

Pre-publication Copy

Chapters 1 through 3

Theories of Personality

Seventh Edition

by
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PART ONE

Introduction

Chapter 1 *Introduction to Personality
Theory* ...

CHAPTER 1

Introduction to Personality Theory

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EPO

Why do people behave as they do? Do people have some choice in shaping their own personality? What accounts for similarities and differences among people? What makes people act in predictable ways? Why are they unpredictable? Do hidden, unconscious forces control people's behavior? What causes mental disturbances? Is human behavior shaped more by heredity or by environment?

For centuries, philosophers, theologians, and other thinkers have asked these questions as they pondered the nature of human nature—or even wondered whether humans have a basic nature. Until relatively recent times, great thinkers made little progress in finding satisfactory answers to these questions. A little more than 100 years ago, however, Sigmund Freud began to combine philosophical speculations with a primitive scientific method. As a neurologist trained in science, Freud began to listen to his patients to find out what hidden conflicts lay behind their assortment of symptoms. “Listening became, for Freud, more than an art; it became a method, a privileged road to knowledge that his patients mapped out for him” (Gay, 1988, p. 70).

Freud's method gradually became more scientific as he formulated hypotheses and checked their plausibility against his clinical experiences. From this combination of speculation and clinical evidence, Freud evolved the first modern theory of personality. Later, a number of other men and women developed theories of personality—some were based largely on philosophical speculation; others, mainly on empirical evidence, but all used some combination of the two. Indeed, this chapter shows that a useful theory should be founded on *both* scientific evidence and controlled, imaginative speculation.

What Is Personality?

Psychologists differ among themselves as to the meaning of personality. Most agree that the word “personality” originated from the Latin **persona**, which referred to a theatrical mask worn by Roman actors in Greek dramas. These ancient Roman actors wore a mask (persona) to project a role or false appearance. This surface view of personality, of course, is not an acceptable definition. When psychologists use the term “personality,” they are referring to something more than the role people play.

However, personality theorists have not agreed on a single definition of personality. Indeed, they evolved unique and vital theories because they lacked agreement as to the nature of humanity, and because each saw personality from an individual reference point. The personality theorists discussed in this book have had a variety of backgrounds. Some were born in Europe and lived their entire lives there; others were born in Europe, but migrated to other parts of the world, especially the United States; still others were born in North America and remained there. Many were influenced by early religious experiences; others were not. Most, but not all, have been trained in either psychiatry or psychology. Many have drawn on their experiences as psychotherapists; others have relied more on empirical research to gather data on human personality. Although they have all dealt in some way with what we call personality, each has approached this global concept from a different perspective. Some have tried to construct a comprehensive theory; others have been less ambitious and have dealt with only a few aspects of personality. Few personality theorists have formally defined personality, but all have had their own view of it.



No two people, not even identical twins, have exactly the same personalities.

Although no single definition is acceptable to all personality theorists, we can say that **personality** is a pattern of relatively permanent traits and unique characteristics that give both consistency and individuality to a person's behavior. **Traits** contribute to individual differences in behavior, consistency of behavior over time, and stability of behavior across situations. Traits may be unique, common to some group, or shared by the entire species, but their *pattern* is different for each individual. Thus each person, though like others in some ways, has a unique personality. **Characteristics** are unique qualities of an individual that include such attributes as temperament, physique, and intelligence.

What Is a Theory?

The word “theory” has the dubious distinction of being one of the most misused and misunderstood words in the English language. Some people contrast theory to truth or fact, but such an antithesis demonstrates a fundamental lack of understanding of all three terms. In science, theories are tools used to generate research and organize observations, but neither “truth” nor “fact” has a place in a scientific terminology.

Theory Defined

A scientific **theory** is *a set of related assumptions that allows scientists to use logical deductive reasoning to formulate testable hypotheses*. This definition needs further explanation. First, a theory is *a set* of assumptions. A single assumption can

never fill all the requirements of an adequate theory. A single assumption, for example, could not serve to integrate several observations, something a useful theory should do.

Second, a theory is a set of *related* assumptions. Isolated assumptions can neither generate meaningful hypotheses nor possess internal consistency—two criteria of a useful theory.

A third key word in the definition is *assumptions*. The components of a theory are not proven facts in the sense that their validity has been absolutely established. They are, however, accepted *as if* they were true. This is a practical step, taken so that scientists can conduct useful research, the results of which continue to build and reshape the original theory.

Fourth, *logical deductive reasoning* is used by the researcher to formulate hypotheses. The tenets of a theory must be stated with sufficient precision and logical consistency to permit scientists to deduce clearly stated hypotheses. The hypotheses are not components of the theory, but flow from it. It is the job of an imaginative scientist to begin with the general theory and, through deductive reasoning, arrive at a particular hypothesis that can be tested. If the general theoretical propositions are illogical, they remain sterile and incapable of generating hypotheses. Moreover, if a researcher uses faulty logic in deducing hypotheses, the resulting research will be meaningless and will make no contribution to the ongoing process of theory construction.

The final part of the definition includes the qualifier *testable*. Unless a hypothesis can be tested in some way, it is worthless. The hypothesis need not be tested immediately, but it must suggest the possibility that scientists in the future might develop the necessary means to test it.

Theory and Its Relatives

People sometimes confuse theory with philosophy, or speculation, or hypothesis, or taxonomy. Although theory is related to each of these concepts, it is not the same as any of them.

Philosophy

First, theory is related to philosophy, but it is a much narrower term. Philosophy means love of wisdom, and philosophers are people who pursue wisdom through thinking and reasoning. Philosophers are not scientists; they do not ordinarily conduct controlled studies in their pursuit of wisdom. Philosophy encompasses several branches, one of which is **epistemology**, or the nature of knowledge. Theory relates most closely to this branch of philosophy, because it is a tool used by scientists in their pursuit of knowledge.

Theories do not deal with “oughts” and “shoulds.” Therefore, a set of principles about how one should live one’s life cannot be a theory. Such principles involve values and are the proper concern of philosophy. Although theories are not free of values, they are built on scientific evidence that has been obtained in a relatively unbiased fashion. Thus, there are no theories on why society should help homeless people or on what constitutes great art.

Philosophy deals with what ought to be or what should be; theory does not. Theory deals with broad sets of *if-then* statements, but the goodness or badness of

the outcomes of these statements is beyond the realm of theory. For example, a theory might tell us that if children are brought up in isolation, completely separated from human contact, *then* they will not develop human language, exhibit parenting behavior, and so on. But this statement says nothing about the morality of such a method of child rearing.

Speculation

Second, theories rely on speculation, but they are much more than mere armchair speculation. They do not flow forth from the mind of a great thinker isolated from empirical observations. They are closely tied to empirically gathered data and to science.

What is the relationship between theory and science? **Science** is the branch of study concerned with observation and classification of data and with the verification of general laws through the testing of hypotheses. Theories are useful tools employed by scientists to give meaning and organization to observations. In addition, theories provide fertile ground for producing testable hypotheses. Without some kind of theory to hold observations together and to point to directions of possible research, science would be greatly handicapped.

Theories are not useless fantasies fabricated by impractical scholars fearful of soiling their hands in the machinery of scientific investigation. In fact, theories themselves are quite practical and are essential to the advancement of any science. Speculation and empirical observation are the two essential cornerstones of theory building, but speculation must not run rampantly in advance of controlled observation.

Hypothesis

Although theory is a narrower concept than philosophy, it is a broader term than hypothesis. A good theory is capable of generating many hypotheses. A **hypothesis** is an educated guess or prediction specific enough for its validity to be tested through the use of the scientific method. A theory is too general to lend itself to direct verification, but a single comprehensive theory is capable of generating thousands of hypotheses. Hypotheses, then, are more specific than the theories that give them birth. The offspring, however, should not be confused with the parent.

Of course, a close relationship exists between a theory and a hypothesis. Using *deductive reasoning* (going from the general to the specific), a scientific investigator can derive testable hypotheses from a useful theory and then test these hypotheses. The results of these tests—whether they support or contradict the hypotheses—feed back into the theory. Using *inductive reasoning* (going from the specific to the general), the investigator then alters the theory to reflect these results. As the theory grows and changes, other hypotheses can be drawn from it, and when tested they in turn reshape the theory.

Taxonomy

A **taxonomy** is a classification of things according to their natural relationships. Taxonomies are essential to the development of a science because without classification of data science could not grow. Mere classification, however, does not constitute a

theory. However, taxonomies can evolve into theories when they begin to generate testable hypotheses and to explain research findings. For example, Robert McCrae and Paul Costa began their research by classifying people into five stable personality traits. Eventually, this research on the Big Five taxonomy led to more than a mere classification; it became a theory, capable of suggesting hypotheses and offering explanations for research results.

Why Different Theories?

If theories of personality are truly scientific, why do we have so many different ones? Alternate theories exist because the very nature of a theory allows the theorist to make speculations from a particular point of view. Theorists must be as objective as possible when gathering data, but their decisions as to what data are collected and how these data are interpreted are personal ones. Theories are not immutable laws; they are built, not on proven facts, but on assumptions that are subject to individual interpretation.

All theories are a reflection of their authors' personal backgrounds, childhood experiences, philosophy of life, interpersonal relationships, and unique manner of looking at the world. Because observations are colored by the individual observer's frame of reference, it follows that there may be many diverse theories. Nevertheless, divergent theories can be useful. The usefulness of a theory does not depend on its commonsense value or on its agreement with other theories; rather it depends on its ability to generate research and to explain research data and other observations.

Theorists' Personalities and Their Theories of Personality

Because personality theories grow from theorists' own personalities, a study of those personalities is appropriate. In recent years a subdiscipline of psychology called **psychology of science** has begun to look at personal traits of scientists. The psychology of science studies both science and the behavior of scientists; that is, it investigates the impact of an individual scientist's psychological processes and personal characteristics on the development of her or his scientific theories and research (Feist, 1993, 1994, in press; Feist & Gorman, 1998; Gholson, Shadish, Neumyer & Houltz, 1989). In other words, the psychology of science examines how scientists' personalities, cognitive processes, developmental histories, and social experience affect the kind of science they conduct and the theories they create. Indeed, a number of investigators (Hart, 1982; Johnson, Germer, Efran, & Overton, 1988; Simonton, 2000; Zachar & Leong, 1992) have demonstrated that personality differences influence one's theoretical orientation as well as one's inclination to lean toward the "hard" or "soft" side of a discipline.

An understanding of theories of personality rests on information regarding the historical, social, and psychological worlds of each theorist at the time of his or her theorizing. Because we believe that personality theories reflect the theorist's personality, we have included a substantial amount of biographical information on each major theorist. Indeed, personality differences among theorists account for fundamental disagreements between those who lean toward the quantitative side of psychology (behaviorists, social learning theorists, and trait theorists) and those inclined

toward the clinical and qualitative side of psychology (psychoanalysts, humanists, and existentialists).

Although a theorist's personality partially shapes his or her theory, it should not be the sole determinant of that theory. Likewise, your acceptance of one or another theory should not rest only on your personal values and predilections. When evaluating and choosing a theory, you should acknowledge the impact of the theorist's personal history on the theory, but you should ultimately evaluate it on the basis of scientific criteria that are independent of that personal history. Some observers (Feist, 2005; Feist & Gorman, 1998) have distinguished between *science as process* and *science as product*. The scientific process may be influenced by the personal characteristics of the scientist, but the ultimate usefulness of the scientific product is and must be evaluated independently of the process. Thus, your evaluation of each of the theories presented in this book should rest more on objective criteria than on your subjective likes and dislikes.

What Makes a Theory Useful?

A useful theory has a mutual and dynamic interaction with research data. First, a theory generates a number of hypotheses that can be investigated through research, thus yielding research data. These data flow back into the theory and restructure it. From this newly contoured theory, scientists can extract other hypotheses, leading to more research and additional data, which in turn reshape and enlarge the theory even more. This cyclic relationship continues for as long as the theory proves useful.

Second, a useful theory organizes research data into a meaningful structure and provides an explanation for the results of scientific research. This relationship between theory and research data is shown in Figure 1.1. When a theory is no longer able to generate additional research or to explain related research data, it loses its usefulness and is set aside in favor of a more useful one.

In addition to sparking research and explaining research data, a useful theory must lend itself to confirmation or disconfirmation, provide the practitioner with a guide to action, be consistent with itself, and be as simple as possible. Therefore, we have evaluated each of the theories presented in this book on the basis of six criteria: A useful theory (1) generates research, (2) is falsifiable, (3) organizes data, (4) guides action, (5) is internally consistent, and (6) is parsimonious.

Generates Research

The most important criteria of a useful theory is its ability to stimulate and guide further research. Without an adequate theory to point the way, many of science's present empirical findings would have remained undiscovered. In astronomy, for example, the planet Neptune was discovered because the theory of motion generated the hypothesis that the irregularity in the path of Uranus must be caused by the presence of another planet. Useful theory provided astronomers with a road map that guided their search for and discovery of the new planet.

A useful theory will generate two different kinds of research: descriptive research and hypothesis testing. *Descriptive research*, which can expand an existing theory, is concerned with the measurement, labeling, and categorization of the units employed in theory building. Descriptive research has a symbiotic relationship with

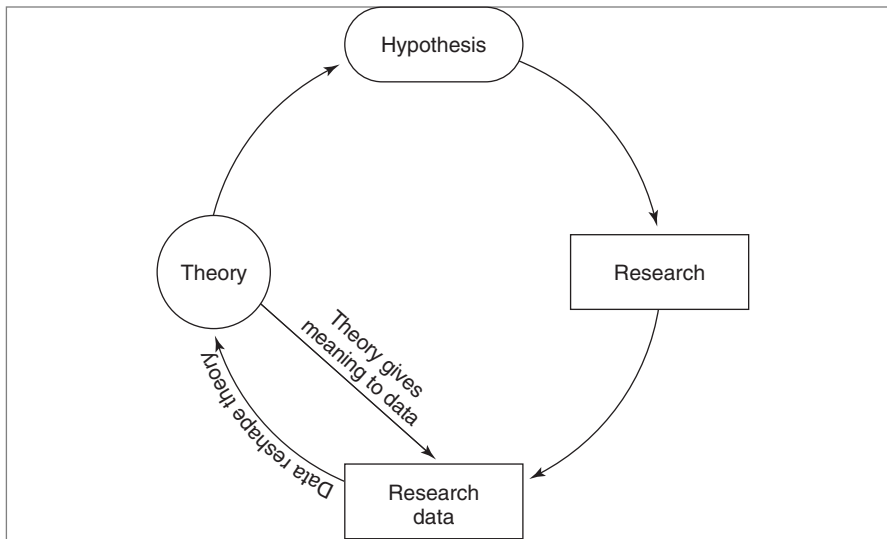


FIGURE 1.1 *The Interaction among Theory, Hypotheses, Research, and Research Data.*

theory. On one hand, it provides the building blocks for the theory, and on the other, it receives its impetus from the dynamic, expanding theory. The more useful the theory, the more research generated by it; the greater the amount of descriptive research, the more complete the theory.

The second kind of research generated by a useful theory, *hypothesis testing*, leads to an indirect verification of the usefulness of the theory. As we have noted, a useful theory will generate many hypotheses that, when tested, add to a data base that may reshape and enlarge the theory. (Refer again to Figure 1.1).

Is Falsifiable

A theory must also be evaluated on its ability to be confirmed or disconfirmed; that is, it must be **falsifiable**. To be falsifiable, a theory must be precise enough to suggest research that may either support or fail to support its major tenets. If a theory is so vague and nebulous that both positive and negative research results can be interpreted as support, then that theory is not falsifiable and ceases to be useful. Falsifiability, however, is not the same as false; it simply means that negative research results will refute the theory and force the theorist to either discard it or modify it.

A falsifiable theory is accountable to experimental results. Figure 1.1 depicts a circular and mutually reinforcing connection between theory and research; each forms a basis for the other. Science is distinguished from nonscience by its ability to reject ideas that are not supported empirically even though they seem logical and rational. For example, Aristotle used logic to argue that lighter bodies fall at slower rates than heavier bodies. Although his argument may have agreed with “common sense,” it had one problem: It was empirically wrong.

Theories that rely heavily on unobservable transformations in the unconscious are exceedingly difficult to either verify or falsify. For example, Freud’s theory

suggests that many of our emotions and behaviors are motivated by unconscious tendencies that are directly opposite the ones we express. For instance, unconscious hate might be expressed as conscious love, or unconscious fear of one's own homosexual feelings might take the form of exaggerated hostility toward homosexual individuals. Because Freud's theory allows for such transformations within the unconscious, it is nearly impossible to either verify or falsify. A theory that can explain everything explains nothing.

Organizes Data

A useful theory should also be able to organize those research data that are not incompatible with each other. Without some organization or classification, research findings would remain isolated and meaningless. Unless data are organized into some intelligible framework, scientists are left with no clear direction to follow in the pursuit of further knowledge. They cannot ask intelligent questions without a theoretical framework that organizes their information. Without intelligent questions, further research is severely curtailed.

A useful theory of personality must be capable of integrating what is currently known about human behavior and personality development. It must be able to shape as many bits of information as possible into a meaningful arrangement. If a personality theory does not offer a reasonable explanation of at least some kinds of behavior, it ceases to be useful.

Guides Action

A fourth criterion of a useful theory is its ability to guide the practitioner over the rough course of day-to-day problems. For example, parents, teachers, business managers, and psychotherapists are confronted continually with an avalanche of questions for which they try to find workable answers. Good theory provides a structure for finding many of those answers. Without a useful theory, practitioners would stumble in the darkness of trial and error techniques; with a sound theoretical orientation, they can discern a suitable course of action.

For the Freudian psychoanalyst and the Rogerian counselor, answers to the same question would be very different. To the question, How can I best treat this patient? the psychoanalytic therapist might answer along these lines: *If* psychoneuroses are caused by childhood sexual conflicts that have become unconscious, *then* I can help this patient best by delving into these repressions and allowing the patient to relive the experiences in the absence of conflict. To the same question, the Rogerian therapist might answer: *If*, in order to grow psychologically, people need empathy, unconditional positive regard, and a relationship with a congruent therapist, *then* I can best help this client by providing an accepting, nonthreatening atmosphere. Notice that both therapists constructed their answers in an *if-then* framework, even though the two answers call for very different courses of action.

Also included in this criterion is the extent to which the theory stimulates thought and action in other disciplines, such as art, literature (including movies and television dramas), law, sociology, philosophy, religion, education, business administration, and psychotherapy. Most of the theories discussed in this book have had some influence in areas beyond psychology. For example, Freud's theory has

prompted research on recovered memories, a topic very important to the legal profession. Also, Carl Jung's theory is of great interest to many theologians and has captured the imagination of popular writers such as Joseph Campbell and others. Similarly, the ideas of Alfred Adler, Erik Erikson, B. F. Skinner, Abraham Maslow, Carl Rogers, Rollo May, and other personality theorists have sparked interest and action in a broad range of scholarly fields.

Is Internally Consistent

A useful theory need not be consistent with other theories, but it must be consistent with itself. An internally consistent theory is one whose components are logically compatible. Its limitations of scope are carefully defined and it does not offer explanations that lie beyond that scope. Also, an internally consistent theory uses language in a consistent manner; that is, it does not use same term to mean two different things, nor does it use two separate terms to refer to the same concept.

A good theory will use concepts and terms that have been clearly and operationally defined. An **operational definition** is one that defines units in terms of observable events or behaviors that can be measured. For example, an extravert can be operationally defined as any person who attains a predetermined score on a particular personality inventory.

Is Parsimonious

When two theories are equal in their ability to generate research, be falsified, give meaning to data, guide the practitioner, and be self-consistent, the simpler one is preferred. This is the law of **parsimony**. In fact, of course, two theories are never exactly equal in these other abilities, but in general, simple, straightforward theories are more useful than ones that bog down under the weight of complicated concepts and esoteric language.

In building a theory of personality, psychologists should begin on a limited scale and avoid sweeping generalizations that attempt to explain all of human behavior. That course of action was followed by most of the theorists discussed in this book. For example, Freud began with a theory based largely on hysterical neuroses and, over a period of years, gradually expanded it to include more and more of the total personality.



Dimensions for a Concept of Humanity

Personality theories differ on basic issues concerning the nature of humanity. Each personality theory reflects its author's assumptions about humanity. These assumptions rest on several broad dimensions that separate the various personality theorists. We use six of these dimensions as a framework for viewing each theorist's concept of humanity.

The first dimension is *determinism versus free choice*. Are people's behaviors determined by forces over which they have no control, or can people choose to be

what they wish to be? Can behavior be partially free and partially determined at the same time? Although the dimension of determinism versus free will is more philosophical than scientific, the position theorists take on this issue shapes their way of looking at people and colors their concept of humanity.

A second issue is one of *pessimism versus optimism*. Are people doomed to live miserable, conflicted, and troubled lives, or can they change and grow into psychologically healthy, happy, fully functioning human beings? In general, personality theorists who believe in determinism tend to be pessimistic (Skinner was a notable exception), whereas those who believe in free choice are usually optimistic.

A third dimension for viewing a theorist's concept of humanity is *causality versus teleology*. Briefly, **causality** holds that behavior is a function of past experiences, whereas **teleology** is an explanation of behavior in terms of future goals or purposes. Do people act as they do because of what has happened to them in the past, or do they act as they do because they have certain expectations of what will happen in the future?

A fourth consideration that divides personality theorists is their attitude toward *conscious versus unconscious determinants of behavior*. Are people ordinarily aware of what they are doing and why they are doing it, or do unconscious forces impinge on them and drive them to act without awareness of these underlying forces?

The fifth question is one of *biological versus social influences on personality*. Are people mostly creatures of biology, or are their personalities shaped largely by their social relationships? A more specific element of this issue is heredity versus environment; that is, are personal characteristics more the result of heredity, or are they environmentally determined?

