

Cambridge University Press

978-1-107-11639-9 - What Freud Really Meant: A Chronological Reconstruction of his
Theory of the Mind

Susan Sugarman

Excerpt

[More information](#)

Introduction

Sigmund Freud described as the aim of his life's work to "throw light upon unusual, abnormal or pathological manifestations of the mind" (1936/1981, p. 447). That entailed tracing them back to the psychological forces behind them and discovering the basic mechanisms behind those forces. The general theory of mind he fashioned from that effort attempts no less than the explanation of human mental life from its merest beginnings to the labyrinthine processes capable of producing both mental illness and our highest intellectual and cultural achievements.

Freud has taken his place among the thinkers who have changed our lives. We see human mental life through his idiom. For instance, the conventional wisdom holds that our motives may be other than what they seem, our proclivities may express our early history, and we further our mental health by being aware of our inner longings. But a far more complex and nuanced theory lies behind such virtual commonplaces. Freud's theory is a structure of closely interlocking interdependent parts, whose most fundamental constructs Freud modified, expanding, revising, and incorporating them into an increasingly sophisticated vision.

To know what Freud really meant requires careful tracking of his process and that evolving vision. That tracking is the work of this book. Treating eleven of Freud's essential theoretical writings in chronological sequence, it reveals a systematic structure evolving in complexity over the course of Freud's career. It takes each argument apart and reconstructs it to articulate the theory as perspicuously as possible from the principles Freud designated as foundational.

Cambridge University Press

978-1-107-11639-9 - What Freud Really Meant: A Chronological Reconstruction of his
Theory of the Mind

Susan Sugarman

Excerpt

[More information](#)

2 INTRODUCTION

That foundational understanding is critical to all who would know Freud, from first-time readers to scholars across the many disciplines that study or apply Freud's thought – among them psychology, anthropology, sociology, history, philosophy, literary studies, architecture, and the arts. But as a result of the assimilation of Freud's work by so many fields, it has become fragmented – a concept here, a trope there, claims isolated from their germinating context. Such efforts, in removing the ideas from their original setting, inevitably distort them. We lose sight of what the ideas are as Freud construed them and why he construed them as he did.

By way of example, consider Freud's pleasure principle, the idea that in our doings we strive to avoid pain and where possible cultivate pleasure. The idea at least superficially resembles the Utilitarian objective of happiness, happiness in that tradition encompassing both pleasure and usefulness. Utilitarian thought posits happiness as an ideal, however, a metric toward which we ought to strive, whereas Freud's pleasure principle expresses an observation of a central human tendency (Govrin, 2004). That observation, anchored in a web of considerations tracing all the way back to mere reflexive function, characterizes the most elemental principle to which, according to Freud, our mental life conforms.

The fragmentation of Freud's theory has had the further consequence of affecting the way in which it is understood in the popular and critical imagination – what we might call the culturally received Freud. Freud's ideas are crudely reduced to contending that we are possessed by infantile urges, driven by sex and aggression, and dominated by unbridled hedonism. Although those characterizations do embody constituents of Freud's theory, they communicate only part of it: Freud is trivialized to say we are *nothing but* our infantile origins and sexual and aggressive instincts, and we strive *only* for pleasure. This culturally received Freud is, as the book will show, the diametric opposite of the Freud of the pages of his own works.

The book maps out Freud's master program. It presents his theory as the edifice it is, an explanation, from first principles, of

Cambridge University Press

978-1-107-11639-9 - What Freud Really Meant: A Chronological Reconstruction of his
Theory of the Mind

Susan Sugarman

Excerpt

[More information](#)

human mental life from its origins to the intricacies of the modern adult mind. Continually evolving entity that it also is, the theory unfolds in layered, overlapping fashion in the target writings, which consist of some of the shorter works that represent identifiable steps in Freud's thinking.

They begin with the 1911 "Formulations regarding two principles of mental functioning" and end with *Civilization and its Discontents*, from 1930. The former introduces his "pleasure" and "reality" principles and the latter integrates these with the later additions and emendations Freud made to the theory. The intervening texts include three of his papers on metapsychology, the endeavor that looks at the mind in self-consciously theoretical terms, and other similarly schematic contributions. In that group are his 1914 paper propounding the concept of narcissism; his speculative *Beyond the Pleasure Principle* of 1920; *The Ego and the Id* (1923), which introduces the hypothetical agencies of "id," "ego," and "superego"; and his short paper on masochism, in which he revises his concept of pleasure and how we pursue it. The book's opening chapter visits Freud's accessible summary of his early theory, *Five Lectures on Psychoanalysis* (1909a). The Epilogue sets the theory into relief against reductive accounts of it.

