

Freud

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Where it was: Freud's biology of the mind

From the pleasure principle to the reality principle

In the decade following Breuer's treatment of Anna, Freud confirmed for himself Breuer's claim about the curative value of analysts' recollections in a number of other cases of female hysteria (Emmy von N, Lucy R, Katherina —, Elizabeth von R) (CH). Eschewing Breuer's reliance on hypnosis, it was in these cases that Freud developed the method of free association and, *a fortiori*, clinical psychoanalysis. But why might the spoken expression of forgotten traumatic incidents be a therapeutic experience for individuals? It is one thing to do something; another to know what you have done. Such an unexpected clinical finding, Freud saw, could be made sense of only by a far-reaching account of the mind. Yet the categories of Freud's metapsychology did not come to him all at once, by the time of his first theoretical writings in the early 1890s. Freud would continue to revise them until well after the traumas of World War I.

Sigmund Freud was born in 1856, the youngest son of a pious Jewish wool-merchant, and the only son of his father's second wife. At the time of Breuer's treatment of Anna O (1880–82), Freud was beginning his professional life as a physician in Vienna. Freud's training as a physician, as well as the unquestioned cultural prestige the natural sciences enjoyed in late nineteenth-century Europe, pointed him in the direction of his earliest writings. In these texts, as throughout the ensuing decades, Freud proposed that what the psychoanalytic clinic

revealed about the human psyche could be theorized in the terms of a biological account of the mind.

Recall that Anna O described the effect of the talking cure as like chimney sweeping. Implied in Anna's description is the idea that somehow mental energy, held in by restrictive forces, is released by the spoken recollection of earlier trauma(s). As Jonathan Lear comments, Anna's idea, however flippantly intended, influenced the theoretical formulations of the young Freud, and thereby psychoanalytic metapsychology (Lear 1990: 35-6).

KEY POINT A précis of the 1895 Project for a Scientific Psychology

Here the young Freud postulates that observable psychological phenomena depend on the neural structure of the brain. The *Project* posits three "systems" of "neurons", separated by "contact barriers" (which restrict the passage of energy (Q) from each neurone to those adjacent to it in the neural network):

- The "*ψ*-system": neurones involved in perception of the external world, through which the Q involved in receiving external stimuli flows without resistance.
- The "*ψ*-system": neurones which resist, and retain permanent traces of Q as it flows through them. The *ψ*-system is the part of the brain involved in memory. (Interestingly, Freud locates what he will call the ego here (see below).)
- The "*α*-system": a much more enigmatic postulate, the *α*-system contains no Q, but by registering the workings of the other systems, supplies the qualitative dimension of conscious experience (what it is like to be conscious): what philosophers of mind today call *qualia*.

In everyday speech, we call people who are angry or anxious "pent up". When they express themselves in angry words, gestures or actions, we say they are "blowing off steam". The young Freud's founding metapsychological wager draws on the mechanistic sciences of his day which argued that, at base, the behaviours of all living organisms can be understood according to a kind of universal principle of "blowing off steam" (PMH: 8).

In several key texts, Freud asks us to consider the case of "an almost entirely helpless living organism" (IV: 119). Such organisms have only the most basic abilities to respond to their environment. The stimuli the organism receives from the external world activate its nervous

system, and generate reflex responses. However, if at any time these stimuli become too great, the organism must either remove (itself from) the source of stimulation, or perish. The nervous system of even such an organism, claims Freud, "is an apparatus having the function of abolishing stimuli which reach it, or of reducing excitation to the lowest possible level ..." (IV: 120). This function of reducing nervous "excitation" is what Fechner named the biological "principle of constancy" (EPM: 159). What we call the pain of any organism, Freud adds, is the qualitative affect of a quantitative overstimulation of its nervous system. This overstimulation produces a heightened tension inside it, and the reflex impulse to reduce the offending stimulation. Fechner's principle of constancy, Freud for this reason argues, can be renamed "the pleasure principle". Pleasure involves at this very basic level the release of painful, pent-up tension within the organism.

All this mechanistic biology has the most telling relevance for human psychology, Freud maintains. The reason is that the newborn human infant is evidently almost entirely under the sway of the pleasure principle, very like our "almost entirely helpless living organism". Attended to nearly constantly by its carers, it at first has no sense of the distinction between itself and the outside world. When needs do arise for it, as Freud intriguingly posits in *The Interpretation of Dreams*, infants seem capable from very early on of "hallucinating" their satisfaction (ID: 565-6). Infants do this by recalling the "mnemonic images" of earlier satisfaction(s), whenever a new source of pain arises. Freud's newborn, like a Leibnizian monad, thus has no doors and windows - its wishful thoughts, coupled with the instantaneous attendance of its carers, omnipotently sate its instinctual needs.