A sixth issue is *uniqueness versus similarities*. Is the salient feature of people their individuality, or is it their common characteristics? Should the study of personality concentrate on those traits that make people alike, or should it look at those traits that make people different?

These and other basic issues that separate personality theorists have resulted in truly different personality theories, not merely differences in terminology. We could not erase the differences among personality theories by adopting a common language. The differences are philosophical and deep-seated. Each personality theory reflects the individual personality of its creator, and each creator has a unique philosophical orientation, shaped in part by early childhood experiences, birth order, gender, training, education, and pattern of interpersonal relationships. These differences help determine whether a theorist will be deterministic or a believer in free choice, will be pessimistic or optimistic, will adopt a causal explanation or a teleological one. They also help determine whether the theorist emphasizes consciousness or unconsciousness, biological or social factors, uniqueness or similarities of people. These differences do not, however, negate the possibility that two theorists with opposing views of humanity can be equally scientific in their data gathering and theory building.

Research in Personality Theory

As we pointed out earlier, the primary criterion for a useful theory is its ability to generate research. We also noted that theories and research data have a cyclic relationship: Theory gives meaning to data, and data result from experimental research designed to test hypotheses generated by the theory. Not all data, however, flow from experimental research. Much of it comes from observations that each of us make every day. To observe simply means to notice something, to pay attention.

You have been observing human personalities for nearly as long as you have been alive. You notice that some people are talkative and outgoing; others are quiet and reserved. You may have even labeled such people as extraverts and introverts. Are these labels accurate? Is one extraverted person like another? Does an extravert always act in a talkative, outgoing manner? Can all people be classified as either introverts or extraverts?

In making observations and asking questions, you are doing some of the same things psychologists do, that is, observing human behaviors and trying to make sense of these observations. However, psychologists, like other scientists, try to be *systematic* so that their *predictions* will be consistent and accurate.

To improve their ability to predict, personality psychologists have developed a number of assessment techniques, including personality inventories. Much of the research reported in the remaining chapters of this book has relied on various assessment procedures, which purport to measure different dimensions of personality. For these instruments to be useful they must be both reliable and valid. The **reliability** of a measuring instrument is the extent to which it yields consistent results.

Personality inventories may be reliable and yet lack validity or accuracy. **Validity** is the degree to which an instrument measures what it is supposed to measure. Personality psychologists are primarily concerned with two types of validity—construct validity and predictive validity. *Construct validity* is the extent to which an instrument measures some hypothetical construct. Constructs such as extraversion, aggressiveness, intelligence, and emotional stability have no physical existence; they are hypothetical constructs that should relate to observable behavior. Three important types of construct validity are *convergent validity*, *divergent validity*, and *discriminant validity*. A measuring instrument has convergent construct validity to the extent that scores on that instrument correlate highly (converge) with scores on a variety of valid measures of that same construct. For example, a personality inventory that attempts to measure extraversion should correlate with other measures of extraversion or other factors such as sociability and assertiveness that are known to cluster together with extraversion. An inventory has divergent construct validity if it has low or insignificant correlations with other inventories that do *not* measure that construct. For example, an inventory purporting to measure extraversion should not be highly correlated with social desirability, emotional stability, honesty, or self-esteem. Finally, an inventory has discriminant validity if it discriminates between two groups of people known to be different. For example, a personality inventory measuring extraversion should yield higher scores for people known to be extraverted than for people known to be introverted.

A second dimension of validity is *predictive validity*, or the extent that a test predicts some future behavior. For example, a test of extraversion has predictive

validity if it correlates with future behaviors, such as smoking cigarettes, performing well on scholastic achievement tests, taking risks, or any other independent criterion. The ultimate value of any measuring instrument is the degree to which it can predict some future behavior or condition.

Most of the early personality theorists did not use standardized assessment inventories. Although Freud, Adler, and Jung all developed some form of projective tool, none of them used the technique with sufficient precision to establish its reliability and validity. However, the theories of Freud, Adler, and Jung have spawned a number of standardized personality inventories as researchers and clinicians have sought to measure units of personality proposed by those theorists. Later personality theorists, especially Julian Rotter, Hans Eysenck, and the Five-Factor Theorists have developed and used a number of personality measures and have relied heavily on them in constructing their theoretical models.

Key Terms and Concepts

- The term “personality” comes from the Latin *persona*, or the mask that people present to the outside world, but psychologists see personality as much more than outward appearances.
- *Personality* includes all those relatively permanent traits or characteristics that render some consistency to a person’s behavior.
- A *theory* is a set of related assumptions that allows scientists to formulate testable hypotheses.
- Theory should not be confused with *philosophy*, *speculation*, *hypothesis*, or *taxonomy*, although it is related to each of these terms.
- Six criteria determine the usefulness of a scientific theory: (1) Does the theory *generate research*? (2) Is it *falsifiable*? (3) Does it *organize and explain knowledge*? (4) Does it *suggest practical solutions to everyday problems*? (5) Is it *internally consistent*? and (6) Is it simple or *parsimonious*?
- Each personality theorist has had either an implicit or explicit *concept of humanity*.
- Concepts of human nature can be discussed from six perspectives: (1) *determinism versus free choice*, (2) *pessimism versus optimism*, (3) *causality versus teleology*, (4) *conscious versus unconscious* determinants, (5) *biological versus social* factors, and (6) *uniqueness versus similarities* in people.

PART TWO

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CHAPTER 2

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Freud

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From ancient history to the present time, people have searched for some magic panacea or potion to lessen pain or to enhance performance. One such search was conducted by a young, ambitious physician who came to believe that he had discovered a drug that had all sorts of wonderful properties. Hearing that the drug had been used successfully to energize soldiers suffering from near exhaustion, this physician decided to try it on patients, colleagues, and friends. If the drug worked as well as he expected, he might gain the fame to which he aspired.

After learning of the drug's successful use in heart disease, nervous exhaustion, addiction to alcohol and morphine, and several other psychological and physiological problems, the doctor decided to try the drug on himself. He was quite pleased with the results. To him, the drug had a pleasant aroma and an unusual effect on the lips and mouth. More importantly, however, was the drug's therapeutic effect on his serious depression. In a letter to his fiancée whom he had not seen in a year, he reported that during his last severe depression, he had taken small quantities of the drug with marvelous results. He wrote that the next time he saw her he would be like a wild man, feeling the effects of the drug. He also told his fiancée that he would give her small amounts of the drug, ostensibly to make her strong and to help her gain weight.

The young doctor wrote a pamphlet extolling the benefits of the drug, but he had not yet completed the necessary experiments on the drug's value as an analgesic. Impatient to be near his fiancée, he delayed completion of his experiments and went off to see her. During that visit, a colleague—and not he—completed the experiments, published the results, and gained the recognition the young doctor had hoped for himself.

These events took place in 1884; the drug was cocaine; the young doctor was Sigmund Freud.

Overview of Psychoanalytic Theory

Freud, of course, was fortunate that his name did not become indelibly tied to cocaine. Instead, his name has become associated with **psychoanalysis**, the most famous of all personality theories.

What makes Freud's theory so interesting? First, the twin cornerstones of psychoanalysis, sex and aggression, are two subjects of continuing popularity. Second, the theory was spread beyond its Viennese origins by an ardent and dedicated group of followers, many of whom romanticized Freud as a nearly mythological and lonely hero. Third, Freud's brilliant command of language enabled him to present his theories in a stimulating and exciting manner.

Freud's understanding of human personality was based on his experiences with patients, his analysis of his own dreams, and his vast readings in the various sciences and humanities. These experiences provided the basic data for the evolution of his theories. To him, theory followed observation, and his concept of personality underwent constant revisions during the last 50 years of his life. Evolutionary though it was, Freud insisted that psychoanalysis could not be subjected to eclecticism, and disciples who deviated from his basic ideas soon found themselves personally and professionally ostracized by Freud.

Although Freud regarded himself primarily as a scientist, his definition of science would be somewhat different from that held by most psychologists today. Freud relied more on deductive reasoning than on rigorous research methods, and he made observations subjectively and on a relatively small sample of patients, most of whom were from the upper-middle and upper classes. He did not quantify his data, nor did he make observations under controlled conditions. He utilized the case study approach almost exclusively, typically formulating hypotheses after the facts of the case were known.

Biography of Sigmund Freud

Sigmund (Sigmund) Freud was born either on March 6 or May 6, 1856, in Freiberg, Moravia, which is now part of the Czech Republic. (Scholars disagree on his birth date—the first date was but 8 months after the marriage of his parents.) Freud was the firstborn child of Jacob and Amalie Nathanson Freud, although his father had two grown sons, Emanuel and Philipp, from a previous marriage. Jacob and Amalie Freud had seven other children within 10 years, but Sigmund remained the favorite of his young, indulgent mother, which may have partially contributed to his lifelong self-confidence (E. Jones, 1953). A scholarly, serious-minded youth, Freud did not have a close friendship with any of his younger siblings. He did, however, enjoy a warm, indulgent relationship with his mother, leading him in later years to observe that the mother/son relationship was the most perfect, the most free from ambivalence of all human relationships (Freud, 1933/1964).

When Sigmund was three, the two Freud families left Freiberg. Emanuel's family and Philipp moved to England, and the Jacob Freud family moved first to Leipzig and then to Vienna. The Austrian capital remained Sigmund Freud's home for nearly 80 years, until 1938 when the Nazi invasion forced him to emigrate to London, where he died on September 23, 1939.

When Freud was about a year and a half old, his mother gave birth to a second son, Julius, an event that was to have a significant impact on Freud's psychic development. Sigmund was filled with hostility toward his younger brother and harbored an unconscious wish for his death. When Julius died at 6 months of age, Sigmund was left with feelings of guilt at having caused his brother's death. When Freud reached middle age, he began to understand that his wish did not actually cause his brother's death and that children often have a death wish for a younger sibling. This discovery purged Freud of the guilt he had carried into adulthood and, by his own analysis, contributed to his later psychic development (Freud, 1900/1953).

Freud was drawn into medicine, not because he loved medical practice, but because he was intensely curious about human nature (Ellenberger, 1970). He entered the University of Vienna Medical School with no intention of practicing medicine. Instead, he preferred teaching and doing research in physiology, which he continued even after he graduated from the university's Physiological Institute.

Freud might have continued this work indefinitely had it not been for two factors. First, he believed (probably with some justification) that, as a Jew, his opportunities for academic advancement would be limited. Second, his father, who helped finance his medical school expense, became less able to provide monetary aid. Re-

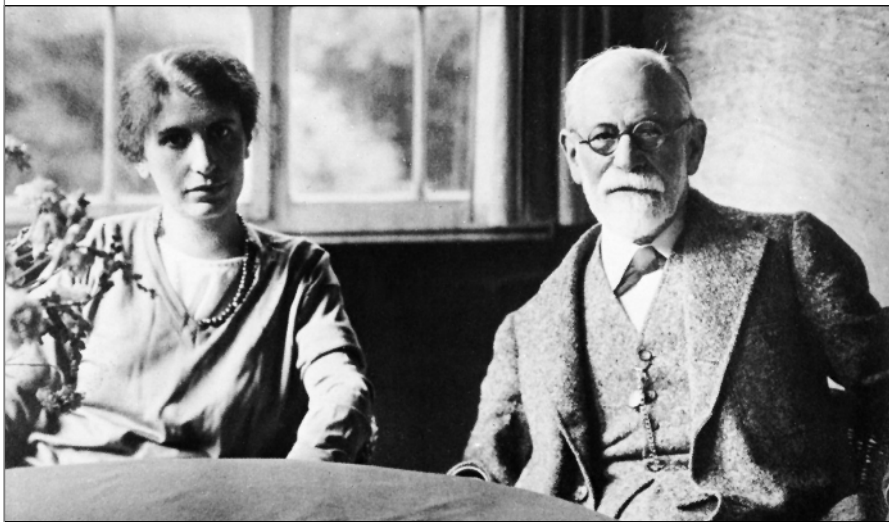
luctantly, Freud turned from his laboratory to the practice of medicine. He worked for 3 years in the General Hospital of Vienna, becoming familiar with the practice of various branches of medicine, including psychiatry and nervous diseases (Freud, 1925/1959).

In 1885, he received a traveling grant from the University of Vienna and decided to study in Paris with the famous French neurologist Jean-Martin Charcot. He spent 4 months with Charcot, from whom he learned the hypnotic technique for treating **hysteria**, a disorder typically characterized by paralysis or the improper functioning of certain parts of the body. Through hypnosis, Freud became convinced of a psychogenic and sexual origin of hysterical symptoms.

While still a medical student, Freud developed a close professional association and a personal friendship with Josef Breuer, a well-known Viennese physician 14 years older than Freud and a man of considerable scientific reputation (Ferris, 1997). Breuer taught Freud about **catharsis**, the process of removing hysterical symptoms through “talking them out.” While using catharsis, Freud gradually and laboriously discovered the *free association* technique, which soon replaced hypnosis as his principal therapeutic technique.

From as early as adolescence, Freud literally dreamed of making a monumental discovery and achieving fame (Newton, 1995). On several occasions during the 1880s and 1890s he believed he was on the verge of such a discovery. His first opportunity to gain recognition came in 1884–1885 and involved his experiments with cocaine, which we discussed in the opening vignette.

Freud’s second opportunity for achieving some measure of fame came in 1886 after he returned from Paris, where he had learned about *male* hysteria from Charcot. He assumed that this knowledge would gain him respect and recognition from the Imperial Society of Physicians of Vienna, whom he mistakenly believed would be impressed by the young Dr. Freud’s knowledge of male hysteria. Early physicians



Sigmund Freud with his daughter, Anna, who was a psychoanalyst in her own right.

had believed that hysteria was strictly a female disorder because the very word had the same origins as uterus and was the result of a “wandering womb,” with the uterus traveling throughout women’s bodies and causing various parts to malfunction. However, by 1886, when Freud presented a paper on male hysteria to the Society, most physicians present were already familiar with the illness and knew that it could also be a male disorder. Because originality was expected and because Freud’s paper was a rehash of what was already known, the Viennese physicians did not respond well to the presentation. Also, Freud’s constant praise of Charcot, a Frenchman, cooled the Viennese physicians to his talk. Unfortunately, in his autobiographical study, Freud (1925/1959) told a very different story, claiming that his lecture was not well received because members of the learned society could not fathom the concept of male hysteria. Freud’s account of this incident, now known to be in error, was nevertheless perpetuated for years, and as Sulloway (1992) argued, it is but one of many fictions created by Freud and his followers to mythologize psychoanalysis and to make a lonely hero of its founder.

Disappointed in his attempts to gain fame and afflicted with feelings (both justified and otherwise) of professional opposition due to his defense of cocaine and his belief in the sexual origins of neuroses, Freud felt the need to join with a more respected colleague. He turned to Breuer, with whom he had worked while still a medical student and with whom he enjoyed a continuing personal and professional relationship. Breuer had discussed in detail with Freud the case of Anna O, a young woman Freud had never met, but whom Breuer had spent many hours treating for hysteria several years earlier. Because of his rebuff by the Imperial Society of Physicians and his desire to establish a reputation for himself, Freud urged Breuer to collaborate with him in publishing an account of Anna O and several other cases of hysteria. Breuer, however, was not as eager as the younger and more revolutionary Freud to publish a full treatise on hysteria built on only a few case studies. He also could not accept Freud’s notion that childhood sexual experiences were the source of adult hysteria. Finally, and with some reluctance, Breuer agreed to publish with Freud *Studies on Hysteria* (Breuer & Freud, 1895/1955). In this book, Freud introduced the term “psychical analysis,” and during the following year, he began calling his approach “psycho-analysis.”

At about the time *Studies on Hysteria* was published, Freud and Breuer had a professional disagreement and became estranged personally. Freud then turned to his friend Wilhelm Fliess, a Berlin physician who served as a sounding board for Freud’s newly developing ideas. Freud’s letters to Fliess (Freud, 1985) constitute a firsthand account of the beginnings of psychoanalysis and reveal the embryonic stage of Freudian theory. Freud and Fliess had become friends in 1887, but their relationship became more intimate following Freud’s break with Breuer.

During the late 1890s, Freud suffered both professional isolation and personal crises. He had begun to analyze his own dreams, and after the death of his father in 1896, he initiated the practice of analyzing himself daily. Although his self-analysis was a lifetime labor, it was especially difficult for him during the late 1890s. During this period, Freud regarded himself as his own best patient. In August of 1897, he wrote to Fliess, “the chief patient I am preoccupied with is myself. . . . The analysis is more difficult than any other. It is, in fact what paralyzes my psychic strength” (Freud, 1985, p. 261).

A second personal crisis was his realization that he was now middle-aged and had yet to achieve the fame he so passionately desired. During this time he had suffered yet another disappointment in his attempt to make a major scientific contribution. Again he believed himself to be on the brink of an important breakthrough with his “discovery” that neuroses have their etiology in a child’s seduction by a parent. Freud likened this finding to the discovery of the source of the Nile. However, in 1897 he abandoned the seduction theory and once again had to postpone the discovery that would propel him to greatness.

Why did Freud abandon his once-treasured seduction theory? In a letter dated September 21, 1897, to Wilhelm Fliess, he gave four reasons why he could no longer believe in his seduction theory. First, he said, the seduction theory had not enabled him to successfully treat even a single patient. Second, a great number of fathers, including his own, would have to be accused of sexual perversion because hysteria was quite common even among Freud’s siblings. Third, Freud believed that the unconscious mind could probably not distinguish reality from fiction, a belief that later evolved into the Oedipus complex. And fourth, he found that the unconscious memories of advanced psychotic patients almost never revealed early childhood sexual experiences (Freud, 1985). After abandoning his seduction theory and with no Oedipus complex to replace it, Freud sank even more deeply into his midlife crisis.

Freud’s official biographer, Ernest Jones (1953, 1955, 1957), believed that Freud suffered from a severe psychoneurosis during the late 1890s, although Max Schur (1972), Freud’s personal physician during the final decade of his life, contended that his illness was due to a cardiac lesion, aggravated by addiction to nicotine. Peter Gay (1988) suggested that during the time immediately after his father’s death, Freud “relived his oedipal conflicts with peculiar ferocity” (p. 141). But Henri Ellenberger (1970) described this period in Freud’s life as a time of “creative illness,” a condition characterized by depression, **neurosis**, psychosomatic ailments, and an intense preoccupation with some form of creative activity. In any event, at midlife, Freud was suffering from self-doubts, depression, and an **obsession** with his own death.

Despite these difficulties, Freud completed his greatest work, *Interpretation of Dreams* (1900/1953), during this period. This book, finished in 1899, was an outgrowth of his self-analysis, much of which he had revealed to his friend Wilhelm Fliess. The book contained many of Freud’s own dreams, some disguised behind fictitious names.

Almost immediately after the publication of *Interpretation of Dreams*, his friendship with Fliess began to cool, eventually to rupture in 1903. This breakup paralleled Freud’s earlier estrangement from Breuer, which took place almost immediately after they had published *Studies on Hysteria* together. It was also a harbinger of his breaks with Alfred Adler, Carl Jung, and several other close associates. Why did Freud have difficulties with so many former friends? Freud himself answered this question, stating that “it is not the scientific differences that are so important; it is usually some other kind of animosity, jealousy or revenge, that gives the impulse to enmity. The scientific differences come later” (Wortis, 1954, p. 163).

Although *Interpretation of Dreams* did not create the instant international stir Freud had hoped, it eventually gained for him the fame and recognition he had sought. In the 5-year period following its publication, Freud, now filled with renewed

self-confidence, wrote several important works that helped solidify the foundation of psychoanalysis, including *On Dreams* (1901/1953), written because *Interpretation of Dreams* had failed to capture much interest; *Psychopathology of Everyday Life* (1901/1960), which introduced the world to Freudian slips; *Three Essays on the Theory of Sexuality* (1905/1953b), which established sex as the cornerstone of psychoanalysis; and *Jokes and Their Relation to the Unconscious* (1905/1960), which proposed that jokes, like dreams and Freudian slips, have an unconscious meaning. These publications helped Freud attain some local prominence in scientific and medical circles.

In 1902, Freud invited a small group of somewhat younger Viennese physicians to meet in his home to discuss psychological issues. Then, in the fall of that year, these five men—Freud, Alfred Adler, Wilhelm Stekel, Max Kahane, and Rudolf Reitler—formed the Wednesday Psychological Society, with Freud as discussion leader. In 1908, this organization adopted a more formal name—the Vienna Psychoanalytic Society.

In 1910, Freud and his followers founded the International Psychoanalytic Association with Carl Jung of Zürich as president. Freud was attracted to Jung because of his keen intellect and also because he was neither Jewish nor Viennese. Between 1902 and 1906, all 17 of Freud's disciples had been Jewish (Kurzweil, 1989), and Freud was interested in giving psychoanalysis a more cosmopolitan flavor. Although Jung was a welcome addition to the Freudian circle and had been designated as the “Crown Prince” and “the man of the future,” he, like Adler and Stekel before him, eventually quarreled bitterly with Freud and left the psychoanalytic movement. The seeds of disagreement between Jung and Freud were probably sown when the two men, along with Sandor Ferenczi, traveled to the United States in 1909 to deliver a series of lectures at Clark University near Boston. To pass the time during their travels, Freud and Jung interpreted each other's dreams, a potentially explosive practice that eventually led to the end of their relationship in 1913 (McGuire, 1974).

The years of World War I were difficult for Freud. He was cut off from communication with his faithful followers, his psychoanalytic practice dwindled, his home was sometimes without heat, and he and his family had little food. After the war, despite advancing years and pain suffered from 33 operations for cancer of the mouth, he made important revisions in his theory. The most significant of these were the elevation of *aggression* to a level equal to that of the sexual drive, the inclusion of repression as one of the defenses of the ego; and his attempt to clarify the female Oedipus complex, which he was never able to completely accomplish.