Freud's works, despite their occasional turgidity and sometimes arcane idiom, are gracefully turned, and they tell a story – a fascinating and resonant one that evokes mental life as we live it and finds its pulse.

Cambridge University Press

978-1-107-11639-9 - What Freud Really Meant: A Chronological Reconstruction of his
Theory of the Mind

Susan Sugarman

Excerpt

[More information](#)

I **Freud on psychoanalysis: *Five Lectures on Psychoanalysis* (1909a)**

The task is . . . to discover, in respect to a senseless idea and a pointless action, the past situation in which the idea was justified and the action served a purpose.

– S. Freud, *Introductory Lectures on Psychoanalysis*, p. 270.

Freud, trained as a medical doctor, turned to psychology after studying treatment of the neurotic disorder hysteria with the French neurologist Jean-Martin Charcot. In the 1890s he collaborated with Viennese physician Josef Breuer in an early improvisation on what would become psychoanalytic treatment of that disorder – one in which patients exhibited behavioral symptoms ranging from tics to severe paralysis, all without organic basis.

*His theory originated in that experience and remained accountable to his clinical observations thereafter. In 1909, by invitation of the president of Clark University in Massachusetts, Freud presented some of those observations to a predominantly lay audience. His addresses, published as *Five Lectures on Psychoanalysis*, engage both theory and therapy; their ongoing synergy would drive Freud's contribution then and going forward.*

Freud makes the critical point in that slender work that psychopathological symptoms, like more evidently rational behavior, have a sense. They are determined, by which he means they follow coherently from some premise in the person's mind. They serve a purpose. Thus, the human mind, and even the diseased human mind, as Freud conceives it, is not a mad, seething cauldron; it has integrity and structure.

After grounding his conception in an illustration of psychopathology, Freud calls for and proposes a psychological explanation

Cambridge University Press

978-1-107-11639-9 - What Freud Really Meant: A Chronological Reconstruction of his Theory of the Mind

Susan Sugarman

Excerpt

[More information](#)

THE SENSE OF SYMPTOMS AND THEIR IMPLICATIONS 5

of mental illness. Then, drawing on his clinical experience, he outlines techniques of psychoanalytic therapy through which he found it possible to uncover the source of individual ailments and cure them. Next he describes a general etiology of disorder that has resulted from his efforts, which brings him to a discussion of what he calls the sexual function and its place in human development. He concludes with an extrapolation to the nature of psychological health.

THE SENSE OF SYMPTOMS AND THEIR IMPLICATIONS
FOR UNCONSCIOUS MENTATION

In his first lecture, Freud discusses a case of hysteria treated by Breuer and draws from its symptoms and treatment a justification of the existence of unconscious mentation. Before Breuer, hysterics, labeled as such by the medical establishment in keeping with the ancient Greek designation, were held to be associated with previous emotional shock and were largely dismissed. Breuer, and subsequently Freud, approached sufferers instead with sympathy and interest. They began treating them through the use of a "talking cure," as they called it after a patient's description, in which patients recalled, initially under hypnosis, memories associated with their symptoms.

That patient, known in Freud and Breuer's writings as Anna O., suffered a panoply of symptoms in connection with which she was able to summon fragments of traumatic scenes during which she had originally suppressed powerful affect. For example, when she suffered an inability to drink despite unrelenting thirst, she recalled her revulsion upon having once caught sight of her governess's detestable dog drinking from a human cup. Although at the time of the encounter she had out of propriety withheld her reaction, she now re-experienced the event with a rush of disgust. She awoke from her hypnotic trance pleading for water, which she immediately drank.

Based on such data, Freud and Breuer concluded that hysterics suffer from unconscious "reminiscences" (p. 16) of traumatic experiences. Their symptoms arise as internally coherent, though outwardly maladaptive, overreactions to the memories, occasioned by patients'

Cambridge University Press

978-1-107-11639-9 - What Freud Really Meant: A Chronological Reconstruction of his Theory of the Mind

Susan Sugarman

Excerpt

[More information](#)

6 FREUD ON PSYCHOANALYSIS

suppression of powerful affect at the time of the instigating events. Discovery of that pattern provided the grounds for Freud's iconic belief that much of human mentation occurs outside awareness, or unconsciously, and can influence conscious experience and behavior.