Yet all good things must come to an end. The child is forced to discover that the external world does exist. The external world imposes itself upon the child as the sum total of things which the child cannot "dream up". If the child is chafed by its clothing, for example, no amount of wishing will remove this somatic source of pain. Something in the child's environment must be altered. In a "realist" refrain central to Freud's thought up to such later texts as "Civilization and Its Discontents" (see Chapter 7), growing up for Freud involves learning to cope with our constitutive inability to instantly get everything we want. Due to the recalcitrance of the external world to its every whim, the child must develop what Freud calls the "reality principle", a principle that significantly modifies (although it does not negate) the impulsive demands of the pleasure principle.

par =
overstimulation
+ tension

external
world
=
at the basis
of wishful

KEY POINT *The development of the "reality principle"*
(TPM: 219-25)

- Faced with this "other world", the *perceptual system* develops, charged with the need to register the child's external environment: "the ego periodically sends out small amounts of cathexis into the perceptual system, by means of which it samples the external stimuli, and then after every such tentative advance it draws back again" (N: 239).
- Alongside perception, the child's faculty of memory develops as a further function of the need to avoid painful experiences in a world obstinate to being controlled by wishful thought alone. If the presence of a certain object has overstimulated it, the child retains its "mnemonic image", so it may avoid this source of pain next time.
- Memory would avail the infant of nothing if it did not also develop muscular control: control over its body, so it might fight or flee from the threatening, overstimulating things.

External things place demands upon the nervous system of the infant. But by developing perception, memory and motility, it becomes capable of recognizing, fleeing or fighting these demands. However, in an absolutely basic principle of psychoanalysis, Freud's realism about the harsh intractability of the external world is matched by an even harsher view about the potential dangers to the human being of their own, internal drives. If psychoanalysts are popularly depicted as tirelessly asking analysts about how they "feel" about things, rather than events, the basic reason is this. According to Freud's biological understanding of the mind, our drives, like external objects, place a "demand for work" upon our nervous system: when we feel hunger, there is a rise in internal tension which, if it becomes keen enough, is painful. Our first ideas, Freud maintains, are the "representations" (*Vorstellungen*) of these instinctual needs. However, like Oedipus, who can only try and fail to flee the words of the oracle that has stated his destiny, so each of us can only fail if we try to fight or flee from our own drives. If we flee, we take them with us. If we snuff them out, we damage our own selves thereby (IV: 119-21).

The child can sate its internal needs by obtaining appropriate objects, or its first others might get them for it. Yet satisfying objects can be scarce. And children are capable of experiencing more than one instinctual demand at a time. The insistence of internal demands in potential contradiction with what the child can readily obtain, for Freud, underlies the development of a further, higher capacity.

KEY POINT *What is called thinking?*

- When needs persist, and objects cannot be obtained, the infant must develop the capacity for the "binding of psychical energy". It cannot achieve pleasure by instantly jumping to conclusions, or actions. On top of the capacity for action, it needs now to learn to hold back action, "tolerating an increased tension of stimuli while the process of discharge is postponed" (TPM: 221).
- Thinking, then, is "an experimental kind of action" made possible by this new capacity. "Do my ideas match anything in the external world?", the child begins to ask. Or, more precisely - drawing on its stock of memories - "do my remembered ideas about how the world is correspond to what I can perceive now?" (see Chapter 5).
- Secondly, the child learns to make elementary hypotheses. "If I do x," it wonders, "what then?" And, considering the options, "what if I instead acted in ways y or z? Which outcome might be more satisfying in the long run?"

With the development of thinking, our little child has become a strategist. It can now play off different drives, and defer impulses to act on the basis of calculations as to where greater satisfactions lie in the medium to longer terms. From monadic immersion in the "pleasure principle", it has become capable of what our economists call "rational choice", aiming to maximize pleasure, over time, in the conditions of a world it did not create.

Can a psychical agency serve three masters?

Alas, Freud does not preach good news for our reality-testing child. For what happens, he asks, if the satisfying of one of its instinctual wishes, for whatever reason, involves courting other dangers? As every fairytale depicts, the hero cannot save the princess without slipping by the guards and humbling the villain. Likewise, becoming a civilized adult means restraining or renouncing many of the drives with which we are born. As we shall examine in Chapter 2, many infantile drives are deemed distasteful or immoral by our societies, and so are incapable of satisfaction without censure: from unrestrained bowel movements to unchecked displays of affection towards siblings. In Freud's understanding, then, the human psyche always stands under the threat of becoming overburdened. We are all torn from very early in our lives

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between at least two masters. On one side, there are the demands of our drives or "libido", which would ideally brook no dissatisfactions. On the other, there are the demands of social reality, which check the abandoned acting out of all our fondest wishes.