What personal qualities did Freud possess? A more complete insight into his personality can be found in Breger (2000), Clark (1980), Ellenberger (1970), Ferris (1997), Gay (1988), Handlbauer (1998), Isbister (1985), E. Jones (1953, 1955, 1957), Newton (1995), Noland (1999), Roazen (1993, 1995, 2001), Silverstein (2003), Sulloway (1992), Vitz (1988), and dozens of other books on Freud's life. Above all, Freud was a sensitive, passionate person who had the capacity for intimate, almost secretive friendships. Most of these deeply emotional relationships came to an unhappy end, and Freud often felt persecuted by his former friends and regarded them as enemies. He seemed to have needed both types of relationship. In *Interpretation of Dreams*, Freud both explained and predicted this succession of interpersonal ruptures: “My emotional life has always insisted that I should have an in-

intimate friend and a hated enemy. I have always been able to provide myself afresh with both” (Freud, 1900/1953, p. 483). Until he was well past 50, all these relationships were with men. Interestingly, Freud, the man who seemed to be constantly thinking of sex, had a very infrequent sex life himself. After Anna, his youngest child was born in 1895, Freud, not yet 40 years old, had no sexual intercourse for several years. Much of his sparse sexual life stemmed from his belief that use of a condom, coitus interruptus, as well as masturbation were unhealthy sexual practices. Because Freud wanted no more children after Anna was born, sexual abstinence was his only alternative (Berger, 2000; Freud, 1985).

In addition to balancing his emotional life between an intimate friend and a hated enemy, Freud possessed an outstanding talent as a writer, a gift that helped him become a leading contributor to 20th century thought. He was a master of the German tongue and knew several other languages. Although he never won the coveted Nobel prize for science, he was awarded the Goethe prize for literature in 1930.

Freud also possessed intense intellectual curiosity; unusual moral courage (demonstrated by his daily self-analysis); extremely ambivalent feelings toward his father and other father figures; a tendency to hold grudges disproportionate to the alleged offense; a burning ambition, especially during his earlier years; strong feelings of isolation even while surrounded by many followers; and an intense and somewhat irrational dislike of America and Americans, an attitude that became more intense after his trip to the United States in 1909.

Why did Freud have such a disdain for Americans? Perhaps the most important reason is that he rightly believed Americans would trivialize psychoanalysis by trying to make it popular. In addition, he had several experiences during his trip to the United States that were foreign to a proper bourgeois Viennese gentleman. Even before he embarked on the *George Washington*, he saw his name misspelled as “Freund” on the passenger list (Ferris, 1997). A number of other events—some of which seem almost humorous—made Freud’s visit more unpleasant than it might have been. First, Freud experienced chronic indigestion and diarrhea throughout his visit, probably because the drinking water did not agree with him. In addition, he found it both peculiar and problematic that American cities did not provide public restrooms on street corners, and with his chronic indigestion he was frequently in search of a public lavatory. Also, several Americans addressed him as Doc or Sigmund while challenging him to defend his theories, and one person tried—unsuccessfully, of course—to prevent him from smoking a cigar in a nonsmoking area. Moreover, when Freud, Ferenczi, and Jung went to a private camp in western Massachusetts, they were greeted by a barrage of flags of Imperial Germany, despite the fact that none of them was German and each had reasons to dislike Germany. Also at camp, Freud, along with the others, sat on the ground while the host grilled steaks over charcoal, a custom Freud deemed to be both savage and uncouth (Roazen, 1993).

Levels of Mental Life

Freud’s greatest contribution to personality theory is his exploration of the unconscious and his insistence that people are motivated primarily by drives of which they have little or no awareness. To Freud mental life is divided into two levels, the **unconscious** and the **conscious**. The unconscious, in turn, has two different levels, the

unconscious proper and the **preconscious**. In Freudian psychology the three levels of mental life are used to designate both a process and a location. The existence as a specific location, of course, is merely hypothetical and has no real existence within the body. Yet, Freud spoke of *the* unconscious as well as unconscious processes.

Unconscious

The unconscious contains all those drives, urges, or instincts that are beyond our awareness but that nevertheless motivate most of our words, feelings, and actions. Although we may be conscious of our overt behaviors, we often are not aware of the mental processes that lie behind them. For example, a man may know that he is attracted to a woman but may not fully understand all the reasons for the attraction, some of which may even seem irrational.

Because the unconscious is not available to the conscious mind, how can one know if it really exists? Freud felt that its existence could be proved only indirectly. To him the unconscious is the explanation for the meaning behind dreams, slips of the tongue, and certain kinds of forgetting, called *repression*. Dreams serve as a particularly rich source of unconscious material. For example, Freud believed that childhood experiences can appear in adult dreams even though the dreamer has no conscious recollection of these experiences.

Unconscious processes often enter into consciousness but only after being disguised or distorted enough to elude censorship. Freud (1917/1963) used the analogy of a guardian or censor blocking the passage between the unconscious and preconscious and preventing undesirable anxiety-producing memories from entering awareness. To enter the conscious level of the mind, these unconscious images first must be sufficiently disguised to slip past the *primary censor*, and then they must elude a *final censor* that watches the passageway between the preconscious and the conscious. By the time these memories enter our conscious mind, we no longer recognize them for what they are; instead, we see them as relatively pleasant, non-threatening experiences. In most cases, these images have strong sexual or aggressive motifs, because childhood sexual and aggressive behaviors are frequently punished or suppressed. Punishment and **suppression** often create feelings of anxiety, and the anxiety in turn stimulates **repression**, that is, the forcing of unwanted, anxiety-ridden experiences into the unconscious as a defense against the pain of that anxiety.

Not all unconscious processes, however, spring from repression of childhood events. Freud believed that a portion of our unconscious originates from the experiences of our early ancestors that have been passed on to us through hundreds of generations of repetition. He called these inherited unconscious images our **phylogenetic endowment** (Freud, 1917/1963, 1933/1964). Freud's notion of phylogenetic endowment is quite similar to Carl Jung's idea of a collective unconscious (see Chapter 4). However, one important difference exists between the two concepts. Whereas Jung placed primary emphasis on the collective unconscious, Freud relied on the notion of inherited dispositions only as a last resort. That is, when explanations built on individual experiences were not adequate, Freud would turn to the idea of collectively inherited experiences to fill in the gaps left by individual experiences. Later we will see that Freud used the concept of phylogenetic endowment to explain several important concepts, such as the Oedipus complex and castration anxiety.

Unconscious drives may appear in consciousness, but only after undergoing certain transformations. A person may express either erotic or hostile urges, for example, by teasing or joking with another person. The original drive (sex or aggression) is thus disguised and hidden from the conscious minds of both persons. The unconscious of the first person, however, has directly influenced the unconscious of the second. Both people gain some satisfaction of either sexual or aggressive urges, but neither is conscious of the underlying motive behind the teasing or joking. Thus the unconscious mind of one person can communicate with the unconscious of another without either person being aware of the process.

Unconscious, of course, does not mean inactive or dormant. Forces in the unconscious constantly strive to become conscious, and many of them succeed, although they may no longer appear in their original form. Unconscious ideas can and do motivate people. For example, a son's hostility toward his father may masquerade itself in the form of ostentatious affection. In an undisguised form, the hostility would create too much anxiety for the son. His unconscious mind, therefore, motivates him to express hostility indirectly through an exaggerated show of love and flattery. Because the disguise must successfully deceive the person, it often takes an opposite form from the original feelings, but it is almost always overblown and ostentatious. (This mechanism, called a *reaction formation*, is discussed later in the section titled Defense Mechanisms.)

Preconscious

The preconscious level of the mind contains all those elements that are not conscious but can become conscious either quite readily or with some difficulty (Freud, 1933/1964).

The contents of the preconscious come from two sources, the first of which is conscious perception. What a person perceives is conscious for only a transitory period; it quickly passes into the preconscious when the focus of attention shifts to another idea. These ideas that alternate easily between being conscious and preconscious are largely free from anxiety and in reality are much more similar to the conscious images than to unconscious urges.

The second source of preconscious images is the unconscious. Freud believed that ideas can slip past the vigilant censor and enter into the preconscious in a disguised form. Some of these images never become conscious because if we recognized them as derivatives of the unconscious, we would experience increased levels of anxiety, which would activate the final censor to represses these anxiety-loaded images, forcing them back into the unconscious. Other images from the unconscious do gain admission to consciousness, but only because their true nature is cleverly disguised through the dream process, a slip of the tongue, or an elaborate defensive measure.

Conscious

Consciousness, which plays a relatively minor role in psychoanalytic theory, can be defined as those mental elements in awareness at any given point in time. It is the only level of mental life directly available to us. Ideas can reach consciousness from two different directions. The first is from the **perceptual conscious** system, which is

turned toward the outer world and acts as a medium for the perception of external stimuli. In other words, what we perceive through our sense organs, if not too threatening, enters into consciousness (Freud, 1933/1964).

The second source of conscious elements is from within the mental structure and includes nonthreatening ideas from the preconscious as well as menacing but well-disguised images from the unconscious. As we have seen, these latter images escaped into the preconscious by cloaking themselves as harmless elements and evading the primary censor. Once in the preconscious, they avoid a final censor and come under the eye of consciousness. By the time they reach the conscious system, these images are greatly distorted and camouflaged, often taking the form of defensive behaviors or dream elements.

In summary, Freud (1917/1963, pp. 295–296) compared the unconscious to a large entrance hall in which many diverse, energetic, and disreputable people are milling about, crowding one another, and striving incessantly to escape to a smaller adjoining reception room. However, a watchful guard protects the threshold between

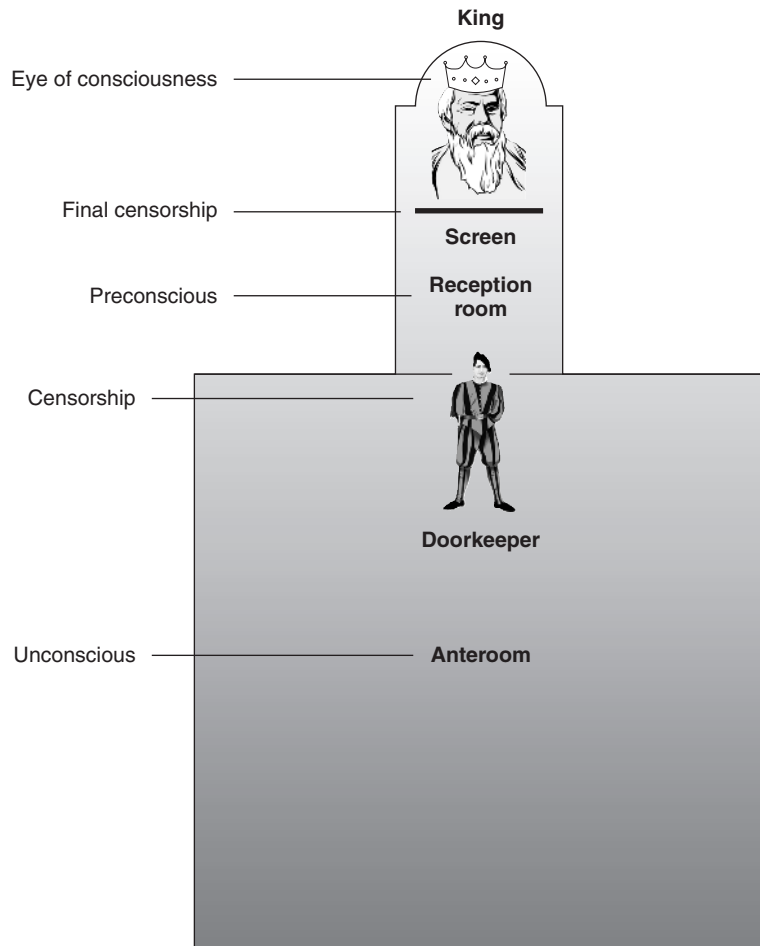


FIGURE 2.1 *Levels of Mental Life.*

the large entrance hall and the small reception room. This guard has two methods of preventing undesirables from escaping from the entrance hall—either turn them back at the door or throw out those people who earlier had clandestinely slipped into the reception room. The effect in either case is the same; the menacing, disorderly people are prevented from coming into view of an important guest who is seated at the far end of the reception room behind a screen. The meaning of the analogy is obvious. The people in the entrance hall represent unconscious images. The small reception room is the preconscious and its inhabitants represent preconscious ideas. People in the reception room (preconscious) may or may not come into view of the important guest who, of course, represents the eye of consciousness. The doorkeeper who guards the threshold between the two rooms is the primary censor that prevents unconscious images from becoming preconscious and renders preconscious images unconscious by throwing them back. The screen that guards the important guest is the final censor, and it prevents many, but not all, preconscious elements from reaching consciousness. The analogy is presented graphically in Figure 2.1.

Provinces of the Mind

For nearly 2 decades, Freud's only model of the mind was the topographic one we have just outlined, and his only portrayal of psychic strife was the conflict between conscious and unconscious forces. Then, during the 1920s, Freud (1923/1961a) introduced a three-part structural model. This division of the mind into three provinces did not supplant the topographic model, but it helped Freud explain mental images according to their functions or purposes.

To Freud, the most primitive part of the mind was *das Es*, or the "it," which is almost always translated into English as **id**; a second division was *das Ich*, or the "I," translated as **ego**; and a final province was *das Uber-Ich*, or the "over-I," which is rendered into English as **superego**. These provinces or regions have no territorial existence, of course, but are merely hypothetical constructs. They interact with the three levels of mental life so that the ego cuts across the various topographic levels and has conscious, preconscious, and unconscious components, whereas the super-ego is both preconscious and unconscious and the id is completely unconscious. Figure 2.2 shows the relationship between the provinces of the mind and the levels of mental life.

The Id

At the core of personality and completely unconscious is the psychical region called the id, a term derived from the impersonal pronoun meaning "the it," or the not-yet-owned component of personality. The id has no contact with reality, yet it strives constantly to reduce tension by satisfying basic desires. Because its sole function is to seek pleasure, we say that the id serves the **pleasure principle**.

A newborn infant is the personification of an id unencumbered by restrictions of ego and superego. The infant seeks gratification of needs without regard for what is possible (that is, demands of the ego) or what is proper (that is, restraints of the superego). Instead, it sucks when the nipple is either present or absent and gains pleasure in either situation. Although the infant receives life-sustaining food only by

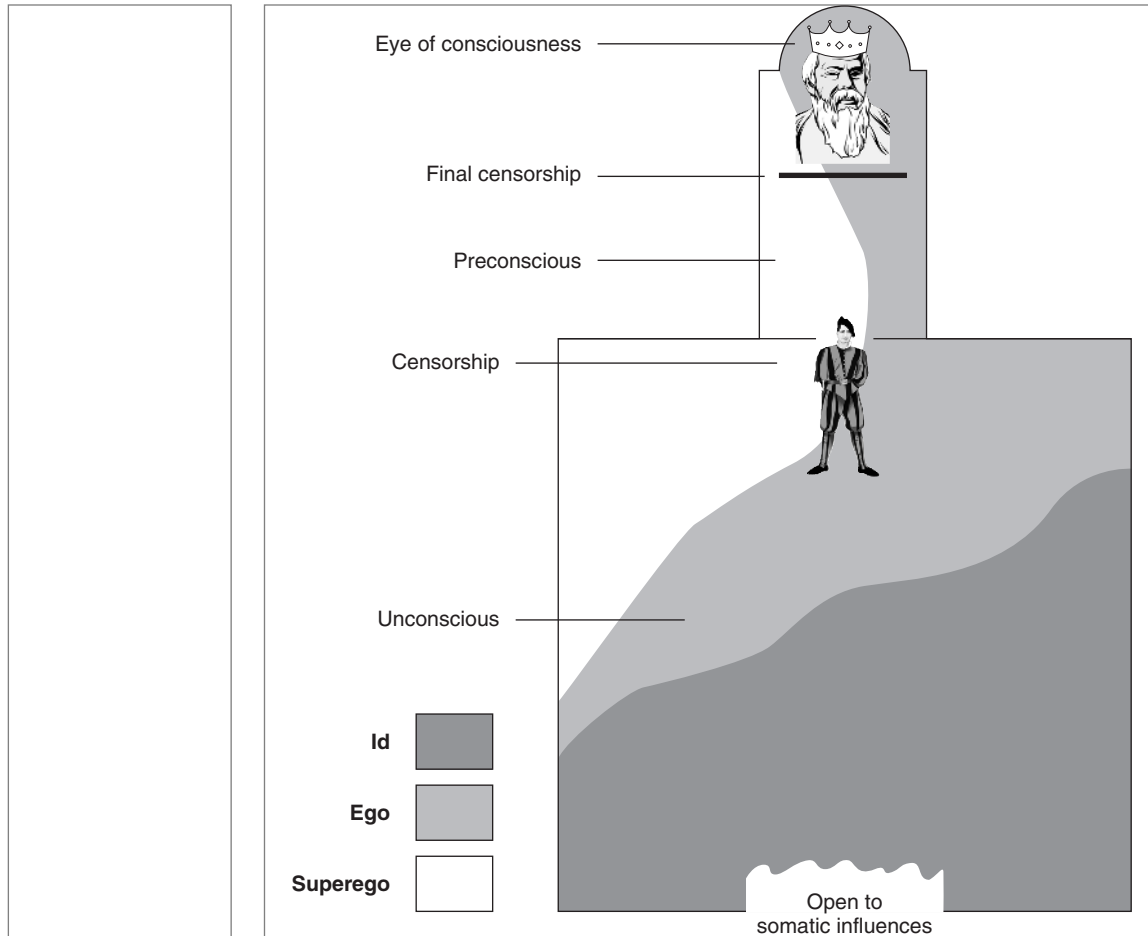


FIGURE 2.2 *Levels of Mental Life and Provinces of the Mind.*

sucking a nurturing nipple, it continues to suck because its id is not in contact with reality. The infant fails to realize that thumb-sucking behavior cannot sustain life. Because the id has no direct contact with reality, it is not altered by the passage of time or by the experiences of the person. Childhood wish impulses remain unchanged in the id for decades (Freud, 1933/1964).

Besides being unrealistic and pleasure seeking, the id is illogical and can simultaneously entertain incompatible ideas. For example, a woman may show conscious love for her mother while unconsciously wishing to destroy her. These opposing desires are possible because the id has no morality; that is, it cannot make value judgments or distinguish between good and evil. However, the id is not immoral, merely amoral. All of the id's energy is spent for one purpose—to seek pleasure without regard for what is proper or just (Freud, 1923/1961a, 1933/1964).

In review, the id is primitive, chaotic, inaccessible to consciousness, unchangeable, amoral, illogical, unorganized, and filled with energy received from basic drives and discharged for the satisfaction of the pleasure principle.

As the region that houses basic drives (primary motivates), the id operates through the **primary process**. Because it blindly seeks to satisfy the pleasure principle, its survival is dependent on the development of a **secondary process** to bring it into contact with the external world. This secondary process functions through the ego.

The Ego

The ego, or I, is the only region of the mind in contact with reality. It grows out of the id during infancy and becomes a person's sole source of communication with the external world. It is governed by the **reality principle**, which it tries to substitute for the pleasure principle of the id. As the sole region of the mind in contact with the external world, the ego becomes the decision-making or executive branch of personality. However, because it is partly conscious, partly preconscious, and partly unconscious, the ego can make decisions on each of these three levels. For instance, a woman's ego may *consciously* motivate her to choose excessively neat, well-tailored clothes because she feels comfortable when well dressed. At the same time, she may be only dimly (i.e., *preconsciously*) aware of previous experiences of being rewarded for choosing nice clothes. In addition, she may be *unconsciously* motivated to be excessively neat and orderly due to early childhood experiences of toilet training. Thus, her decision to wear neat clothes can take place in all three levels of mental life.

When performing its cognitive and intellectual functions, the ego must take into consideration the incompatible but equally unrealistic demands of the id and the superego. In addition to these two tyrants, the ego must serve a third master—the external world. Thus, the ego constantly tries to reconcile the blind, irrational claims of the id and the superego with the realistic demands of the external world. Finding itself surrounded on three sides by divergent and hostile forces, the ego reacts in a predictable manner—it becomes anxious. It then uses repression and other *defense mechanisms* to defend itself against this anxiety (Freud, 1926/1959a).

According to Freud (1933/1964), the ego becomes differentiated from the id when infants learn to distinguish themselves from the outer world. While the id remains unchanged, the ego continues to develop strategies for handling the id's unrealistic and unrelenting demands for pleasure. At times the ego can control the powerful, pleasure-seeking id, but at other times it loses control. In comparing the ego to the id, Freud used the analogy of a person on horseback. The rider checks and inhibits the greater strength of the horse but is ultimately at the mercy of the animal. Similarly, the ego must check and inhibit id impulses, but it is more or less constantly at the mercy of the stronger but more poorly organized id. The ego has no strength of its own but borrows energy from the id. In spite of this dependence on the id, the ego sometimes comes close to gaining complete control, for instance, during the prime of life of a psychologically mature person.

As children begin to experience parental rewards and punishments, they learn what to do in order to gain pleasure and avoid pain. At this young age, pleasure and pain are ego functions because children have not yet developed a conscience and ego-ideal: that is, a superego. As children reach the age of 5 or 6 years, they identify with their parents and begin to learn what they should and should not do. This is the origin of the superego.