THE PSYCHODYNAMIC PERSPECTIVE ON
PSYCHOPATHOLOGY

The dominant view of hysteria when Breuer and Freud began their collaboration ascribed the illness to a pervasive degeneracy of the nervous system, which causes the system to abort some of its operations. But a general weakness of that kind, Freud argues in his second lecture, cannot explain the normal and even superior intellectual function exhibited by some sufferers. Anna O., for example, while beset by her symptoms, exhibited heightened fluidity in a foreign language, among other capabilities. Freud, accordingly, believed himself licensed to develop a more specific, psychological hypothesis involving the dynamic interaction of different interests within the mind.

Given that patients could recover otherwise inaccessible memories when under hypnosis, he reasoned, some force must be holding the memories from conscious awareness. He conceived that force as a *resistance* to the material, the resistance driven by interests, like propriety or safety, that lead us to perceive the material as threatening. The effect of that unconscious resistance is the *repression* of the memories, the forcing of them from consciousness.

Freud adduces the case of Elisabeth von R. to further illustrate that dynamic. When under treatment for neurosis, she, like Anna O., recalled a painful memory she had evidently repressed. In the memory, upon arriving at the bedside of a beloved sister who had just died, she had the fleeting thought that the sister's husband, to whom she had felt attracted, would now be free to marry her. She immediately banished the heinous thought, but subsequently developed symptoms – the involuntary production of a clacking noise. Here, then, was a wishful impulse that collided with a competing imperative and was swept from

Cambridge University Press

978-1-107-11639-9 - What Freud Really Meant: A Chronological Reconstruction of his Theory of the Mind

Susan Sugarman

Excerpt

[More information](#)

consciousness, in the aftermath of which the patient fell ill. The recall of the impulse restored her health. So again were Freud's thesis about the role of repression in the development of psychopathology, and the effectiveness of "the talking cure" in its elimination, supported.

By the time Freud treated Elisabeth von R., he had abandoned hypnosis as the means by which to elicit unavailable memories from patients. It had proved a temperamental tool, and one to which not all patients responded. It also masks the forces of resistance without eliminating them. Freud observed that in the altered state brought on by hypnosis patients at best momentarily retrieve the repressed material they are after. Once they regain consciousness, their resistances move back into place, ready to repulse disturbing content angling for expression.

Conscious efforts to retrieve the lost content, by contrast, trigger and actually expose the resistances. It is only at that juncture that patients can work to overcome them. The conscious overcoming of the resistances both reveals the forgotten content and disarms the resistances to it, leading to an enduring cure.

Freud remarks, before turning to the question of just how therapy might harness resistances, that symptoms themselves represent a partial failure of repression. Because they express blocked content in disguised form, they circumvent the forces of resistance, as exemplified by Anna O.'s inability to drink. And because that failure represents the repressed material's coming partially forward, it provides a point of departure for the unmasking of additional forbidden material.

THERAPEUTIC TECHNIQUE

How, Freud asks at the start of his third lecture, might therapy seize upon that point of departure to dislodge layers of resistance through conscious dialog and recover the pathogenic formations behind them? One tactic, in which Freud instructed patients either to say the first thing that came into their minds in connection with their situation or to respond to a prompt, met with mixed success at best: the ideas

Cambridge University Press

978-1-107-11639-9 - What Freud Really Meant: A Chronological Reconstruction of his Theory of the Mind

Susan Sugarman

Excerpt

[More information](#)

8 FREUD ON PSYCHOANALYSIS

patients generated were too remotely related to the repressed content to help them recover it.

But, Freud realized, holding to his thesis of determinism, that remoteness made them no less suited than patients' more transparent offerings as points of departure in the search for the repressed content. The search would simply require more steps. Accordingly, he made the assumption that any idea patients offer when they are struggling for insight has to have at least some connection to the sought-after material. As their symptoms themselves express, such patients grapple with both concealed impulses striving for expression and equally strong forces of resistance to keep the impulses from awareness: Anna O.'s inability to drink expressed her repressed revulsion at the dog's drinking from a cup *and* served to disguise the disgust. Likewise, intermediate ideas patients might generate about those symptoms would express both.¹

With respect to the search process in itself, patients could be asked what associations – thoughts, recollections, etc. – a symptom, intermediate idea, or other circumstance evokes. Then they could draw associations to those new associations, under the operating assumption that eventually they would come upon their repressed thoughts.