The ego is Freud's name for the part of the psyche that takes on the difficult profession of trying to keep both these "masters" content. The ego "occupies an intermediate position between the external world and the [individuals' drives] and . . . attempts to humour all its masters at once . . ." (NP: 147). In developmental terms, the ego is "that part of the psyche which has been modified by the direct influence of the external world acting through perception-consciousness" (EI: 25). It is the psychological bearer and agency of perception, memory and motility, representing "what we call reason and sanity" (*ibid.*) against the impetuous, inconsistent demands of our libido. In common parlance, Freud's ego is the "self" we all think of ourselves as being: in control of who we are, what we say and do, and who or what we do it with.

But what, Freud asks, will the good little ego do when it comes to those libidinal drives whose satisfaction would involve conduct prohibited by its elders, and accordingly court punishments or the loss of love?

KEY POINT *Repression and its relation to the unconscious*

Freud's answer is that the offending instincts will effectively be struck from the conscious record. The child's developing ego wants to know nothing about them. The problem is that:

- at this point of its development, it knows only how to respond to threatening external things – by fight or flight. Accordingly, it makes what philosophers call a "category mistake", responding to its own prohibited wishes as if they were threatening objects in the external world. Unable to fight, it tries to flee them. This is the psychological process that Freud calls "repression" (R: 146–7);
- and, as we have reflected, to flee one's drives is as impossible as Oedipus' flight from his own destiny. Repression in Freud's understanding is thus always failed repression;
- the repressed wishes do not disappear, as the good little child hopes. These wishes remain "in the back of its mind", or, to (re)introduce Freud's paradigmatic term, these repressed wishes become *unconscious*.

The unconscious wishes are from this point kept at a distance from the demands of external reality. Accordingly they revert back to the

exclusive sway of the pleasure principle and of fantasies that, like the infant's earliest hallucinations, stage their fulfilment without need to change the external world. Freud calls the repressed unconscious drives of individuals *the id*. When rendered in English, this looks innocuous enough. But in German, what Strachey translates as the *id* is the neuter pronoun "it" (*Es*). Having repressed its illicit drives, these drives appear to the ego like an "it", Freud is indicating. From the perspective of the ego they seem a "foreign body" (PMH: 7) – or, as Lacan will capitalize it, some alien Thing. As we shall see in Chapter 7, the origin of psychoanalytic understandings of the "uncanny" in literature, and of our enjoyment of horror films, lies here. Reflecting the key psychoanalytic principle we cited above – that first our own internal demands are potentially most disturbing – for such psychoanalytic criticism, what we see in the monstrous Things of horror films are our own repressed it or "id" impulses returning from the screen to overwhelm us.

However, Freud's account of the ego and its relation to the *id* was never wholly unequivocal (see Chapter 5). As the important 1914 article "On Narcissism" shows, after 1910 Freud qualified his account (presented so far) of the ego as the psychological agency of reason and sanity. In our introduction, we saw that psychoanalysis began with the clinic of hysteria. By the 1910s, Freud had treated analysts suffering from phobias (like Little Hans) and obsessional neurosis (like the Ratman) (see below). He had also confronted the apparently untreatable symptoms of psychotics (as in the *Memoirs* of Judge Schreber). Alongside Jung, Freud was struck by the evident megalomania of psychotics, in whose delusions they would become literally the centre of the universe. How could such symptoms occur, Freud came to ask, if the ego were not only the agency adapting the child's wishes to external reality, but also itself a possible object of such wishes and psychical "cathexes"? Recalling the myth of Narcissus, who fell in love with his own image in the waters of the fountain, Freud began to argue that the ego is a very early, perhaps even primary, love-object. Recalling the child's initial inability to distinguish between itself and the world, Freud in some papers posits a "primary narcissism" (ON: 100; IV: 136; EI: 28) that preceded the child's attachments to others and to external things.

In Freud's second, post-1914 account, the ego is not simply a psychological agency that uses the body's perceptual organs to orient the individual in relation to objects. Freud now adds that "it is seen in the same way as any other object . . . it is not merely a surface entity, but also the projection of a surface" (EI: 26). The individual comes to distinguish

The onset and nature of mental illness

Psychoanalysis is the impossible profession, Freud once joked. We have seen how the task of each of our egos is difficult enough, if Freud's metapsychology is true. It is little wonder, given the terms of Freud's theory of the mind, that individuals so often develop forms of mental illness. The enigmatic symptoms of mental illness are where psychoanalysis began. Unlike other philosophies of mind, for psychoanalytic theory the orienting goal is to generate a set of categories exacting enough to diagnose and respond clinically to the diverse mental illnesses from which human beings suffer. So how does Freud explain the nature of mental illnesses, given the metapsychological framework we have so far developed?

First of all (and this is worth underscoring, since people still accuse Freud of "blaming the parents"), Freud holds that the onset of mental illness always involves the individual's internal reality: their own unconscious drives. As we have emphasized, for psychoanalysis, it is one's internal wishes that are most potentially disturbing for one's mental health. In the case of the onset of a mental illness, this insight is easy enough to confirm – because not everyone who, for example, attends at the bedside of their dying father develops symptoms like Anna O's. What does Freud think happens when someone like Anna falls ill?

"Mental health", for Freud (although his more famous description is "ordinary unhappiness"), is that state of psychical affairs wherein an individual's ego has succeeded in "mediating" relations between the id, the superego and the external world. The individual gleans enough satisfaction from his relations with the external world that the level of nervous stimulation in his psyche does not reach too high a level. The superego's aggressively critical judgements are kept at bay because the individual is achieving enough, and the id's imperious urges are not troubling her overly (because she, for example, is content in her love and family lives). To adapt Kipling, the healthy person is changing what can be changed, living with what she cannot, and her ego has wisdom enough (mostly) to tell the difference.

Illness will befall this "balanced" individual, Freud postulates, if or when something upsets this happy state of affairs. There may be some change in the person's external circumstances: the loss of a job or a loved one, or the end of an affair. However, to emphasize again the key psychoanalytic postulate, it is the effect of this loss on his "inner life" that matters. Freud indicates this by using the word *Vorsprung*

this body-object from all other objects because it is the only object that hurts when it is struck, cut and so on. The child comes to identify its "self" with it, and in this way to shape its sense of individual identity. As the child is made to renounce pursuit of certain of its now-prohibited drives, the decisive question is how it can bear up to these necessary renunciations. We have seen one side of Freud's answer – infants repress the offending drives. The other side, which Freud's second account of the ego develops, is this: individuals identify with the objects for which they have been made to renounce desire. Forced by external, social reality to renounce our desire to have these objects, we instead model how we look, behave, speak and so on upon them. The little boy will now "be all grown up like Daddy". This, if Freud is right, is why brothers and sisters often share so many mannerisms, or sons often have similar postures, gaits and so on to their fathers. It also casts an interesting light on the old saying about figures such as James Bond: women want to *have* them, and men want to *be* them. In a series of beautiful formulations, Freud writes: "The character of the ego is a precipitate of abandoned object cathexes, and . . . it contains the record of past object choices . . ." (EI: 29). And "[in mourning] the shadow of the object falls upon the ego . . ." (MO: 249).

Ironically enough, given the title "The Ego and the Id", the most important development this essay introduces into Freudian metapsychology is a third psychical agency, *the superego*. The superego is closely aligned with the conscience of individuals. Yet it is not identical with it, despite some of Freud's own formulations. The superego is that part of the ego which is shaped by the child's identification with its first love-objects – usually its parents or carers. At the most decisive point of its socialization (what Freud calls the Oedipus complex (see Chapter 2)), the child must renounce its dearest wishes concerning these figures. In order to cope with this heaviest libidinal burden, it accordingly identifies with one or other of them, coming to see itself as if "through their eyes" – or as it imagines they see it. The superego is that critical voice we continue to hear throughout our lives, particularly in times of strain, and which says such generally unhelpful, aggressive things such as what Freud's father once said to him: "That boy will never amount to anything!" The superego is also that critical gaze that people very often adopt when they look at themselves in a mirror: one in which they are always too fat, unattractive and so on. As Freud argues in "The Ego and the Id", the superego is effectively a third master, alongside external reality and the id, that the unfortunate ego must try to humour (EI: 28–39; ON: 93–6; MO: 247–8).

(forsaking) to describe this external loss (which Strachey somewhat misleadingly renders as "frustration") (NP: 151). Secondly, there may be an internal change in the individual's libidinal make-up, as for example with the onset of puberty, or menopause in women.