The Superego

In Freudian psychology, the superego, or above-I, represents the moral and ideal aspects of personality and is guided by the **moralistic** and **idealistic principles** as opposed to the pleasure principle of the id and the realistic principle of the ego. The superego grows out of the ego, and like the ego, it has no energy of its own. However, the superego differs from the ego in one important respect—it has no contact with the outside world and therefore is unrealistic in its demands for perfection (Freud, 1923/1961a).

The superego has two subsystems, the **conscience** and the **ego-ideal**. Freud did not clearly distinguish between these two functions, but, in general, the conscience results from experiences with punishments for improper behavior and tells us what we *should not do*, whereas the ego-ideal develops from experiences with rewards for proper behavior and tells us what we *should do*. A primitive conscience comes into existence when a child conforms to parental standards out of fear of loss of love or approval. Later, during the Oedipal phase of development, these ideals are internalized through identification with the mother and father. (We discuss the Oedipus complex in a later section titled Stages of Development.)

A well-developed superego acts to control sexual and aggressive impulses through the process of *repression*. It cannot produce repressions by itself, but it can order the ego to do so. The superego watches closely over the ego, judging its actions and intentions. Guilt is the result when the ego acts—or even intends to act—contrary to the moral standards of the superego. Feelings of inferiority arise when the ego is unable to meet the superego’s standards of perfection. Guilt, then, is a function of the conscience, whereas inferiority feelings stem from the ego-ideal (Freud, 1933/1964).

The superego is not concerned with the happiness of the ego. It strives blindly and unrealistically toward perfection. It is unrealistic in the sense that it does not take

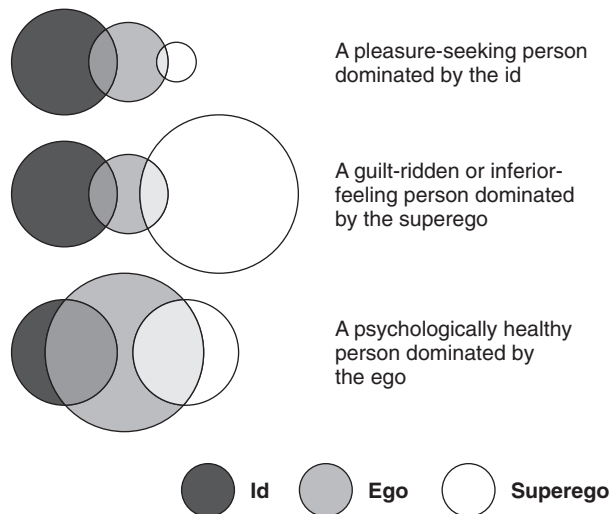


FIGURE 2.3 *The Relationship among Id, Ego, and Superego in Three Hypothetical Persons.*

into consideration the difficulties or impossibilities faced by the ego in carrying out its orders. Not all its demands, of course, are impossible to fulfill, just as not all demands of parents and other authority figures are impossible to fulfill. The superego, however, is like the id in that it is completely ignorant of, and unconcerned with, the practicability of its requirements.

Freud (1933/1964) pointed out that the divisions among the different regions of the mind are not sharp and well defined. The development of the three divisions varies widely in different individuals. For some people, the superego does not grow after childhood; for others, the superego may dominate the personality at the cost of guilt and inferiority feelings. For yet others, the ego and superego may take turns controlling personality, which results in extreme fluctuations of mood and alternating cycles of self-confidence and self-deprecation. In the healthy individual, the id and superego are integrated into a smooth functioning ego and operate in harmony and with a minimum of conflict. Figure 2.3 shows the relationships among id, ego, and superego in three hypothetical persons. For the first person, the id dominates a weak ego and a feeble superego, preventing the ego from counterbalancing its incessant demands of the id and leaving the person nearly constantly striving for pleasure regardless of what is possible or proper. The second person, with strong feelings of either guilt or inferiority and a weak ego, will experience many conflicts because the ego cannot arbitrate the strong but opposing demands of the superego and the id. The third person, with a strong ego that has incorporated many of the demands of both the id and the superego, is psychologically healthy and in control of both the pleasure principle and the moralistic principle.

Dynamics of Personality

Levels of mental life and provinces of the mind refer to the *structure* or composition of personality; but personalities also *do* something. Thus, Freud postulated a *dynamic*, or motivational principle, to explain the driving forces behind people's actions. To Freud, people are motivated to seek pleasure and to reduce tension and anxiety. This motivation is derived from psychical and physical energy that springs from their basic drives.

Drives

Freud used the German word *Trieb* to refer to a drive or a stimulus within the person. Freud's official translators rendered this term as *instinct*, but more accurately the word should be "drive" or "impulse." Drives operate as a constant motivational force. As an internal stimulus, drives differ from external stimuli in that they cannot be avoided through flight.

According to Freud (1933/1964), the various drives can all be grouped under two major headings: sex or Eros and aggression, distraction, or Thanatos. These drives originate in the id, but they come under the control of the ego. Each drive has its own form of psychic energy: Freud used the word **libido** for the sex drive, but energy from the aggressive drive remains nameless.

Every basic drive is characterized by an impetus, a source, an aim, and an object. A drive's *impetus* is the amount of force it exerts; its *source* is the region of the

body in a state of excitation or tension; its *aim* is to seek pleasure by removing that excitation or reducing the tension; and its *object* is the person or thing that serves as the means through which the aim is satisfied (Freud, 1915/1957a).

Sex

The aim of the sexual drive is pleasure, but this pleasure is not limited to genital satisfaction. Freud believed that the entire body is invested with libido. Besides the genitals, the mouth and anus are especially capable of producing sexual pleasure and are called **erogenous** zones. The ultimate aim of the sexual drive (reduction of sexual tension) cannot be changed, but the path by which the aim is reached can be varied. It can take either an active or a passive form, or it can be temporarily or permanently inhibited (Freud, 1915/1957a). Because the path is flexible and because sexual pleasure stems from organs other than the genitals, much behavior originally motivated by Eros is difficult to recognize as sexual behavior. To Freud, however, all pleasurable activity is traceable to the sexual drive.

The flexibility of the sexual *object* or person can bring about a further disguise of Eros. The erotic object can easily be transformed or displaced. Libido can be withdrawn from one person and placed in a state of free-floating tension, or it can be reinvested in another person, including the self. For example, an infant prematurely forced to give up the nipple as a sexual object may substitute the thumb as an object of oral pleasure.

Sex can take many forms, including narcissism, love, sadism, and masochism. The latter two also possess generous components of the aggressive drive.

Infants are primarily self-centered, with their libido invested almost exclusively on their own ego. This condition, which is universal, is known as **primary narcissism**. As the ego develops, children usually give up much of their primary narcissism and develop a greater interest in other people. In Freud's language, narcissistic libido is then transformed into object libido. During puberty, however, adolescents often redirect their libido back to the ego and become preoccupied with personal appearance and other self-interests. This pronounced **secondary narcissism** is not universal, but a moderate degree of self-love is common to nearly everyone (Freud, 1914/1957).

A second manifestation of Eros is love, which develops when people invest their libido on an object or person other than themselves. Children's first sexual interest is the person who cares for them, generally the mother. During infancy children of either sex experience sexual love for the mother. Overt sexual love for members of one's family, however, ordinarily is repressed, which brings a second type of love into existence. Freud called this second kind of love aim-inhibited because the original aim of reducing sexual tension is inhibited or repressed. The kind of love people feel for their siblings or parents is generally aim-inhibited.

Obviously, love and narcissism are closely interrelated. Narcissism involves love of self, whereas love is often accompanied by narcissistic tendencies, as when people love someone who serves as an ideal or model of what they would like to be.

Two other drives that are also intertwined are sadism and masochism. **Sadism** is the need for sexual pleasure by inflicting pain or humiliation on another person. Carried to an extreme, it is considered a sexual perversion, but in moderation, sadism is a common need and exists to some extent in all sexual relationships. It is

perverted when the sexual aim of erotic pleasure becomes secondary to the destructive aim (Freud, 1933/1964).

Masochism, like sadism, is a common need, but it becomes a perversion when Eros becomes subservient to the destructive drive. Masochists experience sexual pleasure from suffering pain and humiliation inflicted either by themselves or by others. Because masochists can provide self-inflicted pain, they do not depend on another person for the satisfaction of masochistic needs. In contrast, sadists must seek and find another person on whom to inflict pain or humiliation. In this respect, they are more dependent than masochists on other people.

Aggression

Partially as a result of his unhappy experiences during World War I and partially as a consequence of the death of his beloved daughter Sophie, Freud (1920/1955a) wrote *Beyond the Pleasure Principle*, a book that elevated **aggression** to the level of the sexual drive. As he did with many of his other concepts, Freud set forth his ideas tentatively and with some caution. With time, however, aggression, like several other tentatively proposed concepts, became dogma.

The aim of the destructive drive, according to Freud, is to return the organism to an inorganic state. Because the ultimate inorganic condition is death, the final aim of the aggressive drive is self-destruction. As with the sexual drive, aggression is flexible and can take a number of forms, such as teasing, gossip, sarcasm, humiliation, humor, and the enjoyment of other people's suffering. The aggressive tendency is present in everyone and is the explanation for wars, atrocities, and religious persecution.

The aggressive drive also explains the need for the barriers that people have erected to check aggression. For example, commandments such as "Love thy neighbor as thyself" are necessary, Freud believed, to inhibit the strong, though usually unconscious, drive to inflict injury on others. These precepts are actually *reaction formations*. They involve the repression of strong hostile impulses and the overt and obvious expression of the opposite tendency.

Throughout our lifetime, life and death impulses constantly struggle against one another for ascendancy, but at the same time, both must bow to the reality principle, which represents the claims of the outer world. These demands of the real world prevent a direct, covert, and unopposed fulfillment of either sex or aggression. They frequently create anxiety, which relegates many sexual and aggressive desires to the realm of the unconscious.

Anxiety

Sex and aggression share the center of Freudian dynamic theory with the concept of **anxiety**. In defining anxiety, Freud (1933/1964) emphasized that it is a felt, affective, unpleasant state accompanied by a physical sensation that warns the person against impending danger. The unpleasantness is often vague and hard to pinpoint, but the anxiety itself is always felt.

Only the ego can produce or feel anxiety, but the id, superego, and external world each are involved in one of three kinds of anxiety—neurotic, moral, and realistic. The ego's dependence on the id results in neurotic anxiety; its dependence on

the superego produces moral anxiety; and its dependence on the outer world leads to realistic anxiety.

Neurotic anxiety is defined as apprehension about an unknown danger. The feeling itself exists in the ego, but it originates from id impulses. People may experience neurotic anxiety in the presence of a teacher, employer, or some other authority figure because they previously experienced unconscious feelings of destruction against one or both parents. During childhood, these feelings of hostility are often accompanied by fear of punishment, and this fear becomes generalized into unconscious neurotic anxiety.

A second type of anxiety, **moral anxiety**, stems from the conflict between the ego and the superego. After children establish a superego—usually by the age of 5 or 6—they may experience anxiety as an outgrowth of the conflict between realistic needs and the dictates of their superego. Moral anxiety, for example, would result from sexual temptations if a child believes that yielding to the temptation would be morally wrong. It may also result from the failure to behave consistently with what they regard as morally right, for example, failing to care for aging parents.

A third category of anxiety, **realistic anxiety**, is closely related to fear. It is defined as an unpleasant, nonspecific feeling involving a possible danger. For example, we may experience realistic anxiety while driving in heavy, fast-moving traffic in an unfamiliar city, a situation fraught with real, objective danger. However, realistic anxiety is different from fear in that it does not involve a specific fearful object. We would experience fear, for example, if our motor vehicle suddenly began sliding out of control on an icy highway.

These three types of anxiety are seldom clear-cut or easily separated. They often exist in combination, as when fear of water, a real danger, becomes disproportionate to the situation and hence precipitates neurotic anxiety as well as realistic anxiety. This situation indicates that an unknown danger is connected with the external one.

Anxiety serves as an ego-preserving mechanism because it signals us that some danger is at hand (Freud, 1933/1964). For example, an anxiety dream signals our censor of an impending danger, which allows us to better disguise the dream images. Anxiety allows the constantly vigilant ego to be alert for signs of threat and danger. The signal of impending danger stimulates us to mobilize for either flight or defense.

Anxiety is also self-regulating because it precipitates repression, which in turn reduces the pain of anxiety (Freud, 1933/1964). If the ego had no recourse to defensive behavior, the anxiety would become intolerable. Defensive behaviors, therefore, serve a useful function by protecting the ego against the pain of anxiety.

Defense Mechanisms

Freud first elaborated on the idea of **defense mechanisms** in 1926 (Freud, 1926/1959a), and his daughter Anna further refined and organized the concept (A. Freud, 1946). Although defense mechanisms are normal and universally used, when carried to an extreme they lead to compulsive, repetitive, and neurotic behavior. Because we must expend psychic energy to establish and maintain defense mechanisms, the more defensive we are, the less psychic energy we have left to satisfy id

impulses. This, of course, is precisely the ego's purpose in establishing defense mechanisms—to avoid dealing directly with sexual and aggressive impulses and to defend itself against the anxiety that accompanies them (Freud, 1926/1959a).

The principal defense mechanisms identified by Freud include repression, reaction formation, displacement, fixation, regression, projection, introjection, and sublimation.

Repression

The most basic defense mechanism, because it is involved in each of the others, is *repression*. Whenever the ego is threatened by undesirable id impulses, it protects itself by repressing those impulses; that is, it forces threatening feelings into the unconscious (Freud, 1926/1959a). In many cases the repression is then perpetuated for a lifetime. For example, a young girl may permanently repress her hostility for a younger sister because her hateful feelings create too much anxiety.

No society permits a complete and uninhibited expression of sex and aggression. When children have their hostile or sexual behaviors punished or otherwise suppressed, they learn to be anxious whenever they experience these impulses. Although this anxiety seldom leads to a complete repression of aggressive and sexual drives, it often results in their partial repression.

What happens to these impulses after they have become unconscious? Freud (1933/1964) believed that several possibilities exist. First, the impulses may remain unchanged in the unconscious. Second, they could force their way into consciousness in an unaltered form, in which case they would create more anxiety than the person could handle, and the person would be overwhelmed with anxiety. A third and much more common fate of repressed drives is that they are expressed in displaced or disguised forms. The disguise, of course, must be clever enough to deceive the ego. Repressed drives may be disguised as physical symptoms, for example, sexual impotency in a man troubled by sexual guilt. The impotency prevents the man from having to deal with the guilt and anxiety that would result from normal enjoyable sexual activity. Repressed drives may also find an outlet in dreams, slips of the tongue, or one of the other defense mechanisms.

Reaction Formation

One of the ways in which a repressed impulse may become conscious is through adopting a disguise that is directly opposite its original form. This defense mechanism is called a **reaction formation**. Reactive behavior can be identified by its exaggerated character and by its obsessive and compulsive form (Freud, 1926/1959a). An example of a reaction formation can be seen in a young woman who deeply resents and hates her mother. Because she knows that society demands affection toward parents, such conscious hatred for her mother would produce too much anxiety. To avoid painful anxiety, the young woman concentrates on the opposite impulse—love. Her “love” for her mother, however, is not genuine. It is showy, exaggerated, and overdone. Other people may easily see the true nature of this love, but the woman must deceive herself and cling to her reaction formation, which helps conceal the anxiety-arousing truth that she unconsciously hates her mother.

Displacement

Freud (1926/1959a) believed that reaction formations are limited to a single object; for example, people with reactive love shower affection only on the person toward whom they feel unconscious hatred. In **displacement**, however, people can redirect their unacceptable urges onto a variety of people or objects so that the original impulse is disguised or concealed. For example, a woman who is angry at her roommate may displace her anger onto her employees, her pet cat, or a stuffed animal. She remains friendly to her roommate, but unlike the workings of a reaction formation, she does not exaggerate or overdo her friendliness.

Throughout his writings, Freud used the term “displacement” in several ways. In our discussion of the sexual drive, for example, we saw that the sexual object can be displaced or transformed onto a variety of other objects, including one’s self. Freud (1926/1959a) also used displacement to refer to the replacement of one neurotic symptom for another; for example, a compulsive urge to masturbate may be replaced by compulsive hand washing. Displacement also is involved in dream formation, as when the dreamer’s destructive urges toward a parent are placed onto a dog or wolf. In this event, a dream about a dog being hit by a car might reflect the dreamer’s unconscious wish to see the parent destroyed. (We discuss dream formation more completely in the section on dream analysis.)

Fixation

Psychical growth normally proceeds in a somewhat continuous fashion through the various stages of development. The process of psychologically growing up, however, is not without stressful and anxious moments. When the prospect of taking the next step becomes too anxiety provoking, the ego may resort to the strategy of remaining at the present, more comfortable psychological stage. Such a defense is called **fixation**. Technically, fixation is the permanent attachment of the libido onto an earlier, more primitive stage of development (Freud, 1917/1963). Like other defense mechanisms, fixations are universal. People who continually derive pleasure from eating, smoking, or talking may have an oral fixation, whereas those who are obsessed with neatness and orderliness may possess an anal fixation.

Regression

Once the libido has passed a developmental stage, it may, during times of stress and anxiety, revert back to that earlier stage. Such a reversion is known as **regression** (Freud, 1917/1963). Regressions are quite common and are readily visible in children. For example, a completely weaned child may regress to demanding a bottle or nipple when a baby brother or sister is born. The attention given to the new baby poses a threat to the older child. Regressions are also frequent in older children and in adults. A common way for adults to react to anxiety-producing situations is to revert to earlier, safer, more secure patterns of behavior and to invest their libido onto more primitive and familiar objects. Under extreme stress one adult may adopt the fetal position, another may return home to mother, and still another may react by remaining all day in bed, well covered from the cold and threatening world. Regressive behavior is similar to fixated behavior in that it is rigid and infantile. Regressions,

however, are usually temporary, whereas fixations demand a more or less permanent expenditure of psychic energy.

Projection

When an internal impulse provokes too much anxiety, the ego may reduce that anxiety by attributing the unwanted impulse to an external object, usually another person. This is the defense mechanism of **projection**, which can be defined as seeing in others unacceptable feelings or tendencies that actually reside in one's own unconscious (Freud, 1915/1957b). For example, a man may consistently interpret the actions of older women as attempted seductions. Consciously, the thought of sexual intercourse with older women may be intensely repugnant to him, but buried in his unconscious is a strong erotic attraction to these women. In this example, the young man deludes himself into believing that he has no sexual feelings for older women. Although this projection erases most of his anxiety and guilt, it permits him to maintain a sexual interest in women who remind him of his mother.

An extreme type of projection is **paranoia**, a mental disorder characterized by powerful delusions of jealousy and persecution. Paranoia is not an inevitable outcome of projection but simply a severe variety of it. According to Freud (1922/1955), a crucial distinction between projection and paranoia is that paranoia is always characterized by repressed homosexual feelings toward the persecutor. Freud believed that the persecutor is inevitably a former friend of the same sex, although sometimes people may transfer their delusions onto a person of the opposite sex. When homosexual impulses become too powerful, persecuted paranoiacs defend themselves by *reversing* these feelings and then projecting them onto their original object. For men, the transformation proceeds as follows. Instead of saying, "I love him," the paranoid person says, "I hate him." Because this also produces too much anxiety, he says, "He hates me." At this point, the person has disclaimed all responsibility and can say, "I like him fine, but he's got it in for me." The central mechanism in all paranoia is projection with accompanying delusions of jealousy and persecution.

Introjection

Whereas projection involves placing an unwanted impulse onto an external object, **introjection** is a defense mechanism whereby people incorporate positive qualities of another person into their own ego. For example, an adolescent may introject or adopt the mannerisms, values, or lifestyle of a movie star. Such an introjection gives the adolescent an inflated sense of self-worth and keeps feelings of inferiority to a minimum. People introject characteristics that they see as valuable and that will permit them to feel better about themselves.

Freud (1926/1959a) saw the resolution of the Oedipus complex as the prototype of introjection. During the Oedipal period, the young child introjects the authority and values of one or both parents—an introjection that sets into motion the beginning of the superego. When children introject what they perceive to be their parents' values, they are relieved from the work of evaluating and choosing their own beliefs and standards of conduct. As children advance through the latency period of development (approximately ages 6 to 12), their superego becomes more personalized;

that is, it moves away from a rigid identification with parents. Nevertheless, people of any age can reduce the anxiety associated with feelings of inadequacy by adopting or introjecting the values, beliefs, and mannerisms of other people.

Sublimation

Each of these defense mechanisms serves the individual by protecting the ego from anxiety, but each is of dubious value from society's viewpoint. According to Freud (1917/1963), one mechanism—sublimation—helps both the individual and the social group. **Sublimation** is the repression of the genital aim of Eros by substituting a cultural or social aim. The sublimated aim is expressed most obviously in creative cultural accomplishments such as art, music, and literature, but more subtly, it is part of all human relationships and all social pursuits. Freud (1914/1953) believed that the art of Michelangelo, who found an indirect outlet for his libido in painting and sculpting, was an excellent example of sublimation. In most people, sublimations combine with direct expression of Eros and result in a kind of balance between social accomplishments and personal pleasures. Most of us are capable of sublimating a part of our libido in the service of higher cultural values, while at the same time retaining sufficient amounts of the sexual drive to pursue individual erotic pleasure.

In summary, all defense mechanisms protect the ego against anxiety. They are universal in that everyone engages in defensive behavior to some degree. Each defense mechanism combines with repression, and each can be carried to the point of psychopathology. Normally, however, defense mechanisms are beneficial to the individual and harmless to society. In addition, one defense mechanism—sublimation—usually benefits both the individual and society.

