Sigmund Freud – Psychoanalysis:

Who was he and what were his theories?

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Abstract

This paper reviews Sigmund Freud’s Psychoanalytic Theory. It gives a brief history of Sigmund Freud including who he was, what his beliefs were, and his contributions to the field of psychology. Specific topics discussed are personality development, the psychosexual stages of development, and the three levels of consciousness. Goals of the theory in the therapy process are also discussed, along with the roles Freud played in the outcome of therapy. Shortcomings of the theory are addressed and the paper will also offer a conclusion on the future of Freud’s Psychoanalytic Theory and how it will continue to influence the counseling field of psychology.

Keywords: Sigmund Freud, Psychoanalytic Theory, development, consciousness, therapy, counseling
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Introduction

When you think of the great Viennese physician, Sigmund Freud, Greek philosophers such as Socrates, Plato, and Aristotle come to mind as well because they have all left a legacy in the field of Psychology with their own thoughts and philosophies about the mind and how it works. These thinkers, including Sigmund Freud are labeled as “teachers of mankind” (Lothane, 2006, p. 285). Freud is considered to be “the greatest psychologist since Aristotle” (Lothane, 2006, p.285) and built his legacy on the psychoanalytic approach, which he created based on his thoughts and understandings of the mind. He is best known for his work on consciousness in his book called *The Interpretation of Dreams*, which was published in 1900 (Summers, 2006). Freud developed the revolutionary therapy method of “talking to the patient as though her speech was meaningful,” (Summers, 2006, p.328) during his work on a mentally ill patient he worked with for many years. The talking and listening process is still used to this day in therapy sessions, but is now known as “free association”.

From his one-on-one work with mentally ill patients, Freud developed specific theories about the mind and how it works. Theories about (1) personality development, including the three systems, the id, the ego, and the superego; (2) psychosexual stages of development, including the Oral, Anal, Phallic, Latency, and Genital stages, as well as, (3) the multiple levels of consciousness, including the unconscious mind, preconscious mind, and the conscious mind (E. Wood, S. Wood, & Boyd, 2008). The multiple levels of consciousness are what helped Freud to develop his therapy method of free association, which he used with his patient, Anna O., or Bertha Pappenheim. All topics discussed fall within Freud’s theory of psychoanalysis.

Psychoanalysis has surely played a huge role in the counseling world of psychology. Sigmund Freud’s “psychology has been repeatedly discovered, repressed, and rediscovered,” by many people over the years, giving proof of his enduring legacy on the psychology and counseling fields (Lothane, 2006, p.285). The big questions still left unanswered about Sigmund Freud are, who was he, and why were his theories so groundbreaking?

A Background on Sigmund Freud
Sigmund Freud was born in 1856, in the Austro-Hungarian Empire, to a father who was a small-time merchant and a mother, who was his father’s second wife. He was of Jewish decent like his father, although, Freud, himself, was an avowed atheist (PBS, 2008), while his father had always been a free thinker. Freud was the youngest of all his father’s children. He had two half-brothers who were at least 20 years older than him. At the age of four, his father decided to move his family to Vienna, where Freud lived out his life until 1938, when Germany invaded and took control of Vienna (PBS, 2008).

In 1873, Freud began attending the University of Vienna medical school where he met Josef Breuer. One of Breuer’s patients, Anna O., or Bertha Pappenheim (whom will be discussed later in this paper), suffered from hysteria and unbeknownst to Freud, she would have a lasting effect on him (PBS, 2008). At the time, hysteria was not something that was widely known. Anna O. suffered from temporary paralysis, couldn’t drink water when she was thirsty, and couldn’t even speak her own native language, German. But, could miraculously speak French and English fluently (PBS, 2008). Freud’s colleague, Breuer, found that through hypnotization, Anna O. was able to speak of things she did not remember during her conscious state. This phenomenon occurred during hypnotization, and when she came back to a normal state of consciousness, her symptoms were not apparent. Breuer described this phenomenon as “the talking cure” (PBS, 2008).

In 1886, Freud opened up his own private practice where he specialized in nervous and brain disorders. It was during this time that he developed the therapy method of free association (to be discussed later in the paper). Later, in 1900, Freud published a book that “introduced the wider public to the notion of the unconscious mind” (PBS, 2008). The book was titled The Interpretation of Dreams. One year later, in 1901, Freud discussed forgetfulness or slips of the tongue, which were later, called “Freudian slips”, and how they were never occurred by accident, but instead, was a part of the “dynamic unconscious” and revealed something meaningful (PBS, 2008). In 1902, Freud was offered a position as a professor at the University of Vienna and began his work on Psychoanalysis along with devoted followers. By 1905, Freud had shocked the world with his ideas published about sexual drive and the “Oedipus Complex.” Freud “concluded that the sexual drive was the most powerful shapers of a person’s psychology, and that sexuality was even present in infants” (PBS, 2008). In 1909, Freud made his first international appearance for a presentation of his
theories, at Clark University in Massachusetts. By this time, he had become a household name all over the world (PBS, 2008).

Later, in 1923, Freud was diagnosed with cancer of the jaw from years of cigar smoking. After his diagnosis, Freud had 30 operations over a 16-year span to treat the progressive form of cancer that he had. In 1933, the Nazi party had risen to power in Germany, and burned any and every book that Freud had written and published. And, later in 1938, the Nazi party gained power over Austria and Freud’s passport had been confiscated, but his fame and influence persuaded the Nazi party to release him and his wife. When they were released, they fled to England and one year later, in September of 1939, Sigmund Freud passed away (PBS, 2008).

The Multiple Levels of Consciousness and Free Association

According to Freud, “there are three levels of awareness in consciousness: the conscious, the preconscious, and the unconscious” (E. Wood, S. Wood, & Boyd, 2008, p.457). The first type of consciousness we will discuss is the conscious awareness. Conscious awareness consists of whatever we are aware of at any given moment in time. Conscious awareness can be described as things such as – thoughts, feelings, sensations, or memories. (E. Wood, S. Wood, & Boyd, 2008). The second type of consciousness is the preconscious. The preconscious can be described as somewhat like long-term memory, which contains all the memories, feelings, experiences, and perceptions that we are not consciously thinking about at the moment (E. Wood, S. Wood, & Boyd, 2008). These long-term memory processes can be easily brought to consciousness though. The third and most important level of consciousness is the unconscious. Freud believed that the unconscious was the primary motivating force of human behavior. According to Freud, the “unconscious holds memories that once were conscious but were so unpleasant or anxiety-provoking that they were repressed or involuntarily removed from consciousness (E. Wood, S. Wood, & Boyd, 2008, p.458). E. Wood, S. Wood, & Boyd (2008) stated, “the unconscious is responsible for all of our instincts (sexual and aggressive), wishes, and desires that have never been allowed into the conscious level (p.458). Freud believed that the roots of psychological disorders develop from these impulses and repressed memories (E. Wood, S. Wood, & Boyd, 2008).

As mentioned earlier, Freud’s patient, Anna O., or Bertha Pappenheim, suffered from a dissociated state and was split from her ordinary conscious (Summers, 2008). Freud’s colleague, Breuer, had found that
when she was in a hypnotic trance, she would talk about the repressed memories and repulsive thoughts that triggered the onset of her dissociated state. Once she was brought back to the conscious state, her symptoms would disappear for the time being, but would reappear until her next “talking session” with Breuer. E. Wood, S. Wood, & Boyd (2008), reported that “Freud believed that repressed thoughts lurk in the unconscious and can cause psychological disorders in adults” (p.458). From this, “Freud found that if he allowed the patient to say whatever came to, the concatenation of thoughts and memories led toward painful, repressed memories or wishes which the patient resisted as she came closer to them (Summers, 2006, p.328). As reported by Summers (2006), it was by this method, “the talking cure”, that Freud refined into the psychoanalytic method of free association. It was this “revolutionary treatment stimulated by Breuer and created by Freud was directed to the experience of the patient not just on the surface, but at the deeper, unconscious level of meaning” (Summers, 2006, p.328).

Personality Development

According to Freud, there are also three different systems of personality, (1) the id, (2) the ego, and (3) the superego. All three different personality systems directly relate to his three levels of consciousness, which were previously discussed. The id directly relates to the unconscious mind, while the ego and superego relate wholly to the conscious and partly to the unconscious. These systems of personality do not physically exist; rather, they are only concepts, or ways of looking at personality (E. Wood, S. Wood, & Boyd, 2008, p.458).

The id is the only personality system that is present at birth. E. Wood, S. Wood, & Boyd (2008) states, “It is inherited, primitive, inaccessible, and completely unconscious” (p.458). The life instincts, including our sexual instincts and biological urges (hunger and thirst), as well as our death instincts (aggressive and destructive impulses) are present in the id. The pleasure principle, theorized by Freud, “governs the life and death instincts” (Welch, 1945, p.262), “tries to seek pleasure, avoid pain, and gain immediate gratification of its wishes” (E. Wood, S. Wood, & Boyd, 2008, p.458). Within the id, is the libido, which is the “psychic energy that fuels the entire personality; yet, the id can only wish, image, fantasize, and demand” (E. Wood, S. Wood, & Boyd, 2008, p.458). “Freud’s libido theory...which...is caused by disturbances in the person’s sexual life” (Lothane, 2006, p.295), suggests more than just these things because of its various types of manifestation are sexual in class. For example, sucking (as in breastfeeding), homosexuality, and heterosexuality; they all come
from the same class, but are different manifestations of the same behavior; sexual gratification, which stems from the pleasure principle (Welch, 1945, p.262).

“The ego is the logical, rational, realistic part of the personality” (E. Wood, S. Wood, & Boyd, 2008, p.458). The ego is an evolution of the id and gains all of its energy from the id. The main function of the ego is to “satisfy the id's urges” (E. Wood, S. Wood, & Boyd, 2008, p.458). As claimed by E. Wood, S. Wood, & Boyd (2008), the ego acts according to the reality principle, meaning that it looks at the real world in determining the appropriate times, places, and objects for the gratification of the id's wishes (p.458). “According to Freud, the ego and the superego exert their influence even on the phenomena of dreams. In the dream state their censorship is not so great, but it is strong enough to require many of the repressed urges in the subconscious to make use of some disguise” (Welch, 1945, p.259).

Freud argued for, “the existence of a differentiating grade within the ego,” which he calls, “the ego-ideal or super-ego” (Welch, 1945, p.259). Around the age of 5 or 6, the superego becomes present in a child's personality and provides the moral component of the personality. The superego is composed of two separate parts: “(1) the conscience consist of all the behaviors for which the child has been punished and about which he or she feels guilty; (2) the ego ideal comprises the behaviors for which the child has been praised and rewarded and about which he or she feels pride and satisfaction” (E. Wood, S. Wood, & Boyd, 2008, p.458). The superego helps children reflect their parents’ expectations of what is right and what is wrong, but it evolves over time to include teachings from the social world they experience around them. It helps to set guidelines that describe the limit of flexibility the ego has. “The superego judges not only behavior, but also thoughts feelings, and wishes” (E. Wood, S. Wood, & Boyd, 2008, p.458). Ultimately, when it comes to personalities, life would be great if the id, ego, and superego all had the same ideas, but unfortunately, they don’t. The “id’s demands for pleasure are often in direct conflict with the superego’s desire for moral perfection” (E. Wood, S. Wood, & Boyd, 2008, p.459).

The Psychosexual Stages of Development

There are five different stages of psychosexual development, as defined by Freud: (1) the oral stage that occurs at birth to about the age of one year old, (2) the anal stage which occurs from the age of one year old until about the age of three years old, (3) the phallic stage from the age of three years old to five or six years old (4) the latency period/stage that occurs from five or six years old to puberty, and (5) the genital
stage from puberty on (E. Wood, S. Wood, & Boyd, 2008, p.458). Freud said, the sex instinct “is the most important factor influencing personality... Each stage centers on a particular part of the body that provides pleasurable sensations (an erogenous zone) and around which a conflict arises” (E. Wood, S. Wood, & Boyd, 2008, p.460). It is through unresolved conflicts in which children develop what is called, a fixation, where, “a portion of the libido (psychic energy) remains invested at that particular stage, leaving less energy to meet the challenges of future stages.” (E. Wood, S. Wood, & Boyd, 2008, p.460). In simple terms, as E. Wood, S. Wood, & Boyd (2008) puts it, an “arrested development...occurring because of an excessive gratification of frustration at that stage” (p.461).

During each stage, different parts of the body are considered to be the erogenous zones. In the oral stage, the mouth is considered the primary source of an infant’s sensual pleasure, which Freud “considered to be an expression of infantile sexuality” (E. Wood, S. Wood, & Boyd, 2008, p.461). During this stage, a baby receives oral gratification from sucking, eating, and biting and a potential conflict that can arise during this time is weaning. For example, a breastfeeding child not wanting to get their food and nourishment from a bottle because instead, they want to suck on their mother’s breast, which gives them the sexual gratification they experience during this stage. In the anal stage, the anus is considered the primary body part in which the child receives sensual pleasure. According to E. Wood, S. Wood, & Boyd (2008), this is the stage in which Freud believed that children receive sensual pleasure and gratification through the expelling and withholding feces (E. Wood, S. Wood, & Boyd, 2008, p.460). The main conflict that can arise during this stage is toilet training, because this is the time when parents attempt to have the child give up or postpone their gratification through expelling or withholding their feces in a harsh manner, causing the child to defecate whenever and wherever they choose (E. Wood, S. Wood, & Boyd, 2008, p.461).

During the phallic stage, children learn that they are able to get pleasure from touching their genitals, thus making the genitals the primary body part in which children receive sexual gratification from. This stage is what helped Freud develop his theory called the “Oedipus Complex.” Burke (2007) describes the Oedipus Complex as a way “in which the child’s creation of an exogenous orientation occurs in the shadow of the threat of an exorbitant bodily price” (p.168). E. Wood, S. Wood, & Boyd (2008) describes the Oedipus Complex in more simple terms by saying “boys concentrate their sexual wishes upon their mother and develop hostile impulses against their father as being a rival” (p.461). Over time, the boy usually resolves the
Oedipus complex by relating with his father and repressing his sexual desires/feelings for his mother. Freud believed that girls also have the same sort of development process developing, what he called, a "penis envy", resulting in the girls turning to their fathers for that gratification because he has their desired organ. During this time, the girls also develop a feeling of jealousy and rivalry with their mothers. Like the boys, girls also repress their sexual feelings towards their fathers over time and relate to their mothers, leading to the formation of the superego (E. Wood, S. Wood, & Boyd, 2008, p.461). When talking about the latency period/stage, there are no body parts that are associated with this stage because it is a time of sexual repression due to the fact that the child is “temporarily sublimated in school and play activities, hobbies, and sports” (E. Wood, S. Wood, & Boyd, 2008, p.461). This phallic stage is when children prefer same-sex friends and playmates. The final stage, the genital stage, is “the focus of sexual energy” (E. Wood, S. Wood, & Boyd, 2008, p.461) and “gradually shifts to the opposite sex for the vast majority of people, culminating in heterosexual love and the attainment of full adult sexuality” (E. Wood, S. Wood, & Boyd, 2008, p.461). This stage is a time where there is a revival of sexual interests and an establishment of sexual relationships and Freud believes that “the few who reach the genital stage without having fixations at earlier stages can achieve the state of psychological health that he equated with the ability to love and work” (E. Wood, S. Wood, & Boyd, 2008, p.461).

Conclusion

There are a number of researchers who disagree with Freud’s theories. “Supporters have praised Freud rapturously and critics have called him everything from a con-man to a dirty-minded pansexualist… but no one disagrees that he has been one of the most influential scientists of the century. Not only did he influence the professional practice of psychology and psychiatry, but he changed the way people (in Western cultures) view themselves and think about their lives” (PBS, 2008). Freud created what we know today as “free association.” In terms of free association, Summers (2006) stated, “Freud was an interpreter. Patients told him their stories, and he interpreted their associations as possessing a deeper level of meaning than the patient had been aware” (p.328). His role was to “facilitate free association and then interpret it to uncover repressed meaning” (Summers, 2006, pg. 328). In a therapy situation, Lothane (2006) acknowledges that “drugs cannot replace psychotherapy or psychoanalysis, but by offering effective relief from acute anxiety or depression, they enable many to benefit from therapy” (p.298) and that “it is not a matter of either-or but of
this-as-well-as-that, depending on the individual situation” (p.298). Some theorists believe that Freud’s influence is minimal in the field of psychology, but “other theorists maintain that Freud’s clinical approach continues to be the essence of the analytic process” (Summers, 2006, p.327).

References