In either type of case, Freud says, a "damming up of libido" occurs. And the illness is the disturbance in the individual's relation to the external world that this "damming up" produces:

Every neurosis disturbs the patient's relation to reality in some way . . . it serves him as a means of withdrawal from reality and . . . in its severest forms, it . . . signifies a flight from real life. (LR: 181)

As we say today, the individual at this point of *Vorsagung* threatens to become "dysfunctional." Yet Freud's diagnostic categories are more subtle than this. For him, there are not only mental illnesses of varying severity. There are three qualitatively different types of mental illness: the neuroses (hysteria and obsessional neurosis), the psychoses, and the perversions. Freud understands the manifest differences between these illnesses in terms of the framework his biological account of the mind provides:

The pathogenic effect [in different illnesses] depends on whether, in a conflictual tension of this kind, the ego remains true to its dependence on the external world and silences the id or whether it lets itself be overcome by the id and therefore turns away from reality. (NP: 151)

In the first case, there is a neurosis, and in the second, the individual will have become psychotic. Freud's claims about the onset of mental illnesses can hence be formulated as shown in Table 1.1.

Table 1.1 The onset of illness

Illness	Neuroses	Psychoses
Impoverishment of . . .	The id	Individuals' sense of external reality
By means of . . .	Repression (<i>Verdrängung</i>)	"Disavowal" (<i>Verleugnung</i>)

The difference between the mechanisms involved in the onset of illness in neurosis and psychosis can be illustrated by referring to the case of Elizabeth von R. Elizabeth was a hysteric who suffered a variety of symptoms. Free association revealed that one of the sources for her suffering concerned Elizabeth's illicit admiration for her sister's husband. When this sister unexpectedly died, Elizabeth found herself thinking at the funeral, despite herself: "Now he is free to be with me" (CH: 15; LR: 184). Because this wishful thought so deeply shamed her, her memories of the situation which had provoked them (her sister's funeral) were repressed:

Neuroses originate from the ego's refusing to accept a powerful instinctual impulse from the id or to help it find a motor outlet, or from the ego's forbidding an impulse the object at which it is aiming. (NP: 150)

A psychotic in Elizabeth's situation, Freud by contrast explains, might have "disavowed" the very fact that her sister had died, since it is this event that led her into temptation. In psychosis, that is, the conflict between the id and reality leads to the disavowal of parts of the world whose confrontation, because of the wishes they provoke, would be too traumatic. Freud puts this point by saying that psychotics suffer a failure of "object cathexes." If "paying attention" to the outside world involves the expenditure of psychic energy, as we saw, with the onset of psychosis, the individual's ego ceases paying the toll. This is why psychotics so regularly suffer delusions such as Judge Schreber's, that the world has ended (ON: 76; see Chapter 5). Characteristically, Freud maintains that there is truth to these metaphysical delusions. The psychotic's individual relation to the external world has indeed ended. The delusion is a psychological truth misrepresenting itself as a truth in metaphysics, in a way that goes towards explaining Freud's hesitations about philosophy (see introduction; PEL: 258–9).

The onset of neurosis and psychosis accordingly involves a disturbance in the individual's relation with reality. Yet, Freud specifies, each mental illness has two phases. It is only in the second phase of mental illnesses that the individual's symptoms become manifest. As strange as this sounds, Freud contends that the symptoms of the mentally ill are the individual's attempts at a cure (NP: 151). They function to maintain (in the neuroses) or to restore (in the psychoses) the individual's relations to external reality, under the changed conditions of the illness.

hysteric
elich

Table 1.2 The onset and the manifestation of the mental illnesses

Illness	Neuroses	Psychoses
Impoverishment of ...	The id	Individuals' sense of external reality
By means of ...	Repression (<i>Verneinung</i>)	"Disavowal" (<i>Verleugnung</i>)
Damming up of ...	Object libido	Ego libido
Symptoms/attempts at (self-)cure	Return of the repressed	Delusional formations

The full table of Freud's diagnostic understanding of neurosis and psychosis is as shown in Table 1.2.

To take the psychoses first: with the onset of illness there is a "damming up" of psychical energy. Yet in the neuroses, this "dammed-up" energy finds substitute outlets in unconscious fantasy – like the "hallucinated satisfactions" of the young infant. In the psychoses even this mechanism fails, and the tenuous link unconscious fantasies' "mnemic images" maintain with the object-world cannot hold. The libido dammed up by the precipitating *Vorsagung* is instead "cathected" to the individual's ego as a narcissistic love-object. This is how Freud explains the hypochondria so often symptomatic before a full-blown psychosis – anxieties that the person's body has been poisoned, violated, or is extremely vulnerable to physical corruption. The psychotic's bizarre delusions, Freud maintains, represent her best attempt to rebuild or "recathect" her relations to the world, given this complete collapse of her object cathexes. The manifest problem is that "this fresh libidinal cathexis takes place on another level and on other conditions than the primary one" (ON: 86–7).