Stages of Development

Although Freud had little firsthand experience with children (including his own), his developmental theory is almost exclusively a discussion of early childhood. To Freud, the first 4 or 5 years of life, or the **infantile stage**, are the most crucial for personality formation. This stage is followed by a 6- or 7-year period of **latency** during which time little or no sexual growth takes place. Then at puberty, a renaissance of sexual life occurs, and the **genital stage** is ushered in. Psychosexual development eventually culminates in **maturity**.

Infantile Period

One of Freud's (1905/1953b, 1923/1961b) most important assumptions is that infants possess a sexual life and go through a period of pregenital sexual development during the first 4 or 5 years after birth. At the time Freud originally wrote about infantile sexuality, the concept, though not new, was met with some resistance. Today, however, nearly all close observers accept the idea that children show an interest in the genitals, delight in sexual pleasure, and manifest sexual excitement. Childhood sexuality differs from adult sexuality in that it is not capable of reproduction and is exclusively autoerotic. With both children and adults, however, the sexual impulses

can be satisfied through organs other than the genitals. The mouth and anus are particularly sensitive to erogenous stimulation (Freud, 1933/1964).

Freud (1917/1963) divided the infantile stage into three phases according to which of the three primary erogenous zones is undergoing the most salient development. The oral phase begins first and is followed in order by the anal phase and the phallic phase. The three infantile stages overlap, with one another and each continues after the onset of later stages.

Oral Phase

Because the mouth is the first organ to provide an infant with pleasure, Freud's first infantile stage of development is the **oral phase**. Infants obtain life-sustaining nourishment through the oral cavity, but beyond that, they also gain pleasure through the act of sucking.

The sexual aim of *early oral* activity is to incorporate or receive into one's body the object-choice, that is, the nipple. During this *oral-receptive* phase, infants feel no ambivalence toward the pleasurable object and their needs are usually satisfied with a minimum of frustration and anxiety. As they grow older, however, they are more likely to experience feelings of frustration and anxiety as a result of scheduled feedings, increased time lapses between feedings, and eventual *weaning*. These anxieties are generally accompanied by feelings of ambivalence toward their love object (mother), and by the increased ability of their budding ego to defend itself against the environment and against anxiety (Freud, 1933/1964).

Infants' defense against the environment is greatly aided by the emergence of teeth. At this point, they pass into a second oral phase, which Freud (1933/1964) called the *oral-sadistic* period. During this phase, infants respond to others through



Infants satisfy oral needs one way or another.

biting, cooing, closing their mouth, smiling, and crying. Their first autoerotic experience is thumb sucking, a defense against anxiety that satisfies their sexual but not their nutritional needs.

As children grow older, the mouth continues to be an erogenous zone, and by the time they become adults, they are capable of gratifying their oral needs in a variety of ways, including sucking candy, chewing gum, biting pencils, overeating, smoking cigarettes, pipes and cigars, and making biting, sarcastic remarks.

Anal Phase

The aggressive drive, which during the first year of life takes the form of oral sadism, reaches fuller development during the second year when the anus emerges as a sexually pleasurable zone. Because this period is characterized by satisfaction gained through aggressive behavior and through the excretory function, Freud (1933/1964) called it the *sadistic-anal phase*, or more briefly the **anal phase** of development. This phase is divided into two subphases, the early anal and the late anal.

During the *early anal period*, children receive satisfaction by destroying or losing objects. At this time, the destructive nature of the sadistic drive is stronger than the erotic one, and children often behave aggressively toward their parents for frustrating them with *toilet training*.

Then, when children enter the *late anal period*, they sometimes take a friendly interest toward their feces, an interest that stems from the erotic pleasure of defecating. Frequently, children will present their feces to the parents as a valued prize (Freud, 1933/1964). If their behavior is accepted and praised by their parents, then children are likely to grow into generous and magnanimous adults. However, if their “gift” is rejected in a punitive fashion, children may adopt another method of obtaining anal pleasure— withholding the feces until the pressure becomes both painful and erotically stimulating. This mode of narcissistic and masochistic pleasure lays the foundation for the **anal character**—people who continue to receive erotic satisfaction by keeping and possessing objects and by arranging them in an excessively neat and orderly fashion. Freud (1933/1964) hypothesized that people who grow into anal characters were, as children, overly resistant to toilet training, often holding back their feces and prolonging the time of training beyond that usually required. This anal eroticism becomes transformed into the **anal triad** of *orderliness*, *stinginess*, and *obstinacy* that typifies the adult anal character.

Freud (1933/1964) believed that, for girls, anal eroticism is carried over into penis envy during the phallic stage and can eventually be expressed by giving birth to a baby. He also believed that in the unconscious the concepts of penis and baby—because both are referred to as a “little one”—mean the same thing. Also, feces, because of its elongated shape and because it has been removed from the body, is indistinguishable from baby, and all three concepts—penis, baby, and feces—are represented by the same symbols in dreams.

During the oral and anal stages, no basic distinction exists between male and female psychosexual growth. Children of either gender can develop an active or a passive orientation. The active attitude often is characterized by what Freud (1933/1964) considered the masculine qualities of dominance and sadism, whereas the passive orientation is usually marked by the feminine qualities of voyeurism and

masochism. However, either orientation, or any combination of the two, can develop in both girls and boys.

Phallic Phase

At approximately 3 or 4 years of age, children begin a third stage of infantile development—the **phallic phase**, a time when the genital area becomes the leading erogenous zone. This stage is marked for the first time by a dichotomy between male and female development, a distinction that Freud (1925/1961) believed to be due to the anatomical differences between the sexes. Freud (1924/1961, p. 178) took Napoleon’s remark that “History is destiny” and changed it to “Anatomy is destiny.” This dictum underlies Freud’s belief that physical differences between males and females account for many important psychological differences.

Masturbation, which originated during the oral stage, now enters a second, more crucial phase. During the phallic stage, masturbation is nearly universal, but because parents generally suppress these activities, children usually repress their conscious desire to masturbate by the time their phallic period comes to an end. Just as children’s earlier experiences with weaning and toilet training helped shape the foundation of their psychosexual development, so too does their experience with the *suppression of masturbation* (Freud, 1933/1964). However, their experience with the Oedipus complex plays an even more crucial role in their personality development.

Male Oedipus Complex Freud (1925/1961) believed that preceding the phallic stage an infant boy forms an *identification* with his father; that is, he wants to be his father. Later he develops a sexual desire for his mother; that is, he wants to *have* his mother. These two wishes do not appear mutually contradictory to the underdeveloped ego, so they are able to exist side by side for a time. When the boy finally recognizes their inconsistency, he gives up his identification with his father and retains the stronger feeling—the desire to have his mother. The boy now sees his father as a rival for the mother’s love. He desires to do away with his father and possess his mother in a sexual relationship. This condition of rivalry toward the father and incestuous feelings toward the mother is known as the simple male **Oedipus complex**. The term is taken from the Greek tragedy by Sophocles in which Oedipus, King of Thebes, is destined by fate to kill his father and marry his mother.

Freud (1923/1961a) believed that the bisexual nature of the child (of either gender) complicates this picture. Before a young boy enters the Oedipus stage, he develops some amount of a feminine disposition. During the Oedipal period, therefore, his feminine nature may lead him to display *affection toward his father* and express *hostility toward his mother*, while at the same time his masculine tendency disposes him toward hostility for father and lust for mother. During this ambivalent condition, known as the *complete Oedipus complex*, affection and hostility coexist because one or both feelings may be unconscious. Freud believed that these feelings of ambivalence in a boy play a role in the evolution of the **castration complex**, which for boys takes the form of **castration anxiety** or the fear of losing the penis.

To Freud (1905/1953b, 1917/1963, 1923/1961b), the castration complex begins after a young boy (who has assumed that all other people, including girls, have genitals like his own) becomes aware of the absence of a penis on girls. This

awareness becomes the greatest emotional shock of his life. After a period of mental struggle and attempts at denial, the young boy is forced to conclude that the girl has had her penis cut off. This belief may be reinforced by parental threats to punish the boy for his sexual behaviors. The boy is then forced to conclude that the little girl has been punished by having her penis removed because she masturbated or because she seduced her mother. For the boy, the threat of castration now becomes a dreaded possibility. Because this castration anxiety cannot long be tolerated, the boy represses his impulses toward sexual activity, including his fantasies of carrying out a seduction of his mother.

Prior to his sudden experience of castration anxiety, the little boy may have “seen” the genital area of little girls or his mother, but this sight does not automatically instigate the castration complex. Castration anxiety bursts forth only when the boy’s ego is mature enough to comprehend the connection between sexual desires and the removal of the penis.

Freud believed that castration anxiety was present in all boys, even those not personally threatened with the removal of their penis or the stunting of its growth. According to Freud (1933/1964), a boy does not need to receive a clear threat of castration. Any mention of injury or shrinkage in connection with the penis is sufficient to activate the child’s phylogenetic endowment. *Phylogenetic endowment* is capable of filling the gaps of our individual experiences with the inherited experiences of our ancestors. Ancient man’s fear of castration supports the individual child’s experiences and results in universal castration anxiety. Freud stated: “It is not a question of whether castration is really carried out; what is decisive is that the danger threatens from the outside and that the child believes in it.” He went on to say that

hints at . . . punishment must regularly find a phylogenetic reinforcement in him. It is our suspicion that during the human family’s primaeval period castration used actually to be carried out by a jealous and cruel father upon growing boys, and that circumcision, which so frequently plays a part in puberty rites among primitive peoples, is a clearly recognizable relic of it. (pp. 86–87)

Once his Oedipus complex is dissolved or repressed, the boy surrenders his incestuous desires, changes them into feelings of tender love, and begins to develop a primitive superego. He may identify with either the father or the mother, depending on the strength of his feminine disposition. Normally identification is with the father, but it is not the same as pre-Oedipal identification. The boy no longer wants to be his father; instead, he uses his father as a model for determining right and wrong behavior. He introjects or incorporates his father’s authority into his own ego, thereby sowing the seeds of a mature superego. The budding superego takes over his father’s prohibitions against incest and ensures the continued repression of the Oedipus complex (Freud, 1933/1964).

Female Oedipus Complex The phallic phase takes a more complicated path for girls than for boys, and these differences are due to anatomical differences between the sexes (Freud, 1925/1961). Like boys, pre-Oedipal girls assume that all other children have genitals similar to their own. Soon they discover that boys not only possess different genital equipment, but apparently something extra. Girls then become envious of this appendage, feel cheated, and desire to have a penis. This experience

of **penis envy** is a powerful force in the formation of girls' personality. Unlike castration anxiety in boys, which is quickly repressed, penis envy may last for years in one form or another. Freud (1933/1964) believed that penis envy is often expressed as a wish to be a boy or a desire to have a man. Almost universally, it is carried over into a wish to have a baby, and eventually it may find expression in the act of giving birth to a baby, especially a boy.

Preceding the castration complex, a girl establishes an identification with her mother similar to that developed by a boy; that is, she fantasizes being seduced by her mother. These incestuous feelings, according to Freud (1933/1964), are later turned into hostility when the girl holds her mother responsible for bringing her into the world without a penis. Her libido is then turned toward her father, who can satisfy her wish for a penis by giving her a baby, an object that to her has become a substitute for the phallus. The desire for sexual intercourse with the father and accompanying feelings of hostility for the mother are known as the *simple female Oedipus complex*. Incidentally, Freud (1920/1955b, 1931/1961) objected to the term *Electra complex*, sometimes used by others when referring to the female Oedipus complex, because it suggests a direct parallel between male and female development during the phallic stage. Freud believed that no such parallel exists and that differences in anatomy determine different courses in male and female sexual development after the phallic stage.

Not all girls, however, transfer their sexual interest onto their father and develop hostility toward their mother. Freud (1931/1961, 1933/1964) suggested that when pre-Oedipal girls acknowledge their castration and recognize their inferiority to boys, they will rebel in one of three ways. First, they may give up their sexuality—both the feminine and the masculine dispositions—and develop an intense hostility toward their mother; second, they may cling defiantly to their masculinity, hoping for a penis and fantasizing being a man; and third, they may develop normally: that is, they may take their father as a sexual choice and undergo the simple Oedipus complex. A girl's choice is influenced in part by her inherent bisexuality and the degree of masculinity she developed during the pre-Oedipal period.

The simple female Oedipus complex is resolved when a girl gives up masturbatory activity, surrenders her sexual desire for her father, and identifies once again with her mother. However, the female Oedipus complex is usually broken up more slowly and less completely than is the male's. Because the superego is built from the relics of the shattered Oedipus complex, Freud (1924/1961, 1933/1964) believed that the girl's superego is usually weaker, more flexible, and less severe than the boy's. The reason the girl's superego is not as strict as the boy's is traceable to the difference between the sexes during their Oedipal histories. For boys, castration anxiety follows the Oedipus complex, breaks it up nearly completely, and renders unnecessary the continued expenditure of psychic energy on its remnants. Once the Oedipus complex is shattered, energy used to maintain it is free to establish a superego. For girls, however, the Oedipus complex *follows* the castration complex (penis envy), and because girls do not experience a threat of castration, they experience no traumatic sudden shock. The female Oedipus complex is only incompletely resolved by the girl's gradual realization that she may lose the love of her mother and that sexual intercourse with her father is not forthcoming. Her libido thus remains partially expended to maintain the castration complex and its relics, thereby blocking some

psychic energy that might otherwise be used to build a strong superego (Freud, 1931/1961).

In summary, the female and male phallic stages take quite different routes. First, the castration complex for girls takes the form of penis envy—not castration anxiety. Second, penis envy *precedes* the female Oedipus complex, whereas for boys the opposite is true; that is, the castration anxiety *follows* the male Oedipus complex. Third, because penis envy takes place prior to the female Oedipus complex, little girls do not experience a traumatic event comparable to boys’ castration anxiety. Fourth, because girls do not experience this traumatic event, the female Oedipus complex is more slowly and less completely dissolved than the male Oedipus complex.

The simple male and female Oedipus complexes are summarized in Table 2.1.

Freud presented his views on the female Oedipus complex more tentatively than he did his ideas regarding the male phallic stage. Although he framed these views on femininity in a tentative and provisional manner, he soon began to vigorously defend them. When some of his followers objected to his harsh view of women, Freud became even more adamant in his position and insisted that psychological differences between men and women could not be erased by culture because they were the inevitable consequences of anatomical differences between the sexes (Freud, 1925/1961). This rigid public stance on feminine development has led some writers (Brannon, 2005; Breger, 2000; Chodorow, 1989, 1991, 1994; Irigaray, 1986; Krausz, 1994) to criticize him as being sexist and uncomplimentary to women.

Despite his steadfast public position, Freud privately was uncertain that his views on women represented a final answer. One year after his pronouncement that “anatomy is destiny,” he expressed some doubts, admitting that his understanding of girls and women was incomplete. “We know less about the sexual life of little girls than of boys. But we need not feel ashamed of this distinction; after all, the sexual life of adult women is a ‘dark continent’ for psychology” (Freud 1926/1959b, p. 212).

TABLE 2.1

Parallel Paths of the Simple Male and Female Phallic Phases

Male Phallic Phase	Female Phallic Phase
1. <i>Oedipus complex</i> (sexual desires for the mother/hostility for the father)	1. <i>Castration complex</i> in the form of <i>penis envy</i>
2. <i>Castration complex</i> in the form of <i>castration anxiety</i> shatters the Oedipus complex	2. <i>Oedipus complex</i> develops as an attempt to obtain a penis (sexual desires for the father; hostility for the mother)
3. <i>Identification</i> with the father	3. Gradual realization that the Oedipal desires are self-defeating
4. Strong <i>superego</i> replaces the nearly completely dissolved Oedipus complex	4. <i>Identification</i> with the mother
	5. Weak <i>superego</i> replaces the partially dissolved Oedipus complex

Throughout his career, Freud often proposed theories without much clinical or experimental evidence to support them. He would later come to see most of these theories as established facts, even though he possessed no intervening substantiating evidence. For as long as he lived, however, he remained doubtful of the absolute validity of his theories on women. Freud once admitted to his friend Marie Bonaparte that he did not understand women: “The great question that has never been answered and which I have not yet been able to answer, despite my thirty years of research into the feminine soul is ‘What does a woman want?’” (E. Jones, 1955, p. 421). Such a question posed after many years of theorizing suggests that Freud regarded women not only as quite different from men, but as enigmas, not comprehensible to the male gender.



Beyond Biography Did Freud misunderstand women? For information on Freud’s lifelong struggle to understand women, see our website at www.mhhe.com/feist7

Latency Period

Freud believed that, from the 4th or 5th year until puberty, both boys and girls usually, but not always, go through a period of dormant psychosexual development. This *latency stage* is brought about partly by parents’ attempts to punish or discourage sexual activity in their young children. If parental suppression is successful, children will repress their sexual drive and direct their psychic energy toward school, friendships, hobbies, and other nonsexual activities.

However, the latency stage may also have roots in our phylogenetic endowment. Freud (1913/1953, 1925/1951b) suggested that the Oedipus complex and the subsequent period of sexual latency might be explained by the following hypothesis. Early in human development, people lived in families headed by a powerful father who reserved all sexual relationships to himself and who killed or drove away his sons, whom he saw as a threat to his authority. Then one day the sons joined together, overwhelmed, killed, and devoured (ate) their father. However, the brothers were individually too weak to take over their father’s heritage, so they banded together in a clan or totem and established prohibitions against what they had just done; that is, they outlawed both killing one’s father and having sexual relations with female members of one’s family. Later, when they became fathers, they suppressed sexual activity in their own children whenever it became noticeable, probably around 3 or 4 years of age. When suppression became complete, it led to a period of sexual latency. After this experience was repeated over a period of many generations, it became an active though unconscious force in an individual’s psychosexual development. Thus, the prohibition of sexual activity is part of our phylogenetic endowment and needs no personal experiences of punishment for sexual activities to repress the sexual drive. Freud (1926/1951b) merely suggested this hypothesis as one possible explanation for the latency period, and he was careful to point out that it was unsupported by anthropological data.

Continued latency is reinforced through constant suppression by parents and teachers and by internal feelings of shame, guilt, and morality. The sexual drive, of course, still exists during latency, but its aim has been inhibited. The sublimated libido now shows itself in social and cultural accomplishments. During this time

children form groups or cliques, an impossibility during the infantile period when the sexual drive was completely autoerotic.

Genital Period

Puberty signals a reawakening of the sexual aim and the beginning of the *genital period*. During puberty, the diphasic sexual life of a person enters a second stage, which has basic differences from the infantile period (Freud, 1923/1961b). First, adolescents give up autoeroticism and direct their sexual energy toward another person instead of toward themselves. Second, reproduction is now possible. Third, although penis envy may continue to linger in girls, the vagina finally obtains the same status for them that the penis had for them during infancy. Parallel to this, boys now see the female organ as a sought-after object rather than a source of trauma. Fourth, the entire sexual drive takes on a more complete organization, and the component drives that had operated somewhat independently during the early infantile period gain a kind of synthesis during adolescence; thus, the mouth, anus, and other pleasure-producing areas take an auxiliary position to the genitals, which now attain supremacy as an erogenous zone.

This synthesis of Eros, the elevated status of the vagina, the reproductive capacity of the sexual drive, and ability of people to direct their libido outward rather than onto the self represent the major distinctions between infantile and adult sexuality. In several other ways, however, Eros remains unchanged. It may continue to be repressed, sublimated; or expressed in masturbation or other sexual acts. The subordinated erogenous zones also continue as vehicles of erotic pleasure. The mouth, for example, retains many of its infantile activities; a person may discontinue thumb sucking but may add smoking or prolonged kissing.

Maturity

The genital period begins at puberty and continues throughout the individual's lifetime. It is a stage attained by everyone who reaches physical maturity. In addition to the genital stage, Freud alluded to but never fully conceptualized a period of *psychological maturity*, a stage attained after a person has passed through the earlier developmental periods in an ideal manner. Unfortunately, psychological maturity seldom happens, because people have too many opportunities to develop pathological disorders or neurotic predispositions.

Although Freud never fully conceptualized the notion of psychological maturity, we can draw a sketch of psychoanalytically mature individuals. Such people would have a balance among the structures of the mind, with their ego controlling their id and superego but at the same time allowing for reasonable desires and demands (see Figure 2.3). Therefore, their id impulses would be expressed honestly and consciously with no traces of shame or guilt, and their superego would move beyond parental identification and control with no remnants of antagonism or incest. Their ego-ideal would be realistic and congruent with their ego, and in fact, the boundary between their superego and their ego would become nearly imperceptible.

Consciousness would play a more important role in the behavior of mature people, who would have only a minimal need to repress sexual and aggressive urges.

Indeed, most of the repressions of psychologically healthy individuals would emerge in the form of sublimations rather than neurotic symptoms. Because the Oedipus complex of mature people is completely or nearly completely dissolved, their libido, which formerly was directed toward parents, would be released to search for both tender and sensual love. In short, psychologically mature people would come through the experiences of childhood and adolescence in control of their psychic energy and with their ego functioning in the center of an ever-expanding world of consciousness.

Applications of Psychoanalytic Theory

Freud was an innovative speculator, probably more concerned with theory building than with treating sick people. He spent much of his time conducting therapy not only to help patients but to gain the insight into human personality necessary to expound psychoanalytic theory. This section looks at Freud's early therapeutic technique, his later technique, and his views on dreams and unconscious slips.

Freud's Early Therapeutic Technique

Prior to his use of the rather passive psychotherapeutic technique of free association, Freud had relied on a much more active approach. In *Studies on Hysteria* (Breuer & Freud, 1895/1955), Freud described his technique of extracting repressed childhood memories:

I placed my hand on the patient's forehead or took her head between my hands and said: "You will think of it under the pressure of my hand. At the moment at which I relax my pressure you will see something in front of you or something will come into your head. Catch hold of it. It will be what we are looking for.— Well, what have you seen or what has occurred to you?"