Freud discovered that for the process to work, patients had to promise complete candor in articulating the thoughts that crossed their minds, including the reprehensible, the silly, and the obscure or incoherent. Those judgments – that an idea is reprehensible, silly, etc. – represent the voice of resistance, which presumably asserts itself just when patients are verging on the material they would rather keep back.

In addition to symptoms, Freud recognized, dream imagery, and also the apparent mental accidents such as slips of the tongue he called *parapraxes*, could be used as starting points for chains of association in psychoanalytic treatment. He believed, based on both self-observation and work with patients, that dreams express disguised wishes and

¹ Freud later (e.g., 1918, p. 66) uses the term *compromise formation* to describe this juxtaposition, especially in the case of symptoms.

Cambridge University Press

978-1-107-11639-9 - What Freud Really Meant: A Chronological Reconstruction of his Theory of the Mind

Susan Sugarman

Excerpt

[More information](#)

THE DEVELOPMENT OF THE SEXUAL FUNCTION 9

thus serve as a “royal road” to the unconscious (1900); parapraxes sometimes betray a counterwish to the intention the person is trying to express (1901).

Freud identified one last starting point for exploration in the healing process in patients’ *transference* onto the practitioner of their previous significant relationships. Transference is the process whereby patients come to perceive traits in the intentionally neutral practitioner that might or might not exist. Freud inferred the perceptions to be projections of perceived characteristics of people from the patients’ pasts. By this primitive, involuntary means, patients “repeat” rather than “remember,” their early relationships; the practitioner, in turn, reflects the perceptions back to the patient, enabling investigation of their source.

THE DEVELOPMENT OF THE SEXUAL FUNCTION
AND THE ORIGIN OF NEUROSIS

The preponderance of neuroses Freud treated via the foregoing techniques turned out to trace ultimately to childhood and in particular to impressions from patients’ early erotic experience, as manifested in the nuclear family. Freud calls this segment of life the sexual function, the term *sexual* having a broader meaning than its conventional use. Having already made the defining claim that sexuality extends well beyond genital activity (Freud, 1905a), Freud, in the fourth of his *Five Lectures*, examines its early manifestations, which become the core of many later trends.

He earlier marshaled three sources of evidence for the broad reach of sexuality. One is the existence of perversions, in which body parts unrelated to the genitals become capable of sexual arousal to a degree normally reserved for the genitals; sexual foreplay shows this to a lesser degree. The second is homosexuality, in which sexuality operates independently of the reproductive function, and the third, the subject of this lecture, the reality of sexual activity in children.

Regarding the last, Freud expanded on others’ observations of children’s interest in their genitals, on the physical side, and the

Cambridge University Press

978-1-107-11639-9 - What Freud Really Meant: A Chronological Reconstruction of his Theory of the Mind

Susan Sugarman

Excerpt

[More information](#)

IO FREUD ON PSYCHOANALYSIS

formation of romantic attachments among children in the nursery, on the emotional side: with respect to physical sexuality, children attain stimulation he could only describe as sexual, from nonsexual body parts. Regarding emotional life, Freud had begun to uncover in the course of working with patients a whole erotic drama involving children and their parents that incorporates features we ordinarily associate with later erotic life. The early drama includes such staples as the fixation on particular objects, jealousy, feelings of rejection, and their sequelae – the signs, in short, of the *Oedipus complex*.

Freud observed that initially physical sexuality takes the form only of special sensitivities of particular parts of the body, for example the mouth. Children reap special pleasure from the stimulation of these areas and continually seek to re-experience the pleasure. A progression takes place in which different portions of the body replace one another as *erotogenic* zones as children grow older. It normally proceeds from the oral area to the anal and then to the phallic and finally genital, though with overlap among all four. Although the phallic phase, which implicates only the penis, would seem to apply only to boys, Freud believed both girls and boys for a time take interest in the penis in its own right, apart from its genital function. Girls take an interest in the organ as it appears on boys and men or dwell on the clitoris as a reduced version of it, or both.

The proposition that children's first "sexual" pleasures derive from their own bodies – from thumb-sucking and masturbation, for instance – led Freud to call the first period of sexuality *autoerotic*. But children also begin from an early age to derive what Freud judged to be sexual pleasure from actions that incorporate external others, or *objects*. Freud categorized the latter activities as varieties of *instinct* (see Chapter 5 here).

Some sexual instincts, he determined, arise in pairs of opposites, active and passive. He distinguished as most important among them the desire to cause pain, or sadism, and its passive counterpart, the desire to be the object of inflicted pain, or masochism. Also prominent among the instinct pairs are the active and passive desire for looking: