-The Thought of Sigmund Freud

Preamble

With this post, I begin a tutorial on the thought of Sigmund Freud. Several *caveats* are in order as I launch on what may well be a series of five or six posts. First of all, I am no sort of expert on Freud or psychoanalysis. I have, if I may put it this way, the intimate knowledge of psychoanalysis that clay has of the craft of pottery. Having spent twenty years of my life in one form of psychotherapy or another, I have a pretty good worm's eye view of the matter, but nothing more. Faithful readers of this blog will be well acquainted with my habit of referring my readers to my published writings on whatever subject I am pontificating about [irrelevant aside, triggered by my use of the word "pontification" – as Susie and I walked through the *parvis* in front of Notre Dame this morning, we encountered a full-scale *avertissement* of the current efforts to fast-track the beatification of Pope Paul II, on the way to his inevitable sanctification. My word of advice to those in need of intercession with the Heavenly Father – pin your hopes on someone else. I have enough respect for deities in which I do not place faith to believe that this is one sanctification the See has got wrong.] At any rate, there are no publications by me on Freud, for the very good reason that such would be, for me, a bridge too far.

Second, and rather more important, you will find, as I proceed that I have as idiosyncratic a view of Freud and psychoanalysis as those I have already exhibited with regard to anarchism or Marxism. You will expect me to spend a good deal of time on infant sexuality or the Oedipus Complex or Freud's retrograde opinions about homosexuality. All of those will come up, inevitably, but they will get very short shrift [another religious metaphor, it turns out.] My goal is to show you, as clearly as I am able, what I understand to be the fundamental and revolutionary ideas that Freud bequeathed to us. I do genuinely believe them to be both revolutionary and true, hence of the greatest importance for our understanding of the human condition. If I am successful, perhaps you will find what I have to say both interesting and useful.

So, with those warnings, let me begin.

Part One: The Discovery of the Unconscious

Anyone interested in the bare facts of Freud's life is directed to the Wikipedia article on him. My understanding of Freud is deeply indebted to the brilliant book by the philosopher Richard Wollheim, *Freud* [later, *Sigmund Freud*] first published in 1971. Peter Gay, the great intellectual historian of modern Europe, is the author of an important biography of Freud. For those who wish to read Freud's own writings, which were voluminous, I recommend starting with the work he himself considered his masterpiece, *The Interpretation of Dreams*, published in 1899.

For our purposes, it is important to place Freud in his historical time and place. Freud was born in 1856 to a Jewish family in a small town in Moravia, and moved with his

family in 1865 to Vienna, the city with which he is most closely associated. He studied medicine at the University of Vienna, and chose neurology as his specialty. An early turning point in his development came in 1885, when he won a fellowship to spend time in Paris working under a famous neurologist named Charcot.

There are two fundamental facts about Freud that it is absolutely essential to be clear about as we proceed. They shaped and defined everything Freud did and said, and although everyone knows them, they tend to be ignored when Freud's thought is discussed. The first fact is that Freud was a medically trained neurologist – not a philosopher, not a sociologist, not a cultural critic, not a literary critic, not an ideologue, not even a psychologist, but a neurologist. His first research was an unsuccessful effort to decipher the mysterious sexuality of the eel [who knew there was a problem?]. He thought as a neurologist, he saw the problems of his patients as a neurologist, he sought neurological explanations of the symptoms he encountered. And he remained, to the end of his days, as a neurologist would, convinced that what he was studying ultimately had to have a basis in, an explanation in, the nervous system of the human body.

The second fact is that during most of his professional career, Freud spent six or eight hours a day, five or six days a week, in his consulting room seeing patients. He did not spend an hour a day, just to keep his license, as it were, and then knock off to speculate about the human condition. He was, during his entire career, a practicing physician. That means that the focus of his concern, each working day, was curing the patients who came to him seeking treatment for their ailments. To him, the most compelling evidence of the correctness of a hypothesis he might formulate about the sources of a patient's symptoms was his success in relieving those symptoms.

Furthermore, as a practicing physician trained as a scientist, he was always ready to revise an explanation or scuttle an hypothesis if the evidence pointed in another direction. At a certain point in his career, he developed something of a following of other physicians who gathered around him and in effect undertook to proselytize for his theories. And because his theories met with a good deal of skepticism and opposition, this circle took on the mental set of a cult or cause. But that was not the way Freud thought, and though he was convinced that his theories were correct, I do not think he wanted to become a quasi-religious *guru* of a cult.

Freud was, at least at first, simply one more young doctor following the great Charcot as he made his rounds in a mental hospital. Eventually, Freud established a closer working relationship with Charcot. Many of the patients Charcot treated suffered from what were called "hysterical" symptoms [you can amuse yourself by exploring, on the internet, the connection made by ancient Greek physicians, and their successors over the millennia, between mental problems and the womb – "hysteria" and "hysterectomy" have the same root.] Patients would present, for example, suffering from blindness or deafness or partial paralysis for which there was no discernible neurological cause. This was the late nineteenth century, not the early twenty-first, and doctors did not have the armamentarium of sophisticated diagnostic techniques now routinely employed – no CT scans, no MRIs, not even x-rays, which, although they were being developed, were not

yet used for medical purposes. But neurologists did have a quite sophisticated knowledge of the anatomy of the nervous system, and they were capable of finding damage to the optic nerve or the auditory nerve or the nerves serving the hand or arm or leg, if damage there was.

Charcot had been having some success in the treatment of hysterical symptoms with the radically new technique of hypnosis. Under hypnosis, patients could recall what they were thinking and doing when the hysterical symptom began. After being brought out of the hypnotic state, if confronted with this information, in some cases they were thereupon relieved of the symptom. They were, or at least appeared to be, cured. Freud learned all this from Charcot, and himself began to use hypnosis in the treatment of hysteria. It might be, for example, that a patient afflicted with periods of hysterical blindness would recall seeing something terrible or "unacceptable" that she could not reconcile herself to [the patients were mostly women, at this point, by the way.] The blindness, it seemed to Freud, was the patient's way of shutting out terrible sights, or perhaps even of punishing herself for having seen something that she should not have seen.

But these explanations for the symptom, although apparently confirmed by the relief produced by hypnosis, posed a deep, fundamental, conceptual problem, the eventual solution of which laid the foundations for everything that Freud subsequently did. This is the most important single idea in this entire "tutorial," far more important than infant sexuality or the Oedeipus Complex or what ever Discontents Civilization may be feeling. I am going to take a good long time to explain it, and you may find my explanation tedious, but stay with me, because if you do not completely understand this simple idea, nothing I say hereafter will really make much sense to you.

Freud [and Charcot also, I assume] noticed something very odd about the symptoms and complaints that psychiatric patients presented to them. The complaints echoed or reflected ordinary non-medical conceptions of the body, rather than the anatomical understanding of neurologists. If a patient had lost the ability to use her right hand, for example, the precise extent and nature of her paralysis did not seem to correspond to the underlying neurological structures that would be familiar to an anatomist. Rather, the patient would not only say, let us suppose, that she could not touch her finger tips with her thumb, so that she could not pick something up. Her loss of motor ability would be exactly what she described, even though that precise impairment might have no natural anatomical or neurological counterpart. Since this is so important, I am going to take some time to make it more precise, with the aid of materials extracted from Wikipedia.

Here is the description, in a Wikipedia article, of the nerves servicing the hand. Take a moment to skim through it so that you will be able to follow what I am saying:

"All of the nerves that travel to the hand and fingers begin together at the shoulder: the *radial nerve*, the *median nerve*, and the *ulnar nerve*. These nerves carry signals from the brain to the muscles that move the arm, hand, fingers, and thumb. The nerves also carry signals back to the brain about sensations such as touch, pain, and temperature.

The radial nerve runs along the thumb-side edge of the forearm. It wraps around the end of the radius bone toward the back of the hand. It gives sensation to the back of the hand from the thumb to the third finger. It also supplies the back of the thumb and just beyond the main knuckle of the back surface of the ring and middle fingers.

The median nerve travels through a tunnel within the wrist called the *carpal tunnel*. This nerve gives sensation to the thumb, index finger, long finger, and half of the ring finger. It also sends a nerve branch to control the *thenar muscles* of the thumb. The thenar muscles help move the thumb and let you touch the pad of the thumb to the tips each of each finger on the same hand, a motion called opposition.

The ulnar nerve travels through a separate tunnel, called *Guyon's canal*. This tunnel is formed by two carpal bones, the *pisiform* and *hamate*, and the ligament that connects them. After passing through the canal, the ulnar nerve branches out to supply feeling to the little finger and half the ring finger. Branches of this nerve also supply the small muscles in the palm and the muscle that pulls the thumb toward the palm."

Let us suppose [I am making this example up] that a woman comes into Freud's consulting room complaining of an inability to pick things up because she cannot make the pad of her thumb touch the tips of her fingers. She cannot grip anything with either hand. As a neurologist, Freud knows that it is the median nerve, descending from the shoulder, that controls this motion, and he also knows that the same nerve gives sensation to the index finger, long finger, and half of the ring finger. So he runs a metal object lightly along those surfaces and asks whether the patient feels anything. "Oh yes," she says, "that is not the problem. I can feel that well enough, but I cannot make my thumb close around an object and touch the tips of my other fingers." This puzzles Freud, because if there is an impairment to the median nerve that results in the loss of "opposability" for the thumb, then that impairment ought also to result in a loss of sensation on the surface of the other fingers served by the same nerve. What is more, the patient has precisely the same problem in both hands, which is simply anatomically incomprehensible.

Under hypnosis [let us suppose], the patient recalls picking up a newspaper in which it was reported that her father, whom she loves devotedly, has been arrested for embezzlement, and that the arrest has taken place in a bordello where he was visiting a prostitute. The woman is horrified by all of this, and blames herself for having picked up the newspaper, thinking [not very clearly] that had she not picked it up, the terrible events would never have occurred. Confronted with this memory after coming out of the hypnotic state, she breaks down, cries inconsolably, and regains the use of her thumbs. [Okay, okay, it is a very hokey example. I am a philosopher, not a novelist or a psychoanalyst. This is the kind of example philosophers come up with all the time. It is why you never want to rely on philosophers for practical advice.]

Now, it is of course perfectly possible that a severe emotional experience can produce dramatic changes in the body, Descartes and the mind-body problem to the contrary notwithstanding. If I receive news that a loved one has died, the blood may drain out of my face and I may feel faint. A sphygmomanometer will reveal a sudden drop in blood

pressure, sure enough. If I see a tiger about to attack me, I may experience a flow of adrenaline into my blood stream. What is more, I may well have these physical reactions even though the news is a mistake and the supposed tiger is really a stuffed animal. In other words, the physical change is caused by my *idea*, not by the reality that the idea purports to represent. Some physical changes caused by ideas, like the drop in blood pressure, may be momentary. Others may be long lasting, or even permanent and irreversible. Nothing puzzling there. We are all quite familiar with such phenomena. They are called *psychogenic*.