On the first occasions on which I made use of this procedure . . . I myself was surprised to find that it yielded me the precise results that I needed. (pp. 110–111)

Indeed, such a highly suggestive procedure was very likely to yield the precise results Freud needed, namely, the confession of a childhood seduction. Moreover, while using both dream interpretation and hypnosis, Freud told his patients to expect that scenes of childhood sexual experiences would come forth (Freud, 1896/1962).

In his autobiography written nearly 30 years after he abandoned his seduction theory, Freud (1925/1959) stated that under the pressure technique, a majority of his patients reproduced childhood scenes in which they were sexually seduced by some adult. When he was obliged to recognize that "these scenes of seduction had never taken place, and that they were only phantasies which my patients had made up or which *I myself had perhaps forced upon them* [italics added], I was for some time completely at a loss" (p. 34). He was at a loss, however, for a very short time. Within days after his September 21, 1897, letter to Fliess, he concluded that "the neurotic symptoms were not related directly to actual events but to phantasies. . . . I had in fact stumbled for the first time upon the *Oedipus complex*" (Freud, 1925/1959, p. 34).



Freud's consulting room.

In time, Freud came to realize that his highly suggestive and even coercive tactics may have elicited memories of seduction from his patients and that he lacked clear evidence that these memories were real. Freud became increasingly convinced that neurotic symptoms were related to childhood *fantasies* rather than to material reality, and he gradually adopted a more passive psychotherapeutic technique.

Freud's Later Therapeutic Technique

The primary goal of Freud's later psychoanalytic therapy was to uncover repressed memories through free association and dream analysis. "Our therapy works by transforming what is unconscious into what is conscious, and it works only in so far as it is in a position to effect that transformation" (Freud, 1917/1963, p. 280). More specifically, the purpose of psychoanalysis is "to strengthen the ego, to make it more independent of the superego, to widen its field of perception and enlarge its organization, so that it can appropriate fresh portions of the id. Where id was, there ego shall be" (Freud, 1933/1964, p. 80).

With **free association**, patients are required to verbalize every thought that comes to their mind, no matter how irrelevant or repugnant it may appear. The purpose of free association is to arrive at the unconscious by starting with a present conscious idea and following it through a train of associations to wherever it leads. The process is not easy and some patients never master it. For this reason, *dream analysis* remained a favorite therapeutic technique with Freud. (We discuss dream analysis in the next section.)

In order for analytic treatment to be successful, libido previously expended on the neurotic symptom must be freed to work in the service of the ego. This takes

place in a two-phase procedure. “In the first, all the libido is forced from the symptoms into the transference and concentrated there; in the second, the struggle is waged around this new object and the libido is liberated from it” (Freud, 1917/1963, p. 455).

The transference situation is vital to psychoanalysis. **Transference** refers to the strong sexual or aggressive feelings, positive or negative, that patients develop toward their analyst during the course of treatment. Transference feelings are unearned by the therapist and are merely transferred to her or him from patients’ earlier experiences, usually with their parents. In other words, patients feel toward the analyst the same way they previously felt toward one or both parents. As long as these feelings manifest themselves as interest or love, transference does not interfere with the process of treatment but is a powerful ally to the therapeutic progress. Positive transference permits patients to more or less relive childhood experiences within the nonthreatening climate of the analytic treatment. However, **negative transference** in the form of hostility must be recognized by the therapist and explained to patients so that they can overcome any **resistance** to treatment (Freud, 1905/1953a, 1917/1963). Resistance, which refers to a variety of unconscious responses used by patients to block their own progress in therapy, can be a positive sign because it indicates that therapy has advanced beyond superficial material.

Freud (1933/1964) noted several limitations of psychoanalytic treatment. First, not all old memories can or should be brought into consciousness. Second, treatment is not as effective with **psychoses** or with constitutional illnesses as it is with phobias, hysterias, and obsessions. A third limitation, by no means peculiar to psychoanalysis, is that a patient, once cured, may later develop another psychic problem. Recognizing these limitations, Freud felt that psychoanalysis could be used in conjunction with other therapies. However, he repeatedly insisted that it could not be shortened or modified in any essential way.

Ideally, when analytic treatment is successful, patients no longer suffer from debilitating symptoms, they use their psychic energy to perform ego functions, and they have an expanded ego that includes previously repressed experiences. They do not experience a major personality change, but they do become what they might have been under the most favorable conditions.

Dream Analysis

Freud used **dream analysis** to transform the manifest content of dreams to the more important latent content. The **manifest content** of a dream is the surface meaning or the conscious description given by the dreamer, whereas the **latent content** refers to its unconscious material.

The basic assumption of Freud’s dream analysis is that nearly all dreams are *wish fulfillments*. Some wishes are obvious and are expressed through the manifest content, as when a person goes to sleep hungry and dreams of eating large quantities of delicious food. Most wish fulfillments, however, are expressed in the latent content and only dream interpretation can uncover that wish. An exception to the rule that dreams are wish fulfillments is found in patients suffering from a traumatic experience. Dreams of these people follow the principle of **repetition compulsion** rather than wish fulfillment. These dreams are frequently found in people with

posttraumatic stress disorder who repeatedly dream of frightening or traumatic experiences (Freud, 1920/1955a, 1933/1964).

Freud believed that dreams are formed in the unconscious but try to work their way into the conscious. To become conscious, dreams must slip past both the primary and the final censors (refer again to Figure 2.1). Even during sleep these guardians maintain their vigil, forcing unconscious psychic material to adopt a disguised form. The disguise can operate in two basic ways—condensation and displacement.

Condensation refers to the fact that the manifest dream content is not as extensive as the latent level, indicating that the unconscious material has been abbreviated or condensed before appearing on the manifest level. *Displacement* means that the dream image is replaced by some other idea only remotely related to it (Freud, 1900/1953). Condensation and displacement of content both take place through the use of symbols. Certain images are almost universally represented by seemingly innocuous figures. For example, the phallus may be symbolized by elongated objects such as sticks, snakes, or knives; the vagina often appears as any small box, chest, or oven; parents appear in the form of the president, a teacher, or one's boss; and castration anxiety can be expressed in dreams of growing bald, losing teeth, or any act of cutting (Freud, 1900/1953, 1901/1953, 1917/1963).

Dreams can also deceive the dreamer by inhibiting or reversing the dreamer's affect. For example, a man with homicidal feelings for his father may dream that his father has died, but in the manifest dream content, he feels neither joy nor sorrow; that is, his affect is inhibited. Unpleasant feelings can also be reversed at the manifest dream level. For example, a woman who unconsciously hates her mother and would unconsciously welcome her extinction may dream of her mother's death, but the unconscious joy and hatred she feels is expressed as sorrow and love during the manifest level of the dream. Thus, she is fooled into believing that hate is love and that joy is sorrow (Freud, 1900/1953, 1901/1953, 1915/1957a).

After the dream's latent (unconscious) content has been distorted and its affect inhibited or reversed, it appears in a manifest form that can be recalled by the dreamer. The manifest content, which nearly always relates to conscious or preconscious experience of the previous day, has little or no psychoanalytic significance; only the latent content has meaning (Freud, 1900/1953).

In interpreting dreams, Freud (1917/1963) ordinarily followed one of two methods. The first was to ask patients to relate their dream and all their associations to it, no matter how unrelated or illogical these associations seemed. Freud believed that such associations revealed the unconscious wish behind the dream. If the dreamer was unable to relate association material, Freud used a second method—dream symbols—to discover the unconscious elements underlying the manifest content. The purpose of both methods (associations and symbols) was to trace the dream formation backward until the latent content was reached. Freud (1900/1953, p. 608) believed that dream interpretation was the most reliable approach to the study of unconscious processes and referred to it as the “royal road” to knowledge of the unconscious.

Anxiety dreams offer no contradiction to the rule that dreams are wish fulfillments. The explanation is that anxiety belongs to the preconscious system, whereas the wish belongs to the unconscious. Freud (1900/1953) reported three typical anx-

ety dreams: the embarrassment dream of nakedness, dreams of the death of a beloved person, and dreams of failing an examination

In the embarrassment dream of nakedness, the dreamer feels shame or embarrassment at being naked or improperly dressed in the presence of strangers. The spectators usually appear quite indifferent, although the dreamer is very much embarrassed. The origin of this dream is the early childhood experience of being naked in the presence of adults. In the original experience, the child feels no embarrassment but the adults often register disapproval. Freud believed that wish fulfillment is served in two ways by this dream. First, the indifference of the spectators fulfills the infantile wish that the witnessing adults refrain from scolding. Second, the fact of nakedness fulfills the wish to exhibit oneself, a desire usually repressed in adults but present in young children.

Dreams of the death of a beloved person also originate in childhood and are wish fulfillments. If a person dreams of the death of a younger person, the unconscious may be expressing the wish for the destruction of a younger brother or sister who was a hated rival during the infantile period. When the deceased is an older person, the dreamer is fulfilling the Oedipal wish for the death of a parent. If the dreamer feels anxiety and sorrow during the dream, it is because the affect has been reversed. Dreams of the death of a parent are typical in adults, but they do not mean that the dreamer has a present wish for the death of that parent. These dreams were interpreted by Freud as meaning that, as a child, the dreamer longed for the death of the parent, but the wish was too threatening to find its way into consciousness. Even during adulthood the death wish ordinarily does not appear in dreams unless the affect has been changed to sorrow.

A third typical anxiety dream is failing an examination in school. According to Freud (1900/1953), the dreamer always dreams of failing an examination that has already been successfully passed, never one that was failed. These dreams usually occur when the dreamer is anticipating a difficult task. By dreaming of failing an examination already passed, the ego can reason, "I passed the earlier test that I was worried about. Now I'm worried about another task, but I'll pass it too. Therefore, I need not be anxious over tomorrow's test." The wish to be free from worry over a difficult task is thus fulfilled.

With each of these three typical dreams, Freud had to search for the wish behind the manifest level of the dream. Finding the wish fulfillment required great creativity. For example, one clever woman told Freud that she had dreamed that her mother-in-law was coming for a visit. In her waking life, she despised her mother-in-law and dreaded spending any amount of time with her. To challenge Freud's notion that dreams are wish fulfillments, she asked him, "Where was the wish?" Freud's (1900/1953) explanation was that this woman was aware of Freud's belief that a wish lies behind every nontraumatic dream. Thus, by dreaming of spending time with a hated mother-in-law, the woman fulfilled her wish to spite Freud and to disprove his wish fulfillment hypothesis!

In summary, Freud believed that dreams are motivated by wish fulfillments. The latent content of dreams is formed in the unconscious and usually goes back to childhood experiences, whereas the manifest content often stems from experiences of the previous day. The interpretation of dreams serves as the "royal road" to knowledge of the unconscious, but dreams should not be interpreted without the dreamer's

associations to the dream. Latent material is transformed into manifest content through the dream work. The dream work achieves its goal by the processes of condensation, displacement, and inhibition of affect. The manifest dream may have little resemblance to the latent material, but Freud believed that an accurate interpretation will reveal the hidden connection by tracing the dream work backward until the unconscious images are revealed.

Freudian Slips

Freud believed that many everyday slips of the tongue or pen, misreading, incorrect hearing, misplacing objects, and temporarily forgetting names or intentions are not chance accidents but reveal a person's unconscious intentions. In writing of these faulty acts, Freud (1901/1960) used the German *Fehlleistung*, or “faulty function,” but James Strachey, one of Freud's translators, invented the term **parapraxes** to refer to what many people now simply call “Freudian slips.”

Parapraxes or unconscious slips are so common that we usually pay little attention to them and deny that they have any underlying significance. Freud, however, insisted that these faulty acts have meaning; they reveal the unconscious intention of the person: “They are not chance events but serious mental acts; they have a sense; they arise from the concurrent actions—or perhaps rather, the mutually opposing action—of two different intentions” (Freud, 1917/1963, p. 44). One opposing action emanates from the unconscious; the other, from the preconscious. Unconscious slips, therefore, are similar to dreams in that they are a product of both the unconscious and the preconscious, with the unconscious intention being dominant and interfering with and replacing the preconscious one.

The fact that most people strongly deny any meaning behind their parapraxes was seen by Freud as evidence that the slip, indeed, had relevance to unconscious images that must remain hidden from consciousness. A young man once walked into a convenience store, became immediately attracted to the young female clerk, and asked for a “sex-pack of beer.” When the clerk accused him of improper behavior, the young man vehemently protested his innocence. Examples such as this can be extended almost indefinitely. Freud provided many in his book, *Psychopathology of Everyday Life* (1901/1960), and many of them involved his own faulty acts. One day after worrying about monetary matters, Freud strolled the tobacco store that he visited every day. On this particular day, he picked up his usual supply of cigars and left the store without paying for them. Freud attributed his neglect to earlier thoughts about budgetary issues. In all Freudian slips, the intentions of the unconscious supplant the weaker intentions of the preconscious, thereby revealing a person's true purpose.

Related Research

The scientific status of Freud's theory is one of the more hotly contested and disputed questions in all Freudian theory. Was it science or mere armchair speculation? Did Freud propose testable hypotheses? Are his ideas experimentally verifiable, testable, or falsifiable?

Karl Popper, the philosopher of science who proposed the criterion of falsifiability, contrasted Freud's theory with Einstein's and concluded that the former was not falsifiable and therefore not science. It would be fair to say that for much of the 20th century, most academic psychologists dismissed Freudian ideas as fanciful speculations that may have contained insights into human nature but were not science.

During the last 5 to 10 years, the scientific status of Freudian theory has begun to change, at least among certain circles of cognitive psychologists and neuroscientists. Neuroscience is currently experiencing an explosive growth through its investigations of brain activity during a variety of cognitive and emotional tasks. Much of this growth has been due to brain imaging technology afforded by functional magnetic resonance imaging (MRI) that maps regions of the brain that are active during particular tasks. At about the same time, certain groups of cognitive psychologists began doing research on the importance of nonconscious processing of information and memory, or what they called "implicit" cognition. John Bargh, one of the leaders in the field of social-cognitive psychology, reviewed the literature on the "automaticity of being" and concluded that roughly 95% of our behaviors are unconsciously determined (Bargh & Chartrand, 1999). This conclusion is completely consistent with Freud's metaphor that consciousness is merely the "tip of the iceberg."

By the late 1990s, the findings from neuroscience and cognitive psychology began to converge on many cognitive and affective processes that were very consistent with basic Freudian theory. These commonalities have become the foundation for a movement started by some cognitive psychologists, neuroscientists, and psychiatrists who are convinced that Freud's theory is one of the more compelling integrative theories—one that could explain many of these findings. In 1999, a group of scientists began a society called Neuro-Psychoanalysis and a scientific journal by the same name. For the first time, some eminent cognitive and neuroscience psychologists such as Nobel laureate for physiology, Eric Kandel, along with Joseph LeDoux, Antonio Damasio, Daniel Schacter, and Vilayanur Ramachandran, were publicly declaring the value of Freud's theory and contending that "psychoanalysis is still the most coherent and intellectually satisfying view of the mind" (as cited in Solms, 2004, p. 84). Neuroscientist Antonio Damasio wrote: "I believe we can say that Freud's insights on the nature of consciousness are consonant with the most advanced contemporary neuroscience views" (as cited in Solms & Turnbull, 2002, p. 93). Twenty years ago, such pronouncements from neuroscientists would have been nearly unthinkable.

Mark Solms is probably the most active person involved in integrating psychoanalytic theory and neuroscientific research (Solms 2000, 2004; Solms & Turnbull, 2002). He argued, for instance, that the following Freudian concepts have support from modern neuroscience: unconscious motivation, repression, the pleasure principle, primitive drives, and dreams (Solms, 2004). Similarly, Kandel (1999) argued that psychoanalysis and neuroscience together could make useful contributions in these eight domains: the nature of unconscious mental processes; the nature of psychological causality; psychological causality and psychopathology; early experience and the predisposition to mental illness; the preconscious, the unconscious, and the prefrontal cortex; sexual orientation; psychotherapy and structural changes in the brain; and psychopharmacology as an adjunct to psychoanalysis.

Although there are some gaps in the evidence (Hobson, 2004), the overlap between Freud's theory and neuroscience is sufficient to make at least a suggestive, if

not compelling, case for their integration. We have reviewed some of the empirical evidence for unconscious mental processing, the id and the pleasure principle and the ego and the reality principle, repression and defense mechanisms, and dreams.

Unconscious Mental Processing

Many scientists and philosophers have recognized two different forms of consciousness. First is the state of not being aware or awake, and second is the state of being aware. The former is referred to as “core consciousness,” whereas the latter is referred to as “extended consciousness.” The brain stem, and the ascending activating system in particular, is the part of the brain most directly associated with core consciousness, or unconsciousness in the sense of not being awake. For instance, comas come from damage to this region of the brain stem and render a person unconscious. In contrast, being aware and able to reflect on one’s knowledge and self is more a function of activity in the prefrontal cortex (the dorsal frontal cortex) (Solms, 2004; Solms & Turnbull, 2002).

Moreover, a major theme of cognitive psychology over the last 20 years has been the phenomenon of nonconscious mental processing, or what is referred to as “implicit,” “nonconscious,” or “automatic” thought and memory (Bargh & Chartrand, 1999; Schacter, 1987). By this, cognitive psychologists are referring to mental processes that are neither in awareness nor under intentional control, and thereby come close to Freud’s definition of unconscious. Of course, Freud’s concept of the unconscious was more dynamic, repressive, and inhibiting, but—as we see next—cognitive neuroscience is uncovering a similar kind of unconscious.

Pleasure and the Id: Inhibition and the Ego

Findings from many different neuroscientific programs of research have established that the pleasure-seeking drives have their neurological origins in two brain structures, namely the brain stem and the limbic system (Solms, 2004; Solms & Turnbull, 2002). Moreover, the neurotransmitter dopamine is most centrally involved in most pleasure-seeking behaviors. In Freud’s language, these are the drives and instincts of the id.

In 1923, when Freud modified his view of how the mind works and proposed the structural view of id, ego, and superego, the ego became a structure that was mostly unconscious, but whose main function was to inhibit drives. If the part of the brain that functions to inhibit impulses and drives is damaged, we should see an increase in the id-based pleasure-seeking impulses. That is precisely what happens when the frontal-limbic system is damaged. Many case studies and more systematic brain-imaging research have demonstrated the connection between the frontal-limbic system and impulse regulation (Chow & Cummings, 1999; Pincus, 2001; Raine, Buchsbaum, & LaCasse, 1997). The first reported and best-known case of this was the 19th-century railroad worker Phineas Gage. While working on the railroad, an explosion caused a metal rod to shoot upward and through the bottom of his jaw up and out the top of his forehead, damaging his frontal lobes. Amazingly, perhaps because the speed of the rod cauterized brain tissue, Gage never lost consciousness and survived. Physically (except for loss of brain tissue) he was relatively fine, but his personality changed. By all accounts, this rather mild-mannered, responsible, and reliable worker became, in the words of his doctor, “fitful, irreverent, indulging at times in the grossest profanity (which was not previously his custom), manifesting

but little deference for his fellows, impatient of restraint or advice when it conflicts with his desires, at times pertinaciously obstinate, yet capricious and vacillating” (as cited in Solms and Turnbull, 2002, p. 3). In other words, he became hostile, impulsive, and not at all concerned with social norms and appropriateness. In Freudian lingo, his ego no longer could inhibit basic drives and instincts and he became very id-driven.

According to Solms, the underlying theme in the frontal lobe-injured patients is their inability to stay “reality-bound” (ego) and their propensity to interpret events much more through “wishes” (id); that is, they create the reality they wanted or wished for. All of this, according to Solms, provides support for Freud’s ideas concerning the pleasure principle of the id and the reality principle of the ego.

Repression, Inhibition, and Defense Mechanisms

Another core component of Freud’s theory involved the defense mechanisms, especially repression. The unconscious actively (dynamically) keeps ideas, feelings, and unpleasant or threatening impulses out of consciousness. The area of defense mechanisms remains an active area of study for personality researchers. Some of this research has focused on the use of projection and identification in childhood and adolescence (Cramer, 2007), whereas other work has investigated who is more likely to be a target of projection (Govorun, Fuegen, & Payne, 2006).

From the neuropsychological perspective, Solms (2004) reports cases that explore the areas of the brain that may be implicated in the use and perseverance of defense mechanisms. Specifically, Solms (2004) describes cases demonstrating repression of unpalatable information when damage occurs to the right hemisphere and, if this damaged region becomes artificially stimulated, the repression goes away; that is, awareness returns. Additionally, these patients frequently rationalize away unwelcome facts by fabricating stories. In other words, they employ Freudian wish-fulfilling defense mechanisms. For instance, one patient, when asked about the scar on his head, confabulated a story about its being a result of dental surgery or a coronary bypass, both of which he had had years before. Furthermore, when the doctor asked this patient who he was, the patient would variously respond that he (the doctor) was either a colleague, a drinking partner, or a teammate from college. All of these interpretations were more wish than reality.

A study by Howard Shevrin and colleagues (Shevrin, Ghannam, & Libet, 2002) examined the neurophysiological underpinnings of repression. More specifically, they addressed the question of whether people with repressive personality styles actually require longer periods of stimulation for a brief stimulus to be consciously perceived. Prior research had established that people in general vary from 200 ms to 800 ms in how long a stimulus needs to be present before being consciously perceived. The study by Shevrin et al. included six clinical participants between the ages of 51 and 70, all of whom years prior had undergone surgical treatment for motoric problems (mainly parkinsonism). During these surgeries, a procedure had been performed in which electrodes stimulated parts of the motor cortex, and the length of time it took for the stimulus to be consciously perceived was recorded. The results of this procedure showed that these six participants also ranged from 200 ms to 800 ms in how long they took to consciously perceive the stimulus. For this, four psychological tests were administered at the patients’ homes and then scored on their degree of repressive tendencies. These tests were the Rorschach Inkblot Test, the Early Memories Test,

the Vocabulary Test of the WAIS (an IQ test), and the Hysteroid-Obsessoid Questionnaire. The first three tests were rated by three “blind” clinical judges on their degree of repression, and the fourth test was scored objectively for its degree of repression.