The most striking feature of these delusions is their *paranoid* content. The psychotic's ego is elevated within their delusions to the centre of their universe, albeit as a kind of universal victim: the object of the intrusive surveillance and malign intentions of one, or a host, of persecutors – whether God, the CIA, aliens, or one's doctor. For the psychotic, it is as if the superegoic voice and gaze which all subjects experience internally (see above) has become part of the external world, from whence it confronts the individual with hateful omni-

science. In Chapters 4 and 5, we shall examine in detail the principal mechanism that Freud argues is involved in the formation of these persecutory delusions: *projection*.

In Chapter 7 of "The Unconscious", finally, Freud contrasts how neurotics and psychotics stand with regard to language. One typical manifestation of psychosis is the attribution of "magic powers" to words. Just as the newborn cannot distinguish between what it hallucinates and external reality, so psychotics typically treat words like things, and "treat concrete things as if they were abstract ideas" (Ucs: 199). Words can and do, metaphorically, transmit ideas "between people's minds". But few of us maintain that others can physically put ideas in our heads. Yet exactly such "delusions of influence" are a common psychotic fear. Similarly, a hysteric wrestling with her wish to reproach her lover with "looking askew" at other women might develop a symptomatic compulsion to roll her own eyes. Yet a psychotic in this very situation, Freud recounts, complained that her lover had physically "twisted her eyes", as if this metaphor had "become flesh" in her hypochondriac symptom:

She could not understand him at all, he looked different every time . . . ; he had twisted her eyes, now they were not her eyes any more, now she saw herself through different eyes

(Ucs: 197–8)

KEY POINT On the psychoses

- The psychotic denies a part of reality that provokes forbidden wishes. Then he sets about reconstructing, through delusions, his relation to the external world of objects and others. What we see as the psychotics' symptoms are hence their best attempt at a psychological "cure".
- But the means the psychotic has at his disposal are "patently infantile" (CD: 86). He is unable to anchor his sense of reality in anything outside his own ego.
- His delusions for this reason invariably turn upon the axis of his own relations with (a) more or less all-seeing and all-knowing double, devoted to persecuting him, onto whom he has in truth "projected" his own fore-closed impulses, as a film projector projects images on to a screen.
- Unable to accurately stabilize the distinction between his thoughts and wishes and external reality, he treats words as things, and comes painfully to embody the "figures of speech" that might have mediated his relations with others.

The neuroses: anxiety, inhibitions and symptoms

Unlike the psychotic, the neurotic sides with reality against the id at the onset of his illness. Accordingly, the manifestations of neurotics' illnesses (at the second stage of their development) are remarkably different from psychotics'. In the words of the title of an important late essay, neurotics are subject to "inhibitions, symptoms, and anxiety" (ISA: 98) – but not to delusions.

Freud's hypotheses concerning the role of anxiety in the neuroses are probably the least controversial among these three. Many non-psychoanalytic clinicians today diagnose patients with "anxiety disorders". Freud would find such a diagnosis of no help at all. The reason is that anxiety, according to Freud, is present in all mental illnesses. At base, anxiety functions psychologically as a signal that the individual's psyche is in some danger – or, in the terms of his biological account of mind, that there is heightened tension within the psychical apparatus (ISA: ch. VII). Neurotics are often only too aware that they are anxious: it is this "free-floating anxiety" that has led them to see a doctor. Their problem is that they do not know what is causing their anxiety, and this is what the "anxiety disorder" diagnosis misses. We shall say more on anxiety in Chapter 2, when we consider hysterical attacks.

The role of inhibitions in neuroses, Freud argues, can equally be explained in terms of the psyche's elementary function in service of the pleasure principle. Inhibitions are, as we say today, "places" where neurotics "don't go": from physical places to topics of conversation or painful memories. Hysterics such as Elizabeth von R avoid with disgust certain topics (for example, sexuality), because confronting them stirs up illicit or competing wishes their ego would rather not confront. Neurotic inhibition is clearly manifest in cases of phobia, as we shall see in a moment. It is also apparent in a variety of sexual maladies: from impotence in men or frigidity in women, to the inability to enjoy the act (ISA: ch. I).

Freud argues that neurotics' symptoms, finally, are "compromise formations", attempting to resolve conflict between the superego, the ego and the id (e.g. SN: 78). We saw above how, confronted with a prohibited wish, the child represses this wish and "identifies with the prohibitor": usually its parents, teachers, siblings and so on. But the repressed id-wishes do not disappear, Freud maintains. Abiding by the pleasure principle, they continue to demand satisfaction, in any way they can. While, then, neurotic symptoms are the results of compromise between the ego's censorship and this insistence of the id (e.g.

ISA: 98), the "compromise" takes the form of "substitutive satisfactions" (R: 154). The ego maintains its censorship on the direct expression of the wish: Elizabeth did not leap at her dead sister's newly free husband. But the id must have its satisfaction, too. The result is that neurotic symptoms are both sufficiently unlike the original wish-fulfilment that the ego cannot recognize it as threatening any longer, and sufficiently like it that the psyche gets a return of pleasure from the symptom's repetitions. For this reason, Freud argues that symptoms involve "the return of the repressed" (esp. R; Ucs: ch. III).

To illustrate these theoretical propositions more concretely, let us look at one of Freud's famous case studies, the case of the young child, Little Hans.

KEY POINT Understanding Little Hans (LH; ISA: ch. IV)

What were Hans' symptoms?

- A phobia of horses, especially of being bitten by them.
- A resulting fear of going into public places.

What was "free association" able to reveal about the cause of the phobia?

- Hans had seen a horse fall in public, and he had also seen his friend fall down while playing with a horse.
- At the time the symptom appeared, Hans had "mixed feelings" – what Freud will call "ambivalence" – towards his father. On the one hand, he loved him very much. On the other hand, he saw his father as a rival for the affections of his mother.

How did Freud interpret Hans' phobia?

- Hans' rivalrous wishes concerning his father jeopardized his familial relations, risking the loss of his parents' love, and punishments.
- Accordingly, Hans displaced his prohibited hateful feelings for his father on to horses: as if he wished his father would fall down, like the horse he had seen fall.
- In this way, a "compromise formation" was achieved which allowed Hans to continue relations with his father (whom he could not avoid), at the cost of his inhibition about going anywhere near horses (which he could usually avoid).

Besides phobia, the two major categories of neurosis Freud systematically examines are *hysteria* and *obsessive-compulsive neurosis*. We encountered hysteria in Anna O and Elizabeth von R, and shall look at it further in Chapter 2. In order to understand Freud's claims that neurotic

symptoms are compromise formations involving substitute satisfactions for repressed id-wishes, let us look now at obsessional neurosis. The classical case of obsessional neurosis in Freud's *oeuvre* is that of "the Ratman", an educated young man who came to Freud in 1907 (see Chapter 3). The Ratman suffered from a host of disturbing thoughts and symptoms. He was plagued by the irrational fear that bad things might happen to his father (who was already dead), or that his lover might die or become terminally ill. He experienced compulsive aggressive impulses, such as the suicidal wish to cut his throat, or – contrastingly – equally compelling "protective" impulses, such as the need to put his cap, protectively, on his lover's head. Sometimes these opposed aggressive and protective wishes would alternate: he would actively undo some protective action (like removing a stone from the road where he knew his beloved's carriage would pass) only moments after he had undertaken it, or be plagued with doubts that he had performed such well-meaning acts. Finally, the Ratman became preoccupied with understanding every word anyone said to him, goaded (again) by an equally intrusive doubt whether he had succeeded in this endeavour (esp. RM: 187–91, 222–3).

How does Freud understand these obsessional symptoms? First of all, as with little Hans, Freud argues that what is at stake in the Ratman's neurosis is his own violent and aggressive wishes towards his father and his beloved, however much he initially resisted this interpretation. The Ratman's strange compulsions, Freud argues, represented "reaction formations" that functioned to protect his conscious self from confronting these infantile, anti-social wishes. Such wishes would present themselves to him as if from nowhere, in the form of dispassionate, "scientific" hypotheticals, isolated from all his other thoughts: as when people wonder about something like "what if . . . (say) it didn't rain tomorrow . . . ?" To cite the Ratman's own suicidal impulses when his beloved went away: "*what if* one were visited by the command to cut one's throat with a razor blade . . . ?" (RM: 187). What indeed! If one were psychologically visited by such masochistic commands, Freud proposes, they might well disturb one's conduct in various ways. As one tried to pray for the well-being of loved ones, one might find oneself repeatedly interrupted by these terrible "commands" (RM: 191–2, 241) – like the raven in Poe's poem who knocks so insistently upon the hero's chamber door. A similar fate might befall you as you tried to understand others' words, so like the Ratman you would momentarily lose concentration, and be troubled by the compulsive doubt that you had misunderstood.