But Freud's patient, when she came into his consulting room with paralyzed thumbs, had no memory whatsoever of picking up the newspaper, or the news she read there. And if indeed that news produced some sort of psychogenic change in her nervous system, it cannot be found upon examination. Indeed, her actual impairment does not correspond to any neurological deficit that might have been so caused. It is as though the idea of the news about her father continues to be present in her mind, leading her, out of her guilt and horror, to somehow interfere with the operation of her thumbs, ***even though she cannot call the idea up and report it to Freud when asked***. Where can the idea be? Freud formed the extraordinary hypothesis that there is some portion of the mind, some mental region, in which ideas can reside and be efficacious even though we are not conscious of them. He gave to this region the title "the unconscious."

But for as long as thoughtful people had been speculating about such matters, which is to say for more than two thousand years, it had been an article of faith that the defining characteristic of ideas is consciousness, just as the defining characteristic of bodily things is extension, or perhaps solidity. Unconscious ideas? One might as well talk of bodies that are not extended in space!

To be sure, everyone was familiar with the fact that we have many ideas that are not, at this very moment, present to the mind. My telephone number, for example or the capitol of California, or the names of the actors who starred in *Butch Cassidy and the Sun Dance Kid.* But though I do not hold before my mind at all times all the ideas that can, in some sense, be said to be "in my mind," I can access them if I need to [leaving aside senior moments.] We can describe these, with Freud, as residing in the "pre-conscious." The problem with Freud's patients was that they seemed possessed of ideas that were having a direct and continuing effect on their bodies, but which ideas they could not access no matter how hard they tried.

In short, Freud had discovered the unconscious. The remainder of Freud's life and career can be described, as I once heard Bruno Bettelheim put it, as a *ceaseless quest for the unconscious.*

Freud was well aware that it was paradoxical, even perhaps contradictory, to speak of "unconscious ideas," but as I have already indicated, he was driven by his clinical experience rather than by considerations of philosophical consistency. If conceptualizing what was going on in his patients in terms of the notion of unconscious ideas fit his clinical observations better than any other hypothesis, and if the result was the relief of

the painful symptoms and debilitating conditions presented by his patients, then he embraced the notion, all the while supposing that it would at least in theory be possible eventually to give an entirely neurological explanation of what he was observing.

Five questions presented themselves with regard to the unconscious mental contents, and Freud explored all five in the very greatest detail for many years. For purposes of clarity rather than narrative and temporal accuracy, I will discuss each in turn. The first question was: Why is it so difficult for patients to access these unconscious ideas and, by accessing them, to relieve the symptoms? The second question was: How can a doctor get access to the contents of the unconscious? The third question was: What is the content of the unconscious? What can we learn about what resides in the unconscious? The fourth question was: What are the laws or rules that govern the way in which the materials of the unconscious function, and is there any way in which those laws or rules are different from the laws or rules governing conscious thinking? The fifth question was: In light of the answers to the first four questions, what is the most effective therapeutic strategy for treating patients afflicted with the sorts of problems Freud was dealing with?

Just to anticipate our answers, so that you will understand where we are going, the answer to the first question, in a word, turned out to be "repression;" The answer to the second question was dreams, jokes, slips of the tongue, and free association. The answer to the third question, in two phrases, was "infantile wishes" and "sex." The answer to the fourth question, in a three word phrase, was "primary thought processes." And the answer to the fifth question was psychoanalysis. But that encapsulates a very great deal, so let us get to work.

First: Why is it so difficult for patients to access the unconscious ideas and, by accessing them, to relieve the symptoms?

The ideas consigned to the unconscious are quite unlike the ideas in the pre-conscious. For the most part, I can access the ideas in the pre-conscious when I need to, but even when I cannot do so with ease, I am delighted to be reminded of them. With a snap of the fingers I say, "That's it! Why couldn't I remember that?" One of my own most irritating senior moments was my repeated inability at a certain point to call to mind the name of Kathleen Battle, a marvelous operatic soprano, but always, when the name finally came to me, I was delighted to have recovered it. By contrast, Freud's patients resisted recalling the materials in the unconscious, sometimes protesting vehemently that they could not possibly have such ideas. Freud described these ideas as not forgotten, but *repressed*. There was no way that he could possibly identify the neurological correlates of this phenomenon, so he described it anthropomorphically by saying that in the mind there is a Censor who stands at the border between the conscious and the unconscious and blocks access of the conscious mind to its unconscious contents. We shall eventually introduce familiar language invented by Freud to describe the various functions of the mind – the Id [or "it"], the Ego [or "I"], the Superego [or "that which is above the I."] But always he assumed that eventually it would be possible to cash this language in for neurological descriptions and explanations.

What was new and revolutionary in Freud's description here was the claim that there is a *dynamic* relationship between the parts of the mind – that effort and energy is expended in maintaining that relationship. "Repression," unlike "forgetting," implies an active doing of something, which in turn implies purpose, none of which is conveyed by the passive description "forgetting." Inevitably, one is led to ask why the mind represses certain contents, why it resists so powerfully recalling them, *even though the recalling of them will relieve painful or debilitating symptoms that the patient insists she wants relieved.* The obvious hypothesis is that the recalling of the repressed ideas will, for some reason, be even more painful to the patient than the symptoms, so that, faced, in effect, with a choice between acknowledging the unconscious ideas and getting rid of the symptoms, or denying the ideas and continuing to suffer the symptoms, the patient urgently, sometimes even angrily, chooses to deny the ideas and suffer the symptoms.

This behavior is, of course, completely unlike that of most patients who come to a doctor seeking relief. For the most part, medical treatment is carried out by the doctor without anything more than the passive consent of the patient. Indeed, in some cases, the patient may even be under anesthesia when the treatment is applied. To be sure, a cure may involve some cooperation by the patient – take these pills, stop smoking, eat healthier foods, exercise – and the patient may be derelict in carrying out the doctor's instructions. But very rarely can the patient be described as *resisting* being cured. Freud spent a good deal of time figuring out what was going on, why, and how to deal with it.

Second: How can a doctor get access to the contents of the unconscious?

As we have seen, Freud, following Charcot, began by using hypnosis to access unconscious thought contents, but for a variety of reasons this technique was of limited usefulness. First of all, some patients were hard to hypnotize. Secondly, merely bringing the repressed content to consciousness frequently did not, of itself, result in a relief of symptoms. Nor were the "cures" in many cases permanent. Recognizing the dynamic nature of the repression, Freud sought other ways to get at the unconscious. Very early on, it occurred to him that dreams might give him the access he needed.

By the time Freud came along, there was a very long and rich tradition of dream interpretation in Western culture, as well as in many other cultures as well. For millennia, people had been viewing dreams as omens of the future, as messages from the gods, or as contacts with the spirit world. In opposition to these traditions, a number of scientifically trained or influenced authors had offered purely physiological explanations of dreams – as responses to sounds heard during sleep, as reactions to bodily sensations induced by bedclothes, as a response to intestinal distress, and all manner of other physical influences.

Everyone had observed certain familiar and puzzling facts about the remembered content of dreams. Some dreams are recalled by the dreamer, upon waking, as quite realistic, filled with familiar people and places doing familiar things. Other dreams seem to consist of several incidents or story fragments that have nothing to do with one another.

In some dreams, people appear who are long dead. In others, impossible and seemingly magical things happen – people fly like birds, animals talk, people die and come back to life. Some dreams are reported as filled with images in full color. Other dreams are reported as spare, monochromatic.

It occurred to Freud that perhaps the content of dreams was, in some way, a slipping of repressed ideas past the Censor, who could be thought of as letting down his guard, or napping, during sleep. Since the ideas, when they appear in dreams, do not lead to action – we do not really *do* anything when we are asleep, no matter what we may be dreaming – the Censor might be less concerned about the eruption into consciousness of dangerous or unacceptable, and hence repressed, ideas. [I will not keep repeating that Freud understood this to be anthropomorphic language that must, ultimately, be replaced by proper neurological explanations. I rely on you to keep that fact ever in the back of your minds.]

We shall have a great deal more to say about dreams, as they were the object of a deep and continuing investigation by Freud, but let me continue on the path I have laid out by mentioning several other ways in which Freud hoped we might get past the Censor to access unconscious ideas. Both jokes and slips of the tongue, Freud thought, were moments when repressed materials gain overt expression, and he wrote some charming essays about each. [Freud was, of course, very much a man of his time – a proper Viennese bourgeois – so the jokes he analyzed were not real side-splitters or knee-slappers, and his examples of slips of the tongue were also a bit creaky.] The idea here is that at these moments of verbal play or simple verbal error, materials being forcibly repressed in the unconscious may erupt into public, as it were, and, in a revised and safer form, find expression. In focusing on dreams, jokes, and slips of the tongue, Freud was carrying forward a process that has characterized the development of the Social Sciences and Humanities, as well as the physical sciences, in the last several hundred years.

For a long time, organized intellectual investigations of both the natural and human worlds concentrated on exploring what were thought to be elevated, important, or honorable phenomena: the motions of the heavenly bodies, the nature of the sun, the doings of kings and princes and generals, the foibles and follies of members of the upper classes. It was thought to be beneath the dignity of a gentleman even to take notice of the doings of peasants, or to attend to the feelings, thoughts, and desires of soldiers in the ranks rather than to those of their commanders – *infra dignitate*, as the Latin expression had it. There are some things it is better for a gentleman not to know, Aristotle suggested, by way of explaining why the Prime Mover knows only universal truths, not particulars. Much the same attitude was manifest in the Humanities, where poetry, tragedy, and philosophy were considered appropriate subjects for study, rather than low amusements like novels. [I believe it is the case that one could not formally study the novel at Oxford until well into the twentieth century.]

But little by little, curious and imaginative students of the human condition began to reason systematically about matters hitherto ignored. The bartering and trucking of the marketplace became the focus of the new discipline of Political Economy. Travelers

turned their attention first to the barbaric religious practices of South Sea Islanders, then even to their kinship relations, art, music, and ways of getting their food and clothing, thus giving rise to the discipline of Anthropology. Sociology was born in an exploration of the statistics of suicide, and quickly extended to a wide range of behaviors, practices, and institutions that had long been the subject of witty commentary by chroniclers of manners, but never before the object of organized scientific investigation. Even historians, long accustomed to relate the succession of dynasties and the heroic doings of warriors, began to gather information about members of the middle classes, and even of the lower classes. Jokes and slips of the tongue are very much the detritus of *quotidien* life, familiar enough, but passed over when the time comes to think seriously about the human condition. Freud sought to use them as clues to the unconscious.

Dreams, jokes, and slips of the tongue are all *objects* of investigation. Freud's last avenue to the unconscious, and eventually central to his therapeutic technique, was a *process* that he called free association. During the therapeutic sessions that he conducted, he would ask his patients to allow their minds to wander freely, as far as possible without the censorship and correction that we all subject our thoughts to before we voice them. Patients were called upon, as a condition of the therapy, to agree to say whatever came into their minds, no matter how seemingly irrelevant, inconsequent, or even vulgar or embarrassing. This demand by Freud may not strike modern readers as particularly onerous, considering that young people amuse themselves on occasion by playing "truth or dare," or by "sexting" nude pictures of themselves to their friends. But it was a very difficult condition to meet for women [and men] brought up in proper, bourgeois Viennese families. To make the process of free association flow more easily, Freud would arrange his consulting room so that patients were reclining on a sofa, thus mimicking the experience of going to sleep. The lights were kept dim, and Freud himself sat so that the patients could not see him. Instead of responding conversationally to what the patient said, Freud would remain silent, creating a space in which the patient could continue the process of voicing whatever came to mind. All of this was designed to circumvent the ordinary social norms governing the exchanges between adults, exchanges in which, so to speak, the Censor was fully alert and on guard against the eruption into the public world of those repressed thoughts.