The results showed that the combined ratings from the three judges were significantly and positively associated with the time it took for a stimulus to be consciously perceived. Moreover, the objectively scored Hysteroid-Obsessoid Questionnaire confirmed the result. In other words, the more repressive style people have, the longer it takes them to consciously perceive a stimulus. Neither age nor IQ is related to the length of time it takes for the stimulus to be perceived. As the authors acknowledge, this finding is but a first step in demonstrating how repression might operate to keep things out of conscious awareness, but it is the first study to report the neurophysiological underpinnings of repression.

Research on Dreams

In the 1950s, when the phenomenon of rapid eye movement (REM) sleep was first discovered and found to be strongly associated with dreaming, many scientists began to discount Freud’s theory of dreams, which was based on the idea that dreams have meaning and are attempts at fulfilling unconscious wishes. Moreover, the REM research showed that only brain-stem regions and not higher cortical regions were involved with REM states. If these cortical structures were not involved in REM sleep and yet they were where higher level thinking took place, then dreams are simply random mental activity and could not have any inherent meaning. From the perspective of this so-called activation-synthesis theory, meaning is what the waking mind gives to these more or less random brain activities, but meaning is not inherent in the dream.

Solms’s primary research area is dreams and, based on current dream research, including his own, he takes issue with each of the assumptions of the activation-synthesis theory of dreams (Solms, 2000, 2004). Most importantly, Solms argued that dreaming and REM are not one and the same. First, in about 5% to 30% of the wakings during REM sleep, patients report no dreams, and during about 5% to 10% of non-REM wakings patients do report dreaming. So there is no one-to-one correspondence between REM and dreaming. Second, lesions (due to injury or surgery) to the brain stem do not completely eliminate dreaming, whereas lesions to the fore-brain regions (in the frontal lobes and parietal-temporal-occipital juncture) have eliminated dreaming and yet preserved REM sleep.

In addition, dreams appear not to be random in content. Daniel Wegner and colleagues (2004) tested one aspect of Freud’s theory of dreams. As Freud wrote in *Interpretation of Dreams*, “wishes suppressed during the day assert themselves in dreams” (1900/1953, p. 590). Wegner and colleagues examined whether this was so in a group of more than 300 college students. First, participants were instructed right before bed (they opened the instructions only directly before going to sleep) to think of two people, one whom they had had a “crush” on and one whom they were “fond of” but did not have a crush on.

Next, participants were assigned to one of three conditions: suppression, expression, and mention. In the suppression condition, students were instructed not to think about a target person (either the “crush” or the “fond of” person) for 5 minutes; in the expression condition, different participants were instructed to think about the

target person during this 5-minute period; and in the mention condition, other participants were instructed to think about anything at all after noting (mentioning) the target person's initials. Moreover, during the 5-minute period when they were either to think or not think about the target person, they wrote a "stream-of-consciousness" report and put a check mark on the side of the report every time they thought of the target person. This was a validity check to establish whether the suppression manipulation technique worked. It did. When they awoke the next morning, participants reported whether they dreamed, and if so, how much they dreamed and how much they dreamed of the target and nontarget people (self-rated dreaming). Lastly, they wrote a report describing the dream (dream report). The stream-of-consciousness and dream reports were coded by a rater blind to conditions on frequency of target and nontarget appearances.

Results showed that students dreamed more about the suppressed targets than nonsuppressed ones; they also dreamed more about the suppressed targets than the suppressed nontargets. In other words, students were more likely to dream about people they spend some time thinking about (target), but especially those targets they actively try not to think about (suppression). Suppressed thoughts, the authors concluded, are likely to "rebound" and appear in dreams. This finding is quite consistent with Freud's theory and not consistent with the activation-synthesis theory that REM sleep provides random activation of brain activity that is devoid of meaning. In the words of Wegner et al. (2004), "although there remains much to be learned about how dreams are formed, the finding that suppressed thoughts rebound in dreams provides a bridge linking an early insight of psychoanalysis to the discoveries of cognitive neuroscience" (p. 236).

However, the current trends in neuropsychanalytic research neither confirm nor even mention Freud's psychosexual stage theory, especially its more controversial elements of Oedipal conflicts, castration anxiety, and penis envy. Instead, neuropsychanalytic research has focused on those parts of Freud's theory that appear to be empirically standing the test of time. The neglect of Freud's psychosexual stage theory is somewhat consistent with much post-Freudian and neo-Freudian theorizing that has either downplayed or abandoned this part of Freud's theory. So, while many of Freud's major ideas—unconscious, pleasure seeking, repression, id, ego, and dreams—might be garnering neuroscientific support, not all are, and still others are in need of modification.

One area that has recently received attention is the work of the dream censor (Boag, 2006). The dream censor, according to Freud (1917/1963), is the mechanism that converts the latent content of dreams into the more palatable and less frightening manifest content. Boag (2006) articulates how one conceptualization of the dream sensor is to think of it as mechanism that engages in repression and/or inhibition. This conceptualization is helpful if one is interested in empirically testing Freud's notions regarding dreams because there is a large amount of neuroscience research on inhibition (Aron & Poldrack, 2005; Praamstra & Seiss, 2005). Specifically, Boag (2006) proposes that the basal ganglia and amygdala may be key brain structures responsible for dreams including the conversion of latent content into manifest content. Arguments such as Boag's (2006) and those of other scholars in the neuropsychanalysis field make an out-of-hand dismissal of Freud from a scientific perspective more and more difficult as findings from cognitive psychology and neuroscience accumulate that support basic assumptions of Freud's theory.

Critique of Freud

In criticizing Freud, we must first ask two questions: (1) Did Freud understand women? (2) Was Freud a scientist?

Did Freud Understand Women?

A frequent criticism of Freud is that he did not understand women and that his theory of personality was strongly oriented toward men. There is a large measure of truth to this criticism, and Freud acknowledged that he lacked a complete understanding of the female psyche.

Why didn't Freud have a better understanding of the feminine psyche? One answer is that he was a product of his times, and society was dominated by men during those times. In 19th century Austria, women were second-class citizens, with few rights or privileges. They had little opportunity to enter a profession or to be a member of a professional organization—such as Freud's Wednesday Psychological Society.

Thus, during the first quarter century of psychoanalysis, the movement was an all-men's club. After World War I, women gradually became attracted to psychoanalysis and some of these women, such as Marie Bonaparte, Ruth Mack Brunswick, Helene Deutsch, Melanie Klein, Lou Andreas-Salomé, and Anna Freud were able to exercise some influence on Freud. However, they were never able to convince him that similarities between the genders outweighed differences.

Freud himself was a proper bourgeois Viennese gentleman whose sexual attitudes were fashioned during a time when women were expected to nurture their husbands, manage the household, care for the children, and stay out of their husband's business or profession. Freud's wife Martha was no exception to this rule (Gay, 1988).

Freud, as the oldest and most favored child, ruled over his sisters, advising them on books to read and lecturing to them about the world in general. An incident with a piano reveals further evidence of Freud's favored position within his family. Freud's sisters enjoyed music and found pleasure in playing a piano. When music from their piano annoyed Freud, he complained to his parents that he couldn't concentrate on his books. The parents immediately removed the piano from the house, leaving Freud to understand that the wishes of five girls did not equal the preference of one boy.

Like many other men of his day, Freud regarded women as the "tender sex," suitable for caring for the household and nurturing children but not equal to men in scientific and scholarly affairs. His love letters to his future wife Martha Bernays are filled with references to her as "my little girl," "my little woman," or "my princess" (Freud, 1960). Freud undoubtedly would have been surprised to learn that 125 years later these terms of endearment are seen by many as disparaging to women.

Freud continually grappled with trying to understand women, and his views on femininity changed several times during his lifetime. As a young student, he exclaimed to a friend, "How wise our educators that they pester the beautiful sex so little with scientific knowledge" (quoted in Gay, 1988, p. 522).

During the early years of his career, Freud viewed male and female psychosexual growth as mirror images of each other, with different but parallel lines of

development. However, he later proposed the notion that little girls are failed boys and that adult women are akin to castrated men. Freud originally proposed these ideas tentatively, but as time passed, he defended them adamantly and refused to compromise his views. When people criticized his notion of femininity, Freud responded by adopting an increasingly more rigid stance. By the 1920s, he was insisting that psychological differences between men and women were due to anatomical differences and could not be explained by different socialization experiences (Freud, 1924/1961). Nevertheless, he always recognized that he did not understand women as well as he did men. He called them the “dark continent for psychology” (Freud, 1926/1959b, p. 212). In his final statement on the matter, Freud (1933/1964) suggested that “if you want to know more about femininity, enquire from your own experiences of life or turn to the poets” (p. 135).

Although some of Freud’s close associates inhabited the “dark continent” of womanhood, his most intimate friends were men. Moreover, women such as Marie Bonaparte, Lou Andreas-Salomé, and Minna Bernays (his sister-in-law), who did exert some influence on Freud, were mostly cut from a similar pattern. Ernest Jones (1955) referred to them as intellectual women with a “masculine cast” (p. 421). These women were quite apart from Freud’s mother and wife, both of whom were proper Viennese wives and mothers whose primary concerns were for their husbands and children. Freud’s female colleagues and disciples were selected for their intelligence, emotional strength, and loyalty—the same qualities Freud found attractive in men. But none of these women could substitute for an intimate male friend. In August of 1901, Freud (1985) wrote to his friend Wilhelm Fliess, “In my life, as you know, woman has never replaced the comrade, the friend” (p. 447).

Why was Freud unable to understand women? Given his upbringing during the middle of the 19th century, parental acceptance of his domination of his sisters, a tendency to exaggerate differences between women and men, and his belief that women inhabited the “dark continent” of humanity, it seems unlikely that Freud possessed the necessary experiences to understand women. Toward the end of his life, he still had to ask, “What does a woman want?” (E. Jones, 1955, p. 421). The question itself reveals Freud’s gender bias because it assumes that women all want the same things and that their wants are somehow different from those of men.

Was Freud a Scientist?

A second area of criticism of Freud centers around his status as a scientist. Although he repeatedly insisted that he was primarily a scientist and that psychoanalysis was a science, Freud’s definition of science needs some explanation. When he called psychoanalysis a science, he was attempting to separate it from a philosophy or an ideology. He was not claiming that it was a natural science. The German language and culture of Freud’s day made a distinction between a natural science (*Naturwissenschaften*) and a human science (*Geisteswissenschaften*). Unfortunately, James Strachey’s translations in the *Standard Edition* make Freud seem to be a natural scientist. However, other scholars (Federn, 1988; Holder, 1988) believe that Freud clearly saw himself as a human scientist, that is, a humanist or scholar and not a natural scientist. In order to render Freud’s works more accurate and more humanistic, a group of language scholars are currently producing an updated translation of Freud. (See, for example, Freud, 1905/2002, 1918/2003.)

Bruno Bettelheim (1982, 1983) was also critical of Strachey's translations. He contended that the *Standard Edition* used precise medical concepts and misleading Greek and Latin terms instead of the ordinary, often ambiguous, German words that Freud had chosen. Such precision tended to render Freud more scientific and less humanistic than he appears to the German reader. For example, Bettelheim, whose introduction to Freud was in German, believed that Freud saw psychoanalytic therapy as a spiritual journey into the depths of the soul (translated by Strachey as "mind") and not a mechanistic analysis of the mental apparatus.

As a result of Freud's 19th century German view of science, many contemporary writers regard his theory-building methods as untenable and rather unscientific (Breger, 2000; Crews, 1995, 1996; Sulloway, 1992; Webster, 1995). His theories were not based on experimental investigation but rather on subjective observations that Freud made of himself and his clinical patients. These patients were not representative of people in general but came mostly from the middle and upper classes.

Apart from this widespread popular and professional interest, the question remains: Was Freud scientific? Freud's (1915/1957a) own description of science permits much room for subjective interpretations and indefinite definitions:

We have often heard it maintained that sciences should be built up on clear and sharply defined basic concepts. In actual fact no science, not even the most exact, begins with such definitions. The true beginning of scientific activity consists rather in describing phenomena and then in proceeding to group, classify and correlate them. Even at the stage of description it is not possible to avoid applying certain abstract ideas to the material in hand, ideas derived from somewhere or other but certainly not from the new observations alone. (p. 117)

Perhaps Freud himself left us with the best description of how he built his theories. In 1900, shortly after the publication of *Interpretation of Dreams*, he wrote to his friend Wilhelm Fliess, confessing that "I am actually not at all a man of science, not an observer, not an experimenter, not a thinker. I am by temperament nothing but a conquistador—an adventurer . . . with all the curiosity, daring, and tenacity characteristic of a man of this sort" (Freud, 1985, p. 398).

Although Freud at times may have seen himself as a conquistador, he also believed that he was constructing a scientific theory. How well does that theory meet the six criteria for a useful theory that we identified in Chapter 1?

Despite serious difficulties in testing Freud's assumptions, researchers have conducted studies that relate either directly or indirectly to psychoanalytic theory. Thus, we rate Freudian theory about average in its ability to *generate research*.

Second, a useful theory should be *falsifiable*. Because much of the research evidence consistent with Freud's ideas can also be explained by other models, Freudian theory is nearly impossible to falsify. A good example of the difficulty of falsifying psychoanalysis is the story of the woman who dreamed that her mother-in-law was coming for a visit. The content of his dream could not be a wish fulfillment because the woman hated her mother-in-law and would not wish for a visit from her. Freud escaped this conundrum by explaining that the woman had the dream merely to spite Freud and to prove to him that not all dreams are wish fulfillments. This kind of reasoning clearly gives Freudian theory a very low rating on its ability to generate falsifiable hypotheses.

A third criterion of any useful theory is its ability to *organize knowledge* into a meaningful framework. Unfortunately, the framework of Freud's personality theory, with its emphasis on the unconscious, is so loose and flexible that seemingly inconsistent data can coexist within its boundaries. Compared with other theories of personality, psychoanalysis ventures more answers to questions concerning why people behave as they do. But only some of these answers come from scientific investigations—most are simply logical extensions of Freud's basic assumptions. Thus, we rate psychoanalysis as having only moderate ability to organize knowledge.

Fourth, a useful theory should serve as *a guide for the solution of practical problems*. Because Freudian theory is unusually comprehensive, many psychoanalytically trained practitioners rely on it to find solutions to practical day-to-day problems. However, psychoanalysis no longer dominates the field of psychotherapy, and most present-day therapists use other theoretical orientations in their practice. Thus, we give psychoanalysis a low rating as a guide to the practitioner.

The fifth criterion of a useful theory deals with *internal consistency*, including operationally defined terms. Psychoanalysis is an internally consistent theory, if one remembers that Freud wrote over a period of more than 40 years and gradually altered the meaning of some concepts during that time. However, at any single point in time, the theory generally possessed internal consistency, although some specific terms were used with less than scientific rigor.

Does psychoanalysis possess a set of operationally defined terms? Here the theory definitely falls short. Such terms as id, ego, superego, conscious, preconscious, unconscious, oral stage, sadistic-anal stage, phallic stage, Oedipus complex, latent level of dreams, and many others are not operationally defined; that is, they are not spelled out in terms of specific operations or behaviors. Researchers must originate their own particular definition of most psychoanalytic terms.

Sixth, psychoanalysis is not a simple or *parsimonious* theory, but considering its comprehensiveness and the complexity of human personality, it is not needlessly cumbersome.



Concept of Humanity

In Chapter 1, we outlined several dimensions for a concept of humanity. Where does Freud's theory fall on these various dimensions?

The first of these is *determinism versus free choice*. On this dimension Freud's views on the nature of human nature would easily fall toward determinism. Freud believed that most of our behavior is determined by past events rather than molded by present goals. Humans have little control over their present actions because many of their behaviors are rooted in unconscious strivings that lie beyond present awareness. Although people usually believe that they are in control of their own lives, Freud insisted that such beliefs are illusions.

Adult personality is largely determined by childhood experiences—especially the Oedipus complex—that have left their residue in the unconscious mind. Freud (1917/1955a) held that humanity in its history has suffered three great blows to

its narcissistic ego. The first was the rediscovery by Copernicus that the earth is not the center of the universe; the second was Darwin's discovery that humans are quite similar to other animals; the third, and most damaging blow of all was Freud's own discovery that we are not in control of our own actions or, as he stated it, "the ego is not master in its own house" (p. 143).

A second and related issue is *pessimism versus optimism*. According to Freud, we come into the world in a basic state of conflict, with life and death forces operating on us from opposing sides. The innate death wish drives us incessantly toward self-destruction or aggression, while the sexual drive causes us to seek blindly after pleasure. The ego experiences a more or less permanent state of conflict, attempting to balance the contradictory demands of the id and superego while at the same time making concessions to the external world. Underneath a thin veneer of civilization, we are savage beasts with a natural tendency to exploit others for sexual and destructive satisfaction. Antisocial behavior lies just underneath the surface of even the most peaceful person, Freud believed. Worse yet, we are not ordinarily aware of the reasons for our behavior nor are we conscious of the hatred we feel for our friends, family, and lovers. For these reasons, psychoanalytic theory is essentially pessimistic.

A third approach for viewing humanity is the dimension of *causality versus teleology*. Freud believed that present behavior is mostly shaped by past causes rather than by people's goals for the future. People do not move toward a self-determined goal; instead, they are helplessly caught in the struggle between Eros and Thanatos. These two powerful drives force people to compulsively repeat primitive patterns of behavior. As adults, their behavior is one long series of reactions. People constantly attempt to reduce tension; to relieve anxieties; to repress unpleasant experiences; to regress to earlier, more secure stages of development; and to compulsively repeat behaviors that are familiar and safe. Therefore, we rate Freud's theory very high on causality.

On the dimension of *conscious versus unconscious*, psychoanalytic theory obviously leans heavily in the direction of unconscious motivation. Freud believed that everything from slips of the tongue to religious experiences is the result of a deep-rooted desire to satisfy sexual or aggressive drives. These motives make us slaves to our unconscious. Although we are aware of our actions, Freud believed that the motivations underlying those actions are deeply embedded in our unconscious and are frequently quite different from what we believe them to be.

A fifth dimension is *social versus biological influences*. As a physician, Freud's medical training disposed him to see human personality from a biological viewpoint. Yet Freud (1913/1953, 1985) frequently speculated about the consequences of prehistoric social units and about the consequences of an individual's early social experiences. Because Freud believed that many infantile fantasies and anxieties are rooted in biology, we rate him low on social influences.

Sixth is the issue of *uniqueness versus similarities*. On this dimension, psychoanalytic theory takes a middle position. Humanity's evolutionary past gives rise to a great many similarities among people. Nevertheless, individual experiences, especially those of early childhood, shape people in a somewhat unique manner and account for many of the differences among personalities.

Key Terms and Concepts

- Freud identified three *levels of mental life*—unconscious, preconscious, and conscious.
- Early childhood experiences that create high levels of anxiety are repressed into the *unconscious*, where they may influence behavior, emotions, and attitudes for years.
- Events that are not associated with anxiety but are merely forgotten make up the contents of the *preconscious*.
- *Conscious* images are those in awareness at any given time.
- Freud recognized three *provinces of the mind*—id, ego, and superego.
- The *id* is unconscious, chaotic, out of contact with reality, and in service of the *pleasure principle*.
- The *ego* is the executive of personality, in contact with the real world, and in service of the *reality principle*.
- The *superego* serves the *moral and idealistic principles* and begins to form after the Oedipus complex is resolved.
- All motivation can be traced to sexual and aggressive drives. Childhood behaviors related to *sex* and *aggression* are often punished, which leads to either *repression* or *anxiety*.
- To protect itself against anxiety, the ego initiates various *defense mechanisms*, the most basic of which is repression.
- Freud outlined three major *stages of development*—*infancy*, *latency*, and a *genital period*, but he devoted most attention to the infantile stage.
- The infantile stage is divided into three substages—*oral*, *anal*, and *phallic*, the last of which is accompanied by the Oedipus complex.
- During the simple *Oedipal stage*, a child desires sexual union with one parent while harboring hostility for the other.
- Freud believed that *dreams* and *Freudian slips* are disguised means of expressing unconscious impulses.

