desire of a boy for his mother, accompanied by a desire to replace or destroy his father.

castration anxiety

A boy's fear during the Oedipal period that his penis will be cut off.

Electra complex

During the phallic stage (ages 4–5), the unconscious desire of a girl for her father, accompanied by a desire to replace or destroy her mother.

The Oedipus complex in boys The basic conflict of the phallic stage centers on the unconscious desire of the child for the parent of the opposite sex. Accompanying this is the unconscious desire to replace or destroy the parent of the same sex. Out of Freud's identification of this conflict came one of his best-known concepts: the **Oedipus complex**. Its name comes from the Greek myth described in the play *Oedipus Rex*, written by Sophocles in the fifth century B.C. In this story, young Oedipus kills his father and marries his mother, not knowing who they are.

The Oedipus complex operates differently for boys and girls; Freud developed the male part of the complex more fully. In the Oedipus complex, the mother becomes a love object for the young boy. Through fantasy and overt behavior, he displays his sexual longings for her. However, the boy sees the father as an obstacle in his path and regards him as a rival and a threat. He perceives that the father has a special relationship with the mother in which he, the boy, is not allowed to participate. As a result, he becomes jealous of and hostile toward the father. Freud drew his formulation of the Oedipus complex from his childhood experiences. He wrote, "I have found love of the mother and jealousy of the father in my own case, too" (Freud, 1954, p. 223).

Accompanying the boy's desire to replace his father is the fear that the father will retaliate and harm him. He interprets his fear of his father in genital terms, becoming fearful that his father will cut off the offending organ (the boy's penis), which is the source of the boy's pleasure and sexual longings. And so **castration anxiety**, as Freud called it, comes to play a role, as it may have done in Freud's childhood. "There are a number of indications that [Freud's father] enjoined little Sigmund not to play with his genitals, and even threatened him with castration if he did" (Krüll, 1986, p. 110).

Additional evidence to support this contention comes from Freud's later writings on masturbation, in which he saw such threats from fathers as common. Freud also reported that his adult dreams contained material relating to the fear of castration by his father.

Two other childhood events may have reinforced Freud's fear of castration. At around the age of 3, he and his nephew engaged in some rough sex play with his niece and discovered she did not have a penis. For a 3-year-old boy, this may have been sufficient evidence that penises can be cut off. In the opinion of one Freud biographer, "the threat of castration is particularly realistic to a Jewish boy, since it is easy to establish a connection between ritual circumcision and castration" (Krüll, 1986, p. 110). Freud confirmed this in his later writings.

So strong is the boy's fear of castration that he is forced to repress his sexual desire for his mother. To Freud, this was a way of resolving the Oedipal conflict. The boy replaces the sexual longing for the mother with a more acceptable affection and develops a strong identification with the father. In so doing, the boy experiences a degree of vicarious sexual satisfaction. To enhance the identification, he attempts to become more like his father by adopting his mannerisms, behaviors, attitudes, and superego standards.

The Oedipus complex in girls Freud was less clear about the female phallic conflict, which some of his followers termed the **Electra complex**. The name and notion were derived from another story by Sophocles in which Electra persuades her brother to kill their mother, whom she hated.

Like the boy's, the girl's first object of love is the mother, because she is the primary source of food, affection, and security in infancy. During the phallic stage, however, the father becomes the girl's new love object. Why does this shift from mother to father take place? Freud said it was because of the girl's reaction to her discovery that boys have a penis and girls do not.

The girl blames her mother for her supposedly inferior condition and consequently comes to love her mother less. She may even hate the mother for what she imagines

the mother did to her. She comes to envy her father and transfers her love to him because he possesses the highly valued sex organ. Freud wrote:

girls feel deeply their lack of a sexual organ that is equal in value to the male one; they regard themselves on that account as inferior and this envy for the penis is the origin of a whole number of characteristic feminine reactions. (Freud, 1925, p. 212)

penis envy The envy the female feels toward the male because the male possesses a penis; this is accompanied by a sense of loss because the female does not have a penis.

Thus, a girl develops **penis envy**, a counterpart to a boy's castration anxiety. She believes she has lost her penis; he fears he will lose his.

This female Oedipus complex, Freud suggested, can never be totally resolved, a situation he believed led to poorly developed superegos in women. Freud wrote that an adult woman's love for a man is always tinged with penis envy, for which she can partially compensate by having a male child. The girl comes to identify with the mother and repress her love for her father, but Freud was not specific about how this occurs.

The phallic personality Phallic conflicts and their degree of resolution are of major importance in determining adult relations with and attitudes toward the opposite sex. Poorly resolved conflicts can cause lingering forms of castration anxiety and penis envy. The so-called phallic character or personality type evidences strong narcissism. Although continually acting to attract the opposite sex, these persons have difficulty establishing mature heterosexual relationships. They need continual recognition and appreciation of their attractive and unique qualities. As long as they receive such support they function well, but when it is lacking they feel inadequate and inferior.

Freud described the male phallic personality as brash, vain, and self-assured. Men with this personality try to assert or express their masculinity through activities such as repeated sexual conquests. The female phallic personality, motivated by penis envy, exaggerates her femininity and uses her talents and charms to overwhelm and conquer men.

The tense drama of the phallic stage is repressed in all of us. Its effects motivate us as adults at the unconscious level, and we recall little, if anything, of the conflict.

The Latency Period

The storms and stresses of the oral, anal, and phallic stages of psychosexual development are the amalgam out of which most of the adult personality is shaped. The three major structures of the personality—the id, ego, and superego—have been formed by approximately the age of 5, and the relationships among them are being solidified.

Fortunately, because the child and parents certainly could use some rest, the next 5 or 6 years are quiet. The **latency period** is not a psychosexual stage of development. The sex instinct is dormant, temporarily sublimated in school activities, hobbies, and sports and in developing friendships with members of the same sex.

The Genital Stage

The genital stage, the final psychosexual stage of development, begins at puberty. The body is becoming physiologically mature, and if no major fixations have occurred at an earlier stage of development, the individual may be able to lead a normal life. Freud believed that the conflict during this period is less intense than in the other stages. The adolescent must conform to societal sanctions and taboos that exist concerning sexual expression, but conflict is minimized through sublimation. The sexual energy pressing for expression in the teenage years can be at least partially satisfied through the pursuit of socially acceptable substitutes and, later, through a committed adult relationship with a person of the opposite sex. The genital personality type is able to find satisfaction in love and work, the latter being an acceptable outlet for sublimation of the id impulses.

latency period To Freud, the period from approximately age 5 to puberty, during which the sex instinct is dormant, sublimated in school activities, sports, and hobbies, and in developing friendships with members of the same sex.

Freud emphasized the importance of the early childhood years in determining the adult personality. According to Freud, the first 5 years are the crucial ones. His personality theory pays less attention to later childhood and adolescence, and he was little concerned with personality development in adulthood. To Freud, what we are as adults—how we behave, think, and feel—is determined by the conflicts to which we are exposed and with which we must cope before many of us have even learned to read.

Questions about Human Nature

Freud did not present us with a flattering or optimistic image of human nature. Quite the opposite. He suggested that each person is a dark cellar of conflict in which a battle continually rages. Human beings are depicted in pessimistic terms, condemned to a struggle with our inner forces, a struggle we are almost always destined to lose. Doomed to anxiety, to the thwarting of at least some of our driving impulses, we experience continual tension and conflict. We are endlessly defending ourselves against the forces of the id, which stand ever alert to topple us.

In Freud's system, there is only one ultimate and necessary goal in life: to reduce tension. On the nature–nurture issue, Freud adopted a middle ground. The id, the most powerful part of the personality, is an inherited, physiologically based structure, as are the stages of psychosexual development. However, other parts of our personality are learned in early childhood, from parent–child interactions.

Although Freud recognized universality in human nature, in that we all pass through the same stages of psychosexual development and are motivated by the same id forces, he asserted that part of the personality is unique to each person. The ego and superego perform the same functions for everyone, but their content varies from one person to another because they are formed through personal experience. Also, different character types can develop during the psychosexual stages.

On the issue of free will versus determinism, Freud held a deterministic view: Virtually everything we do, think and dream is predetermined by the life and death instincts, the inaccessible and invisible forces within us. Our adult personality is determined by interactions that occurred before we were 5, at a time when we had limited control. These experiences forever hold us in their grip.

Freud also argued, however, that people who underwent psychoanalysis could achieve the ability to exercise increased free will and take responsibility for their choices. “The more the individual is able to make conscious what had been unconscious, the more he or she can take charge of his or her own life” (Solnit, 1992, p. 66). Thus, Freud suggested that psychoanalysis had the potential to liberate people from the constraints of determinism.

Freud's overall picture of human nature, painted in these bleak hues, reflects his personal view of humanity, which darkened with age and declining health. His judgment of people in general was harsh. “I have found little that is ‘good’ about human beings on the whole. In my experience, most of them are trash” (Freud, 1963, pp. 61–62). We can see this stern judgment in his personality theory.

Assessment in Freud's Theory

Freud considered the unconscious to be the major motivating force in life; our childhood conflicts are repressed out of conscious awareness. The goal of Freud's system of psychoanalysis was to bring these repressed memories, fears, and thoughts back to the level of consciousness. How can the psychoanalyst evaluate or assess this invisible portion of the mind, this dark arena that is otherwise inaccessible to us? Over the course of his work

with patients, Freud developed two methods of assessment: free association and dream analysis.

Free Association

Freud's development of the technique of **free association** owes much to Josef Breuer, a Viennese physician who befriended Freud during Freud's early years in private practice. In treating a young woman who showed symptoms of hysteria, Breuer found that hypnotizing her enabled her to remember repressed events. Recalling the events—in a sense, reliving the experiences—brought relief of the disturbing symptoms.

Freud used the technique with some success and called the process **catharsis**, from the Greek word for purification. However, he later abandoned hypnosis, partly because he had difficulty hypnotizing some of his patients. Also, some patients revealed disturbing events during hypnosis but were unable to recall those events when questioned later.

Seeking a technique other than hypnosis for helping a patient recall repressed material, Freud asked the person to lie on a couch while he sat behind it, out of sight. (Freud may have chosen this arrangement because he disliked being stared at.) He encouraged the patient to relax and to concentrate on events in the past. The patient was to engage in a kind of daydreaming out loud, saying whatever came to mind. He or she was instructed to express spontaneously every idea and image exactly as it occurred, no matter how trivial, embarrassing, or painful the thought or memory might seem. The memories were not to be omitted, rearranged, or restructured.

Freud believed that there was nothing random about the information uncovered during free association and that it was not subject to a patient's conscious choice. The material revealed by patients in free association was predetermined, forced on them by the nature of their conflict.

He also found that sometimes the technique did not operate freely. Some experiences or memories were evidently too painful to talk about, and the patient would be reluctant to disclose them. Freud called these moments **resistances**. He believed they were significant because they indicate proximity to the source of the patient's problems. Resistance is a sign that the treatment is proceeding in the right direction and that the analyst should continue to probe in that area. Part of the psychoanalyst's task is to break down or overcome resistances so the patient can confront the repressed experience.

Dream Analysis

Freud believed that dreams represent, in symbolic form, repressed desires, fears, and conflicts. So strongly have these feelings been repressed that they can surface only in disguised fashion during sleep.

In his technique of **dream analysis**, Freud distinguished two aspects of dreams: the manifest content, which refers to the actual events in the dream, and the latent content, which is the hidden symbolic meaning of the dream's events. Over the years, Freud found consistent symbols in his patients' dreams, events that signified the same thing for nearly everyone (see Table 2-3). For example, steps, ladders, and staircases in a dream represented sexual intercourse. Candles, snakes, and tree trunks indicated the penis, and boxes, balconies, and doors signified the female body. Freud warned that despite this apparent universality of symbols, many symbols are specific to the person undergoing analysis and could have a different meaning for someone else.

Dreams reveal conflicts in a condensed, intensified form. Dream events rarely result from a single cause; any event in a dream can have many sources. Dreams may also have mundane origins. Physical stimuli, such as the temperature of the bedroom or contact with one's partner, can induce a dream, and dreams can also be triggered by internal stimuli, such as a fever or an upset stomach.

free association

A technique in which the patient says whatever comes to mind. In other words, it is a kind of daydreaming out loud.

catharsis The expression of emotions that is expected to lead to the reduction of disturbing symptoms.

resistance In free association, a blockage or refusal to disclose painful memories.

dream analysis

A technique involving the interpretation of dreams to uncover unconscious conflicts. Dreams have a manifest content (the actual events in the dream) and a latent content (the symbolic meaning of the dream events).

Table-2-3 Dream symbols or events and their latent psychoanalytic meaning

SYMBOL	INTERPRETATION
Smooth-fronted house	Male body
House with ledges, balconies	Female body
King and queen	Parents
Small animals	Children
Children	Genital organs
Playing with children	Masturbation
Baldness, tooth extraction	Castration
Elongated objects (e.g., tree trunks, umbrellas, neckties, snakes, candles)	Male genitals
Enclosed spaces (e.g., boxes, ovens, closets, caves, pockets)	Female genitals
Climbing stairs or ladders; driving cars; riding horses; crossing bridges	Sexual intercourse
Bathing	Birth
Beginning a journey	Dying
Being naked in a crowd	Desiring to be noticed
Flying	Desiring to be admired
Falling	Desiring to return to a state such as childhood where one is satisfied and protected

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A survey of psychoanalysts in 2008 found that the majority of them believed in the value of dreams for understanding the problems of their patients (Hill, Liu, Spangler, Sim, & Schottenbauer, 2008).

It is interesting that of the more than 40 of his own dreams Freud described in his book *The Interpretation of Dreams*, only a few had a sexual content, despite his conviction that dreams typically involve some infantile sexual wish. The dominant theme in Freud's reported dreams was ambition, a characteristic he denied having.

Both of these Freudian assessment techniques—free association and dream analysis—reveal to the psychoanalyst a great deal of repressed material, but all of it is in disguised or symbolic form. The therapist then must interpret or translate the material for the patient. Freud compared this procedure with the task of an archeologist reconstructing a community that has been destroyed and buried under the accumulation of centuries. Just as the archeologist attempts to reconstruct a building from broken fragments, so a psychoanalyst reconstructs an experience from buried, fragmented memories. Thus, the evaluation or assessment of a patient's personality, the uncovering of his or her unconscious conflicts, depends on the skill, training, and experience of the analyst.

Research on Freud's Theory

case study A detailed history of an individual that contains data from a variety of sources.

Freud's major research method was the **case study**. We noted in Chapter 1 that the case study method has several limitations. It does not rely on objective observation, the data are not gathered in systematic fashion, and the situation (the psychoanalytic session) is not amenable to duplication and verification. In addition, we cannot systematically vary the conditions of childhood in which patients are reared, nor can we replicate in the

laboratory a person's home environment. Thus, clinical observations cannot be repeated, as they can in controlled psychological experiments.

A fundamental criticism of Freud's case studies involves the nature of his data. He did not keep verbatim records of the therapy sessions, and he warned analysts against taking notes during the sessions, believing it would distract their attention from their patients' words. Freud made notes several hours after seeing each patient. Describing his technique for recording his patients' comments, Freud said, "I write them down from memory in the evening after work is over" (quoted in Grubrich-Simitis, 1998, p. 20). Thus, it is possible that his data were incomplete, consisting only of what he later remembered.

It is also possible that his recollection was selective and that he recorded only the experiences that would support his theory, or that he interpreted those experiences in ways that would support his theory. Of course, Freud's notes may have been highly accurate, but we cannot be certain; we are unable to compare his case reports with what his patients said.

Even if Freud had kept a complete record of the therapy sessions, we cannot determine the validity of the patients' comments. Freud made few attempts to verify the accuracy of a patient's stories, which he might have done by questioning the patient's friends and relatives about the events described. Therefore, we must characterize the first step in Freud's research, the collection of data, as incomplete and inaccurate.

Some critics also suggest that Freud's patients did not actually reveal childhood sexual experiences because, in most cases, those experiences had never occurred. These writers argue that Freud inferred the stories of sexual seduction in childhood from his analysis of the patients' symptoms. For example, although Freud claimed that virtually all his women patients said they had been seduced by their fathers, his case notes do not show that any patient ever claimed that this had occurred (Kihlstrom, 1994).

Other critics agree that Freud was suggesting accounts of childhood seduction, without really hearing his patients say so, because he had already formed the hypothesis that such seductions were the true cause of adult neuroses. Still others charge that Freud may have used the power of suggestion to elicit or implant alleged memories of childhood seduction that had never taken place (McCullough, 2001). "Where patients did not of their own accord provide material which could be construed in sexual terms, Freud did not hesitate to point them in the 'right' direction" (Webster, 1995, p. 197).

Another criticism of Freud's research is that it is based on a small and unrepresentative sample of people, restricted to him and to those who sought psychoanalysis with him. Only a dozen or so cases have been detailed in Freud's writings, and most of these were of young, unmarried, upper-class women of good education. It is difficult to generalize from this limited sample to the population at large.

In addition, there may be discrepancies between Freud's notes on his therapy sessions and the case histories he published, which supposedly were based on these notes. Several investigators compared Freud's notes with the published case study of the Rat Man, one of his most famous patients. They found a lengthening of the period of analysis, an incorrect sequence of events disclosed by the patient, and unsubstantiated claims that the analysis resulted in a cure (Eagle, 1988; Mahoney, 1986). Thus, the published version of the case did not agree with the notes Freud made after his sessions with the patient. It is not possible to determine whether Freud deliberately made these changes to bolster his theory (or his ego) or whether they were the products of his unconscious. Nor do we know if such distortions characterize other Freudian case studies. It will remain a mystery because Freud destroyed most of his patient files not long after he compiled them.

Finally, it has been argued that none of Freud's handful of published case histories provides compelling supporting evidence for the theory. One of Freud's biographers concluded: "Some of the cases present such dubious evidence in favor of psychoanalytic

theory that one may seriously wonder why Freud even bothered to publish them” (Sulloway, 1992, p. 160).

We see in later chapters that the criticisms leveled against Freud also apply to most of the later personality theorists who chose a neopsychanalytic approach. They, too, used the case study as their primary research method and based their theories on their patients’ reports. This does not mean that their work is devoid of merit; Freud and other analysts have offered a wealth of material about the human personality. If we accept their views as valid, however, we must do so on some basis other than experimental verification.

Although Freud was familiar with the experimental method, he had little confidence in it, believing that “scientific research and psychoanalysis are inherently incompatible” (Chiesa, 2010, p. 99). An American psychologist once sent him information about experiments that had been conducted to validate Freudian concepts. Freud “threw the reprints across the table in a gesture of impatient rejection” and wrote to the psychologist that he did not “put much value on such confirmation” (Rosenzweig, 1985, pp. 171, 173). He believed there was no need for the kinds of experiments published in the psychology journals of the day because “they told him nothing more than he had already learned from his clinical encounters with patients” (Holzman, 1994, p. 190).

Freud insisted that his work was scientific, that he had amassed ample proof for his conclusions, and that only psychoanalysts who used his techniques were qualified to judge the scientific worth of his work. Freud wrote that psychoanalysis was based on “an incalculable number of observations and experiences, and only someone who has repeated those observations on himself and on others is in a position to arrive at a judgment of his own upon it” (Freud, 1940, p. 144). Difficulty arises because Freud’s observations cannot be repeated. We do not know exactly what he did in collecting his data and in translating his observations into hypotheses and generalizations.

Scientific Validation of Freudian Concepts

In the years since Freud’s death in 1939, many of his ideas have been submitted to experimental testing. In an exhaustive analysis of some 2,500 studies in psychology, psychiatry, anthropology, and related disciplines, Seymour Fisher and Roger Greenberg evaluated the scientific credibility of some of Freud’s ideas. In this evaluation, case histories were not considered. Every effort was made to restrict the investigation to data thought to have a high degree of objectivity (Fisher & Greenberg, 1977, 1996).

The researchers found that some Freudian concepts—notably the id, ego, superego, death wish, libido, and anxiety—could not be tested by the experimental method. Concepts that could be so tested, and which evidence appeared to support, included the oral and anal character types, the basic concept of the Oedipal triangle, castration anxiety, and the notion that females resolve the Oedipal dilemma by having a child as compensation for the lack of a penis.

Concepts not supported by research evidence include those of dreams as disguised expressions of repressed wishes, resolution of the male Oedipus complex by identification with the father and acceptance of the father’s superego standards out of fear, and the idea that women have inadequately developed superegos. In addition, researchers found no evidence to support the psychosexual stages of development or a relationship between Oedipal variables and sexual difficulties later in life.

The unconscious The notion that unconscious forces can influence conscious thought and behavior is now well established. Current research shows that unconscious influences may be even more pervasive than Freud suggested (Custers & Aarts, 2010; Scott & Dienes, 2010). One personality researcher observed that “today there is agreement

that much [psychological] functioning occurs without conscious choice and that some of our behavior actually occurs in opposition to what is consciously desired” (Pervin, 2003, p. 225). Psychologists also recognize that much of the information processing involved in cognitive activities is unconscious. Some even propose that the causal mechanisms underlying all behavior and thought may be unconscious (Bargh & Chartrand, 1999; Wegner & Wheatley, 1999).

It now appears that the unconscious is “smarter” than first thought, capable of processing complex verbal and visual information and even anticipating (and planning for) future events.... No longer simply a repository for drives and impulses, the unconscious appears to play a role in problem solving, hypothesis testing, and creativity. (Bornstein & Masling, 1998, p. xx)

subliminal perception
Perception below the threshold of conscious awareness.

Much research on the nature of the unconscious involves **subliminal perception** (also called subliminal psychodynamic activation), in which stimuli are presented to research participants below their level of conscious awareness. (The word *subliminal* derives from *sub*, meaning below, and *limen*, meaning threshold.) Despite their inability to perceive the stimuli, the research participants’ conscious processes and behavior are activated by the stimuli. In other words, people can be influenced by stimuli of which they are not consciously aware.

In one such study, research participants were shown a series of words and pictures for such a brief time that they could not consciously perceive them (Shevrin, 1977). Then they were asked to free-associate. What the research participants talked about reflected the stimuli they had been shown but had not actually been able to see. For example, when the stimulus was a picture of a bee, the associations included the words *sting* and *honey*. The research participants’ thought processes were affected by the stimuli, even though they were unaware of having seen them. Many such studies using subliminal perception support the idea that cognitive activity is influenced by the unconscious (Westen, 1998).

A series of experiments on college students in the United States and in Germany showed that goals could be aroused, or activated, outside of conscious awareness. Also, behaviors to satisfy these goals were displayed, even though the research participants were not consciously aware of doing so. For example, the aroused goal of performing better on an experimental task led participants to actually perform better. In another instance, the unconsciously activated goal of being cooperative on an experimental task led to cooperative behaviors. The authors of the study concluded that “behavioral goals can become activated without any consciously made choice required” (Bargh, Gollwitzer, Lee-Chai, Barndollar, & Troetschel, 2001, p. 18).

A study of adults in England found that those who scored high in anxiety sensitivity were far more likely to see anxiety-related words that were presented below the level of conscious awareness than were adults who scored low in anxiety sensitivity. The sensitivity of the first group made them more vigilant and thus more likely to perceive anxiety-related words, even though the words were presented so rapidly that the people did not consciously see them (Hunt, Keogh, & French, 2006).

Stimuli presented below conscious awareness can also influence behavior. When college students in the United States were shown happy faces, below the level of conscious awareness, they consumed more of a beverage that was made available to them than did students who were exposed to images of angry faces. The happy-face group also indicated a greater willingness to pay for their drink and to want more of it than did the angry-face group. Although none of the students consciously saw the faces, the stimuli had registered in their unconscious and acted to influence their behavior (Winkielman, Berridge, & Wilbarger, 2005).

Other imaginative research has demonstrated that the unconscious can influence emotional as well as cognitive and behavioral processes. In one such study, the words

Mommy and I are one were flashed for 4 milliseconds to research participants, along with a picture of a man and a woman joined together at their shoulders. Male schizophrenic patients exposed to this subliminally presented stimulus showed a greater improvement than did a control group not exposed to that message. Female schizophrenic patients showed no improvement when exposed to that message but did show improvement when presented with the subliminal message: *Daddy and I are one* (Silverman & Weinberger, 1985).

In other studies, the *Mommy and I are one* message was effective in helping a variety of research participants stop smoking and drinking, become more assertive, eat a more healthful diet, and reduce fears. Thus, a subliminally presented message of which the research participants have no conscious awareness has been shown to have therapeutic value (Weinberger & Silverman, 1990).

The ego We noted that Freud viewed the ego's role as constantly mediating between reality and the insistent demands of the id. The ego is the rational part of the personality that must control and postpone the id's demands, balancing them with the circumstances of the real world. Psychoanalytic researchers have identified two components of the ego:

- ego control
- ego resiliency

Ego control, as you would expect from the name, is close to Freud's original conception. It refers to the amount of control we are able to exert over our impulses and feelings. The degree of ego control ranges from under-controlled (in which we are unable to restrain any impulses and feelings) to over-controlled (in which we tightly inhibit the expression of our impulses). Both extremes are considered maladaptive.

Ego resiliency refers to our flexibility in modulating, adjusting, or changing our typical level of ego control to meet the daily changes in our environment. Persons with little ego resiliency are referred to as "ego brittle," meaning they are unable to alter their level of ego control to meet challenges or difficult life situations. Those high in ego resiliency are flexible and adaptable, able to tighten or loosen their degree of ego control as the situation warrants. Mothers between the ages of 21 and 27 who rated their mothering experiences as positive and satisfying were found to have increased, or remained high in, ego resiliency. Mothers who rated their mothering experiences as negative were found to have decreased ego resiliency. The researchers suggested that difficult life situations, setbacks and failures, or other negative experiences tend to lower ego resiliency (Paris & Helson, 2002).

Research has shown that children who score low on laboratory and observational measures of ego control are rated by their teachers as more aggressive and less compliant and orderly than children high on ego control. Children who score high on ego resiliency are rated by their teachers as better able to cope with stress, lower in anxiety, and less in need of reassurance than children low in ego resiliency. A study of 5-year-old children in the Netherlands found that those with low ego resiliency showed physiological signs of greater stress during negative situations, typically interactions with their parents. Children high in ego resiliency did not show such evidence of stress in similar situations (Smeekens, Riksen-Walraven, & van Bakel, 2007).

High ego resiliency also correlated positively with general intelligence, good grades in school, popularity with peers, greater life satisfaction, and better social functioning. Low ego control in boys and girls, and low ego resiliency in girls, was related positively to drug abuse in adolescence. Thus, important aspects of personality and behavior can be linked to ego control and ego resiliency (Block & Block, 1980; Chung, 2008; Hofer, Eisenberg, & Reiser, 2010; Shiner, 1988).

Ego control and ego resiliency were measured in a group of college students based on self-reports and descriptions from acquaintances and clinicians. Those low in ego control tended to be unpredictable, assertive, rebellious, moody, and self-indulgent. Those very high in ego control were described as bland, consistent, dependable, and calm. Students rated high in ego resilience were assertive, poised, socially skilled, and cheerful (Letzring, Block, & Funder, 2005).

A longitudinal study that periodically assessed these personality characteristics in American subjects ranging in age from 3 to 23 found that both ego control and ego resiliency were generally stronger later in life than in childhood. Individual differences in ego control were seen at various ages, suggesting that one's degree of ego control could be identified early (Block & Block, 2006).

Research in Italy found a marked stability in ego resilience from ages 16 to 20 for both male and female subjects. In contrast, studies in Sweden found that boys tended to become less ego resilient in adolescence while girls became more ego resilient. These results suggest the possibility of cultural and gender differences in ego resiliency (Chuang, Lamb, & Hwang, 2006; Vecchione, Alessandri, Barbaranelli, & Gerbino, 2010).

Another approach to defining ego control is in terms of three levels of development: pre-conformist, conformist, and post-conformist (Loevinger, 1976). The pre-conformist level is the most primitive, allowing the least control over impulse expression. The conformist level moderates impulse expression in terms of our awareness of the expectations of others and of the culture's rules of appropriate social conduct. At this stage of ego development we place a premium on being accepted by others. We are able to delay or redirect the manner, time, and place for expressing our impulses. The most mature stage of ego development is the post-conformist level. People at this level are highly conscientious and individualistic and rely more on personal goals and standards of appropriate conduct than on the standards of others.

A study of pairs of identical and fraternal twins ages 16 to 70, separated at infancy and reared in different environments, used a self-report inventory to compare their levels of ego development. Although they had been raised in different adoptive homes, the ego development of each pair of twins correlated significantly. The researchers concluded that their results indicated that ego development may be a heritable characteristic. Contrary to Freud's theory, the level of ego development had been determined more by genetic factors than by child-parent interaction (Newman, Tellegen, & Bouchard, 1998).

Catharsis To Freud, catharsis involved the physical expression of an emotion by recalling a traumatic event, which often led to relief of the disturbing symptom. In popular culture, the term catharsis has come to refer to expressing one's emotion as a way of reducing hostility and aggression. Self-help books urge us to give vent to anger by taking it out on some inanimate object—beating a pillow, breaking a dish, or hitting a punching bag. Does this work? Does acting out aggressively reduce negative emotions? The answer is no.

In one study of catharsis, two groups of college students were exposed to messages that either supported or disputed the notion that cathartic behavior is a good way of relieving anger. Next, some of the students were experimentally provoked to anger; an essay they had written was severely criticized. They were told that their paper was one of the worst essays ever written!

Students who were thus provoked and who had read the pro-catharsis message were significantly more prone to act out their aggression by hitting a punching bag. In a second experiment, those who received the pro-catharsis message not only hit the punching bag but also behaved aggressively toward the person who had annoyed them by criticizing their writing. They even displayed heightened aggression toward innocent people

who had played no role in promoting their anger. Apparently, striking the punching bag had not been cathartic. It had not dissipated their anger but might even have increased it (Bushman, Baumeister, & Stack, 1999). Other research confirms that venting anger serves to increase the likelihood of expressing more anger (Lohr, Olatunji, Baumeister, & Bushman, 2007).

In another punching-bag study, male and female college students displayed more aggression toward the person who had angered them when they were instructed to think about that person while hitting the bag. Students who were told to think about how they could become physically fit while hitting the bag displayed significantly less aggression toward the person who angered them. Those who did not vent their anger by punching the bag displayed the fewest aggressive behaviors toward the person who had angered them. The experimenter suggested that these results reinforce the idea that venting anger does not reduce negative emotions (Bushman, 2002). However, a later study showed that people who believed venting anger was good for them were more attracted to violent video games than were those who did not believe in the value of catharsis (Bushman & Whitaker, 2010).

Displacement Displacement involves shifting one's id impulses from a disturbing object that is not available to a substitute object or person. An analysis of 97 studies supported the contention that displaced aggression is a viable and reliable phenomenon. The analysis found that the more negative and stressful the setting or context in which displacement occurs, the greater the intensity of that displacement (Marcus-Newhall, Pedersen, Miller, & Carlson, 2000).

A study of college students found that those in a group that was experimentally provoked to anger, and then left to spend 25 minutes focusing their attention on their angry thoughts and feelings, were far more likely to demonstrate displaced aggression than those whose experimental condition did not include the 25 minutes of brooding. The researchers concluded that dwelling on anger maintains the feeling and is likely to cause it to be expressed outwardly in aggressive behavior (Bushman, Bonacci, Pedersen, Vasquez, & Miller, 2005).

Repression Experimental investigations of the Freudian defense mechanism of repression—the involuntary removal of some threatening idea or memory from conscious awareness—have provided supportive results, although some psychologists have questioned whether the work relates to repression precisely as Freud proposed it. In one study, research participants memorized two lists of words that were flashed on a screen (Glucksberg & King, 1967). Some words on the lists were conceptually similar; for example, *cats* and *dogs* are both animals. The research participants were given an electric shock with some words on the first list. No shocks were administered with the words on the second list. Then the research participants were tested on how well they remembered the words. They forgot the words accompanied by the shock but recalled those not accompanied by the shock. They also repressed words on the second list that were conceptually similar to the words on the first list that had been accompanied by a shock. The researchers concluded that the threatening words had been pushed out of conscious awareness.

Research conducted in Australia identified research participants as repressors and non-repressors based on personality test scores that showed repressors to be low in anxiety and high in defensiveness (Davis, 1987). Repressors recalled fewer emotional experiences from childhood, particularly those involving fear and self-consciousness, than did non-repressors. In related research, repressors and non-repressors were compared on several experimental tasks. When they were shown pictures of neutral, nonthreatening

stimuli and pictures of embarrassing, threatening stimuli, the repressors avoided looking at the latter. When repressors were asked to free-associate to phrases with sexual or aggressive content (presumably threatening material), physiological measurements showed them to be highly emotionally aroused, yet their verbal responses gave no hint of anger or sexual arousal because they had repressed their emotional reactions. Non-repressors did not inhibit their emotional reactions, and this was evident in their verbal responses (Davis, 1987).

More recent studies conducted in Britain confirmed the Australian findings. Repressors were found to have significantly poorer recall of negative memories from childhood (Myers & Derakshan, 2004). In addition, repressors were shown to be far more likely to avoid romantic attachments than were non-repressors (Vetere & Myers, 2002).

Repressors were also significantly more likely than non-repressors to deny possessing personality traits they had identified as personally emotionally threatening (traits such as selfishness, laziness, rudeness, and dishonesty). Repressors also had fewer unpleasant or threatening emotional memories available for retrieval than did non-repressors because they had repressed them (Newman, Duff, & Baumeister, 1997; Newman & McKinney, 2002; Schimmack & Hartmann, 1997).

In another study, repressors and non-repressors were shown a disturbing film about animal mutation and lingering death from the effects of nuclear testing. When then asked to recall a personal experience that made them happy, repressors could recall more pleasant events and thoughts than could non-repressors. The researchers concluded that the repressors coped with the negative stimuli in the film by accessing positive memories. Thus, repressors did not experience to the same frequency and degree as non-repressors the distressing emotional states engendered by the film. The repressors were not merely pretending to be unaffected; they had repressed the experience successfully (Boden & Baumeister, 1997).

Repression was studied in two groups of children in the United States. Some of the children were healthy; others had cancer or other chronic debilitating illnesses. It was found that the sick children were more likely to be repressors and less likely to express anger than were the healthy children (Phipps & Steele, 2002).

In a group of 443 male and female college students, repressors were found to be less likely to smoke and drink than were non-repressors. Repressors in this study scored higher than non-repressors on the belief that excessive drinking would not lead to harmful consequences for them (Shirachi & Spirrison, 2006).

Other defense mechanisms Researchers have suggested a hierarchy among the Freudian defense mechanisms in which the simpler ones are used earlier in life and the more complex ones emerge as we grow older. For example, studies show that denial (a simple, low-level defense mechanism) is used mostly by young children and less by adolescents. Identification, a more complex defense, is used considerably more by adolescents than by younger children. Denial was used more frequently by boys; girls were more likely to use regression, displacement, and reaction formation (Tallandini & Caudex, 2010).

In research on students from grades 2, 5, 8, 11, and first-year college classes, responses to the Thematic Apperception Test pictures showed clear age differences in defense mechanisms. The use of denial and projection decreased with age whereas identification increased with age (Porcerelli, Thomas, Hibbard, & Cogan, 1998). A longitudinal study of 150 students ages 11 to 18 found that the projection and identification defenses were used more often than denial, and that their use increased from early to late adolescence (Cramer, 2007).

A longitudinal study of people who were first tested in nursery school and later at age 23 found a link between preschool personality and the use of denial as young adults. As we noted earlier, denial tends to be used as a defense mechanism mostly by children and its use typically declines with age. In this study, however, the male research participants who at age 23 were still using denial had a number of psychological problems that had been identified when they were in nursery school. Their childhood personalities were characterized as high in emotional immaturity and unworthiness and low in personal competence and ego resiliency. For female research participants, no such clear relationship was found between childhood personality and the continued use of denial at age 23. The authors of the study suggested that boys might be more vulnerable to stress than girls (Cramer & Block, 1998).

Two studies conducted in Canada demonstrated that adolescent girls with anorexia nervosa (an eating disorder), and older women who had been victims of spouse abuse, were far more likely to use denial as a coping mechanism than were girls or women who were not in these categories. The researchers suggested that by unconsciously denying their difficulties, the girls and women were attempting to minimize or distance themselves from the situations (Arokach, 2006; Couturier & Lock, 2006).

A study of adult men found that those who tried to protect themselves from feelings of weakness by being more powerful and competitive and who avoided emotional expression tended to use more immature defense mechanisms. Those men who did not feel so great a need to be more powerful than others and who could express their emotions more freely used more mature defense mechanisms (Mahalik, Cournoyer, DeFrank, Cherry, & Napolitano, 1998). Research has also found that parents who abuse their children tend to use the immature defense mechanism of denial (Cramer & Kelly, 2010).

Studies on the mechanism of projection—attributing one’s negative traits and behaviors to someone else—have found that accusing another person of lying and cheating in a game increased the amount of blame placed on that person and reduced the amount of blame the research participant placed on himself or herself for showing the same negative behaviors (Rucker & Pratkanis, 2001). Adults who were of a higher social class as children are more likely to use projection than those who were raised in lower-class families (Cramer, 2009).

Projection can also influence our judgments about our spouses or partners. A study of unemployed job seekers found that they projected their feelings of depression about the stresses of unemployment onto their partners when asked to make everyday judgments about them. Further, the more alike the partners were on a psychological measure of depression, the greater was the tendency for one to project that feeling when judging the other. The researchers noted: “Individuals seem more likely to assume that their spouses are like them when their spouses actually are like them” (Schul & Vinokur, 2000, p. 997). Thus, in this instance, the research participants were accurate in projecting their own characteristics onto their spouses or partners.

Defense mechanisms in Asian cultures The notion of defense mechanisms was proposed and developed in a European setting from studies of White middle-class patients. Much of the ensuing research conducted on defense mechanisms was performed using research participants in the United States. In an unusual study of Asians and Americans, a group of research participants in the United States was compared with a group of Asian Buddhists living in Thailand. A self-report inventory, the Instruments Life Style Index, was used to assess the use of defense mechanisms. The researchers found a strong similarity between people in the two cultures in their use

of regression, reaction formation, projection, repression, denial, and compensation (Tori & Bilmes, 2002).

Dreams Early research on dreams confirmed Freud's idea that dreams in disguised or symbolic form reflect emotional concerns. However, research does not support his idea that dreams represent a fulfillment of wishes or desires. Nevertheless, it does seem clear that dreams often are characterized by highly emotional content from the dreamers' lives. Large-scale surveys of German citizens during the years 1956–2000 showed that those old enough to have been affected directly by World War II (1939–1945) were experiencing emotional war-related dreams more than 50 years after the war ended (Schredl & Piel, 2006). Studies of Kurdish and of Palestinian children exposed to physical danger in their everyday lives show that they dream about threatening and traumatic situations far more than children of these and other cultures reared in more peaceful surroundings (Valli, Revonsuo, Palkas, & Punamaki, 2006).

Exposure to electronic media such as cell phones, smart phones, computers, DVDs, and video games, as well as interactive Internet use, have all been shown to influence the content and frequency of dreams (Gackenbach, 2009). People who spend a great deal of time playing video games tend to have more bizarre dreams containing dead and imaginary characters than people who spend considerably less time playing video games (Gackenbach, Kuruvilla, & Dopko, 2009; Schneider & Domhoff, 2006).

It may not surprise you to learn that, in general, college students dream about sex. In addition, male students dream more about bonding with friends; female students dream more about pregnancy, weddings, and shopping (Rainville & Rush, 2009).

Studies of adults in the United States and in Germany found that women recall their dreams far more than men do, perhaps because women wake up more frequently during the night. Men dream more about male characters, while women dream more or less equally about both male and female characters. Men have many more aggressive dreams than women do (Blume-Marcovici, 2010; Schredl, 2010).

A long-term study of adults in Canada who kept diaries of their dreams showed a significant correlation between the nature of the dreams and self-report measures of psychological well-being. Those with lower levels of psychological well-being (and, thus, presumably, less happy) reported more dreams of aggression toward others, negative emotions, and failure and misfortune. Those with higher levels of psychological well-being reported dreams of friendly interactions with others, positive emotions, and success and good fortune (Pesant & Zadra, 2006).

Other research confirmed that dreams reflect real-life experiences and that the emotional intensity of these experiences, as well as the person's mood, influences the dream stories (see, for example, Schredl, 2006; Schredl, Funkhouser, & Arn, 2006). Briefly, it may be that if you are having a bad day, you have bad dreams that night. And if something in your room smells bad, that can affect your dreams. Research in a sleep laboratory in Germany found that a mere 10 seconds' exposure to the odor of roses once the subjects were asleep resulted in more pleasant dreams than exposure to the smell of rotten eggs (Hutson, 2010).

Cultural differences in dreaming have been studied in several populations. Research on the Parintintin Indians of Brazil's Amazon rain forest showed that they believe dreams are a means of telling the future. Thus, they take dreams seriously, their own and those of relatives and friends (Kracke, 2010).

A comparison of the dreams of college students in the United States and China revealed that the Chinese students reported more familiar people in their dreams and fewer aggressive situations than did the American students (Xian-Li & Guang-Xing,

2006). The dreams of Chinese research participants were found to contain such sex symbols (according to Freud) as knives, swords, and daggers, much more than the dreams of American subjects (Yu, 2010).

A study of White and Asian-American college students showed that in childhood, the Whites were much more likely to tell their parents about their dreams. They were also more likely as they got older to describe their dreams to friends and to place a high value on their dreams. The Asian-American students were more secretive about their dreams and were highly reluctant to talk about them (Fiske & Pillemer, 2006).

When Chinese college students were asked whether they dream in color or in black and white, those who had watched black-and-white television and films as children answered that they dreamed in black and white. Those who had greater exposure to color TV and movies dreamed in color (Schwitzgebel, Huang, & Zhou, 2006).

People in both Eastern and Western cultures tend to agree that dreams may contain hidden personal truths that can provide useful information about themselves and their environment (Morewedge & Norton, 2009). As a result, many people are interested in dream interpretation. A study of Islamic students in the United Arab Emirates found that approximately two thirds of the female students and one third of the male students expressed a great interest in interpreting their dreams (Salem, Ragab, & Abdel, 2009; Schredl, 2010).

The Oedipus complex In an observational study to test the effects of the Oedipus complex, parents of boys and girls ages 3 to 6 were asked to record affectionate behaviors and aggressive or hostile behaviors their children directed toward them. The results showed that acts of affection toward the parent of the opposite sex and aggression toward the parent of the same sex occurred much more frequently than the reverse. These types of Oedipal behaviors were greatest around age 4 and began to decline by age 5 (Watson & Getz, 1990).

Dreams analyzed in research on the Oedipus complex support Freud's theory. In a classic study, it was found that significantly more men reported dreams reflecting castration anxiety; significantly more women reported dreams reflecting castration wishes or penis envy (Hall & Van de Castle, 1965).

Freud proposed that penis envy in girls leads them to view the father as a love object, a desire later supplanted by the wish for a baby. In an experimental test of this proposal, college-age women research participants were exposed to subliminal messages containing pregnancy themes. Their later responses on an inkblot test were found to contain significantly more phallic imagery than the responses of women in the control group or of college-age men research participants exposed to the same stimuli. These results support Freud's belief that pregnancy has phallic significance for women (Jones R. L., 1994).

A study conducted in Wales of boys and girls ages 12 to 14 assessed their attitudes toward their parents. The results showed that children who were ambivalent toward their fathers (who viewed them with a mixture of both love and hatred) displayed a less secure attachment toward other people than did children who did not feel ambivalent about their fathers. The researchers noted that this finding supports Freud's insistence on the importance of the father in influencing the child's later relationships (Maio, Fincham, & Lycett, 2000).

Oral and anal personality types An investigation of the oral personality type showed a strong relationship between the oral orientation, as identified by the Rorschach, and obesity (Masling, Rabie, & Blondheim, 1967). This supports Freud's contention that oral types are preoccupied with eating and drinking. Another study found oral personality types to be more conforming to the suggestions of an authority figure than anal personality types (Tribich & Messer, 1974). According to Freud, oral personalities are

dependent and submissive and should be more conforming than anal personalities; anal types tend to be hostile and can be expected to resist conformity.

Freud also contended that women were more orally dependent than men were but later research found no such difference between the sexes (O'Neill & Bornstein, 1990). In general, then, research supports both the oral and anal personality types (Westen, 1998). There is little empirical evidence for the phallic personality type.

Aggression Another aspect of Freudian theory put to experimental test is the idea that aggression is instinctive and universal. Freud was not alone in taking this position. Scientists who observe animals in their natural surroundings also posit an aggressive instinct in humans and in lower animals, although data from anthropology and psychology have challenged this view. Anthropologists have observed that people in some so-called primitive cultures do not exhibit aggressive behavior. Psychologists who argue against an aggressive instinct suggest that aggressive behavior may be caused by frustration.

Considerable research has demonstrated that although frustration can trigger aggression, it does not always do so. Aggressive responses to frustration can be modified by training. This idea supports the role of learning in aggression. The psychologist Albert Bandura (see Chapter 13) has shown that we learn aggressive behavior the same way we learn many social behaviors, primarily by observing aggression in other people and imitating what we have seen.

Age and personality development Freud proposed that personality was formed by about the age of 5 and was subject to little change thereafter. Studies of personality development over time indicate that the personality characteristics of preschool children changed dramatically, as shown by follow-up studies conducted over 6 to 7 years (Kagan, Kearsley, & Zelazo, 1978). Other studies suggest that the middle childhood years (ages 7–12) may be more important in establishing adult personality patterns than the early childhood years.

Noted child development psychologist Jerome Kagan reviewed the literature and concluded that personality appears to depend more on temperament and experiences in later childhood than on early parent–child interactions (Kagan, 1999). Although there is no denying that our first 5 years of life affect our personality, it is now obvious that personality continues to develop well beyond that time.

The Freudian slip According to Freud, what appears to be ordinary forgetting or a casual lapse in speech is actually a reflection of unconscious motives or anxieties. In research to test this phenomenon, two groups of men were shown the same pairs of words flashed on a computer screen (Motley, 1987). When a buzzer sounded, they were asked to say the words aloud. One group had electrodes attached to their bodies; they were told that during the experiment they would receive a painful electric shock. This situation was an experimental way of engendering anxiety. In the second group, the experimenter was an attractive, sexy woman. This group was given a test of sexual anxiety.

Men anxious about the electric shock made verbal slips such as *damn shock* when the words on the screen were *sham dock*. Those in the sexual anxiety condition revealed that anxiety in verbal slips such as *nude breasts* for *brood nests*. Those who scored high on the sexual anxiety test made the greatest number of sex-related Freudian slips. Men in a control group exposed to the same words but to neither anxiety-arousing condition did not make verbal slips. Not all lapses in speech are Freudian slips, of course, but research suggests that at least some may be what Freud said they were—hidden anxieties revealing themselves in embarrassing ways.

HIGHLIGHTS: Research on Freud's Ideas

People who score low in *ego control* tend to be:

- ◆ Aggressive and noncompliant
- ◆ Unpredictable and assertive
- ◆ Moody and self-indulgent

People who score low in *ego resiliency* tend to be:

- ◆ Stressed during negative interactions with parents
- ◆ Anxious and in need of reassurance
- ◆ Unassertive, sad, and lacking social skills

People who vent anger through *catharsis* tend to be:

- ◆ Even angrier afterward
- ◆ Attracted to violent video games

Research supports Freud's concepts of:

- ◆ The influence of the unconscious
- ◆ Displacement
- ◆ Repression
- ◆ Denial
- ◆ Projection
- ◆ Dreams as a reflection of emotional concerns
- ◆ Aggression as instinctive
- ◆ The so-called Freudian slip

Repressed memories of childhood sexual abuse In the late 1980s the issue of repressed memories resurfaced in sensational legal proceedings involving people who claimed they suddenly recalled incidents of abuse that had occurred years earlier. Women brought criminal charges against fathers, uncles, and family friends; men brought charges against priests, coaches, and teachers. Some accused persons were convicted and imprisoned on the basis of memories of incidents said to have taken place up to 20 years before.

How extensive is the repressed memory phenomenon in sexual abuse cases? Survey results vary. One study of women, mostly African Americans participating in court-ordered substance-abuse treatment programs, found that 54 percent reported a history of childhood sexual abuse. Only 19 percent said they had forgotten the abuse for some period of time and recalled it at a later date (Loftus, Polonsky, & Fullilove, 1994). A survey of male and female psychologists found that 24 percent reported childhood abuse, and 40 percent of those had forgotten the abuse for a while. There were no significant differences in this study between men and women in the incidence of the temporarily repressed memories (Feldman-Summers & Pope, 1994).

These and similar studies rely on retrospective reports—recalling events up to 40 years after they allegedly occurred. But there is a problem with retrospective research: How do we know the abuses actually happened? One researcher interviewed adult women who were documented victims of childhood abuse. Proof of the abuse consisted of hospital emergency room records and forensic evidence collected at the time (Williams, 1994). Thus, in this study, we can be certain that the reported incidents occurred. Interviews with the women revealed that 38 percent did not recall the abuse,

a figure close to the incidence of repressed memory among the psychologist subjects noted above, but higher than the 19 percent reported by the women in the substance abuse treatment program. In the study of victims with documented childhood sexual abuse, the women most likely to have no memory of the event were those who were younger at the time of the abuse and had been molested by someone they knew.

A review of research on repressed memories of childhood sexual abuse noted ample evidence showing that such abuse can be forgotten for many years before being recalled (Delmonte, 2000). A study of women who had either repressed memories, recovered such memories, or had never forgotten the experiences found that those who reported recovered memories scored higher on measures of fantasy proneness and dissociation (a splitting off of mental processes into separate streams of awareness) (McNally, Clancy, Schacter, & Pitman, 2000). Such states could, of course, be attributed to the childhood trauma.

Despite evidence to support the existence of repressed memories of childhood sexual abuse that actually did occur, it is important to note that research also shows how easily false memories can be implanted and recollections distorted, to the point where something that never occurred can be made conscious and appear to be genuine or threatening (Loftus & Ketcham, 1994; Ofshe & Watters, 1994).

In one study, 3- and 6-year-old children were interviewed four years after they had spent 5 minutes playing with a man sitting across a table. The man never touched the children. During follow-up interviews, researchers created a climate of accusation by telling the children they would be questioned about an important event in their lives. "Are you afraid to tell?" they were asked. "You'll feel better once you've told" (Ceci & Bruck, 1993, p. 421). One-third of the children agreed with the interviewer's suggestion that some years earlier they had been hugged and kissed by the man. Two of the children agreed with the suggestion that they had been photographed in the bathroom; one agreed that the man had given her a bath.

A study involving college students in Italy showed that dream interpretation could be used to implant false memories. Half of the students were told by a psychologist who was also a popular radio celebrity that their dreams were manifestations of repressed memories of traumatic childhood events. Examples of these incidents included being abandoned by their parents or lost in an unfamiliar place. The other group of subjects did not receive such interpretations of their dreams. All subjects had been selected on the basis of questionnaire responses completed weeks earlier and they had stated that no traumatic events had occurred during their childhood. When questioned 10 to 15 days after the dream interpretations, the majority of the experimental subjects agreed that the traumatic experiences had really happened and that they had repressed the memories for years (Mazzoni, Lombardo, Malvagia, & Loftus, 1999).

Elizabeth Loftus, a pioneering researcher in the area, concluded that overall,

there is little support for the notion that trauma is commonly banished out of awareness and later reliably recovered by processes beyond ordinary forgetting and remembering.... There can be no doubt that "memories" for factually fake as well as impossible, or at least highly improbable, horrific traumatic events were developed [or implanted], particularly among persons subjected to suggestive memory recovery procedures. (Loftus & Davis, 2006, pp. 6, 8)

However, it is important to keep in mind that childhood sexual abuse does occur. It is a haunting reality for many people and far more widespread than Sigmund Freud envisioned in the 19th century. The effects can be debilitating. Men and women who were sexually abused as children have strong tendencies toward anxiety, depression, self-destructiveness, low self-esteem, and suicide (see, for example, McNally, Perlman, Ristuccia, & Clancy, 2006; Pilkington & Lenaghan, 1998; Westen, 1998).

Extensions of Freudian Theory

Several of the theorists we discuss in the chapters to follow developed positions in opposition to Freud's. Other theorists remained faithful to some of Freud's basic assumptions but attempted to expand, extend, or elaborate on his views. The goal of the latter group, which included Freud's daughter Anna, was to counteract what were seen as weaknesses or omissions in the Freudian psychoanalytic system.

Ego Psychology: Anna Freud

Although Anna Freud (1895–1982) may have been an unplanned baby (she said she never would have been born had a safer contraceptive method been available to her parents), she became the only one of Sigmund Freud's six children to follow his path (Young-Bruehl, 1988). An unhappy child, Anna was jealous of the older sister favored by her mother and was ignored by her other siblings. She recalled “the experience of being ... only a bore to them, and of feeling bored and left alone” (Appignanesi & Forrester, 1992, p. 273).

Anna was not ignored by her father. She became his favorite child and by the age of 14 was dutifully attending meetings of his psychoanalytic group, listening attentively to the case histories being presented and discussed. At 22, Anna began 4 years of psychoanalysis conducted by her father, who was later sharply criticized for analyzing his daughter. One historian called it “an impossible and incestuous treatment.... an Oedipal acting-in at both ends of the couch” (Mahoney, 1992, p. 307). But another explained: “No one else would presume to undertake the task, for Anna's analysis would inevitably call into question Freud's role as her father” (Donaldson, 1996, p. 167). To analyze one's child was a serious violation of Freud's rules for the practice of psychoanalysis; the situation with Anna was kept secret for many years. In her analysis Anna reported violent dreams involving shooting, killing, and dying, as well as defending her father from his enemies. Nevertheless, “she shared with him her sexual fantasies and her forays into masturbation and emerged from the analysis grateful to her father and more committed to him than ever” (Edmundson, 2007, p. 61).

Anna Freud joined the Vienna Psychoanalytic Society, presenting a paper entitled *Beating Fantasies and Daydreams*. Although she claimed to be describing the experiences of a patient, she was actually relating her own fantasies. She spoke of an incestuous love relationship between father and daughter, a physical beating, and sexual gratification through masturbation.

She devoted her life to the care of her father and to his system of psychoanalysis. Several years after he died she described a series of dreams she had about him.

He is here again. All of these recent dreams have the same character: the main role is played not by my longing for him but rather his longing for me.... In the first dream of this kind, he openly said: “I have always longed for you so.” (Anna Freud, quoted in Zaretsky, 2004, p. 263)

And while Anna was close to death, some 40 years after her father died, she would sit in a wheelchair wearing his old wool coat, which she had kept all those years (Webster, 1995).

Whereas the elder Freud had worked only with adults, attempting to reconstruct their childhood by eliciting their recollections and analyzing their fantasies and dreams, Anna worked only with children. She established a clinic and a center to train analysts in the building next door to her father's London home. In 1927 she published *Four Lectures on Child Analysis*. Sigmund Freud approved of her work: “Anna's views on child analysis are independent of mine; I share her views, but she has developed them out of her own independent experience” (Freud quoted in Viner, 1996, p. 9).

Anna Freud substantially revised orthodox psychoanalysis by expanding the role of the ego, arguing that the ego operates independently of the id. This was a major extension of the Freudian system, one that involved a fundamental and radical change.

She proposed refinements in *The Ego and the Mechanisms of Defense*, published in 1936, in which she clarified the operation of the defense mechanisms. The book received widespread praise and is considered a basic work on ego psychology. The standard defense mechanisms discussed earlier in this chapter owe their full development and articulation to Anna Freud. This is only one of her significant contributions to psychoanalytic theory.

Log On

The Anna Freud Centre

A description of the Anna Freud Centre in London, which carries on her work with emotionally disturbed children and adolescents.

Object Relations Theories: Heinz Kohut and Melanie Klein

We used the word *object* when we discussed Freud's concept of cathexis, which he defined as an investment of psychic energy in an object. By *object*, he meant any person or activity that can satisfy an instinct. Thus, we may invest psychic energy in people, such as our mothers, who are able to satisfy our basic needs. Freud suggested that the first instinct-gratifying object in an infant's life is the mother's breast. Later, the mother as a whole person becomes an object. As the child matures, other people also become such objects, as long as they satisfy the child's instinctual needs.

Object relations theories focus more on interpersonal relationships with such objects than they do on instinctual drives. Although drive satisfaction is important, it is secondary to the establishment of interrelationships. This primary emphasis on personal relations, over instinctual needs, tells us that unlike Freud, object relations theorists accept social and environmental factors as influences on personality.

They place particular emphasis on the mother-child relationship, suggesting that the core of personality is formed in infancy, at a younger age than Freud proposed.

Although they differ on specifics, object relations theorists tend to agree that the crucial issue in personality development is the child's growing ability to become increasingly independent of its primary object: the mother. These theorists also see as critical the emergence in the early years of a strong sense of self and the maturing of relations with objects other than the mother.

Although there is no single viewpoint or system that commands the allegiance of all object relations theorists, several approaches can claim a following. We consider briefly the work of Heinz Kohut and Melanie Klein.

Heinz Kohut (1913–1981) Kohut's emphasis is on the formation of the nuclear self, which he described as the foundation for becoming an independent person, capable of taking initiative and integrating ambitions and ideals. The nuclear self develops from the relationships that form between the infant and so-called *selfobjects* in the environment. These selfobjects are the people who play such a vital role in our lives that, as infants, we believe they are part of our selves.

Typically, the mother is the infant's primary selfobject. Kohut suggested that her role is to gratify not only the child's physical needs but also the psychological needs. To do

object relations theories Outgrowths of psychoanalytic theory that focus more on relationships with the objects (such as the mother) that satisfy instinctual needs, rather than on the needs themselves.

this, the mother must act as a mirror to the child, reflecting back on the child a sense of uniqueness, importance, and greatness. By doing so, the mother confirms the child's sense of pride, which becomes part of the nuclear self. If the mother rejects her child, thus mirroring a sense of unimportance, then the child may develop shame or guilt. In this way, all aspects of the adult self (the positive and the negative) are formed by the child's initial relations with the primary selfobject.

Kohut was careful to point out the continuities between his work and that of Freud. He did not view his self psychology as a deviation from Freudian psychoanalysis but rather an expansion or extension of it (Siegel, 2001).

Melanie Klein (1882–1960) An unwanted child who felt rejected by her parents, Klein suffered periodic bouts of depression. She was estranged from her daughter, who later also became an analyst. The daughter accused Klein of interfering in her life and maintained that her brother, who died while mountain climbing, had actually committed suicide because of his poor relationship with their mother. Thus, Klein experienced difficulties both as a daughter and a mother. This may have been an influence on her formulation of a system of personality development that focused on the intense emotional relationship between infant and mother.

She emphasized the first 5 to 6 months of a child's life, in contrast to Freud's stress on the first 5 years. She assumed babies are born with active fantasy lives that harbor mental representations (images) of Freudian id instincts, which the images temporarily satisfy. For example, a hungry baby can imagine sucking at the mother's breast and so, for a time, assuage the hunger.

These fantasies experienced in infancy, which Klein called inner objects, are real and vivid because infants lack the ability to distinguish between real and fantasy worlds. As a result, infants come to believe that every frustration, every thwarting of an instinct, is a personal attack inflicted by a hostile world. Infants relate, initially, only to parts of objects, and the first such part-object for babies is the mother's breast. The breast either gratifies or fails to gratify an id instinct, and the infant comes to judge it as good or bad. The baby's world, as represented by this part-object, is thus seen as either satisfying or hostile. Gradually, as the world expands, infants relate to whole objects rather than part-objects, for example, to the mother as a person rather than solely a breast.

The infant derives pleasure from this whole person (the mother) and this increases self-confidence and the power to perceive and relate to other people. Thus, all other relationships develop out of the basic object relationship that began with the mother's breast. These experiences in infancy leave additional mental images that are stored and remain influential. The adult personality, then, is based on the relationship formed in the first few months of life.

It is important to remember that no matter how far the object relations theorists deviated from Freud's position by recognizing social and environmental influences, they remained Freudian in their basic approach. Their goal was to extend Freudian theory, not to replace it.

Reflections on Freud's Theory

Freud's system of psychoanalysis has had a phenomenal impact on theory and practice in psychology and psychiatry, on our image of human nature, and on our understanding of personality. His influence has also been felt in the general culture and his work has been featured in many popular books, magazines, and newspapers. One article called him an "inescapable force," exerting an impact even 65 years after his death (see Adler, 2006, p. 43).

Psychoanalysis contributed to the growing interest of American psychologists in the study of personality, beginning in the 1930s. In the 1940s and 1950s, the ideas of psychoanalysis influenced the emerging study of motivation in psychology. Contemporary psychology has absorbed many Freudian concepts, including the role of the unconscious, the importance of childhood experiences in shaping adult behavior, and the operation of the defense mechanisms. As we have seen, these and other ideas continue to generate a great deal of research.

We see further evidence of Freud's importance in the chapters about personality theorists who built on Freud's system or used it as a source of opposition for their ideas. Great ideas inspire not only by being considered valid, but also by being perceived as incorrect, thus stimulating the development of other viewpoints.

Freud's theory of personality remains more influential than his system of psychoanalytic therapy. Although research on Freud's ideas and experimental tests of his concepts continue to be plentiful, psychoanalysis as a therapeutic technique has declined in popularity, particularly in the United States. In China, however, psychoanalysis as a method of therapy has lately become popular. Using Skype, the Internet videoconferencing service and software application, Freudian psychoanalysts in the United States have been offering training programs to a growing number of Chinese psychoanalysts (Osnos, 2011; Wan, 2010).

Growing numbers of people are seeking therapy for behavioral and emotional problems, but fewer are choosing the expensive, long-term approach Freud developed. Briefer courses of therapy, lasting from 1 to 15 sessions, have become the norm, along with the increasing use of psychotherapeutic drugs.

The trend away from orthodox psychoanalysis in the United States has also been reinforced by the managed-care approach to total health care. It is less costly for insurance companies to approve a treatment regimen that involves simply prescribing a drug rather than a course of psychoanalysis that might last several years. In addition, managed care demands empirical evidence of the effectiveness of therapeutic treatment before providing insurance reimbursement and the evidence for the effectiveness of psychotherapy is weak (see, for example, Mayes & Horwitz, 2005).

We have already noted the flaws in the case study approach, Freud's primary method of research. In addition to those issues, raised mainly by experimental psychologists, there are questions asked by other personality theorists. Some argue that Freud placed too great an emphasis on instinctual biological forces as determinants of personality. Others challenge Freud's focus on sex and aggression as major motivating forces and believe we are shaped more by social experiences than by sexual ones. Some theorists disagree with Freud's deterministic picture of human nature, suggesting that we have more free will than Freud acknowledged, and that we can choose to act and grow spontaneously, in at least partial control of our fate.

Another criticism focuses on Freud's emphasis on past behavior to the exclusion of our goals and aspirations. These theorists argue that we are also influenced by the future, by our hopes and plans, as much as or more than by our experiences before age 5. Still other personality theorists think Freud paid too much attention to the emotionally disturbed, to the exclusion of the psychologically healthy and emotionally mature. If we wish to develop a theory of human personality, why not study the best and the healthiest, the positive human qualities as well as the negative ones? Theorists also take exception to Freud's views on women, specifically to the concepts of penis envy, women's poorly developed superegos, and women's inferiority feelings about their bodies.

Ambiguous definitions of certain Freudian concepts have also been questioned. Critics point to confusion and contradiction in such terms as id, ego, and superego. Are they distinct physical structures in the brain? Are they fluid processes? In his later writings

Freud addressed the difficulties of defining some of his concepts precisely, but the questions remain.

This book is a history of modern insights into personality. In our personal and social growth we are never free of our past, nor should we want to be. The past offers the foundation on which to build, as later personality theorists have built on Freud's work. If psychoanalysis has served no other purpose than to inspire others and provide a framework within which to develop new insights, then Freud's importance to the world of ideas is secure. Every structure depends on the soundness and integrity of its foundation. Sigmund Freud gave personality theorists a solid, challenging base on which to build.

Chapter Summary

Freud's theory is at least partly autobiographical in that he based some of his major concepts on his childhood experiences and sexual conflicts.

Instincts are mental representations of stimuli that originate within the body. Life instincts serve the purpose of survival and are manifested in a form of psychic energy called libido. Death instincts are an unconscious drive toward decay, destruction, and aggression.

The three structures of the personality are the id, ego, and superego. The id, the biological component of personality, is the storehouse of instincts and libido. It operates in accordance with the pleasure principle. The ego, the rational component of personality, operates in accordance with the reality principle. The superego, the moral side of personality, consists of the conscience (behaviors for which the child is punished) and the ego-ideal (behaviors for which the child is praised). The ego mediates among the demands of the id, the pressures of reality, and the dictates of the superego.

Anxiety develops when the ego is pressured too greatly. Reality anxiety is a fear of dangers in the real world. Neurotic anxiety is a conflict between instinctual gratification and reality. Moral anxiety is a conflict between the id and the superego. Defense mechanisms operate unconsciously. They are distortions of reality that protect the ego from the threat of anxiety. Defense mechanisms include repression, reaction formation, projection, regression, rationalization, displacement, and sublimation.

Children pass through psychosexual stages of development defined by erogenous zones of the body. The oral stage involves two modes of behavior: oral incorporative and oral aggressive. The anal stage involves the first interference with the gratification of an instinctual impulse. The phallic stage involves the Oedipus complex, the child's unconscious sexual longings for the parent of the opposite sex and feelings of rivalry and fear toward the parent of the same sex. Boys develop castration anxiety; girls develop penis envy. Boys resolve the Oedipus complex by

identifying with their father, adopting their father's superego standards, and repressing their sexual longing for their mother. Girls are less successful in resolving the complex, which leaves them with poorly developed superegos. During the latency period, the sex instinct is sublimated in school activities, sports, and friendships with persons of the same sex. The genital stage, at puberty, marks the beginning of heterosexual relationships.

Freud's image of human nature is pessimistic. We are doomed to anxiety, to the thwarting of impulses, and to tension and conflict. The goal of life is to reduce tension. Much of human nature is inherited, but part is learned through parent-child interactions.

Two methods of personality assessment are free association and dream analysis. In free association, a patient spontaneously expresses ideas and images in random fashion. Sometimes resistances develop in which a patient resists talking about disturbing memories or experiences. Dreams have both a manifest content (the actual dream events) and a latent content (the symbolic meaning of those events).

Freud's research method was the case study, which does not rely on objective observation. It is not controlled and systematic, nor is it amenable to duplication and verification. Freud's data are not quantifiable, may be incomplete and inaccurate, and were based on a small and unrepresentative sample.

Some Freudian concepts have been supported by empirical research: the unconscious, repression, projection, displacement, verbal slips, characteristics of oral and anal personality types, the Oedipal triangle, castration anxiety, and the resolution of the Oedipal dilemma in women by bearing a child. Major portions of Freud's theory (the id, superego, death wish, libido, catharsis, and anxiety) have not been scientifically validated. Two components of the ego have been identified: ego control and ego resiliency. With regard to repressed memories of childhood sexual abuse, some may be real, whereas others may be implanted and distorted.

Freud's theory has been modified by Anna Freud, who elaborated on the role of the ego, and by object relations theorists such as Kohut and Klein, who focused on the mother–child relationship.

Personality theorists criticize Freud for placing too much emphasis on biological forces, sex, aggression, emotional disturbances, and childhood events.

They also criticize his deterministic image of human nature, his negative views of women, and the ambiguous definitions of some of his concepts. However, there is no denying Freud's phenomenal impact on Western culture and on later personality theorists, who either elaborated upon or opposed his system.

Review Questions

1. In what ways did Freud's theory reflect his childhood experiences and his personal conflicts about sex?
2. How did Freud define instincts? How do instincts connect the body's needs with the mind's wishes?
3. Distinguish between the life instincts and the death instincts. How do they motivate behavior?
4. Define the id, the ego, and the superego. How are they interrelated?
5. What did Freud mean when he said that the ego is caught in the middle, pressured by three insistent and opposing forces?
6. What are the three types of anxiety Freud proposed? What is the purpose of anxiety? How do we defend ourselves against anxiety?
7. Describe how each of the following defense mechanisms protects us against anxiety: reaction formation, projection, sublimation.
8. Describe the oral and anal stages of psychosexual development.
9. What activities characterize an adult fixated at the oral incorporative phase? At the anal retentive phase?
10. How do boys and girls resolve the conflicts of the phallic stage of psychosexual development?
11. In your opinion, how would boys and girls reared by a single mother resolve these conflicts?
12. What are Freud's views on the relative influences of heredity and environment? What is Freud's position on the issue of free will versus determinism?
13. What kind of information can be revealed by free association? What are resistances?
14. Describe two aspects or contents of dreams. Discuss research conducted to test Freud's ideas about dream contents.
15. Which of the propositions in Freud's theory have received empirical support?
16. What criticisms have been made of the case study method?
17. Describe examples of research conducted on the concepts of the Freudian slip, the ego, and catharsis.
18. How does research on subliminal perception support Freud's views on the unconscious?
19. What is the difference between ego control and ego resiliency? Describe some personality characteristics of people who score high in ego control.
20. In what ways do repressors differ from non-repressors? Which of the two repressive coping styles is associated with happier and healthier behavior?
21. At what ages are the defense mechanisms of denial, identification, and projection most likely to be used? Why?
22. Does the Freudian defense mechanism of repression explain all instances of repressed memories of childhood abuse? What other factors might account for such memories?
23. Describe some of the ways in which Anna Freud, Heinz Kohut, and Melanie Klein extended and modified traditional Freudian theory.
24. Discuss the current status and acceptance of psychoanalysis as a personality theory and as a method of psychotherapy.

Suggested Readings

Coles, R. (1993). *Anna Freud: The dream of psychoanalysis*. New York: Addison-Wesley. Describes Anna Freud's life, her work on defense mechanisms, and her hopes for the future of psychoanalysis.

Ellenberger, H. F. (1970). *The discovery of the unconscious: The history and evolution of dynamic psychiatry*. New York: Basic Books. Traces the study of the unconscious from primitive times to Freudian psychoanalysis and its derivatives.

- Krüll, M. (1986). *Freud and his father*. New York: Norton. Examines the lives of Sigmund Freud and his father and analyzes the influences of Freud's experiences as a son on the development of psychoanalysis.
- Lerman, H. (1986). *A mote in Freud's eye: From psychoanalysis to the psychology of women*. New York: Springer-Verlag. Describes how Freud's negative bias toward women developed from his personal experiences and permeated his theory of psychoanalysis. Shows how Freud's stages of psychosexual development, as they apply to females, have been largely disproved, and offers criteria for a woman-based personality theory.
- Roazen, P. (1975). *Freud and his followers*. New York: Knopf. A lively, well-written account of Freud's life and of the men and women who became his disciples, some of whom later broke away to form their own schools of thought.
- Sulloway, F. J. (1979). *Freud, biologist of the mind: Beyond the psychoanalytic legend*. New York: Basic Books. A biography that places Freud's work in the context of its times and disputes the legend that Freud was a lonely hero working in isolation.