Third: What is the content of the unconscious? What can we learn about what resides in the unconscious?

At first, Freud anticipated that he would find the unconscious populated, as it were, by adult memories of *experiences* that the patient found too painful or frightening or – in his quaint terminology – "unacceptable" to be acknowledged, and which therefore had to be forcibly shoved into the unconscious and held there by powerful forces of repression. But more and more, he came to the conclusion from his clinical observations of and interactions with his patients that the unconscious actually contained ideas dating from quite early in the patient's life, ideas that were more likely to be *wishes* than experiences. What is more, the ideas brought up out of the unconscious first by hypnosis and then by dream interpretation and free association were frequently sexual in nature.

There is a very great deal to say here, and as I am doing this in Paris from memory, I am unable to cite chapter and verse of some of the hundreds of examples that Freud gives in his writings. But one famous and complicated matter is worth describing in detail, both because it illustrates what Freud was finding, and also because it helps us to understand the reasons for the violent opposition Freud encountered when he began to lecture about and publish reports of his clinical observations.

As Freud conducted his practice, he found that one after another, young ladies from proper bourgeois families, who had come to him with a variety of hysterical complaints, reported under hypnosis, or as a consequence of free association, experiences, as little girls of four or five or six, of being sexually abused by their fathers. Now, doctors are accustomed to dealing with things that the rest of us, for the most part, do not have the misfortune to encounter. They see patients whose bodies have been terribly damaged by injury or ravaged by disease. They see patients with grotesque tumors, disfiguring congenital conditions, raging fevers. They see patients raving uncontrollably, wasting away from incurable maladies. Like any other professionally trained physician, Freud was prepared for this and a good deal more. So one young woman, or even two, claiming to have been molested as a child by her proper *haut bourgeois* father was manageable. But as the cases piled up, Freud struggled to make sense of what seemed to be a Viennese plague of abusive parents. Needless to say, when he reported his findings [always taking care completely to conceal the identity of the patients, needless to say], he was met with outrage, disbelief, censure, and professional ostracism. Now, Freud was a young man with a growing family to support, and it would have been easy and natural for him to conceal his findings in order to protect his professional reputation. But with great courage, he persevered, insisting that he was simply reporting what he had discovered in the course of his clinical practice.

At a certain point, Freud had an *eclairecissement* of the most fundamental importance. He realized that he was wrong. The patients were not in fact reporting childhood *experiences*; they were reporting the memories of childhood *wishes*! These women had not been molested as little girls by their fathers. They had, when no more than five or six, *wished* to be sexually involved with their fathers.

Well, that certainly got the fathers off the hook. But, if I may hopelessly mix my metaphors, it got Freud into even hotter water. If there was any idea in late nineteenth century Vienna more unacceptable than the widespread sexual abuse of little girls by their fathers, it was the claim that those adorable pure angels were possessed of full-blown sexual desire for their fathers! Once again, we must try to think our way back into the time in which Freud found himself, for one of his many legacies to us is the recognition of infantile sexuality.

The big news was that charming little girls have the hots for their daddies – indeed, that they have the hots for anyone. But equally interesting and important was the realization that the content of the unconscious is repressed wishes rather than repressed memories. Over a long period of time, Freud explored this insight, particularly with regard to dreams. Again and again, he found [or, to be quite precise, he believed he found] that

dreams were, in a complicated fashion, the eruption into consciousness of repressed wishes. Every dream, he finally concluded, is the expression of a wish. Inasmuch as many dreams are rather frightening and dark in both their content and their tonality, this was a counterintuitive conclusion. Since, as I have several times remarked, I am writing this from memory without access to my copies of Freud's writings, I cannot give examples taken from *The Interpretation of Dreams*. If you take the trouble to read that very long, very detailed book, you will find there countless descriptions of dreams and their interpretation. Many of the dreams were related to Freud by patients. Some of the most interesting are Freud's own dreams.

Dreams by and large present a puzzling array of images, events, actions, and words, frequently strung together in no obviously coherent or logical order. Since we are of course not awake when we are dreaming, our knowledge of the content of our dreams always depends on after the fact recollections. Freud therefore was forced to ask his patients to recount their dreams, and as all of you will attest who have ever tried to recall a dream, these recollections can be spotty, episodic, and uncertain. Freud found it useful to have his patients associate freely to or another of the elements of a reported dream. The patient was told not to try to make sense out of the dream, but simply to put into words the first thing that came to mind when thinking about an element of a dream, and then to continue voicing the associations until they ran dry. Freud discovered that it was unhelpful to ask the patient to associate to, or comment on, a dream as a whole, as though the patient were doing literary criticism. Instead, each separate element became the spur for a train of association. There is so much to say about what Freud discovered in the course of these efforts at dream interpretation that I could not begin to cover the subject adequately, even if I had my books with me.

For example, Freud found that quite often the element in the dream that proved most important was, in the initial report of the dream, all but overlooked. "Important" here means, among other things, fraught with powerful emotional overtones, sometimes not "rationally" connected to the "story" of the dream. For example [I am making this up, now], a patient might report a dream in which he was confronted by a huge, roaring lion, and yet felt no fear or apprehension, either in the dream or when reporting it during a therapeutic session. In the dream, standing next to the roaring lion, might be a small, inoffensive child, and the presence of the child in the dream might seem to the patient ominous and terrifying. Through associations and interpretations, Freud would try to figure out what the child and the lion meant to the patient. And so forth. Again and again, Freud would find that the chain of associations led to a repressed wish, often a wish from early childhood, and also often a wish of some sexual nature.

Freud's claim that little children have sexual desires was far and away the most controversial of the many problematic theses he advanced over the course of his career. As it came to play so central a role in his explication of the mental disorders he called *neuroses*, I will spend a little time here discussing it, even though it does not fit exactly into the framework of five questions that I have been using to organize this part of my tutorial. Human beings are mammals, and all normal mammals develop into sexually mature adults capable of reproducing. Many mammals, even those quite high on the

evolutionary ladder, develop the ability to reproduce after a fairly short time – three or four years, for example, for lions. A few mammals take much longer [elephants, judging from the information on the web, come to maturity at ten years or a bit older.] In human beings, reproductive maturity is reached at what is called puberty, when the male body is able to produce sperm, and the female body is able to ovulate. This stage of physical and neurological development, which occurs anywhere from eleven to fourteen or fifteen years after birth, is accompanied by a variety of what are called secondary sexual characteristics.

If one were simply extrapolating from other mammalian species, one would expect that the human development to sexual maturity would be a linear process, lasting eleven to fourteen years, terminating in the ability to reproduce. But on the basis of what he discovered in his clinical experience, Freud eventually concluded that in humans – but not in other mammals – the process actually occurs in two stages. First, there is a normal linear process starting shortly after birth and continuing until the young boy or girl is *psychologically* ready for reproduction, but not yet at all *physically* ready. In fact, Freud decided, the normal child goes through a sequence of stages of development in which sexual feelings are attached to or associated with first one and then another part of the body, culminating at perhaps six or seven years of age with sexual feelings focused on the parts of the body that will play the central functional role in reproduction – the penis and the vagina. But then, instead of developing the physical capacity for reproduction, the human body goes through an extended period of arrested sexual development that Freud eventually called "latency," at the end of which period, the physical developmental process is resumed, the young man or woman goes through puberty [with all the associated hormonal changes], and emerges physically ready for reproduction.

This two-stage process of psychosexual development, Freud concluded, has the most profound effect on the formation of adult personality, and also is implicated in a wide variety of neuroses, or painful and self-defeating functioning in some adults. It was these neuroses, more than any other neurological manifestations, that were the subject of Freud's clinical work and his theorizing about what that clinical work was revealing to him.

Fourth: What are the laws or rules that govern the way in which the materials of the unconscious function, and is there any way in which those laws or rules are different from the laws or rules governing conscious thinking?

We come now to what is, for me at least, the most interesting, complex, and revolutionary of Freud's theoretical discoveries. The full working-out of its ramifications and implications resulted in a picture of the structure and functioning of the human psyche utterly different from what had been advanced by philosophers and psychologists in the preceding two and a half millennia. I am going to sketch as much of this development as I can in this segment of my tutorial, and then return to it for further elaboration later on.

Early in his clinical practice, Freud began to realize that the unconscious portion of the mind does not function at all as the more familiar conscious portion does. For example, he was struck very powerfully by the fact that unconscious wishes and feelings dating from a patient's childhood seemed to lose none of their affect, none of their emotional force, with the passage of twenty or even thirty or forty years. A little boy's anger at his father, and the wish that that father would die, was capable of causing the most dramatic symptoms in the man of thirty, even after the father had in fact passed away. The little girl's sexual desire for her father, repressed as utterly unacceptable and powerfully denied by the grown woman, still retained the power to erupt in dreams, in neurotic symptoms, and in slips of the tongue. Now this is not the way in which powerful conscious feelings and wishes behave. Over time, anger softens, desire wanes, sorrow at the loss of a loved one eases. In the godawful jargon of the soaps, we learn to "move on."

Freud also observed that our ordinary understanding of causality, time, and space seem not to obtain in the unconscious. Adults understand that wishing for something to happen is not the same as making it happen. But Freud found that when a little girl wished her mother would die, so that she could have her father all to herself, if by some terrible happenstance the mother then died, like as not the little girl would believe that she had killed her mother, and the guilt at having killed her mother could remain, repressed in the unconscious, for decades, tormenting the adult woman, who, if asked, would of course deny that she had had any hand in the tragic death of her mother.

There are many, many other examples of unconscious thought processes that differ markedly from their conscious counterparts, some of which can be seen in fairy tales and other cultural objects. For example, the unconscious seems to have the ability to split the image of a mother or a father or a sister or a brother into two parts, and treat them as separate persons, so that it can have simple uncomplicated feelings of love for one part and equally simple uncomplicated feelings of hatred for the other. Hence the familiar fairy tale trope of the good [but conveniently dead] mother, whom a little girl can love without feeling the slightest competition for her father, and the evil stepmother, who takes the place of the good dead mother and somehow manages to woo the father away from his little girl, whom he would otherwise love unreservedly.

Sometimes, the unconscious takes a powerful feeling originally focused on one person, and shifts it onto another person, a process that Freud called displacement, and which, as we shall see, came to play a central role in the therapeutic technique Freud devised to treat neurotic patients. The unconscious is also capable of taking a painful feeling that it is experiencing and imputing it to someone else – a process called projection. The unconscious then tries to get rid of the painful feeling by turning away from the person onto whom the feeling has been projected. [Readers of my Autobiography will recall that some of these unconscious thought processes were in play in my engagement with the philosophy of Immanuel Kant, whom I construed as a "father substitute," as the saying goes.]

Freud concluded that these thought processes, which he found at work in the unconscious, are actually the natural and original or "primary thought processes" that the infantile mind engages in when it first starts to interact with the world. What we consider the normal workings of the mind and call rational thought processes – the usual understandings of space, time, causation, personhood, and so forth – Freud called "secondary thought processes," developed as a result of the frustrations and disappointments the infant experiences when its fantasies of immediate gratification are not fulfilled. The secondary thought processes are the possession of what we think of as the self, or Ego, and although they are immediately available to us in consciousness, they are actually an overlay on top of the quite different primary thought processes that continue to dominate the functioning of the unconscious.

It is important to an understanding of the development of this conception of psychological processes to keep in mind that as a clinician, spending many hours every day seeing patients, Freud's immediate evidence for his theoretical speculations was his observations of his patients. The primary confirmation or disconfirmation of his hypotheses was his success first of all in making sense of his patients' symptoms and their dreams and other presentations, and then his success or failure in relieving them of their symptoms and enabling them to function effectively and happily in the world.

Freud's understanding of the workings of the mind of the infant and young child was arrived at backwards, as it were, by tracing back to their sources in early childhood the phenomena he encountered in adult patients. At no time, to the best of my knowledge, did he treat children or engage in systematic observation of the development of mental processes in children. Many neurologists and psychologists have done so, of course, including, most famously, his daughter Anna Freud, as well as the great Swiss psychologist Jean Piaget. [Narrative aside: My sister went to Swarthmore College, where she met a very bright fellow student, who told the following wonderful story. He was taking a psychology class, in which they read some of Anna Freud's reports of her treatment of children, in which, of course, all the names were changed to protect the privacy of the patients. While reading one case study, he suddenly realized that she was talking about him! He had in fact been to see a psychologist when a child, and it was none other than Anna Freud.] Remember that we are talking about late nineteenth century Vienna, a world in which bourgeois fathers, no matter how besotted with their children, spent little or no time in the nursery, and rarely if ever changed a diaper, fed a baby a bottle, or even changed a baby's clothes. Things that we modern fathers and mothers have observed and wondered at were *terra incognita* to the middle class parent. Needless to say, it hardly would have occurred to Freud that his best scientific sources of information about newborn infants were wet nurses!

Nevertheless, Freud attempted to reverse the logical order of exposition and formulate an account of the early development of the mind. This effort was necessarily speculative in nature, since at no point did he corroborate it by direct observation of infants or small children. But the model he constructed, if I may put it that way, fit so well with his observations of adult patients that he came to repose a great deal of confidence in it. The story starts something like this:

The newborn infant, neurologically speaking, is a bundle of sensory organs and innate drives or sources of energy, but without anything that we would recognize as concepts or an organized understanding of itself and the world. It gets hungry, cold, and wet, it experiences pleasure when fed or held, it feels pain from intestinal gas. The infant, at the outset, has no usable notion of itself as a distinct being, nor any correlate notion of the external world as separate and set over against itself. It does have a variety of instincts, such as the brachiating, rooting, and sucking instincts. [For those of you who are not up on your primate biology, the brachiating instinct works as follows: if you turn the head of a newborn infant to one side, it automatically puts up the opposite arm with curled fingers. It is reaching for a branch to hold onto. It is brachiating. The next time you encounter a born-again-fundamentalist-new-earth-creationist couple who happen to be the proud parents of a newborn infant, you might coo at the baby, gently turn its head to one side, and ask them where they think it got that instinct from that is useless in humans but might well be a life saver for a monkey.]

The infant is put to the breast and sucks, which if finds pleasurable [also nourishing, but at this point of course, it has no notion of that.] The next time it is hungry, it conjures up the sensory memory of the breast. [You can see how speculative this account is. Today, we would undertake to study directly which precise area of the brain becomes neurologically active, as a way of inferring that the infant is calling up the image of the breast.] This ability to call up sensory images of past pleasurable experiences is a powerful one, and the mind never loses it. But – to continue our story – the calling up of the sensory image, or fantasizing, does not produce the satisfying sensations either in the lips or in the mouth and alimentary tract. This is frustrating, and in response to the failure of the image to satisfy, the baby starts to cry. In a well-ordered world – one which will, we can hope, lead after many, many more twists and turns and challenges, to the eventual development of a happy, well-integrated, emotionally healthy adult – the mother [or wet nurse – we are still in late nineteenth century Vienna, remember] hears the cry, picks up the baby, ascertains that the cry means hunger, and not gas or wetness, and puts the baby to the breast, thus finally, and after what is, for the baby, an intolerable delay, producing satisfying sensations in the lips, the mouth, and the alimentary canal. [Whew. That is a lot of words for the simplest event in a baby's life, but stay with me, it gets even more complicated.]

This event, repeated countless times even in the very first months of a baby's life, generates a profoundly ambivalent response from the baby. [What I am now going to explain is both incredibly important to Freud's understanding of human personality and the human condition, and also unavoidably, ungetoverably speculative. Make of that what you will. I find it persuasive, since it fits with and confirms so many things I know from observation or personal experience about what it is to be a human being, but obviously that is a subjective response, and you are free to construe what follows as nonsense.] On the one hand, it is painful and deeply disappointing to the baby to conjure up the fantasized image of the breast and have it fail to provide the pleasurable sensations that the baby expects. On the other hand, it is enormously empowering for the baby to learn that it can, by crying, in effect command the satisfaction of its desires.

Now, think about this for a moment, and stay with me even if, at first, you find what I am saying wildly implausible. All of us have deeply rooted fantasies of omnipotence, of being able to command the world to be what we want it to be *merely by imagining what we want it to be*. That, after all, is our central conception of God. "And God said, Let there be light: and there was light." [Genesis, Chapter 1, verse 3.] "In the beginning was the Word, and the Word was with God, and Word was God." [John, Chapter 1, verse 1]. This is what it is to *be God*. Say it, and it is. Indeed, think it, and it is. According to Spinoza, in the *Ethics*, everything that is in the mind of God exists, for to God, to conceive of a thing and to create it are one and the same. [That is what intellectual intuition is.] This frustrated wish, resulting from the failure of the mere image to produce the desired satisfaction, lies at the root of all the transformations, sublimations, and elaborations of the fantasy of omnipotence that generate religion, and also, at least in part, great art.

The flip side of the disappointment is the acquisition of genuine power, the ability to make the world give you what you want. As time goes on, the baby develops a more and more complex understanding of the limits and extent of its body, together with a richer, more useful, more nuanced grasp of its powers. The baby develops the physical ability to grasp objects, even to put them [along with its thumb, of course] in its mouth. [For my younger readers, who have not yet embarked on the great adventure of parenthood, this is called "finding the thumb," and it is a big step forward in the development of the tiny infant.]

The powers acquired by the child as it develops, though ever greater [including as they do locomotion, speech, control of one's bowels, etc.], always have a shadow of disappointment and regret hovering over them, for they are all necessary, painful compromises with the original fantasy of omnipotence. Or so Freud argued, on the basis both of his clinical experience and his interpretation of that experience. This view of the development of the child has been the subject of considerable debate in the post-Freud analytic community, and it might be worth pausing for a moment in my exposition to sketch the lineaments of that debate. As readers of his speculative essay, *Civilization and its Discontents*, will know, Freud had a rather dark and unillusioned view of the human condition. He thought that our infantile wish for instant gratification is doomed to be unfulfilled, and that all of the splendid accomplishments of high culture and industry, on which advanced civilization depend, are bought at a psychic price. We are forced by the nature of the universe to substitute the Reality Principle for the Pleasure Principle, as he put it. All of our achievements depend on our ability to defer gratification, accommodate ourselves to the relentless laws of physics, and substitute manageable satisfactions for the unfettered delights of which we dream [literally, as it happens]. And no matter how dutifully we submit to the rigors of reality, waiting for us at the end of life is enfeeblement, dementia, and death. The submission to reality begins in infancy with the failure of fantasy to bring instant gratification, and it is all down hill after that, so to speak.

But a number of students of infant and early childhood development have contested this dour portrayal. They claim that the development of reality-oriented competences enabling the infant to interact successfully with the world is actually evolutionarily hard-wired into the infant, for whom successful development is a mostly positive process not clouded by the pain and disappointment of unfulfilled fantasies. Problems of the sort that Freud encountered in his adult patients, they suggest, occur only when this natural process of development is warped or thwarted in some manner. Freud may have been correct in tracing his patients' neuroses to repressed childhood wishes, these folks say, but he was too pessimistic in claiming that these early frustrations inevitably cast a pall over all of our psychic development.

The larger point here is this: On Freud's view, the reality oriented rational self that philosophers have for millennia been identifying as human nature *tout court* is in fact a secondary formation, overlaid on the innate drives, instincts, and mental processes that, as I have observed, he called *primary thought processes*. The locus of this reality orientation, the Ego [in his terminology], sits uneasily on top of [so to speak] primary thought processes that stay with us throughout our lives and make themselves known in dreams, in neurotic symptoms, and even in such unlikely places as jokes and slips of the tongue.

Because my exposition, which has taken the form of answers to a series of questions, has gone on far too long, I shall draw it to a close with a brief answer to the fifth question, and then, after taking a deep breath, launch into a series of discussions of matters that have thus far been set to one side. Among those discussions will be an account of the ways in which the analysis of dreams revealed to Freud details of the primary thought processes. [Also sex, for those of you who have been waiting for it with bated breath,]

Fifth Question: In light of the answers to the first four questions, what is the most effective therapeutic strategy for treating patients afflicted with the sorts of problems Freud was dealing with?

As Freud struggled to treat his patients while using what he was observing to develop a revolutionary new theory of human personality, he also experimented with a variety of therapeutic techniques. The theory, of course, interacted with the techniques, each one being adjusted or altered in light of the other. The central problem was how to get at the materials of the unconscious and, by bringing them to light, relieve the symptoms that the patient had presented upon entering his consulting room.

[A brief aside: Regardless of what people have said coming after Freud, about how everyone should undergo analysis, and similar nonsense, Freud was quite clear that he was engaged in medical treatment, not philosophy or religion or counseling. The first commandment of the medical profession may be, Do no harm, but right after it surely comes a second commandment, Only treat the sick. I leave it to plastic surgeons to justify their professional behavior.]

After giving up on hypnosis, Freud tried the "talking therapy" that eventually became psychoanalysis. The aim was very definitely **not** to offer advice or counseling of any sort about real world current life problems. The aim was to get at the unconscious wishes, hang-ups, call them what you will, that were manifesting themselves as hysterical blindness or paralysis, or as compulsive, self-defeating behavior, or as uncontrollable rage, or as obsessive immobilizing fears [of snakes, of going out of one's room, of little girls, of rabbits – whatever the patient presented.] Freud's working hypothesis was that the thoughts doing the harm were wishes dating back to an early stage in the patient's life, repressed in the unconscious and held there by the force of the Censor, wishes that as the doctor he had somehow to get at and bring to the surface. As I have already remarked, the arrangement of the consulting room was designed to lull the Censor into inattention, to weaken the forces of repression, and thus to increase the likelihood that the repressed material would erupt into consciousness.

The principal tactic was to get the patient to recount his or her dreams, and then by following trains of association with elements of the dream, to uncover the underlying wishes that were being manifested, in some way or other, in the dreams. Since this is an enormous subject, I shall defer discussing the interpretation of dreams to a later segment of this tutorial.

Initially, Freud thought that merely bringing the repressed material to light would be sufficient to relieve the symptoms, but this proved not to be true. Since the repressed material was powerful wishes charged with intense, and unabated, libidinal energy [to get ahead of ourselves just a bit], and since it was the original failure of the young child to work through and somehow come to terms with these powerful wishes that lay at the heart of the neurosis [or so Freud concluded], Freud had to find a way for the patient to resolve the long-frustrated and repressed wish, to deal with it in an open, adult, emotionally satisfactory fashion. Freud found that it was not enough for the patient simply to talk about the wishes, to talk about the feelings, to acknowledge their reality even though they were often very painful to contemplate. Eventually, Freud made the surprising discovery that a successful therapeutic resolution of the neurosis required that the patient *transfer* the wishes and feelings from their original object – a mother or father, say – to Freud himself as therapist. The patient had actually to *feel* these emotions as directed at the therapist, whether they were sexual desires or rage or envy or guilt.

Now, if you stop and think about it, this is really a very odd thing to have happen. If a forty year old male patient is [if I may speak informally] hung up on his six year old lust for his mother [who was, in his young eyes, beautiful and desirable, whatever the rest of the world might actually have thought of her], how on earth is he supposed to transfer that lust, still vivid and alive in his unconscious despite the passage of thirty-four intervening years, to a bearded fifty-ish cigar smoking doctor with the unlikely name "Freud." ["Freud," for those of you who, like me, are linguistically challenged, means "joy" in German. Contrary to what you might guess, that really was his original name, not a *nom de profession* that he adopted once he saw which way his research was heading.]

One small example may make this a trifle clearer for those of you who are not already fully *au courant* with Freudian theory. This example is not especially telling, and I am not sure what old Freud would have said about it, but it has the advantage of being a personal story, so at least I can get the facts straight. As a child [we are talking abut two, three, four, five, six – that age], I had very ambivalent feelings about my father. On the one hand, I looked up to him as big, strong, capable of carrying me on his shoulders all the way to the top of Belleayre Mountain in the Catskills [only about 3300 feet, but pretty impressive to a little boy], with a big voice and a confident manner. On the other hand, even as a little boy, I could tell that he was, for all his bluster, very much under the thumb of my mother, who was the real emotional force in the family. By the time I was entering my teenage years, my father had become a quiet alcoholic, a fact that the entire family conspired to ignore [alcoholism is especially hard for Jewish families to acknowledge.] My father's drinking made my mother desperately unhappy, and though I could hardly help but see it, I could not allow myself to acknowledge it, because to do so would have meant having to choose sides between the two of them. I, like the rest of the circle of which our family was a part, was engaged in the process of propping my father up and maintaining the fiction that he was the intellectual, the high school principal, the big man in our little world, whereas in fact he was for me a total disappointment. Once I became interested in politics, I transferred to my [now safely dead] socialist grandfather the feelings of admiration that I had originally felt for my father, while denigrating him in my mind as a sellout [i.e., a liberal Democrat – you had to be there to understand.]

I was, as a teenager, a complicated combination of dutiful conformity and rebellion. On the one hand, I worked hard to be the perfect student, trying [quite successfully] to outdo my father academically. I was in this regard the apple of a Jewish mother's eye. On the other hand, I constantly challenged male authority wherever I found it. As a college student, I continued this pattern. Once I encountered the philosophy of Immanuel Kant, I latched onto it and transferred to him all the unsatisfied longings for a strong father that had been frustrated by my own father. I saw Kant as the most powerful thinker in the history of philosophy [hardly an original thought!], and in my doctoral dissertation and then my first book, undertook to prove that his boldest claims had been correct. But as my psychoanalyst pointed out, rather astutely, although I claimed that Kant was the Big Man in all of philosophy, I also claimed, in my book, that he needed my explanation of his argument in order for the world to see how great he was. In effect, even while celebrating his brilliance, I was really saying that he was nothing without me. It is hardly surprising that only three years after publishing that book, I wrote a tract demonstrating that ***no*** authority is legitimate -- in short, that there are no good fathers.

I brought this complex of feelings, of displacements, of transferences, to my psychoanalysis. How did they manifest themselves there? Well, two little stories will suggest an answer. One day, I was lying on the couch, going on bitterly about the fact that my analyst, to whom I was paying huge amounts of money [$25 an hour, which in those days was the equivalent of more than $150 today.], couldn't even bother to spend a few bucks decorating his tatty office decently. When I got up at the end of the hour [i.e., fifty minutes] to leave, I noticed that the entire office had in fact recently been rather nicely redecorated. Another time, I was going on in a self-congratulatory manner about

how far I had come in my life, snagging a tenured professorship in Philosophy at Columbia at the age of thirty, whereas Dr. Rogers, my analyst, just sat here like a lump in this stodgy office. As I was leaving, he remarked mildly that he had come some distance himself. On my way out, I thought – hmm, I have, by dint of my brilliance and hard charging effort, made it all the way from Queens to Manhattan. He, on the other hand, had been born in rural Arkansas and was now an analyst on the Upper West Side. Pretty clearly, I had transferred to Rogers my childhood feelings abut my father, and was now in the process of working them out through the transference.

What did I get from those long years of analysis? What I think of myself as having gained from the analysis was the ability to move successfully from being an angry rebellious son, constantly challenging every authority figure I could find, to being a supportive generative father, able not only to be a loving father to my own sons, both of whom
were born during the analysis, but also to adopt the same attitude to my students, who have always been, in my eyes, surrogate children. Did the analysis help? Might I simply have matured without any therapy? I don't think so, but who knows? All I can report is that I was able to establish and maintain a healthy and deeply satisfying relationship with my sons, even though the childhood pattern of seeing myself as caught between a mother figure and a father figure persisted long after the analysis was ended.

With these five questions about the unconscious having been answered, or at least addressed, I shall now move on to discuss a number of topics that will, I hope, deepen and enrich my exposition of what I am calling The Thought of Sigmund Freud. Tomorrow, I will try to say something in more detail abut the ways in which Freud's interpretation of dreams enabled him to elaborate his account of the primary thought processes of the unconscious.

As Freud examined the dreams of his patients [and on occasion, his own dreams as well], using the technique of free association, he found that the thought processes by which the mind constructed dreams were strikingly different from familiar conscious thought processes. One of the most striking features is the extraordinary speed with which the unconscious elaborates a dream. Sometimes, a dream is triggered by a sound or other sensory input that occurs just before the dreamer awakens. And yet the dream thus engendered might be an elaborate one, with many components, seeming – in the dream – to go on for quite some time. The unconscious also achieves great *compression* in dreams, shoving together many elements in a thickly layered complex that it takes a long process of association to untangle. And the dream elements are often connected by seemingly inconsequent associations – the patient may have a dream in which she sees a dog kennel that she somehow knows in the dream to be very heavy – association connects the kennel to the word "pfund," which is German for "pound." [This is not a very good example, but I am a bit lame at this, and Freud has endless really good examples in *The Interpretation of Dreams*.]

Among the things Freud believed that he had discovered about dreams were these: First, every dream, in some way or other, is the expression of a wish; Second, every dream is

triggered by, or takes off from, some experience in the patient's life that occurred in the twenty-four hour period before the dream; and Third, there is no code book or list of dream symbols that can be used to interpret dreams. The meaning of an element in a dream is always particular to the patient and to that dream, and hence can only be got at through the process of association. Since a symbol or element in one dream may have a totally different significance from the same element or symbol in another dream of the same patient, even after one has been doing dream analysis for some time, one cannot do away with the process of association and read into a new dream the meanings that have been discovered for elements from previous dreams.

This last point is really central to Freud's entire enterprise, and deserves emphasis. As I have several times said, Freud's work can be viewed as a ceaseless quest for the unconscious [as I once heard Bruno Bettelheim describe it]. The unconscious is in dynamic tension with consciousness, and is always putting up resistance to being revealed. Since the origin and cause of the patient's symptoms lies in the unconscious, Freud is always engaged in a struggle to get at the unconscious, using whatever techniques prove successful.

One of the obvious implications of this last point is that one cannot "psychoanalyze" someone who is not present and willing to go through the process of association. Freshman Psychology courses to the contrary notwithstanding, you cannot psychoanalyze George Bush or Bill Clinton or Sarah Palin, even if you happen to know them personally, unless you are trained to do it and they are willing to engage in the process of free association. Freud himself disregarded this fundamental principle, attempting, in his essays on Moses and on Michelangelo to use the techniques of psychoanalysis to reveal truths about them. To put it as simply as I can, he should not have done that. It is not hard to see why he was tempted, but he should have resisted the temptation.

A few words now about the controversial subject of "counter-transference.' As I have already noted, analysis requires for its success that the patient transfer to the therapist repressed feelings and wishes that the patient originally felt for someone quite different – a father or mother, brother, or sister, for example. This process of transference is one of the primary thought processes characteristic of the unconscious mind. Now, the therapist is a person also, and has an unconscious ruled by the same sorts of primary thought processes. It sometimes happens, Freud found, that the therapist transfers certain of his or her own unconscious feelings or wishes *to the patient*. In the setting of the doctor's office, the therapist may find that he or she is transferring to the patient sexual wishes or feelings of anger that lie in the *therapist's* unconscious. And pretty obviously, this process of *counter-transference* may interfere with the treatment.

Let me be clear about what I am and am not saying. The therapist will of course react emotionally to the patient's presence and self-presentation. One day, the therapist may find himself bored by the patient, on another day sexually aroused by the patient, on yet another day amused, or irritated, or fascinated. The therapist needs to be aware of these emotional reactions and *use* them, not *suppress* them. Since the patient's body language, tone of voice and other elements of self presentation communicate to the therapist as

powerfully as language, the therapist needs to be sufficiently self-aware to make use of these in trying to understand what is going on in the patient. The interaction can be quite complex. For example, if a male patient is eager to please, to be viewed, so to speak, as a good little boy, once he discovers that the therapist wants to hear about his dreams, he may dutifully produce lots and lots of them and then wait to be patted on the head and praised. Another patient may adopt a belligerent tone, a third a seductive manner. All of this is grist for the analytic mill, so to speak, and the analyst must be endlessly alert to these cues, watching for the inevitable evidences of the patient's resistance to revealing the unconscious. More than sixty years ago, a psychoanalyst named Theodore Reik wrote a book about the practice of analysis called *Listening With The Third Ear* that captured this subtle aspect of the analytic process.

Counter-transference is something totally different. When counter-transference occurs, the analyst is inappropriately allowing his or her own repressed wishes and feelings to be transferred to the patient. Unchecked, this might lead, for example, to an analyst prolonging a therapy out of an unacknowledged desire to keep seeing the patient, or it might result in a therapist adopting a minatory and critical posture toward the patient that is really a consequence of the therapist's own unresolved feelings about his or her own parent. To guard against this and other potential problems, Freud insisted that a physician training to be a psychoanalyst must undergo an analysis, so that the physician has worked through and can handle such unconscious materials in himself or herself.

Psychoanalysis is thus very different from most branches of medicine, in which the doctor treats the body, more or less regardless of the emotional state of the patient. Good diagnosis does of course require an acute sensitivity to aspects of the patient's self-presentation that may not rise to the level of a conscious report of "pain here" [see the television medical drama *House* for some nice examples]. But psychoanalysis inevitably requires a deeper and potentially more emotionally dangerous involvement of the doctor with the patient.

It is time to discuss Freud's most famous contribution to developmental psychology – his account of the psycho-sexual development of the young child, and of the neurotic emotional deformations that occur when the progression of this development does not go well. Even those not particularly knowledgeable about Freud's theories have encountered references to "the oral stage, the anal stage, and the genital stage," as well as to the "Oedipal complex" and the less well-known "Electra complex."

The new-born infant is, or seems to be, neurologically speaking, a bundle of nerve endings, drives, and instincts. Initially, its attention [if we can even speak this way] seems focused on its mouth and its alimentary tract. The first instinct it manifests is the sucking instinct. It responds immediately to the breast or to substitutes – the nipple of a bottle, or a pacifier -- and gives every evidence of experiencing intense pleasure from them. Right here, we need to note that there is, for Freud, an unavoidable indirect inference involved in concluding that the newborn infant experiences intense pleasure when sucking at the breast. I mean, he could not ask it, "How does that feel?" Today, it would presumably be possible to wire up the infant and see whether sucking lights up the

"pleasure centers" in the brain – centers whose function has been established by performing like experiments with adult subjects who *are* capable of answering the question "How does that feel?" [thus linking the objective neurological evidence of the MRI to the subjective reports of pleasure.] Freud's evidence is actually doubly indirect, since he appeals to the dreams and associations [and observed "fixations"] of adult patients, not even to direct observation of infants. But as someone who has done a good deal of giving of bottles to little babies in my day, I have not the slightest doubt that Freud was correct. Feel free to differ if you are so disposed.

On the basis of his clinical work, Freud concluded that we are all born with a powerful drive or instinct that he labeled "libido." This is much broader and more diffuse than what we call "sexual desire" in adults, and as we shall see, contributes not only to our adult sexual life but also to the energy expressed in sports, in art, in career ambition, and in intellectual work. Much more of this later on. He also eventually concluded that we are also born with an aggressive drive or instinct that is not reducible to or explainable by reference to Libido.

When the infant is born, its nervous system is not yet fully developed, nor, needless to say, is its hormonal system. Over time, in the healthily developing child, the libidinal energy focused on the mouth [or "cathected," as Freud said] becomes redirected to the anal region of the nervous system. The infant takes great pleasure in moving its bowels – pleasure that has a distinct sexual tonality to it. Little babies, so far as is suggested by observation and adult fantasies and dreams as well, take great pleasure in the movement of their bowels and in the products of their bowels, playing with their own feces and seemingly taking a kind of pride in what they have produced.

O.K., time to interrupt my exposition and make a few points, some controversial, some not. First of all, uncontroversially, it is, I believe, enormously to Freud's credit that he wrote openly and explicitly about these matters, and did not try to insulate himself from the inevitable opprobrium he would bring down on himself by using Latinate terms or couching what he said in the language of the anatomy textbook. Modern readers may not be so impressed by this, present-day norms being what they are, but you can take it from me that in the late nineteenth and very early twentieth centuries, Freud knew that he was letting himself in for a world of criticism by saying such things and attributing such feelings and desires to little children. To a considerable extent, we owe our freedom to discuss these matters to Freud's courageous example.

Second, and more controversially, these infantile oral, anal, and genital desires, pleasures, fantasies, and their associated hang-ups underlie a very great deal of what we consider elevated, sophisticated, socially quite acceptable thought and behavior, whether we realize it or not. Let me get ahead of myself a bit by giving you some examples.

** Fecal fascinations. How often have you heard someone say of a scholarly article he has just finished writing, "That's pretty good shit"? Have you ever heard someone who is trying to sort out her life and get organized say, "I need to get my shit together"?

** Aggressive instincts, sublimated and concealed. Someone who has just made a powerful argument against an opponent in a debate, "I crushed him. I fucked him good." A mathematician describing a proof of some very abstract proposition: "I just rammed it through." Someone who has strongly criticized an underling in a bureaucratic hierarchy, "I tore him a new asshole."

Notice that in all of these cases, the real world actuality – writing a scholarly article, organizing one's life, making a good argument, proving a mathematical proposition, demonstrating a logical theorem, criticizing a subordinate – does not involve a lot that one is actually *doing* with one's muscles, with one's fists, with one's penis. [I think of weeny little Woody Allen, dancing along the street after having managed to make love the previous night, saying with comic self-satisfaction, "I gave her some of my best moves," as though he were a boxer in the ring, fighting a dangerous opponent.] Think of the enormous sensuous pleasure that one experiences when creating a poem, a painting, a piece of music. Recall my descriptions on this blog of the pleasure I take in managing to make a difficult idea clear, so that I can present it [as a lovely redolent turd] to an adoring public.

This displacement of powerful libidinal feelings about one's mouth, one's anus, one's penis or vagina, Freud insists, is perfectly normal. These are the feelings from which we derive the energy we call on to do good work, to create great art, to develop satisfying and productive adult relationships, to make revolutions.

As the development of the child continues, the focus of the libidinal feelings becomes genital, rather than oral or anal. With this last stage in the full unfolding of the nervous system there come some pretty complicated transformations and problems. In addition, of course, if the development at any stage goes badly, the individual may get stuck, or "fixated" at that stage, with consequences that can erupt decades later in full blown neurotic symptoms. More of that tomorrow.

The successful passage from the oral to the anal stage requires that the infant gain sufficient and sufficiently reliable satisfaction orally to be able to accept the inevitable frustrations and postponements of gratification that come with adapting to the real world. When teething begins, an erogenous zone previously entirely pleasurable now becomes intensely painful, triggering rage in the infant. [If "rage" seems too strong a term, I can only report the experience that I and innumerable other parents have had of watching a charming, cuddly baby erupt into red-faced screaming, inconsolable until given a teething biscuit or something – anything! – to ease the pain. Incidentally, one of the many confirmatory evidences of Freud's characterization of the mentality of the young child is the astonishing speed with which babies go from happy cooing to ear-splitting screaming, and then back again.] A similarly successful passage must be made from the anal to the genital stage. This passage involves, among other things, the emotionally fraught business of toilet training. [I realize that there is a certain problem here of what in literary criticism is called "high and low styles." Somehow, "learning to use the potty" doesn't seem to rise to the same level of cultural/philosophical significance as, say, "substituting the Reality Principle for the Pleasure Principle." But as parents know, toilet

training is at a certain point in the development of the child quite the biggest thing happening. Once again, it was, in my opinion, a triumph for Freud to recognize these facts and accord them the importance that they deserve in the story of the slow formation of adult personality.]

It is difficult and even painful for little children to learn how to control their excretions and to deposit them in implausible places stipulated by supposedly loving and caring parents. After a long time during which no constraints at all are placed upon these bodily functions [the entire life of the child, remember, and therefore from its point of view an infinite time span], suddenly and to the child quite unaccountably, the powerful and loving parents start making demands that the child control its anal sphincter and urethral sphincter.

Like all the other developmental stages, this *passage de corps* has a profoundly ambivalent emotional significance. On the one hand, successful mastery of the sphincters brings exaggerated, exorbitant praise. "Good job!" "Well done!" "Robbie peed in the potty, Mommy!" "Robby is a big boy now and doesn't need baby diapers any more!" On the other hand, this physical self-control is difficult and painful, it deprives the little child of one of its principal pleasures, instant and uncontrolled excretion. [God, is anyone still with me, or are you all making gagging motions and saying "Gross, gross?" This is the way it is, folks. This is what underlies all that rarefied philosophical theorizing and artistic creativity that we engage in. Sorry about that.]

The ambivalence is captured in our extremely complicated use of the terms "good" and "bad," and the associated notions "front" and "back." Our "good," public, praiseworthy, grown-up side is our front, our face, the side we show to the rest of the world. Our "bad," private, shameful, but secretly very pleasurable side is our back, what we hide, put behind us, cover up, are ashamed to acknowledge – where the anus is, with its product, our feces.

These transitions, from the oral to the anal phase, and from the anal to the genital phase, must for healthy development be accomplished with a balance of pleasure over pain, of praise over condemnation, so that the process is rewarding and acceptable to the child. If this does *not* happen, the child can become stuck at the earlier stage. As sexual feelings continue to develop, the child may never transfer the libidinal energy to the penis or vagina, but instead remain in effect committed to attempting to derive sexual satisfaction from the oral or anal sensory zones of the body. This is the origin of the sexual perversions that are presented by adult patients in the consulting room – patients who only want to suck a breast rather than have sexual intercourse, or who have fantasies [which may be played out with "low," "unacceptable" sexual partners like prostitutes] of playing with feces or even defecating on the sexual partner. [Yeah, I know, this really is gross, but these are what any psychiatrist encounters, and that is what Freud was trying to treat clinically.]

At the genital level, all manner of problems can arise, Freud concluded from his clinical work. Before talking about them [here we go with the Oedipus Complex, folks], there is

one really important difficulty with Freud's work that I need to discuss. To put it as kindly as I can, Freud was, with all his genius and innovation and courage, a man of his place and time. As a consequence, he got certain aspects of the whole man/woman thing really screwed up. Like so many people of his time and place [but not all, let us note], he saw men as the norm, the model, the fully complete human beings, and women as secondary, lacking something [a penis, in the first place, of course], as appendages to men [if I can mix my metaphors a bit]. Now he was not simply blind. I believe it is the case that more than half of his patients were women, and when he claimed that women suffer from penis envy, and think of themselves as having lost something immensely valuable, he was basing this claim on what his female patients dreamed and fantasized and freely associated. The same is true of his claim that boys fear castration when they begin to have sexual desires for their mothers and come up against the frightening reality of their large, powerful, stern, disapproving fathers.

There is surely no doubt that all of this was true of some of the men and women he treated. Perhaps, given the culture and mores or upper middle class Viennese society, it was true of most of them. But Freud concluded that all of this was built into the universal schema of human psychosexual development, and he seems, so far as I can tell, not to have given serious consideration to the possibility that what he was discovering was in part specific to a certain historico-cultural moment.

There, that is about the gentlest and least condemnatory way that I can refer to a controversy that has generated a vast, angry literature. I confess that I do not hold this failure against Freud, even though one of the things he got massively wrong was homosexuality, a subject very close to my own personal life and family. The reason is that I do not view Freud as a prophet or a savior, a mentor, a guide along life's path, anymore than I consider Immanuel Kant or Karl Marx in that way. I view Freud as a brilliant, creative, innovative scientist who advanced our understanding of the human condition in astonishing ways, and who also got some very big things just plain wrong. I do not find that at all surprising. Every great thinker I know of has exhibited the same sorts of failings and limitations. [Newton was big on astrology, for heaven's sake, and Bishop Berkeley wrote a whole tome on the virtues of tar water.] My principle is always the same: Find a thinker whose ideas open new worlds to me, follow him or her into the depths of those ideas, master them, understand them, recognize their strengths and their weaknesses, and then move on.

Before moving on to the Oedipus Complex, I need to correct a mistake [this is what comes of trying to do this from memory.] According to Freud, the third stage of psycho-sexual development is the *phallic* stage. This is followed by the *latency period*, and finally, at puberty, by the *genital* phase. The terminology doesn't matter, of course, but I might as well get it straight.

So, on we go. Sometime around the age of three or four, the young boy transitions from focusing his libidinal energy on the anal region to focusing on the phallic region. He develops the desire to have his mother sexually, and fantasizes about killing his father to get him out of the way. [Needless to say, I am here simply expounding Freud's views.]

Classically trained like most well educated people of his day, Freud connected this family drama with the Greek story of Oedipus. Since this is a very big deal, and the play *Oedipus Rex* by Sophocles is generally considered the greatest of the classical Greek tragedies, I am going to insert here the entire plot summary given by Wikipedia. Read it. It is heavy stuff.

"As is the case in most climactic drama, much of what constitutes the myth of Oedipus takes place before the opening scene of the play. In his youth, Laius was a guest of King Pelops of Elis, and became the tutor of Chrysippus, youngest of the king's sons, in chariot racing. He then violated the sacred laws of hospitality by abducting and raping Chrysippus, who according to some versions killed himself in shame. This cast a doom over him and his descendants.

The protagonist of the tragedy is the son of King Laius and Queen Jocasta of Thebes. After Laius learns from an oracle that "he is doomed/To perish by the hand of his own son", he tightly binds the feet of the infant Oedipus together with a pin and orders Jocasta to kill the infant. Hesitant to do so, she orders a servant to commit the act for her. Instead, the servant takes baby Oedipus to a mountain top to die from exposure. A shepherd rescues the infant and names him Oedipus (or "swollen feet"). The shepherd carries the baby with him to Corinth, where Oedipus is taken in and raised in the court of the childless King Polybus of Corinth as if he were his own.

As a young man in Corinth, Oedipus hears a rumour that he is not the biological son of Polybus and his wife Merope. When Oedipus questions the King and Queen, they deny it, but, still suspicious, he asks the Delphic Oracle who his parents really are. The Oracle seems to ignore this question, telling him instead that he is destined to "*Mate with [his] own mother, and shed/With [his] own hands the blood of [his] own sire*". Desperate to avoid his foretold fate, Oedipus leaves Corinth in the belief that Polybus and Merope are indeed his true parents and that, once away from them, he will never harm them.

On the road to Thebes, he meets Laius, his true father. Unaware of each other's identities, they quarrel over whose chariot has right-of-way. King Laius moves to strike the insolent youth with his sceptre, but Oedipus throws him down from the chariot and kills him, thus fulfilling part of the oracle's prophecy. He kills all but one of the other men. Shortly after, he solves the riddle of the Sphinx, which has baffled many a diviner: "*What is the creature that walks on four legs in the morning, two legs at noon, and three in the evening?*"

To this Oedipus replies, "Man" (who crawls on all fours as an infant, walks upright later, and needs a walking stick in old age), and the distraught Sphinx throws herself off the cliffside. Oedipus' reward for freeing the kingdom of Thebes from her curse is the kingship and the hand of Queen Dowager Jocasta, his biological mother. The prophecy is thus fulfilled, although none of the main characters knows it."

The psychodynamics of this tragedy – the son who kills his father and marries his mother – are, Freud believed, the central emotional conflict confronting the young boy. He also thought [rather plausibly, I must say] that this explains why the barest narrative account of the story of Oedipus strikes us with such power and produces in us the feelings of pity and terror that are, Aristotle says, the characteristic responses to a true tragedy. The

central developmental problem for the little boy is First to accept the fact that he cannot have his mother sexually, Then to identify with his father instead of fantasizing about killing him, and Finally by this identification and internalization to become in effect like his father, so that when he exits the long latency period he can in puberty begin to seek appropriate sexual partners.

There are all sorts of ways in which this necessary transition can get royally screwed up, Freud thought, basing his belief on what he discovered in his clinical work. First of all, the attachment to the mother may be so strong that the little boy cannot give it up. This, Freud thought, could be prompted in part by overly and inappropriately clinging and loving behavior on the part of the mother. The little boy becomes fixated at this stage of development, never is able to give up his fantasies, which are repressed [as unacceptable or as threatening] but never forgotten, and thus grows into a man who can only find satisfaction in sexual relationships that are characterized by a childish clinging to a maternal-seeming woman. [Personal aside: My father's parents had four children – my father, my uncles Bob and Ben, and my aunt Rosabelle. In my grandmother's letters, which I used as part of the basis of the book I wrote about my grandparents, I found that she referred to him as a "big baby" and her "fifth child," even though to the world he was an impressive Socialist leader with a booming voice and presence. This contrast is extraordinarily common, especially in some cultural and ethnic groups, lending some credibility to Freud's theoretical explanations.]

A second danger is that the hostility toward the father will be so strong as to interfere with the identification through which the boy can eventually develop into a mature, stable man himself. This failure of development may be caused in part by an overly punitive father [who may, of course, feel threatened by the son for reasons having to do with the father's inadequate resolution of his own "Oedipus Complex"] or by the son's perception of the father as not strong enough to handle the little boy's hostility. [Remember that although it may strike us as humorous that a little boy would think of his father as in any danger from him, to the boy the *feelings* are enormously strong and dangerous.] This may lead the boy to grow into a man who is constantly challenging authority figures, both in anger at his own father's weakness, and in hopes of finding a father substitute [Kant?] who is strong enough to stand against the boy's powerful hostile feelings. Indeed, the boy may conclude that there are no father-figures strong enough. He may even – dare I say it? – become an Anarchist and deny the legitimacy of all authority.

Whew, maybe I ought to take a break and go have some *coq au vin* at *Chez Rene*. More tomorrow.

So what about little girls? Well, Freud concluded that they go through an analogous development conflict, competing sexually with the mother for the father. Freud himself spoke only about a female Oedipus Complex, but Freud's pupil and later competitor, Carl Jung, dipped back into Greek tragedy [an endless source of archetypal imagery] and coined the term "Electra Complex" for this stage in the development of the little girl. Since I am way past the outer limits of my grasp of psychoanalytic theory, I am going to

move and, and leave it to interested readers to explore all of this themselves [or, if they choose, with a significant other, playing doctor. Hem hem.]

Let us move on to a few words about the superego, which plays so important a role in the healthy development of a mature man or woman and can wreak such havoc if things go wrong. As the child develops, in the third year or so and beyond, it begins to internalize the voice, indeed the very being, of the parent. This process of internalization is one of the strange primary thought processes of the unconsciousness that I mentioned earlier, along with projection, displacement, and splitting. The primitive mind, if I may speak that way, does not distinguish between *imitating* another person and *incorporating* that person into itself. [Literally incorporating – i.e., eating.] One consequence of this incorporation or internalization is the development of a conscience – an inner voice, originally that of the parent, that in healthy development becomes an authentic part of the child. If you spend a good deal of time with little children, you can actually watch this process of internalization as it is taking place. I recall seeing a little boy [not one of my sons, as it happens], doing something that he had been told many times not to do, and saying out loud, as he did it, "No. No. Don't do that." The voice was that of his parent, and he was, as it were, on his way to developing a conscience. He had internalized the voice, but not yet the ability to obey its injunctions.

I was giving a lecture at Hampshire College many years ago [probably thirty or so], and during the question period, a young man asked me how I would go about raising my own children to be anarchists. I said that I would provide a very structured environment with clear rules about what they were and were not permitted to do. He expressed astonishment, obviously expecting me to say that I would raise them without any rules and without myself acting as an authority figure. I explained that what I wanted was for my sons to internalize a strong, independent voice that would, when they grew up, tell them to act autonomously and without regard to the authority claims of the state or any other group of persons. That, after all, is what it is to be an anarchist. How to accomplish this? By presenting them with such a voice and encouraging them to internalize it.

A too harsh, endlessly critical internal voice can become a punitive superego that cripples the individual with constant immobilizing feelings of guilt. It says a good deal about the social world in which Freud practiced that this was one of the most common neurotic formations he encountered. In these laxer, more self-indulgent times, one can grow quite nostalgic for the days of punishing superegos.

It is worth pointing out here that psychoanalysis was not conceived by Freud to be a technique for the treatment of all mental illness whatsoever. Neuroses are a particular form of emotional illness. Strange as it may seem to say, they actually require a well formed ego for their occurrence. But there are many other kinds of mental illness – psychoses, they are sometimes called. Paranoid schizophrenia, bi-polar disorder, profound depression, among others. Psychoanalysis was not designed by Freud to treat such ailments, and in fact cannot do so.

Needless to say, I have only scratched the surface thus far in my attempt at an exposition of the core ideas put forth by Freud, but since this tutorial is pushing 17,000 words, I think the time has come to speak about some of the developments in psychiatry post-Freud, to acknowledge and comment on some of the criticisms of Freud and psychoanalysis, and then to offer a summary estimation of Freud's legacy.

As we have already seen, some of Freud's followers, including his own daughter, tried to extend his analytic techniques to the treatment of children. In theory, this ought not to work, because the aim of analysis is to bring to the surface repressed wishes that date from childhood and are interfering with adult functioning. But one could certainly hope that very early interventions might forestall precisely the fixations and repressions that lie, according to Freud, at the root of adult neurosis. I confess that despite myself having been the subject of an experimental teenage analysis [see my autobiography for details], I do not know how these efforts in general panned out.

A second variation in therapeutic technique – group therapy – was prompted by the sheer cost of psychoanalysis. The legendary financial burden of analysis is a simple consequence of its time-intensive nature. An analysis lasting only three years [never mind Woody Allen and the problem of interminable analysis!] takes, let us suppose, between five hundred and six hundred hours [four times a week, forty-eight weeks a year]. What is a reasonable price per hour? Well, a psychoanalyst, we may suppose, can see patients seven or eight hours a day, five days a week, forty-eight weeks a year [just try to think about what a crushing burden of focused attention that requires], which is to say about 1700 hours a year. Now, Wikipedia tells me that psychiatrists are among the lower paid specialists in the medical profession. The median annual compensation for psychiatrists is $214,740. For cardiac surgeons it is $533,084, for orthopedic surgery $605,953. You are much better off replacing hip joints than trying to relieve people of their neurotic hang-ups. A psychiatrist working 1700 hours a year has to charge a tad more than $125 an hour to hit the median compensation. But that means that our patient completing an analysis in three years [and whom do you know who ever managed that?!] is looking at almost $75,000 for the total treatment! Even with spectacular medical coverage, this pretty well limits psychoanalysis to members of the upper middle class.

But group therapy, though much cheaper, cannot by its nature employ the techniques of free association and dream interpretation that Freud believed to be the royal road to the unconscious. Group Therapy, like once a week counseling, is inevitably limited to adult adjustments designed to manage, but not to get at the causes of, debilitating behaviors. It may be quite helpful with the problems that arise along life's way, but if Freud was right, it cannot treat neuroses, any more than physical therapy can take the place of hip joint replacement.

A far more promising development has been the extensive use of psychotropic drugs to treat psychoses [not amenable, remember, to psychoanalysis] and also less serious psychological problems, like depression, and even some problems, such as Attention Deficit Disorder, which almost seem to have been invented to fit newly marketable drugs. Let us recall that Freud himself was committed, as a trained neurologist, to the operating

assumption that every psychological disorder is rooted in some dysfunction of the nervous system, and indeed that every aspect of human personality, healthy or otherwise, must be grounded in the nervous system. There is no longer any doubt that certain diseases, such as bi-polar disorder, are the result of some neuro-chemical imbalance in the body. People who are "on their meds," as popular slang has it, function effectively in the world and lead reasonably satisfying lives. When they go off their meds, their disabling psychosis returns. If one thinks back to the horrific treatments that neurologists employed in an earlier, darker day [hydrotherapy, electric shock therapy, even pre-frontal lobotomies], one can get some sense of the magnitude of the medical triumphs that have brought relief to large number of psychiatric patients.

The use of mood-altering drugs in less serious cases raises some very, very difficult questions which I can adumbrate here but hardly answer definitively. I have in mind particularly the tranquilizers and anti-depressants that are now among the most widely prescribed drugs in America. [By some counts, antidepressants top the list of prescribed drugs, although other lists put Vocodin, a painkiller, at the top.] There is no doubt that antidepressants alter the way people feel and therefore the way in which they can function effectively in real-world situations. They do so by altering the balance of certain chemicals in the body or by altering the effectiveness with which certain chemicals function in parts of the brain or elsewhere in the nervous system. So far so good. But the taking of such a medication does not bring with it any cognitive insight into the emotional sources of a debilitating psychological state, and it is precisely that sort of self-understanding that psychoanalysis is intended to achieve.

This raises a very difficult and troubling question. Is the insight achieved by psychoanalysis merely a byproduct of an inferior mode of treatment now superseded by drug therapy, or is it a valuable cognitive and emotional achievement that ought to be preserved despite the possibility of obtaining cheaper and faster relief from painful symptoms? One is reminded of Voltaire's sardonic observation that "you can kill a flock of sheep with witchcraft, provided you also feed them arsenic." [The great English economist, Joan Robison, to her eternal discredit, invoked that famous quote in claiming that nothing in Marx's excoriating critique of capitalism had anything at all to do with the Labor Theory of Value.] Are the explanations provided by psychoanalysis nothing more than the witchcraft accompanying the "arsenic" of alterations in body chemistry?

To some extent, I think, this question can only be answered empirically. If drug therapy relieves anxiety or depression, but does not stop patients from making the same self-defeating decisions or from engaging in the same dysfunctional behaviors that sent them to a doctor's office, whereas analysis succeeds in interrupting those repetitive behaviors, then we would have to conclude that psychoanalysis achieves something that drug therapy cannot. On the other hand, if patients treated with tranquilizers, anti-depressants, or other mood altering drugs function just as well as those who go through lengthy and expensive psychoanalyses, then perhaps we should conclude that the wisest course is to give them the drugs and suggest they read some books if they are looking for self-understanding.

I confess that I believe analysis achieves something that drug therapy cannot. Whether it is worth the time, effort, and money is a separate matter, and one that is not, perhaps, really a medical question at all.

One of the post-Freudian developments that I find most interesting is Ego Psychology. Freud focused his attention on the Id, and on the Superego – on the unconscious. But the developmental stages of the Ego are also an important subject for investigation, and a number of theorists, most notably Erik Erikson, made major contributions to this branch of psychoanalytic theory. I knew Erikson back in '59-'61. He was at Harvard then, as was I, and through David Riesman, whom I came to know pretty well, I met Erikson. Riesman, Erikson, and I, along with lots of others, were part of an anti-war nuclear disarmament group called the Committees of Correspondence, a name we took from a Revolutionary War era organization. The young Teaching Fellows who assisted him in his courses adored him, but I found him rather distant and hard to get to know. [This was, for me, a time when, for a brief period, I had a number of older scholars in my life whom I looked up to and on whom I could model myself – Riesman, Erikson, Marcuse, Moore, among others. Not a bad collection of role models.]

Erikson's greatest work, to my way of thinking, is *Childhood and Society*, published in 1950. When I met him Erikson was only 57 or so, but he seemed ancient to me. It was Erikson, by the way who coined the phrase "identity crisis" to describe the stage of development through which teenagers go. What was distinctive about Erikson's work was his attempt to identify a series of turning points in emotional and psychological development that occur at every stage along life's way, well after the early stages of psychosexual development identified by Freud. Erickson argued that each of these stages presented psychological challenges that, if not met successfully, could result in functional and emotional deformations similar to the familiar neurotic dysfunctions rooted in the oral, anal, and phallic stages of early childhood development. Erikson also attempted fascinating cross-cultural comparisons between the characteristic ways in which European and American cultures organize the passage through the earliest developmental stages and the quite different ways in which this is done, for example, in some of the cultures of Native Americans of the Northwest Pacific region.

Finally, I ought at least to mention a form of therapy emerging from the branch of Psychology known as Behavioral Psychology [associated most famously with B. F. Skinner], which in effect treats the person as a recipient of inputs – positive and negative reinforcement, as it came to be called – and a producer of behavioral outputs, a black box, so to speak. Behavioral Psychology makes no claims at all about what happens "inside" the person between the inputs and the outputs. It hypothesizes that one can achieve alterations in self-defeating or dysfunctional behavior simply by altering the schedule of inputs, the recipe and positive and negative reinforcements, without attempting to interpret the *meaning* of those behaviors, without construing neurotic symptoms as a form of communication, as psychoanalysis does. My favorite trivial example of this is the parlor trick that undergraduate Harvard and Radcliffe students of Skinner devised. They would go to a party and single out some poor shlub sitting alone on a sofa. Each time he did some particular thing, such as putting his hand to his ear,

they would all smile at him. The idea was to see whether by this schedule of positive reinforcements, they could condition him to put his hand to his ear over and over again, like a pigeon pecking at a button. I do not think one can hold this against Skinner! I may simply be out of the loop, but it is my impression that Behavioral Modification has gone out of style. If I am wrong, perhaps a knowledgeable reader of this tutorial will correct me.

And now, a word from our critics. Freud's theories, and the treatment method he devised on the basis of them, have come in for some excoriating criticism, needless to say. Before I go on to the serious criticisms, let me dispose of one right away that rests on a misunderstanding. Some people say that Freudian psychoanalysis is a pseudo-science, a closed epistemological loop, incapable of empirical conformation or disconfirmation, and they find the patent imperviousness to criticism with which supposed "Freudians" present their "explanations" simply infuriating.

Student A suggests, in a social situation, that Student B is worried about his ability to perform sexually with women. Student B says, "No, I really am not." "Ah," says Student A, who features himself an armchair psychoanalyst, "you are in denial." "I am quite unaware of such feelings," says Student A, feeling a bit annoyed by Student A's manner. "You see," says Student A with an air of smug self-congratulation, "you are being defensive. You have obviously repressed those feelings, perhaps because of an unresolved Oedipus Complex. That just proves that I am right." Short of punching Student A in the snout, what is Student B to do?

This parody of the psychoanalytic method springs from a fundamental misunderstanding of the way in which an analyst attempts to get at and bring to light repressed wishes, despite the force of resistance with which the mind [the Censor, as I called it earlier] tries to keep certain contents of the unconscious concealed. This is a complicated subject, so I am going to give an example instead of trying to elaborate an all-encompassing account. I will rely in the reader to grasp my meaning.

Let us suppose that in the context of an analytic session, the analyst asks the patient to associate to the several elements of a dream that the patient has reported. The patient starts to voice a stream of associations, and then abruptly stops. The analyst waits for a while, and finally quietly suggests that the patient continue. The patient snaps at the analyst, "I am sorry if you are disappointed, but that is all that comes to mind. Do you want me to make something up just to keep you happy?" The analyst may conclude that she has encountered resistance, and may speculate that this resistance arises because the associations have led the patient close to an idea, an image, or a wish that the patient finds too dangerous to acknowledge. On another occasion, the analyst asks the same patient to associate to the elements of a dream that the patient has reported, and the patient, after smoothly and seemingly effortlessly producing a stream of associations, finally falls silent, and says mildly, "That seems to be all that comes to mind." This time, the analyst may conclude that the train of associations has simply run out, as all such trains do eventually, and that no resistance is being manifested – hence that there probably is not some dangerous unconscious thought perilously close to being revealed.

Obviously, it takes training, patience, experience, and sensitivity to draw this sort of distinction, just as it takes a combination of ability, training, and experience to enable a research laboratory scientist to distinguish between an important experimental anomaly and just some glitch in the equipment. A skilled luthier [someone who makes stringed instruments] can tell, by picking up a piece of wood, flexing it, plucking at it with a thumbnail, and even smelling it, whether or not it will make a good back of a violin. I cannot do that, needless to say, but the luthier is not claiming to have magical powers when he tests a piece of wood. He is simply exhibiting the result of long training, experience, and some native talent.

All of us judge other people in this manner. Sometimes we call it "reading their body language." If we are sensitive observers of the human comedy, we pay close attention to a clenched jaw, a forced smile, the impatient tapping of a foot, to discern feelings and beliefs that the subject may not be willing to acknowledge, and indeed of which the subject may not even be aware. I once heard Bruno Bettelheim say, in response to Sidney Hook's objection that every thing Bettleheim was imputing to Freud had already been done by Shakespeare or Dostoyevsky, "Yes, Shakespeare did it, and Dostoyevsky did it, but Freud taught us to do it." He might have added, "and Freud managed to develop a full-scale theoretical model of the human mind within which to make sense of these interpretative abilities that he taught us how to acquire."

A really serious objection to Psychoanalytic Theory, associated in my mind most closely with the philosopher of science Adolph Grunbaum, is that psychoanalytic theory either cannot be disconfirmed by observation, or else has not been systematically tested by controlled experiments. The first objection, as I have already suggested, is based on a misunderstanding. The theory underlying psychoanalysis certainly can be disconfirmed by observation [or experiment], even though one cannot directly observe the unconscious. [That is obviously no objection to atomic physics.] Relief of symptoms is not the only evidence, but it is clearly crucially important, just as relief of symptoms is centrally important to a test of any other medical procedure. Psychoanalysis, like Marxian economics, has developed in some circles into a quasi-religious cult. I have no patience for that sort of thing when it comes to evaluating the theories of Marx [as readers to a previous tutorial know], and I am no more sympathetic to it in the case of psychoanalysis. The Marx-ideologues had great big supposedly "Marxist" countries to point to, and the Freud-ideologues have a large branch of professional medicine to point to, but neither is a substitute for some hard evidence.

A second group of criticisms of Freud have it that he got the emotional life of women dead wrong, that he got homosexuality dead wrong, and that generally speaking he was a prisoner of his culture, his class, and his location in history. As I have already indicated, I think all three of these criticisms are correct, although the third is remarkably ungenerous. All of us are prisoners of our culture, our class, and our location in history [and of our gender and sexual orientation too, for that matter.] There are really very few thinkers of whom I am aware who struggled more successfully than Freud against those constraints.

One of the measures of Freud's success is that so many of the revolutionary claims he advanced are now treated as self evident truths [something that, in a different context, can also be said of Marx.] Who among us doubts the reality of the unconscious, of repression, of infant sexuality, of the thought processes of displacement, projection, and sublimation?

But what of psychoanalysis, which I think he probably considered his most important contribution to medicine? On that, despite my own valuable experience with it, I must in all honesty say that the reviews are mixed and the evidence indecisive. It may be that drug therapy will entirely replace "the talking cure," and the prescription pad will take the place of the analytic couch. Eventually, a high speed computer will pass the Turing test, and we will all forget about the inner life of the mind. By then I will probably have gone to such reward as is vouchsafed for belligerent atheists.

And at last, to quote Portnoy's analyst, "Let us begin."