Chapter I

NEUROSION AND PSYCHOANALYSIS

Before establishing the relation between neurosis and psychoanalysis, it is quite necessary to talk of the relation of neurosis with psychosis, psychosomatic disorders at least in the level of etiology so that more about neurosis may come to the forefront for full view. New psychosis can be broadly divided into two groups - functional and organic - of which one is markedly different from the other. As for the organic psychosis, it is contended that some organic defect elsewhere in the body of the individual develops, not in response to psychological stress and strain prior to the psychotic disorder. If this be the case at all, neurosis is far away from the line. The functional psychosis seems to be nearer to neurosis with the statements that neurosis is a mild disorder, while psychosis is a major and profound disorder. Neurosis is a mental disease in which socio-cultural, psychological and interpersonal factors play major roles in causation; on the other hand, neither physical vulnerability before the onset of the disease in any form or degree, nor structural damage before and after onset of the disease is quite difficult to be detected. The etiology of the functional psychosis also lies apparently more or less in the line of that of the neurosis. Indeed, Myre Sim quotes, "Bowman and Rose (1951) considered that there was no scientific basis for the distinction and that it depended on symptomatology." The two groups can be considered a continuum

1. Guide to Psychiatry - Myre Sim, p. 450
with similar features and varying only in degree. Though this being so, disputes and debates are at work between psychiatrists and theoreticians on the issue of possibility to group the etiological factors together, i.e., for the two disorders. In case the disputes and debates are terminated, we can predict that each neurotic, if not properly and timely checked, will become psychotic sooner or later. In this connection, Gratios (1970) made a follow-up study of 3,483 patients for 12 to 22 years in a mental hospital with a non-psychotic diagnosis and had a finding of 333 patients later admitted to mental hospitals with a psychotic diagnosis. It shows that the prediction is a bit far from truth. I wish to terminate the argument with a contention by Myre Sim, "It may still be useful to talk of neurotic and psychotic as indicating the severity of a problem or to indicate its content or otherwise with reality ... ... ."2

Coming to the relation between neurosis and psychosomatic disorder, the atmosphere of affinity had changed considerably. We have ample evidence that sociocultural, psychological and interpersonal factors in response to stress situations play important roles in causing psychosomatic disorder. However, they alone cannot cause the disease without the co-operation of a vulnerable organ or tissue which will be subsequently subjected to structural damage. In neurosis also, sociocultural, psychological and interpersonal

2. Ibid., p. 451
factors in response to stress situations have a great share in causation, but the absence of a vulnerable organ or tissue to be subjected to structural damage can be noted. For the physical symptoms associated with neurosis it is futile even now to trace the underlying physical ailments. At the same time no physiological defect for the psychological symptoms as well can be found out.

In the biological enquiry of the alcoholism and drug dependence no definite proof nor specific empirical finding as to the involvement of physical vulnerability before the onset of the disease nor structural damage after the onset of the disease is yet established. The disease appears to be caused by mere and accidental repetition of alcohol or drugs. Even if it is necessary, it is not in the level of physiological "must"s; rather it is in the level of socio-cultural, psychological and interpersonal relations. Only in this aspect, neurosis and the disorders can be related.

The relation of neurosis with several mental disorders having been established, we now come to the relation between neurosis and psychoanalysis. The term, psychoanalysis, can be explained in three ways. "First, it is a school of psychology that stresses the dynamic, psychic determinants of human behaviour and the importance of childhood experiences in moulding the adult personality. Second, psychoanalysis is a specialised technique for investigating unconscious mental activities. Third, psychoanalysis refers to a method of interpreting and treating mental disorders especially the
Psychiatry is quite older than psychoanalysis which, indeed, arose within the field of the former against the dominant 'somatic' tendency of some group of psychiatrists in the nineteenth century. A discovery was made that brain lesions could not be found in some mental disorders, thereby drawing attention of the psychiatrists to the patient's emotional stress, weakness of will, suggestibility and irrational habits. Then hypnotism came into the picture as a successful method for treatment of the neurotic patients. This new method was employed by three efficient psychiatrists, namely, (a) Charcot, (b) Nerton Prince of Boston and (c) Pierre Janet.

The term, 'hypnotism', was brought to medical and scientific attention by Mesmer in 1780. Since then it led a checkered career for almost a century until it was revitalised in the famous rival schools of Paris and Nancy. Mr. Charcot, the leading neurologist of the day and also a great personality as well as a great teacher, made a special study of hysteria. He was of the opinion that persons subject to hysterical symptoms could also be put into deep hypnosis and this fact was used in treating hysteria as well as for interpreting hypnosis which he inferred to be a peculiar pathological state of the organism. The Nancy school opposed this view vigorously teaching that a mild form of hypnosis could be induced in nearly all normal
subjects and also that that kind of hypnosis be produced by suggestion.

Mr. Merton Prince of Boston, who was one of the prominent pupils of Charcot, used hypnosis and suggestion in the treatment of 'double personality'. In the course of his treatment of Miss Beauhamp, Everwhile, he propounded the theory of 'co-conscious'. Nothing definite had been heard of co-conscious in recent times though, of course, William McDougall admitted the importance of it in the adequate explanation of personality interpretation.

Pierre Janet, a young professor of philosophy at the Lycee in Havre was preparing for a medical degree by doing some interesting experiments in hypnotic somnambulism. Thereafter he became associated with Charcot to investigate automatic writing and similar dissociated behaviour. In the medical thesis (1892) he expressed the results of his research on these phenomena and intensive study and treatment of the neurosis. He contended that patients of hysteria were able to recall past experiences which in the waking state seemed to be completely forgotten. Thus the emotional shocks were recalled and particular symptoms such as the paralysis of one arm were traced back to their sources. Besides, in case a suggestion like "That is all past and gone now" is made by the physician, the hysterical symptoms connected with the emotional shocks will disappear altogether. The patient may develop other symptoms which can be traced back to other sources.
While using hypnosis and suggestion for the hysteries, Janet found the case of the obsessive to be quite another matter. Elton Mayo summarizes Janet's view of the obsessive: "They are experts in an arduous rethinking of the obvious they substitute an exaggerated precision in minor activities for that activity in major affairs of which they are or feel themselves to be, incapable." Incapacity to cope with social reality and the lowering of psychological tension which occurs when obsessive is confronted with a task beyond his power are the root of such symptoms.

The idea of lower tension sounds inconsistent with the tension and agitation the obsessive shows in such a situation, but tension has got a special meaning markedly different from its common use. Janet understood levels of mental tensions as positively correlated with a hierarchy of mental functions ranging from simple reflexes to the most complex dealings with reality. The latter depends upon the integration of reflexes, habits and skills of lower order and, wherever these are inadequate, the higher processes will also fall short of requirements. In normal, effective attention these subordinate and contributory functions fall easily into place: they are in equilibrium. The greater the complexity of the act, the greater will be the mental tension required to maintain equilibrium. The deficiency of the hysteric is at a relatively primitive level, usually affecting sensory awareness in one or another form; the

4. Some notes on the psychology of Pierre Janet - E. Mayo
deficiency of the *psychopathic* - a term implying psychic weakness which Janet used to cover a syndrome of neurotic symptoms including phobias and obsessions - is a higher level. In the case of the obsessive it appears to hinge essentially upon his ineptness in social adjustment. It is interesting to find in Janet's writings recognition of the same individual trends towards aggressive hostility, social withdrawal or selfless docility in such cases as social analytic theorists have proposed: "Previous indications of character, egocentricity, pride, susceptibility, authoritarian ideas - betray an inclination to objectify psychological troubles, to attribute to the machinations of other people the subject's own psychological insufficiencies. Moreover, one finds in this group an increased tendency to systematization and less disposition to obsessive doubt ... Conversely, sweetness, humility, a tendency to perpetual subjective analysis are indications in a patient of the approach of indecision, doubt, and the typical overscrupulous attitude." Particularly the latter type of obsessive does not use reflection in the way of a normal person to bring consistency and unity to his experience. Instead, he agonizes over a problem, freezing into inactivity and allowing it to absorb his attention with the effect of alienating himself further from his fellow-men. In such a case, Janet would seek out the source of this disequilibrium in a study of the subordinate functions, and then attempt to re-educate the patient. Janet's work, slightly antedating

5. Janet, 1903, as quoted in Ibid., p. 93
psychoanalysis, was beginning to exert considerable influence on both psychology and psychiatry when it was overtaken by the more dramatic conception of Freud.

Then comes Sigmund Freud. He is a native of Czechoslovakia but spent his life since the age of four until the Nazi invasion in 1938, in Vienna. During childhood, he led a brilliant career as a student but could not decide what line he should take. Civilisation, human culture and human relationship attracted him more than natural science even though Darwin opened up new vistas for the understanding of all life. Reluctantly, Freud got himself registered as a medical student at the university of Vienna with no desire to be a physician but because of his infatuation with biological and social sciences. Physiology was thus much to his liking that he studied it for six years in the physiological laboratory. Of the clinical branches of medicine, he inclined much to the psychiatry. However, for the sake of earning livelihood, he decided to go to medical practice and by switching from physiological laboratory, the specialised study on the nervous system, its anatomy and organic diseases such as paralysis, aphasia and the effect of brain injuries in childhood became his centre of attention.

In 1883 Freud went to Paris to meet Charcot and also to study for a year with him. He was much interested in the treatment of hysteria by means of hypnosis. Charcot had made such advance that 'hysteria may be a male disease' was his routine demonstration. On return to his place, Freud narrated
to his friends all be experienced with enthusiasm but was
greeted with rebuffs. Eventually he concluded that his place
was bound to be 'in the opposition'.

By this time in 1886 Freud married and settled down to
private practice in Vienna as a nerve specialist. The field of
neurosis being a neglected one in Vienna, he built up his
practice in that direction. Difficulties, however, began to
step in. First, the cures were temporary. Second, many
neurotic patients could not be hypnotized. Hereafter he went
to France to examine the Nancy school which claimed to have
hypnotized all patients with curative suggestion to them during
hypnosis. It was soon found that the Nancy school was not so
much successful in the treatment of private patients as in the
clinic patients. Freud retreated and continued his hypnotic
practice without having been influenced by Janet also.

Breuer, a friend of Freud, was an eminent physiologist
making important contribution to the study of respiration and
of the semicircular canals but devoting himself to general
medical practice. Incidentally, it so happened that he treated
a serious case of hysteria affecting a young woman who was
subjected to such symptom as paralysis, memory losses, and
states of mental confusion. By using hypnosis Breuer found as
Janet did that the patient could remember emotional experiences
that had given rise to specific symptoms. A further finding
was made : she reported that after remembering an emotional
experience and talking it out with him while under hypnosis she
found herself free from the particular symptom that dated from
that experience. This trend on the part of the patient was followed and Breuer succeeded after many such sessions in getting all her symptoms talked out and abreacted. He used the term, 'abreaction', to describe the release of a blocked emotional charge through consciousness and movement and especially in this case it seemed to account for the fact that the patient was able to resume her normal life. Freud was very much interested in the finding of Breuer and unsuccessfully practised hypnosis on many patients. They collaborated in the publication of many connected series in 1895 and 1896. 'Mental catharsis' was the term they jointly used to describe the new method because it worked by eliminating sources of disturbance related to past emotional experiences of the patient.

In spite of this promising beginning Breuer did not like to use further the cathartic method as it had some troubles. A woman patient, after the long period of hypnotic session and very close to complete cure, confessed that she had fallen in love with him. Such a development presented a problem to a man like Breuer who wished to maintain a strictly professional attitude. Freud also faced the same difficulty. However, he made a survey of all possible explanations of this unexpected response and arrived at a conclusion that the love was transferred to him as a substitute for the real and original object towards whom it was directed. In case he continues to treat the patient while maintaining the professional attitude, he might even make use of this transference to hasten the cure. Many years had to come before the theory of transference was fully worked out, but eventually the techniques for managing
and using it come to have a dominant place in psychoanalytic practice.

Then Freud made up his mind to give up hypnosis which, he believed, had two major defects. One was the difficulty of transference to be managed. Another defect was that neurotic patients could not be easily or deeply hypnotized. He felt that recovery of lost memories should be made possible by trying hard enough in the waking state. So he advised his patients to relax on a couch while he sat behind them watching without being watched. They were further advised to search their memories so that they could remember the source of their present troubles. This was a strenuous procedure for both doctor and patient and not always successful.

An important step then led Freud in the realm of methodology. He instructed his patients not to search their memories but to relax mentally and let ideas come up spontaneously. The new method was designated 'free association'. Although it was controlled to some extent by the whole doctor-patient relationship, it was free in the sense that Freud gave the patient the lead, making very few comments and interfering as little as possible with the course of the patient's thoughts. However, the patient was supposed to give full expression to every idea as it came up, however, embarrassing, unimportant, irrelevant or even foolish as it might appear to be.

Sometimes in the course of free association it happens that the patient reported a dream he dreamt. Freud discovers that such dream provides an excellent source of new associations.
The patient is, then, advised to let his mind play freely about each item of the dream. This led regularly to unearthing of the patient's significant memories long forgotten but seeming to have a bearing on his problem. By studying the relationship between these long forgotten memories and the dreams, Freud concluded that the 'manifest content' which the patient could remember was a disguise for the real or 'latent dream content', part of which might consist of current experiences or wishes, but a much more important part of which would be unfilled wishes dating from childhood. A surprising discovery, too, was made that some of the significant and shocking memories reported by his neurotic patients as a result of dream analysis had never really happened. A woman may recall that she was sexually attacked by her father or any male member of the family, but subsequent checks on the story cannot establish the basis in fact. The frequent finding of such kind of distorted recall convinced Freud that in such cases a fantasy or daydream embodying a childish wish had been imported into the patient's memories as an objective event. The fact that it had existed as a fantastic wish made it significant in the life history, because Freud felt that it could lead to the core of the neurosis in childhood and ultimately to the cure of the patient by helping her to recover the lost memories and to live over the wishes of the period.

The revival of recent memories is not enough to effect a permanent cure, as it had often happened that patients dismissed as cured after superficial analysis returned later with slightly different complaints. This was already discovered
by Freud himself. But the problem is how to push the analysis back to early childhood. A few scraps of the rich experience of the first years can ever be recovered. However, the intellectual recall of the early events is not perhaps as essential as the revival of the emotional attitude. Once this childish attitude, this unrealistic desire was exposed into the open, the neurosis should be revealed in its true infantile character and perhaps give way to better adjustment under the analyst's guidance. Freud's reasoning took this general form.

When the person revives his childish emotional attitudes in this way with no clear memory of the persons and the events that accounted for them, the importance of transference is quite clear. In case the father of the child was the object of love and also of defiance, the analyst as a father will become the object of the transferred emotional attitude. At one time the patient is full of love and enthusiasm for the analyst; at the other time rebellion and even hatred are expressed. It is necessary that both the positive and negative phases must be worked through with the help of the experienced and understanding father substitute, the analyst. The analysis approaching its goal, positive transference becomes more evident, thereby creating a situation compelling the analyst to wean the patient from this childish dependence on him and prepare him assume his adult role in life.

Great stress on the necessity of helping the patient overcoming his resistances was laid for the fact that often free association does not operate freely. It seems to be blocked as if the patient were coming near to some memory or idea that
is too painful or terrible or shameful to be faced, hatred, for example, towards someone near and dear to him or unlimited selfishness. He admits that he is in trouble as a neurotic patient. Still, however, he has a very good opinion of himself and tends to repel any memory or any insight that would shame him. Soon he will face the facts under the guidance of the analyst though the process is a painful one.

The forgotten experiences and unadmitted desires and attitudes which came to limelight in the association were so often of a sexual nature that Freud early emphasised the predominant, though not exclusive, role of sexual difficulties and conflict in the causation of neurosis. Other things such as hostility motive and ambivalence coming to light in the course of free association are regarded as arising from the frustration of sexual wishes. Through dream analysis he found it convenient to believe that certain types of objects on the manifest dream were regular symbols for sexual objects and processes. The analyst could penetrate the disguises concealing the latent content of the dream by using his insight into the nature of the symbols. It is also discovered that at the stage of sharing conclusion by both the patient and the doctor, after the diagnosis, incredulity and resistance work again.

To effect a radical cure by penetrating to the core of every neurosis was Freud's determination. This forced him to abandon any hope of expeditious treatment. At least five sessions a week for months or years were found necessary. Consequently, it is not possible for an analyst to handle many
cases in a year. And it is also not possible to increase rapidly the number of analysts as new analysts also must get himself analysed by expert analysts to analyse patients on his own account. Countless neurotics are to be deprived of the advantages of psychoanalysis as long as it remained under the medical discipline. This factor coupled with the one that medical schools rather stress physical causes than psychic ones makes Freud to conclude that psychoanalysis should be an independent profession. But such a move by the master is not equally followed by his disciples, some of whom are medically trained. Some faction among them seems to develop.

In the early days before 1913, some Freudian followers made an attempt to concentrate on the patient's present problems and maladjustments instead of working back to childhood for the purpose of simplifying the psychoanalytic procedure. Any such attempt was vigorously opposed by Freud ruling, "That the actual conflict of the neurotic becomes comprehensible and solvable only if it can be traced back into the patient's past history." Since the death of the master, many psychoanalysts (as they call themselves) doing honour to him as the father of the movement enjoyed considerable freedom in modifying Freudian theory and methods. Franz Alexander, a leader of the Chicago group points out two reasons why many analysts retained the classical procedure for many years: the first is that they

6. The problem of lay analyses - S. Freud
7. The history of psychoanalytic movement - S. Freud
select cases that could best be dealt with by those methods; the second is that these were best suited for research purposes. Alexander himself is, however, one who advocated that the number of analytic session and the interval in between them be reduced and spaced widely respectively.\(^8\) However, such latitude in methods will depend upon the understanding of the seasoned analyst and 'appreciation of the momentary psychodynamic situation'.

Modern analysts make also countertransference, the analyst's attitude towards the patient, more flexible device. In contrasting the Freudian concept of 'the blank screen upon which the patient cast his emotional reactions' with the 'two way street' relationship of the later analyst and his patient Alexander takes the lead. In a study of the various attitudes taken by the analyst towards the patient regarding their effects he contends that the circumstances of the case will be the determining factor.

Much evidence is there that Freud was jealous in the defence of his own convictions. But this we can understand when we realise that both his method and his philosophy of mental development were to him the logical outgrowth of his clinical observations. He could not allow this logic to be lightly challenged. In case of any change in his theory, as it was so from time to time, the implications of his extensive clinical data were subjected to critical reconsideration. \(^8\)

---

8. Psychoanalytic Therapy - F. Alexander and T.M. French
was like an experimental psychologist who is expected to do when the results obtained from laboratory study did not support his hypothesis. Of course, difference between the two is in the complexity of the data Freud dared to study.

In the light of the theories that are hardest to believe, people sometimes forget that, before engaging himself in his study, Freud was trained as a scientist specializing, in fact, in neuro-physiology although he chose to cast his theory in psychological terms. In 'project for a scientific psychology' he worked out a series of postulates amounting to a neurological 'model to account for the facts of learning, memory thinking, pain, stress and pleasure.9 Karl Pribram, doing research in neuropsychology, made a study on these postulates and concluded that Freud's theorizing had anticipated or approximated more recent thinking about the organization of the nervous system.10

**Freud's Early Theory**

Freudian theory did not cover all the topics usually included in a textbook of psychology, though, of course, it tried to explain what was neglected or unsettled by other psychologists. Motives and their conflicts, and the effect of conflict not only in the neurosis but also in every behaviour are dealt with.

---

9. Project for a scientific psychology - S. Freud
10. The neuropsychology of Sigmund Freud - K.H. Pribram
Freud had a firm belief in unconscious mental or "psychic" processes. He was much impressed by the experiments he witnessed in Nancy school in 1889. After the hypnotic trance a patient cannot be conscious of what had happened during trance; but he can remember when put back under hypnosis. The patients of Freud and Breuer could remember while under hypnosis past experiences that seemed entirely forgotten while the patients were awake. These experiences, then, are not actually forgotten but had sunk into the unconscious from which conscious self cannot summon them. The concept of unconscious was not invented by Freud. It was used by a number of predecessors including Charcot and Janet to account not only for pathological but also for normal behaviour. Carpenter in 1876 used the term 'unconscious cerebration' to explain the common experience of having an elusive memory or the solution to a problem suddenly pop into our heads long after we have stopped thinking about it. Physiological activity is suggested by 'unconscious cerebration'. Freud used the term, unconscious. He believed that complex planning and deliberating might go on in the unconscious. He believed also that the whole psychic life was initially unconscious and for the most part remain so, with the quality of consciousness playing only a secondary role. His original 'environmentalist' hypothesis that the unconscious consisted merely of isolated experiences and emotions that had been repressed because of the moral and ethical pressures of society was to be reconsidered because of his study of dreams and the discovery that the 'sexual episodes' reported to him by the patients had never occurred in real life.
Freudian conception of the unconscious soon took a special turn that was new and original, that the unconscious consisted essentially of motives appeared to him. Those memories, which his first patients got back while under hypnosis, were, to be sure, memories of persons and events, but they were shot through with strong but unfulfilled wishes. The sense of duty on the part of a young woman to her sick father forced her to give up her love affair - that was the kind of memory that often came to light. Such a forgotten wish might still be very much alive in the unconscious, making queer effects on conscious behaviour. The young woman in this case developed a hysterical paralysis betraying an unadmitted desire to be rid of the duty of nursing her father.

In his interesting book, the psychopathology of everyday life Freud cited a great number of examples of the slip of the tongue and lapses of various kinds which by the method of free association were shown to be unconsciously motivated. In these analyses Freud did not spare himself. In one instance, he had a lapse of memory that certainly appeared remarkable. At the end of one year in his account book he was mystified to find the name of a patient occurring repeatedly, though he had no notion who that patient could be - a patient seen daily in a sanitarium for several weeks during the previous summer. Finally he remembered that very patient - a girl whom he treated successfully for a hysterical condition but allowed to go even

11. Psycho-pathology of Everyday Life - S. Freud
though she was complaining of abdominal pain by that time. She
died of cancer in the abdomen after two months. He regretted
his error in diagnosis and his unfulfilled wish was that he had
done a better professional job. From such examples, interpreted
in his characteristic manner, he framed a theory of forgetting:
anything once well known was never forgotten although it might
be banished in the unconscious. Without going so far as to
assert that intentional forgetting accounted for all failures
of memory, he said there was good reason to suspect some motive
in any pronounced case.

The same thing was spoken of any slip of tongue or any
of accident such as losing or breaking anything. Every such
act, he thought, was intentional, though the intention might be
unconscious. Losing her wedding ring by a bride is a sign that
she has a smoldering wish to be free again or at least to be
free of her bridegroom. Evidence is offered that wit also
plays part in allowing the repressed content of the unconscious
to escape into the conscious. A pun, for example, may be
enjoyed not so much for its apparent meaning as for the subtler
meaning which would not be allowed frank expression.