Or consider the compulsive nature of the prohibitions from which obsessives like the Ratman suffer. The obsessional who, like Lady Macbeth, cannot sleep unless she repeatedly washes her hands (or opens and re-shuts the bedroom door . . .) might well be performing a hygienic or necessary action. What is irrational is when she feels herself compelled to do it again and again, plagued by doubts that – although she secured the tap for the *n*th time only an instant before – the tap might nevertheless have come loose, so she must check it again. The only way obsessives' compulsion to repeat their symptomatic activities can be comprehended, Freud contends, is if we see these actions as responding to a danger to the individual's psyche – witness Lady Macbeth's heightened anxiety as she frantically attends to her imagined "damned spot". The point to stress again is that the danger is an internal danger, since there was after all literally "no blood on Lady Macbeth's hands", however things stood for her metaphorically.

Freud's interpretation of obsessives' symptoms as "compromise formations", then, at the very least, is striking and elegant. In what Freud calls the "tempo" of their compulsive repetitions, obsessives play out the conflict between the person's prohibited, hateful wishes and the reaction formations against these (RM: 191, 238–41). But how does this account stand with Freud's formulation that symptoms are "substitutive gratifications"? Lady Macbeth hardly appears happy. It is the unhappiness of obsessives such as the Ratman that brings them to analysis. In order to understand this Freudian idea, we need to emphasize the "substitutive" component in Freud's idea of "substitutive satisfaction". Since the direct expression of the obsessives' hateful wishes is prohibited by the ego, these wishes adopt indirect or metaphoric forms. More than this, in cases like the Ratman, the ritual-like repetitions of the symptomatic defences against the prohibited wishes in particular start to resemble what they repress. Remember that unconscious id-wishes are freed by repression from any need to be tested against external reality, hence remaining subject exclusively to the pleasure principle. Remember also that for Freud the pleasure principle is at base a mindless, reflex-like principle whose demands compel the organism under its sway, until such time as it develops higher capabilities. The compulsive tenor of the protective rituals of obsessives, Freud argues, reflects the compulsive character of the infantile impulses they are pitted against. Moreover, these symptoms, when successfully completed (as when, for instance, the Ratman was able to say his prayers so quickly that no evil thought could intrude), provide the individual with a satisfaction oddly reminiscent of the quiescence one

achieves after sexual enjoyment – so they can now sleep, relax, or go on living as normal. As we might say, in the obsessional's symptoms, the repression of (sexual or aggressive) enjoyment has, uncannily, given way to the eroticized enjoyment of repression.

Summary

- Far from a wilful obscurantism, Freud's metapsychology is based on the most advanced natural sciences of his day.
- Freud contends that the psyche operates according to the "pleasure principle" with the function of keeping excitation from external sources, or internal drives, as low as possible.
- Initially, the infant is wholly under sway of the pleasure principle, insured by its parents' love against the need to develop a sense of the external world, and temper its wishes in response to it. Instead, it hallucinates its own satisfactions, based on its first memories of satisfaction.
- This "Edenic" scenario is unsustainable. The external world imposes itself as everything the child cannot "dream up". The ego is the psychological agency that develops to mediate between the infant's libidinal demands and external reality, although in Freud's later work it also becomes its own love-object.
- Since the child has many, competing drives, many of which are aesthetically or morally prohibited in its community, it must renounce certain of these wishes. Repression is the device that answers to this need, by treating its own drives (falsely) as if they presented external threats, and fleeing them. The result is that these repressed drives repeat, seeking according to the pleasure principle to "return" to find means of satisfaction.
- Mental illness is that state which occurs when the individual's ego becomes unable to mediate the conflicting demands of its illicit wishes and the external social world. In psychosis, the ego sides with the wishes of the id, disavowing parts of reality that provoke unacceptable wishes within it, before reshaping its sense of the world in its "ego-centric" delusions. In neurosis, the ego sides with reality, at the price that its repressed wishes, nurtured by unconscious fantasies, return to trouble it in symptoms.
- Symptoms are "compromise formations" between the ego and the repressed drives, embodying forms of satisfaction of repressed

wishes that are sufficiently unlike the original, repressed wish to avoid provoking anxiety, and evade censorship by the ego.

- The compulsion to repeat these symptoms, particularly evident in obsessional rituals, reveals the infantile origin of the motives that underlie them, which are "regressively" prey to the pleasure principle.