In addition to free association and dream analysis,
other guiding principles were used by Freud in turning up
unconscious motives. One was that whatever is strongly
forbidden must be strongly desired. In case people did not
want to do certain things prohibitions against such behaviour
will be unnecessary. On these ground, Freud argued that
parricide and incest, being so abberant, must be strong, universal
unconscious desires. Another guiding principle was that whatever is strongly feared is really desired. This will apply especially to irrational and excessive fears of the type known as phobias. Freud believed that such neurotic fears, and even the more normal worry and solicititude one individual may show for another's welfare really mask unconscious wishes for the very thing feared.

So far we have been studying unconscious which is completely cut off from conscious awareness by an act of repression. Confronted with contents of this part of his psyche a patient's unconscious resistance can cause him to disown it quite innocently. However, other kinds of unconscious experiences are there. Sometimes it happens that we voluntarily suppress a thought or a wish. In the course of a day it may remind us many times and every time it recurs we push it out of our minds again. This cannot make it a part of the unconscious; it still remains somewhere that Freud called preconscious (also called fore-conscious). For instance, the thought we have in our mind may produce an association which was very remote when the thought first entered our mind, but it was part of the preconscious and thereby easily accessible to consciousness. On the other hand, the thought preceding it has passed into the preconscious. That this is what happens in free association can be seen. That being so, the question arises as to how the unconscious idea which is causing the trouble can ever be reached through the association of ideas in a completely separate stratum. The problem is acknowledged by Freud by conceding no simple explanation: "On the border of the Fos the censorship
thrusts back the Uos, but its derivatives can circumvent this censorship, achieve a high degree of organization, and in the Pcs reach a certain intensity of cathexis; when, however, this is exceeded and they try to force themselves into consciousness, they are recognised as derivatives of the Uos, and are repressed afresh at the new frontier by the censorship between the Cs and Pcs. Thus the former censorship is exercised against the Uos itself, and latter against its preconscious derivatives ... .

"In psychoanalytic treatment ... we required the patient to produce freely derivatives of the Uos; we pledge him to overcome the objections of the censorship against these preconscious formations becoming conscious, and by overthrowing this censorship, we open up the way to abrogating the repression accomplished by the earlier one." 12

In accordance with this early topographical scheme inter-relating conscious, preconscious and unconscious, the ego would obviously have to be conscious. But when it functions as a censor, it appears somewhat different; as in its job, it must have some knowledge of the unconscious as well as of the preconscious and the conscious.

Like Janet, Freud believes that neurosis is a loss of "la fonction du reel". The patient has turned away from reality or at least from some aspect of it. The resemblance which he found between dreams and neurotic symptoms led him to conclude that both draw upon a mental process more primitive and less

12. The Unconscious - S. Freud in collected papers, Vol. IV.
disciplined than that which operated in normal thought or perception. This he called primary process by identifying it with pleasure principle, as its function was to reduce tension arising from any excitation of the organism and so restore it to a state of tensionless equilibrium. But the primary process was at a serious disadvantage in this aspect. Short of any contact with reality it would not tell the difference between real and hallucinated experiences. It might conjure up an epicurean meal which would have no more food value than one in a dream. As a matter of fact, the primary process was conceived to be the one which takes over in dreaming or hallucinating or in any confused mental condition. Lacking in any frame work for the ordering of object in time or space, it would have much of the nature of the earliest experiences of the infant as Piaget in the theory of stages of development or Sullivan in the theory of modes of experiences describes his awareness. However, the primary process is not conscious.

Because of the failure on the part of the primary process to provide any permanent satisfaction of needs, inspite of the variety of fantasy - satisfactions it can offer, the secondary process ensues. As Freud put it: "The mental apparatus had to decide to form a conception of the real circumstances in the outer world and to exert itself to alter them." Then, the secondary process is the reality principle to which is delegated the function of finding ways and means,

13. Formulations regarding the two principles of mental functioning - S. Freud, in collected papers, Vol. IV
using the same psychic energy which has formerly futilely dissipated itself in fantasy. To achieve its goal it must 'bind' the energy which has been used freely by the primary process - unbound energy is described as mobile - and so delay immediate response to stimulation, when the secondary process does some 'reality testing'. It requires the organisations of memory traces and the comparison of new objects with the memory of those which have or have not in the past brought satisfaction. Freud adds that one part of the thought process is for ever cut off from reality testing: that part used in play, daydream and any form of artistic imagination. It is clear, too, that reality testing is deficient in the neurotic whose phobia prevents him from living a normal life, in the obsessive whose over intellectualising process prevents him from coming to grips with his real problems. They have all in varying degrees but 'the function of the real'.

The concepts of the primary and secondary process were of particular significances for several reasons; first, the primary process provided a link between the elaborate dream work - which conceals the latent meaning of a dream - and mechanisms which operate in other kinds of mental activities. For example, the mobile primary process could readily shift cathexis from one 'object' to another or from a part to the whole or the whole to the part. The terms, displacement, condensation, substitution and symbolism are all closely interrelated and all descriptive of this shifting of cathexis. In the dream an apparently innocuous element may arouse disproportionate emotion or something which should be shocking.
In such a case the affect is apparently displaced; and the object which produces it is probably a substitute or a symbol for some other object or it may represent an economical condensation of a number of ideas. Freud explains: "... we have discovered from the analysis of dreams that the unconscious makes use of a sort of symbolism, especially in the presentation of sexual complexes. This symbolism in part varies with individual, but in part is of a typical nature, and seems to be identical with the symbolism which we suppose to lie behind our myths and legends. It is not impossible that this latter creations of the people may find their explanation from the study of dreams."

In course of time the displacement has come to be used more freely than it was in the original usage to include substitutions which are devices of the secondary process or ego activity in its function of adapting to reality. A fitting example of this form of displacement is provided in play therapy in which a child displaces upon a doll the hostility he has repressed towards one of his parents or a sibling. Though the experiments by N.R. Miller seem to confirm the fact of displacement, the S-R explanations in terms of stimulus generalisations are far removed from the Freudian concept of redirection of a certain quantity of psychic energy such as libido.

The earliest formulation of his instinct theory was

the second significant development related to his concepts of

14. The origin and development of psychoanalysis - S. Freud, p. 21
a primary and a secondary process. In the formulation he grouped together specific forms of behaviour which his studies had led him to conclude provide sexual pleasure from infancy onwards. Libido is the energy of the drives that produce such behaviour and that will finally contribute to the mature reproductive behaviour of the adult as it appears after a series of pregenital phases of development. As the sources of sexual pleasure in the first years of childhood are the erogenous zones of the body itself, no immediate problem in satisfying these infantile drives is there. The problems will come later when the child is old enough for having some understanding of the social 'must-nots' attached to this pleasurable activities. On the other hand, the behaviour that serves to nourish the body and protect it from harm also gives a form of pleasure, because in accordance with the Freudian hedonic principle, pleasure is a state of equilibrio undisturbed by any pain-producing or tension-producing excitations. Whenever such pleasantness arises, the job of the primary process is to get rid of the intruding excitation as fast as possible in whatever way possible and restore the desired equilibrio. The ego motives are at a disadvantage in carrying out their programme, for they must take stock of the environment and substitute delaying tactics for the impulsive but ineffective or even dangerous 'solution' presented by the drive-directed primary process. Gradually, the secondary process comes to meet the need for more realistic solution and through it the ego eventually comes to establish a sort of custodianship even over the libido, and in case it does not quite tame, it at
least opposes the wayward, peremptory demands of this pleasure-ridden part of the psyche.

His professional colleagues received with shocked indignation the publication of his conclusions on the subject of infantile sexuality. He was even for a time subjected to some ostracism. However, he did not miss the chance of interpreting this reaction, according to the principles of his theory, as the effect of repression and a resistance on the part of his critics. As soon as this first negative response wore off that the spectacular features of his new theory began to catch imagination with the consequent distortion which generally comes into existence in case any 'movement' becomes a fad. Freud then found himself in a position to defend his real theory against the radical 'wild psychoanalysis'\(^{15}\) that lightly offered diagnoses and prescribed treatment, disregarding the necessity for the painstaking and protracted study of the individual's life history which should be a prelude to such judgements. In his search for the original cause of a repression the trail led him back to the patient's earliest childhood. He contended that his theory of infantile sexuality was a 'theoretical extract from very numerous experiences - experiences in obtaining free association from his neurotic patients. Later, observation and analysis of young children confirmed his conclusions about the sexual like characteristics of that stage of development.

\(^{15}\) Observations on 'wild' psychoanalysis - S. Freud, in collected papers, Vol. II
The sex drive of the infant has not nearly the intensity that it will have in adolescence when the sex glands and hormones have matured, and it does not yet have the definite aim of the sexually excited adult. It is diffuse rather than sharply focussed according to Freud. It aims simply at bodily pleasure from any organ, say mouth, anus or the genitals. It is, so to say, auto-erotic, not yet being directed towards any other person as a love object. It first gains satisfactions from the mouth in sucking. The sucking of a hungry baby is driven by hunger and not by the sex urge, but a baby who is not hungry sucks his thumb or a pacifier with pleasure, cannot be motivated by hunger but must be driven by the pleasure-seeking motive, the rudimentary sex motive in Freud’s conception. By the six month biting begins to be a prominent feature of the infant oral activities, a fact of much theoretical importance in the Freudian revision of ego-libido polarity hypothesis to be described hereafter. For the present, oral behaviour having important practical implication may be noted as the first phase of psychosexual development. It immediately opens up many questions as to the best methods of seeing the infant through this critical stage: what is the best kind of mothering care? What about the feeding schedules? When and how should weaning be carried out? The literature of child psychology is rich with recommendation on these questions, some of them based on clinical studies, some on experimental data. Not all of that is Freudian, by any means, but a large part of it, including many cross-cultural studies of infant care procedures and the apparent effect on personality patterning, has been sparked by Freudian theory

16. Childhood and society - Erikson
that the normal forward movement of the libido in the successive phases of its development will depend first on how successfully the problems of oral periods have been met.

The course of events remaining normal, at the end of the first year the anal reason becomes the predominant source of libidinal pleasure. Cathexis is not entirely withdrawn from the objects which gave pleasure in the oral stage. We must always eat; and some of us have enough interest left over for the objects of the oral phase to keep us chewing or smoking or talking or kissing a disproportionate amount of time throughout the rest of our lives. In the anal phase, the main cathexis is, however, on the activities of the organs of elimination. The baby derives pleasure not only from the process of evacuation but also, according to Freud, intensifies the pleasurable sensation by delaying that activity as long as possible. Both in the oral phase and anal phase appears a pattern of hostility which, until his revised theory came, Freud explained as the product of the obstacles that prevent the free expression of the infant's libidinal impulses. In the third phallic stage, the genital region comes to be of absorbing interest, and here again his erotic activity faces restrictions and frustrations from the social environment. Often times he is subject to harsher discipline at this time than at the earlier periods not only because of the social taboos against masturbation, but also because by the fourth year a child begins to look to his patience-tried parents more like a fit subject for higher education, especially when he has been under foot all day. He may adjust himself adequately to the social demands, or he may react by
first intensifying and then replacing the particular activity. When he represses, he fixes the particular urge in the unconscious where it persists unchanged, though it may obtain partial satisfaction through some form of sublimation that is socially tolerated or even approved.

Still the pleasurable activities of the child were considered by Freud as being under the general level of sexuality: biting things and putting them in the mouth; rhythmical movements of the arms and legs of the baby, swinging seesaw in the older child; tearing a part and throwing things down; showing off and looking at things—especially, of course, exposing one's own naked body or looking at that of another person; and, in short, any activity that seems to afford the young child sensuous and natural pleasure. In the higher level Freud included under sex gratification all affectionate behaviour and comradeship originating in the infant's attachment to the nursing mother. Love for art or music, too, was considered to be under the sex impulse. Whatever we say in ordinary language that we love or love to do is treated by Freud as sexual. We may say that this is simply his use of terms; he chose to define sexuality as equivalent to love and pleasure-seeking in the broadest sense. However, on the other sides, we must note that he objected strenuously to any one attempting to dilute his theory by desexualizing it. He insisted that affection was truly sexual and that thumb-sucking gave the baby genuine though rudimentary sexual pleasure. He makes it a point that his conception of sexuality was strict as well as broad.
Though the child's libido is at first auto-erotic and accordingly does not cathesct any external love-object, it begins to form some attachments in the course of early years. The first major attachment will be to the person ministering to the child's needs, usually, of course, the mother. It does not matter whether the child is a boy or a girl. Rather early the girl shifts her affections to her father because of her discovery of an anatomical deficiency for which she holds her mother responsible. The boy, on the other hand, begins to have an attitude of possessiveness towards his mother and a strong resentment towards his father as a rival for love. In case he gives overt expression to this by a public announcement that he intends to marry his mother or engages in play with her that reveals a sexual quality, he is likely to be sharply reprimanded. Some parents may resort to threats of grave consequences in case of continuation of his wickedness. Such treats take quite a realistic turn when the boy finds out that a girl's body does not have a penis. Both children presume that the girl has been deprived of hers and the boy is left with the idea that the same fate will befall him if he does not give up his competition with his own father for the love of his mother. The fear of castration makes him repress his incestuous love and also the hostility towards his father. In fact normally at this time he begins to identify himself with his father - a solution that has other more effects to be described in detail at the stage of consideration of superego and anxiety.

The reaction of the girl is somewhat different. She transfers her love to her father with a hope of compensation
for what she lacks. Later in life, for the same reason, she takes special pleasure in having sons. Freud considered that the oedipal situation is not limited to a single pattern:

"One gets the impression that the simple Oedipus complex is by no means its commonest form, but rather represents a simplification or schematization which, to be sure, is often enough adequate for practical purposes ... . A boy has not merely an ambivalent attitude towards his father and an affectionate object-relation towards his mother, but at the same time he also behaves like a girl and displays an affectionate feminine attitude to his father and a corresponding hostility and jealousy towards his mother. It is this complicating element introduced by bisexuality that makes it so difficult to obtain a clear view of the facts."17 Insute of the variations in the individual level, much of the force of the oedipus complex is lost in the years of the latency period which stretches between the climax of the 'family romance' and adolescence. According to Freud, its solution seems to come earlier for the boy than for the girl, hastened perhaps in the former case by the fear of castration.

That is all which prompted Freud to seek in the Oedipus legend the underlying motives for the commonly observed preference of little boys for their mothers and little girls for their fathers. He had been impressed with that modern audiences continuos to be deeply affected by the sophocles'

17. The Ego and the Id - S. Freud, pp. 42-43
drama despite its seeming remoteness from reality. We will recall that Oedipus, the hero of the legend, was exposed to the elements with a spike through his feet by order of his father, for an oracle had predicted that Oedipus would slay his father and marry his mother. He was rescued by a shepherd and afterwards adopted by a king of the neighbouring state, where he grew to early manhood in ignorance of his true parentage and of his predicted fate. On one occasion, however, he happened to visit the oracle that made him known that he would slay his father and marry his mother. With a view to avoiding such a calamity, he stayed away from his adopting home, but in his wanderings he encountered his true father, quarelled with him and slew him. As he continued his wanderings he arrived at Thebes, where by solving the riddle of the sphinx he freed the city from a long standing pest and consequently proclaimed king of Thebes and given its widowed queen Jocasta as his wife. When a plague was threatening to destroy the city after many years, the oracle warned that the city would be saved only where the murderer of Laius, father of Oedipus and King of Thebes was driven out or destroyed. The truth about his patriside and incest dawned upon Oedipus only when the charges of the seer Tiresias were confirmed in his mind by Jocasta’s tale of the abandonment of an ill-fated baby, and by the knowledge of his own attempted flight from this very destiny. In a fit of despair he severed his eyes. Jocasta also killed herself.

Freud’s belief in the biological universality of the Oedipus pattern has been the target of attack from many circles.
Malinowski, an anthropologist, was probably the first to apply the cross-cultural test.\textsuperscript{18} In the Trobriand islands, the real head of the household is the maternal uncle as the 'mother-right' prevails. Here Malinowski found no rivalry in between the son and the father but the hostility directed towards the uncle, who is the power wielder. From this finding it might be reasonable to conclude that in some degree the boy's resentment of parental authority rather than his resentment of sexual competition accounts for his rejection of the father in the oedipal phase in the patriarchal society.

Erich Fromm, a psychoanalyst, gives a similar view on the matter, but has offered a more psychoanalytic support for his position. He challenges Freudian interpretation of the symbolism of the legend\textsuperscript{19} by pointing out that even in the first drama of the Sophocles' trilogy Oedipus did not fall in love with Jocasta; she was merely part of the prize; she 'went with the throne'. Even more convincing is the evidence that the other plays of the trilogy makes no use of the incest theme, although father-son hostility and the defiance of authority are vividly featured. In support of his conclusion Fromm explains with an interpretation of Greek mythology made by 'Achafien in 1861: "An analysis of the whole Oedipus trilogy will show that the struggle against paternal authority is its main theme and that the roots of this struggle go far back into the ancient

\textsuperscript{18} Sex and repression in Savage Society - B. Malinowski
\textsuperscript{19} The forgotten language - E. Fromm
fight between the patriarchal and matriarchal systems of society. Oedipus as well as Haemon and Antigone, is representative of the matriarchal principle; they all attack a social and religious order based on the powers and privileges of the father, represented by Laius and Creon.20

Abram Kardiner, also of the psychoanalytic group, commenting upon Cora Du Bois' study of the people of Aior, points out that the mother's disproportionate burden of duties and the father's frequent involvement in complicated financial matters throw the young child upon the tender mercies of the elder siblings or anybody else able to keep an eye out for him. Under this condition he cannot develop any strong positive or negative attitude towards his parents or other people; but the frustrations he undergoes appear to add up to the later distrust and meanness which characterize his dealings with others.

Frans Alexander, on the other hand, concedes the influence of the society and of the period, but stresses that Freud's biological foundation cannot be ignored.21 With an emphasis upon the long-extended dependency of the child for the satisfaction of his needs, Alexander finds it reasonable that hostility will be directed against anybody who appears as competitor for the attentions of the tending figure. In case

20. Ibid., pp. 204-5
long dependency is discouraged the child's attachment may be transferred to some one other than the mother who will have less frustrating standards. The oedipal relationship need not be based, in this sense, upon the libido drive nor need it be a specific mother-son, father-daughter one; it is still associated with fundamental biological needs.

What does Freud have to say about the libido that encountered such rebuffs and frustration? It is withdrawn from the original object and if no suitable substitute can be found, it is drawn back, partially at least, into the self. This will be a form of regression, because it is only during the early months of life that the libido has no object-cathexes. At the period the infant is in a state of vague awareness, during the few hours that he is awake at all that makes no distinction between experiences that arise in his own body and those that come from the outside. Even the pleasure he takes from feeding at the mother's breast is not identified as having an objective source. The breast is just as much a part of him - or we might also say as little a part of him - as his own fist that he may continue to suck when the breast is withdrawn. The pleasure derived is auto-erotic and the libido development at this stage is designated as primary narcissism.

By the time when the child begins to differentiate the environment - a secondary process function - and when he then begins to identify suitable objects, his libido cathects them. But some libido is always retained by the ego. The balance between the two makes the difference between the normal 'self-
regard', immediate self-conceit, and the psychotic withdrawal of the schizophrenic.

Freud believed that following the climax of the 'family romance' the child's interest in sex becomes less active. Perhaps it would represent his position more accurately to say that the child during the period between six and twelve years appears to enjoy being with members of his own sex rather than with those of the opposite sex. On this ground Freud has given the name, homosexual stage to this phase of psychossexual development. It represents the next step in the normal sequence of libido movement towards maturity. However, many of his followers in the psychoanalytic tradition and other critics regret his failure to explore more thoroughly this period of the child's adjustment to his peers and to a world of objects and standards and problems that the child has to learn to face independently. It has been rightly observed by R.V. White, "For once we can almost say that Freud underestimated the importance of sex."

An event is determined if it has cause. It may be said to be fully determined if it has a sufficient cause so that in every detail its character follows necessarily from the antecedent. Determinism is the belief of scientific postulate that all event in nature have their sufficient causes. When applied to the human organism determinism means that every act of thought or emotion has its sufficient causes,

22. Competence and the psychossexual stages of development - R. V. White
though these may be very complex and difficult to disentangle because of the complexity of the organism and of the environment.

Freud was a man having a firm belief in determinism. He will not admit that any act just happened or that it was due to free will. He pointed out that important actions and decisions are always ascribed to motives and that it is only in unimportant matters that we have an inclination to say that we could have acted this way or that way but just decided arbitrarily to act in this way rather than in that way. When there is no conscious motive there will be an unconscious one. A slip of the tongue or any sort of accident must be motivated by some hidden desire. It is aimed at a certain goal and though it may not fully reach the goal it interferes with the conscious purpose of the moment producing unexpected results. A dream is not mere play of imagination but is governed by an unconscious wish and aims at the fulfilment of that wish. For Freud motivation was the whole field of psychology.

In the realm of abnormality, Janet's view that neurosis can be explained as the result of low mental tension was not accepted by Freud. He contended that the neurasthenic wanted his phobia or obsession - unconsciously, if not consciously. His followers, even those who left him on other questions, have generally clung to psychic determinism. They believe that every symptom has a meaning in terms of unconscious motives and unconscious satisfactions. When we behave in a way that seems to be reasonable on the surface and can offer good reasons for our behaviour the analyst may describe our explanation as
rationalization - a form of pseudo - reasoning that our consciousness offers to account for what unconscious motives made us do or say. To be brief, when we mislay something, forget or arrive late for an appointment he may attach little significance to the momentary distractions, external circumstances, imperfections of skill or fatigue that we think of as the causes of mischance. To him the essential explanations lie in the unconscious motive. But, he would admit that behaviour may be overdetermined; that is, other causes are conceded to operate along with the motive. The manifest dream content, for example, is said to be partly the result of sensory stimulation affecting the sleeper as he dreams - as when a draft from an open window makes him dream that he is out of door un clad; it is also partly the result of some current problem absorbing his attention. However, along with these causes the ever-essential repressed motives contribute to the form manifest dream takes.

Freud's Later Theory

Freud himself was not fully satisfied with his theory as it stood in nineteen fourteen. By that time, he had moved from his original idea of repressed wishes as motives to a theory of instinct in which there was polarity between the libido and ego drives. But some details that do not fall easily into place in his scheme were there. First, the

23. On the psychoanalytic theory of motivation - 1. Rapaport
concept of narcissism which Freud found very useful in accounting for certain neurotic and psychotic symptoms. Where did narcissism belong? Since it contains love it is to be a part of the libido family; in its practical effect, however, it is quite closely related to the ego for it tends to protect, support, even inflate the self. The second problem is the sadistic behaviour. Here the libido element is obvious; but will the aggressive, hostile aspect of sadism be reconciled with the love motive? At the time of study of the 'mental casualties' of the First World War still other questions on the validity of the older theory arose. As a consequence, Freud subjected his theory to a critical scrutiny.

He began with a systematic reordering of his thinking on instincts and their vicissitudes. He defined instinct as an internal source of mental stimulation, but of a kind which never operates as a force giving a momentary impact but always as a constant one. Only an adequate object will satisfy it. So an instinct has four aspects: a source, an aim, an object and an impetus. The source is the bodily process itself which produces the excitation. The aim is satisfaction in some forms or degrees. The object is that which is sought as it can provide the satisfaction; and the impetus is the force behind the instinct. Freud described the flexibility or variability of the way the instinct can manifest itself. But we need not go into the complexities of Freud's reasoning about these.

24. Instincts and their vicissitudes - S. Freud, in collected papers, Vol. IV
defences of the ego, as it was based upon a theory he was later
to modify. However, as the defences remained as features of
the new theory we may explain them with some simple examples.
An instinct may be sublimated, as when sexually motivated
curiosity is turned to good effect in biological research. The
instinct may undergo reversal into its opposite as when the
desire to inflict pain on another is replaced by the willing
acceptance of the passive role of the sufferer. In another
form reversal takes the form of reaction formation in which
love or pity unconsciously serves to mask hostility. Many
illustrations of this could be given.

In turning the instinct round upon the subject, the
object is changed. We have already had an example of such a
kind in the narcissism of the schizophrenic. But hostility as
well as love may be turned upon the self and may account for
a great many symptoms, physical as well as mental. Freud
considered the morbid depression of melancholia as of this
character, but even as trifling an incident as cutting oneself
in shaving could also be explained as self-punishment in
accordance with the fundamental principle of psychic determinism.

The fourth defence, repression, is a concept of immense
importance to Freudian theory. In the first formulation of his
theory repression was a cornerstone; now it dropped into line
with other forms of ego defense. But there were some having
belief in that it should still be considered basic to other
defenses such as those discussed. The attitude of the later
analysts has been to support Freud's decision to make it one
of the many mechanisms, rather than the primary mechanisms;
Life and Death Instinct: In his two important publications in the year 1915 Freud was still struggling with the polarities of ego and libido, pleasure and pain, and the paradoxes that did not seem to fit neatly into the framework. At the end, in the year 1920 a drastic step was taken in the direction of solving the problem. His argument took something of this line: the instinct of self-preservation and propagation of species, inspite of their different immediate goals, are ultimately alike in being aimed at growth and increase of life. Supposing we combine them into a comprehensive life instinct, then what would we have to oppose this? In fact, a death instinct.

The assumption of a basic death instinct was not impossible as Freud saw the matter. He observed the tendency for repetition to occur in behaviour - a repetition in many forms and at all ages. A child seems to enjoy it in his play: he wants to hear the same story told over and over in the same words; he himself mutters and croons the same nonsense sounds for minutes; he repeats the same play theme day after day, and has the same daydreams. At a later age he may report the same nightmare or some feature of the dream repeating itself with disturbing frequency. Freud had found that his patients were even prone to repeat the same mistakes in their lives, chalking up failure after failure that represented the same pattern. He called this the repetition compulsion. In a sense
Freud's basic doctrine was based on the idea of repetition since the later ways of life were always traceable to the distribution of libido energy determined in the early stages.

Since our life has presumably arisen from an inorganic state, Freud argued, why should there not be a disposition for it to return to or to repeat, that inorganic state? A primal, unconscious drive towards death must be there and this must be present in every individual from the beginning to the end of his life. A polarity thus ensues. Eros and Thanatos - Eros the principle of life and growth, Thanatos the principle of decay and death; Eros the loving and constructive, Thanatos the hateful and destructive.

Now, in case there is a death instinct, it must somehow manifest itself in the feelings and behaviour of human beings. Here again Freud could reason as he did in the case of narcissism. Just like libido, generated within the organism but attaching itself to external object, so also with the death instinct. It, for the most part, manifests itself not as a desire to die but as a desire to kill. Turned outward, it is the urge to destroy, injure, conquer. It is the hostility motive, the aggressive tendency, that manifests itself in abundance. Finding something out to destroy it does not need to destroy the self. However, when frustrated in an external aggression, it is likely to turn upon the self in the form of suicidal tendency. Like that of libido, its scope must be very wide. It is not limited to homicide and suicide but covers the milder forms of aggressiveness, directed towards the self or the external objects. Self-punishment and self-
condemnation are included and so are jealousy among rivals and rebellion against authority.

Increasing emphasis on Hostility and Aggressiveness:
From the standpoint of this later theory, it appears strange that Freud did not accept the basic role of hostility much earlier. He had to talk of hostility much in his earlier writings, the unconscious wishes that were fulfilled in dreams being often spiteful wishes such as the childish desire for the death of a brother or a sister. In the Oedipal complex the boy becomes hostile to his father on the plea that the father is frustrating his demands on his mother. However, in the earlier theory hostility was treated as a self-evident corollary of frustrated libido. With the acceptance of the death instinct Freud's view changes. "How can the sadistic drive which aims at injury to the loved one be derived from the life-sustaining Eros? Must it not stem from the death instinct?" With the acceptance of the death instinct Freud's view changes. "How can the sadistic drive which aims at injury to the loved one be derived from the life-sustaining Eros? Must it not stem from the death instinct?

And the love-hate ambivalence must be a fusion or alloy of the two basic drives rather than a mere distortion of the libido alone. Any concrete motive is a fusion of love and hate, of constructiveness and destructiveness.

Man's constructive activities are at the same time destructive. For building a house, he chops down trees. Any action on the environment destroys or at least disturbs the existing state of affairs. The muscles are primarily the agents of aggression and in any dealing with the environment

25. Beyond the pleasure principle - S. Freud
aggression leads the way, which Eros joins forces later. Such statements are found abundantly in Freud's later works.

In his earlier thinking on social psychology Freud had stressed the sexual demands of the individual and social restriction made so for social life. In his later works he laid at least equal emphasis on the natural hostility of man to man as the great obstacle to civilization. The individual's demand for justice and fair play arises from jealousy. Every child in a family wants to be a favourite but finally backs down to the extent of saying, 'If I cannot be a favourite, neither shall you. We will all be equal.' Eros tends to bind men together in families, classes, and even larger groups, always with love and justice within the group but with hostility and aggression for outsiders. Civilization develops through the conflict and fusion of these two major drives.

The difference between the earlier and later theories of Freud on the issue of motivation can be brought to light by reference to family life. Since the family is based on the function of reproduction and the sex act, the earlier theory regarded family life as wholly motivated by sex instinct. Freud ridiculed anyone failing to see a woman's behaviour in child-birth as a clear example of sex behaviour driven by libido. The mammary glands being sex organs, nursing the baby is sex behaviour and by extension all care of the child is sex behaviour. Since the child is born into this sexually

26. Civilization and its discontents - S. Freud
motivated milieu and participating in its activities, he is
necessarily sex-motivated when he is nursed, bathed, loved and
protected in any way. His demands on the family are sex demands
and even his jealousy and rebellion, in case his demands are not
fully met, are direct derivatives of the sex motive dominating
his entire life in the family circle. This much the earlier
theory. With the recognition of the death instinct the picture
changes. Now the baby comes into the world with a primary
tendency to fight his environment. This aggressive tendency
accounts for his rebellion and jealousy. By itself it will
make life impossible in the family group. However, the erotic
tendencies come to the rescue and by fusing it with death
instinct leads to a behaviour that is a workable balance
between love and hate.

The death instinct was a bitter pill for many of
Freud's followers as they were nurtured on the libido theory.
It gave a harsher picture of the life of mankind. On the other
hand, Freud was more and more convinced in his old age, passed
in a period of wars and strifes. He became more conscious of
an aggressive tendency in himself. He had always been a good
hater in accordance with the testimony of his most devoted
disciple; and both his polemical writings and the finality of
his breaks with dissenting colleagues support this description.

In the earlier theory maladjustments were traced to
the repression of libido and so a considerable change will have
to be expected from the repression of the aggressive tendency.
Instead of elaborating the effect, Freud hinted at it in such
statement: "What we have recognised as true of the sexual
instincts holds to the same extent, and perhaps to an even
greater extent, for the other instincts, for those of aggression ...
... The limitation of aggression is the first and perhaps
the hardest sacrifice which society demands from each
individual." 27

Another major alteration in Freud's theory, at the
time of his shift from the ego-libido polarity of motives to
life and death instincts, had to do with the doctrine of the
unconscious. A belief in the reality and importance of the
unconscious mental processes was vital in Freud's thinking
throughout his life. To sum up quickly his earlier position
on the issue, at first he regarded the unconscious and the
conscious as parts of the minds (Psyche). There was also
preconscious, consisting of memories and wishes which could
easily be summoned into consciousness, but the conscious and
preconscious belonged to a system as opposed to unconscious
material that lay beyond the reach of the conscious mind. The
conscious self was in touch with the environment through the
senses and acted on the environment by using the muscles. It
was engaged in perceiving, thinking, remembering and acting.
The unconscious was constantly striving to emerge into
consciousness, but was held down by the conscious self or ego.
This had, along with other functions, the task of resisting
the unconscious.

But this simple scheme ran into rough weather. Patients
under analysis seemed not to be aware of their resistances.

27. New Introductory Lectures on Psychoanalysis - S. Freud,
p. 145
Consciously they were trying to recall certain experiences though they were resisting unconsciously. Freud reasoned that, the ego being the resister, it must be partly conscious and partly unconscious. In the revised theory, he called that part of the mind, which behaves as though it were unconscious the id; he thought of the ego as extending from the outer surface, where it is in touch with the environment into the id where it is also in touch with the turbulent, unorganized, passionate motives of life and death, love and destruction, driving towards expression. It comes to know the dangers of the environment and the necessity of restraining the id. Freud wrote (1923): "Thus in its relation to the id it is like a man on horseback, who has to hold in check the superior strength of the horse; with this difference, that the rider seeks to do so with his own strength while the ego uses borrowed forces ... ." The borrowed forces are the energies of the id which the ego must gradually 'bind' and use in a way suitable to the emotions of reality. We still have here the old relationship between primary and secondary processes.

As if the ego's task of controlling the id were not enough, a third part of the psyche emerges in early childhood to complicate the problem. As the child is made to feel his weakness and inferiority in comparison with his parents and other adults, he takes these superior beings as models.

28. The Ego and the Id - S. Freud
29. Ibid.
identifies with them and builds up an ego-ideal, which is himself as he aspires to be. However, these superior beings are not simply admired; they are feared also. They punish him; they tell him that he is naughty; they have rules of right and wrong that he must obey. In the long run he adopts these external commands as his own internal laws of conduct and watches over himself whether he does obey. Freud describes this identification as an incorporation or introjection of the object with which the identification is made. In the course of life many such identifications may be made, but the earliest and usually the most significant will be that made with parents. From then the child first begins to learn, when he is five or six, what the rules are, and this knowledge forms the special core within the ego that is usually identified as the superego. This late outgrowth of the ego, then, appears to have two sides: the positive ego-ideal which sums up what the individual wants to be, and the superego which tells him what he ought to be. From this it would appear that the superego has at least some of the characteristics of conscience, at least in the sense of compulsive conscience. The superego says 'Thou shalt not' and 'Thou shalt' without saying why. It cannot explain its own commands because the source of its authority is buried in the unconscious. Freud had a firm belief that the rudiments of the superego were inherited from primitive mankind and that it took shape mostly in the child's struggle with the Oedipus complex. Some of the neurotic patients are excessively conscientious. They are never satisfied with their own behaviour; rather they accuse themselves of sins, of omissions and commissions. They feel guilty for acts that they have not performed in case they
Merely thought of doing them and they may go through many rituals of self-punishment, thereby making life miserable for themselves and their friends. In spite of their admission that their guilt feeling is irrational, they cannot get away from it. Their superego is fierce and relentless. In general Freud held that the superego is motivated by the aggressive tendency turned inwards against the ego. In other words, the superego appropriates some of the energy of the aggressive instinct for use against the ego.

Fear and Anxiety: In this period Freud seemed to waiver between the idea of a weak ego pressed by the many demands upon it and a masterful ego with many assets and considerable power. The first position is taken in the following extract: "The proverb tells us that one cannot serve two masters. The poor ego has a still harder time of it; it has to serve three harsh masters and has to do its best to reconcile the demands and claims of all three. These demands are always divergent and often seem quite incompatible; no wonder that the ego so frequently gives way under its task. The three tyrants are the external world, the superego, and the id ... . The ego ... feels itself hemmed in on three sides and threatened by three kinds of danger, towards which it reacts by developing anxiety when it is too hard pressed ... ."30 The problem of anxiety occupied an important position in Freud's theory from the very beginning.

---

30. *New Introductory Lectures on Psychoanalysis* - S. Freud, p. 103
and it had figured prominently in his thinking during the extensive revision. In fact, one of the commonest translations of a monograph which he wrote in 1924, "Hemmung, Symptom und angst", is 'the problem of anxiety.' This term is often used as a synonym of 'fear', but occasionally it carries a very different meaning. Fear is what Freud called 'realistic anxiety', an emotion aroused by a truly threatening situation. There is good reason to fear wars, exposed live wires and earthquakes where it can be expected periodically to destroy life and property; but if a person was to become uneasy about living within the boundaries of the civilization because of the fear of war or refuses to turn on electric light switches for fear of being electrocuted, or expresses a terror of earthquake where none has ever been reported, there seems to be some justification for that the real fear is of something quite different. These expressed fears would be symptoms of neurosis, and, of course, Freud was constantly confronted with such neurotic anxiety symptoms in his patients. Sometimes these groundless fears are fixed; these are phobias. Sometimes they appear to be 'free-floating': the patient gets over one worry, and it is promptly replaced by another. An aura of threat appears to hang over any thing he undertakes.

The first explanation of anxiety by Freud was that it represented in consciousness the effect of libido which was repressed, but not effectually repressed. The anxiety was a

31. The Problem of anxiety - S. Freud
conversion of the 'leak'. By 1924, however, he came to a
different opinion about the cause of much — but not all —
anxiety. Experiences on his part in child analysis played an
important part in his new formulation. In the Oedipus situation
the child represses his libidinous wishes because of anxiety
about the punishment they might bring down upon him: repression,
then was the effect of anxiety in such a case, not its cause.
Thinking back to the earlier experiences of childhood where
anxiety might appear, Freud noticed the uneasiness of a small
child when the mother disappears or a little later when the
child experiences her reproof for something she considers
naughty. Fear of abandonment, fear of the loss of love, seemed
to arouse the anxiety response. Finally he concluded that the
primal source of anxiety was the birth process itself, at which
time the infant is violently thrust into a new environment for
which he is by no means fully prepared. Essentially the theory
was that the psyche as well as the nervous system of the infant
is at the time of birth overwhelmed with the flood of new
stimuli; and he concluded that the resulting experience of
helplessness was the prototype, and in a sense the source of
later anxiety aroused by situations too threatening for the ego
to handle. But, as the ego matured it learned to anticipate
such situations so that anxiety occurred before the threatening
event occurred. Anxiety, therefore, became a device used by
the ego to keep the id in line. It was really an adjunct of
the reality principle.

All the instinctive motives or emotions, except fear,
belong primarily to the id. But fear or anxiety is a property
of the ego and as such contributes to its relative strength in
the three-way struggle Freud described above, for to the extent
that the ego curbs the id it may also reduce the tyranny of the
super ego. The ego is strong, too, in the fact that it
appropriates the energies of the libido and the destructive
drive to use in desexualized and sublimated form. This fact
and the occasional suggestions that appear in Freud's writings
that the ego is not entirely without its own resources have
become the basis for the recent developments of classical
Freudian theory in the direction of 'ego psychology'.

This chapter will serve as the background of subsequent
chapters and it is so arranged for the sake of convenience.