CHAPTER 3

Adler: Individual Psychology

- ◆ **Overview of Individual Psychology**
- ◆ **Biography of Alfred Adler**
- ◆ **Introduction to Adlerian Theory**
- ◆ **Striving for Success or Superiority**

The Final Goal

The Striving Force as Compensation

Striving for Personal Superiority

Striving for Success

- ◆ **Subjective Perceptions**

Fictionalism

Physical Inferiorities

- ◆ **Unity and Self-Consistency of Personality**

Organ Dialect

Conscious and Unconscious

- ◆ **Social Interest**

Origins of Social Interest

Importance of Social Interest

- ◆ **Style of Life**

- ◆ **Creative Power**

- ◆ **Abnormal Development**

General Description

External Factors in Maladjustment

Exaggerated Physical Deficiencies

Pampered Style of Life

Neglected Style of Life

Safeguarding Tendencies

Excuses

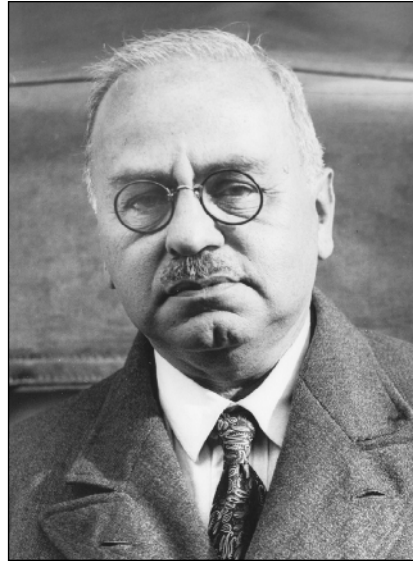
Aggression

Withdrawal

Masculine Protest

Origins of the Masculine Protest

Adler, Freud, and the Masculine Protest



Adler

- ◆ **Applications of Individual Psychology**

Family Constellation

Early Recollections

Dreams

Psychotherapy

- ◆ **Related Research**

Early Recollections and Career Choice

Early Childhood and Health-Related Issues

Early Recollections and Counseling Outcomes

- ◆ **Critique of Adler**

- ◆ **Concept of Humanity**

- ◆ **Key Terms and Concepts**

In 1937, a young Abraham Maslow was having dinner in a New York restaurant with a somewhat older colleague. The older man was widely known for his earlier association with Sigmund Freud, and many people, including Maslow, regarded him as a disciple of Freud. When Maslow casually asked the older man about being Freud's follower, the older man became quite angry, and according to Maslow, he nearly shouted that

this was a lie and a swindle for which he blamed Freud entirely, whom he then called names like swindler, sly, schemer. . . . He said that he had never been a student of Freud or a disciple or a follower. He made it clear from the beginning that he didn't agree with Freud and that he had his own opinions. (Maslow, 1962, p. 125)

Maslow, who had known the older man as an even-tempered, congenial person, was stunned by his outburst.

The older man, of course, was Alfred Adler, who battled throughout his professional life to dispel the notion that he had ever been a follower of Freud. Whenever reporters and other people would inquire about his early relationship with Freud, Adler would produce the old faded postcard with Freud's invitation to Adler to join Freud and three other physicians to meet at Freud's home the following Thursday evening. Freud closed the invitation saying, "With hearty greetings as your colleague" (quoted in Hoffman, 1994, p. 42). This friendly remark gave Adler some tangible evidence that Freud considered him to be his equal.

However, the warm association between Adler and Freud came to a bitter end, with both men hurling caustic remarks toward the other. For example, after World War I, when Freud elevated aggression to a basic human drive, Adler, who had long since abandoned the concept, commented sarcastically: "I enriched psychoanalysis by the aggressive drive. I gladly make them a present of it" (quoted in Bottome, 1939, p. 64).

During the acrimonious breakup between the two men, Freud accused Adler of having paranoid delusions and of using terrorist tactics. He told one of his friends that the revolt by Adler was that of "an abnormal individual driven mad by ambition" (quoted in Gay, 1988, p. 223).

Overview of Individual Psychology

Alfred Adler was neither a terrorist nor a person driven mad by ambition. Indeed, his **individual psychology** presents an optimistic view of people while resting heavily on the notion of *social interest*, that is, a feeling of oneness with all humankind. In addition to Adler's more optimistic look at people, several other differences made the relationship between Freud and Adler quite tenuous.

First, Freud reduced all motivation to sex and aggression, whereas Adler saw people as being motivated mostly by social influences and by their striving for superiority or success; second, Freud assumed that people have little or no choice in shaping their personality, whereas Adler believed that people are largely responsible for who they are; third, Freud's assumption that present behavior is caused by past experiences was directly opposed to Adler's notion that present behavior is shaped by people's view of the future; and fourth, in contrast to Freud, who placed very heavy

emphasis on unconscious components of behavior, Adler believed that psychologically healthy people are usually aware of what they are doing and why they are doing it.

As we have seen, Adler was an original member of the small clique of physicians who met in Freud's home on Wednesday evenings to discuss psychological topics. However, when theoretical and personal differences between Adler and Freud emerged, Adler left the Freud circle and established an opposing theory, which became known as individual psychology.

Biography of Alfred Adler

Alfred Adler was born on February 7, 1870, in Rudolfsheim, a village near Vienna. His mother Pauline was a hard-working homemaker who kept busy with her seven children. His father Leopold was a middle-class Jewish grain merchant from Hungary. As a young boy, Adler was weak and sickly and at age 5, he nearly died of pneumonia. He had gone ice-skating with an older boy who abandoned young Alfred. Cold and shivering, Adler managed to find his way home where he immediately fell asleep on the living room couch. As Adler gradually gained consciousness, he heard a doctor say to his parents, "Give yourself no more trouble. The boy is lost" (Hoffman, 1994, p. 8). This experience, along with the death of a younger brother, motivated Adler to become a physician.

Adler's poor health was in sharp contrast to the health of his older brother Sigmund. Several of Adler's earliest memories were concerned with the unhappy competition between his brother's good health and his own illness. Sigmund Adler, the childhood rival whom Adler attempted to surpass, remained a worthy opponent, and in later years he became very successful in business and even helped Alfred financially. By almost any standard, however, Alfred Adler was much more famous than Sigmund Adler. Like many secondborn children, however, Alfred continued the rivalry with his older brother into middle age. He once told one of his biographers, Phyllis Bottome (1939, p. 18), "My eldest brother is a good industrious fellow—he was always ahead of me . . . and he is *still* ahead of me!"

The lives of Freud and Adler have several interesting parallels. Although both men came from middle- or lower-middle-class Viennese Jewish parents, neither was devoutly religious. However, Freud was much more conscious of his Jewishness than was Adler and often believed himself to be persecuted because of his Jewish background. On the other hand, Adler never claimed to have been mistreated, and in 1904, while still a member of Freud's inner circle, he converted to Protestantism. Despite this conversion, he held no deep religious convictions, and in fact, one of his biographers (Rattner, 1983) regarded him as an agnostic.

Like Freud, Adler had a younger brother who died in infancy. This early experience profoundly affected both men but in vastly different ways. Freud, by his own account, had wished unconsciously for the death of his rival and when the infant Julius did in fact die, Freud was filled with guilt and self-reproach, conditions that continued into his adulthood.

In contrast, Adler would seem to have had a more powerful reason to be traumatized by the death of his younger brother Rudolf. At age 4, Adler awoke one

morning to find Rudolf dead in the bed next to his. Rather than being terrified or feeling guilty, Adler saw this experience, along with his own near death from pneumonia as a challenge to overcome death. Thus, at age 5, he decided that his goal in life would be to conquer death. Because medicine offered some chance to forestall death, Adler decided at that early age to become a physician (Hoffman, 1994).

Although Freud was surrounded by a large family, including seven younger brothers and sisters, two grown half-brothers, and a nephew and niece about his age, he felt more emotionally attached to his parents, especially his mother, than to these other family members. In contrast, Adler was more interested in social relationships, and his siblings and peers played a pivotal role in his childhood development. Personality differences between Freud and Adler continued throughout adulthood, with Freud preferring intense one-to-one relationships and Adler feeling more comfortable in group situations. These personality differences were also reflected in their professional organizations. Freud's Vienna Psychoanalytic Society and International Psychoanalytic Association were highly structured in pyramid fashion, with an inner circle of six of Freud's trusted friends forming a kind of oligarchy at the top. Adler, by comparison, was more democratic, often meeting with colleagues and friends in Vienna coffeehouses where they played a piano and sang songs. Adler's Society for Individual Psychology, in fact, suffered from a loose organization, and Adler had a relaxed attitude toward business details that did not enhance his movement (Ellenberger, 1970).

Adler attended elementary school with neither difficulty nor distinction. However, when he entered the Gymnasium in preparation for medical school, he did so poorly that his father threatened to remove him from school and apprentice him to a shoemaker (Grey, 1998). As a medical student he once again completed work with no special honors, probably because his interest in patient care conflicted with his professors' interest in precise diagnoses (Hoffman, 1994). When he received his medical degree near the end of 1895, he had realized his childhood goal of becoming a physician.

Because his father had been born in Hungary, Adler was a Hungarian citizen and was thus obliged to serve a tour of military duty in the Hungarian army. He fulfilled that obligation immediately after receiving his medical degree and then returned to Vienna for postgraduate study. (Adler became an Austrian citizen in 1911). He began private practice as an eye specialist, but gave up that specialization and turned to psychiatry and general medicine.

Scholars disagree on the first meeting of Adler and Freud (Bottome, 1939; Ellenberger, 1970; Fiebert, 1997; Handlbauer, 1998), but all agree that in the late fall of 1902, Freud invited Adler and three other Viennese physicians to attend a meeting in Freud's home to discuss psychology and neuropathology. This group was known as the Wednesday Psychological Society until 1908, when it became the Vienna Psychoanalytic Society. Although Freud led these discussion groups, Adler never considered Freud to be his mentor and believed somewhat naively that he and others could make contributions to psychoanalysis—contributions that would be acceptable to Freud. Although Adler was one of the original members of Freud's inner circle, the two men never shared a warm personal relationship. Neither man was quick to recognize theoretical differences even after Adler's 1907 publication of *Study of Organ Inferiority and Its Psychological Compensation* (1907/1917), which

assumed that physical deficiencies—not sex—formed the foundation for human motivation.

During the next few years, Adler became even more convinced that psychoanalysis should be much broader than Freud's view of infantile sexuality. In 1911, Adler, who was then president of the Vienna Psychoanalytic Society, presented his views before the group, expressing opposition to the strong sexual proclivities of psychoanalysis and insisting that the drive for superiority was a more basic motive than sexuality. Both he and Freud finally recognized that their differences were irreconcilable, and in October of 1911 Adler resigned his presidency and membership in the Psychoanalytic Society. Along with nine other former members of the Freudian circle, he formed the Society for Free Psychoanalytic Study, a name that irritated Freud with its implication that Freudian psychoanalysis was opposed to a free expression of ideas. Adler, however, soon changed the name of his organization to the Society for Individual Psychology—a name that clearly indicated he had abandoned psychoanalysis.

Like Freud, Adler was affected by events surrounding World War I. Both men had financial difficulties, and both reluctantly borrowed money from relatives—Freud from his brother-in-law Edward Bennays and Adler from his brother Sigmund. Each man also made important changes in his theory. Freud elevated aggression to the level of sex after viewing the horrors of war, and Adler suggested that social interest and compassion could be the cornerstones of human motivation. The war years also brought a major disappointment to Adler when his application for an unpaid lecture position at the University of Vienna was turned down. Adler wanted this position to gain another forum for spreading his views, but he also desperately desired to attain the same prestigious position that Freud had held for more than a dozen years. Adler never attained this position, but after the war he was able to advance his theories through lecturing, establishing child guidance clinics, and training teachers.

During the last several years of his life, Adler frequently visited the United States, where he taught individual psychology at Columbia University and the New School for Social Research. By 1932, he was a permanent resident of the United States and held the position of Visiting Professor for Medical Psychology at Long Island College of Medicine, now Downstate Medical School, State University of New York. Unlike Freud, who disliked Americans and their superficial understanding of psychoanalysis, Adler was impressed by Americans and admired their optimism and open-mindedness. His popularity as a speaker in the United States during the mid-1930s had few rivals, and he aimed his last several books toward a receptive American market (Hoffman, 1994).

Adler married a fiercely independent Russian woman, Raissa Epstein, in December of 1897. Raissa was an early feminist and much more political than her husband. In later years, while Adler lived in New York, she remained mostly in Vienna and worked to promote Marxist-Leninist views that were quite different from Adler's notion of individual freedom and responsibility. After several years of requests by her husband to move to New York, Raissa finally came to stay in New York only a few months before Adler's death. Ironically, Raissa, who did not share her husband's love for America, continued to live in New York until her own death, nearly a quarter of a century after Adler had died (Hoffman, 1994).

Raissa and Alfred had four children: Alexandra and Kurt, who became psychiatrists and continued their father's work; Valentine (Vali), who died as a political prisoner of the Soviet Union in about 1942; and Cornelia (Nelly), who aspired to be an actress.

Adler's favorite relaxation was music, but he also maintained an active interest in art and literature. In his work he often borrowed examples from fairy tales, the Bible, Shakespeare, Goethe, and numerous other literary works. He identified himself closely with the common person, and his manner and appearance were consistent with that identification. His patients included a high percentage of people from the lower and middle classes, a rarity among psychiatrists of his time. His personal qualities included an optimistic attitude toward the human condition, an intense competitiveness coupled with friendly congeniality, and a strong belief in the basic gender equality, which combined with a willingness to forcefully advocate women's rights.

From middle childhood until after his 67th birthday, Adler enjoyed robust health. Then, in the early months of 1937, while concerned with the fate of his daughter Vali who had disappeared somewhere in Moscow, Adler felt chest pains while on a speaking tour in the Netherlands. Ignoring the doctor's advice to rest, he continued on to Aberdeen, Scotland, where on May 28, 1937, he died of a heart attack. Freud, who was 14 years older than Adler, had outlived his longtime adversary. On hearing of Adler's death, Freud (as quoted in E. Jones, 1957) sarcastically remarked, "For a Jew boy out of a Viennese suburb a death in Aberdeen is an unheard-of career in itself and a proof of how far he had got on. The world really rewarded him richly for his service in having contradicted psychoanalysis" (p. 208).

Introduction to Adlerian Theory

Although Alfred Adler has had a profound effect on such later theorists as Harry Stack Sullivan, Karen Horney, Julian Rotter, Abraham H. Maslow, Carl Rogers, Albert Ellis, Rollo May, and others (Mosak & Maniaci, 1999), his name is less well known than that of either Freud or Carl Jung. At least three reasons account for this. First, Adler did not establish a tightly run organization to perpetuate his theories. Second, he was not a particularly gifted writer, and most of his books were compiled by a series of editors using Adler's scattered lectures. Third, many of his views were incorporated into the works of such later theorists as Maslow, Rogers, and Ellis and thus are no longer associated with Adler's name.

Although his writings revealed great insight into the depth and complexities of human personality, Adler evolved a basically simple and parsimonious theory. To Adler, people are born with weak, inferior bodies—a condition that leads to *feelings* of inferiority and a consequent dependence on other people. Therefore, a feeling of unity with others (social interest) is inherent in people and the ultimate standard for psychological health. More specifically, the main tenets of Adlerian theory can be stated in outline form. The following is adapted from a list that represents the final statement of individual psychology (Adler, 1964).

1. The one dynamic force behind people's behavior is the *striving for success or superiority*.

2. People's *subjective perceptions* shape their behavior and personality.
3. Personality is *unified and self-consistent*.
4. The value of all human activity must be seen from the viewpoint of *social interest*.
5. The self-consistent personality structure develops into a person's *style of life*.
6. Style of life is molded by people's *creative power*.

Striving for Success or Superiority

The first tenet of Adlerian theory is: *The one dynamic force behind people's behavior is the striving for success or superiority.*

Adler reduced all motivation to a single drive—the striving for success or superiority. Adler's own childhood was marked by physical deficiencies and strong feelings of competitiveness with his older brother. Individual psychology holds that everyone begins life with physical deficiencies that activate feelings of inferiority—feelings that motivate a person to strive for either superiority or success. Psychologically unhealthy individuals strive for personal superiority, whereas psychologically healthy people seek success for all humanity.

Early in his career, Adler believed that *aggression* was the dynamic power behind all motivation, but he soon became dissatisfied with this term. After rejecting aggression as a single motivational force, Adler used the term *masculine protest*, which implied will to power or a domination of others. However, he soon abandoned masculine protest as a universal drive while continuing to give it a limited role in his theory of abnormal development.

Next, Adler called the single dynamic force *striving for superiority*. In his final theory, however, he limited striving for superiority to those people who strive for personal superiority over others and introduced the term *striving for success* to describe actions of people who are motivated by highly developed social interest (Adler, 1956). Regardless of the motivation for striving, each individual is guided by a final goal.

The Final Goal

According to Adler (1956), people strive toward a final goal of either personal superiority or the goal of success for all humankind. In either case, the final goal is fictional and has no objective existence. Nevertheless, the final goal has great significance because it unifies personality and renders all behavior comprehensible.

Each person has the power to create a personalized fictional goal, one constructed out of the raw materials provided by heredity and environment. However, the goal is neither genetically nor environmentally determined. Rather, it is the product of the *creative power*; that is, people's ability to freely shape their behavior and create their own personality. By the time children reach 4 or 5 years of age, their creative power has developed to the point that they can set their final goal. Even infants have an innate drive toward growth, completion, or success. Because infants are small, incomplete, and weak, they feel inferior and powerless. To compensate for this deficiency, they set a fictional goal to be big, complete, and strong. Thus, a person's

final goal reduces the pain of inferiority feelings and points that person in the direction of either superiority or success.

If children feel neglected or pampered, their goal remains largely unconscious. Adler (1964) hypothesized that children will compensate for feelings of inferiority in devious ways that have no apparent relationship to their fictional goal. The goal of superiority for a pampered girl, for example, may be to make permanent her parasitic relationship with her mother. As an adult, she may appear dependent and self-deprecating, and such behavior may seem inconsistent with a goal of superiority. However, it is quite consistent with her unconscious and misunderstood goal of being a parasite that she set at age 4 or 5, a time when her mother appeared large and powerful, and attachment to her became a natural means of attaining superiority.

Conversely, if children experience love and security, they set a goal that is largely conscious and clearly understood. Psychologically secure children strive toward superiority defined in terms of success and social interest. Although their goal never becomes completely conscious, these healthy individuals understand and pursue it with a high level of awareness.

In striving for their final goal, people create and pursue many preliminary goals. These subgoals are often conscious, but the connection between them and the final goal usually remains unknown. Furthermore, the relationship among preliminary goals is seldom realized. From the point of view of the final goal, however, they fit together in a self-consistent pattern. Adler (1956) used the analogy of the playwright who builds the characteristics and the subplots of the play according to the final goal of the drama. When the final scene is known, all dialogue and every subplot acquire new meaning. When an individual's final goal is known, all actions make sense and each subgoal takes on new significance.

The Striving Force as Compensation

People strive for superiority or success as a means of compensation for feelings of inferiority or weakness. Adler (1930) believed that all humans are "blessed" at birth with small, weak, and inferior bodies. These physical deficiencies ignite feelings of inferiority only because people, by their nature, possess an innate tendency toward completion or wholeness. People are continually pushed by the need to overcome inferiority feelings and pulled by the desire for completion. The minus and plus situations exist simultaneously and cannot be separated because they are two dimensions of a single force.

The striving force itself is innate, but its nature and direction are due both to feelings of inferiority and to the goal of superiority. Without the innate movement toward perfection, children would never feel inferior; but without feelings of inferiority, they would never set a goal of superiority or success. The goal, then, is set as compensation for the deficit feeling, but the deficit feeling would not exist unless a child first possessed a basic tendency toward completion (Adler, 1956).

Although the striving for success is innate, it must be developed. At birth it exists as potentiality, not actuality; each person must actualize this potential in his or her own manner. At about age 4 or 5, children begin this process by setting a direction to the striving force and by establishing a goal either of personal superiority or

of social success. The goal provides guidelines for motivation, shaping psychological development and giving it an aim.

As a creation of the individual, the goal may take any form. It is not necessarily a mirror image of the deficiency, even though it is a compensation for it. For example, a person with a weak body will not necessarily become a robust athlete but instead may become an artist, an actor, or a writer. Success is an individualized concept and all people formulate their own definition of it. Although creative power is swayed by the forces of heredity and environment, it is ultimately responsible for people's personality. Heredity establishes the potentiality, whereas environment contributes to the development of social interest and courage. The forces of nature and nurture can never deprive a person of the power to set a unique goal or to choose a unique style of reaching for the goal (Adler, 1956).

In his final theory, Adler identified two general avenues of striving. The first is the socially nonproductive attempt to gain personal superiority; the second involves social interest and is aimed at success or perfection for everyone.

Striving for Personal Superiority

Some people strive for superiority with little or no concern for others. Their goals are personal ones, and their strivings are motivated largely by exaggerated feelings of personal inferiority. Murderers, thieves, and con artists are obvious examples of people who strive for personal gain. Some people create clever disguises for their personal striving and may consciously or unconsciously hide their self-centeredness behind the cloak of social concern. A college teacher, for example, may appear to have a great interest in his students because he establishes a personal relationship with many of them. By conspicuously displaying much sympathy and concern, he encourages vulnerable students to talk to him about their personal problems. This teacher possesses a private intelligence that allows him to believe that he is the most accessible and dedicated teacher in his college. To a casual observer, he may appear to be motivated by social interest, but his actions are largely self-serving and motivated by overcompensation for his exaggerated feelings of personal superiority.

Striving for Success

In contrast to people who strive for personal gain are those psychologically healthy people who are motivated by social interest and the success of all humankind. These healthy individuals are concerned with goals beyond themselves, are capable of helping others without demanding or expecting a personal payoff, and are able to see others not as opponents but as people with whom they can cooperate for social benefit. Their own success is not gained at the expense of others but is a natural tendency to move toward completion or perfection.

People who strive for success rather than personal superiority maintain a sense of self, of course, but they see daily problems from the view of society's development rather than from a strictly personal vantage point. Their sense of personal worth is tied closely to their contributions to human society. Social progress is more important to them than personal credit (Adler, 1956).

Subjective Perceptions

Adler's second tenet is: *People's subjective perceptions shape their behavior and personality.*

People strive for superiority or success to compensate for feelings of inferiority, but the manner in which they strive is not shaped by reality but by their subjective perceptions of reality, that is, by their **fictions**, or expectations of the future.

Fictionalism

Our most important fiction is the goal of superiority or success, a goal we created early in life and may not clearly understand. This subjective, fictional final goal guides our style of life, gives unity to our personality. Adler's ideas on fictionalism originated with Hans Vaihinger's book *The Philosophy of "As If"* (1911/1925). Vaihinger believed that fictions are ideas that have no real existence, yet they influence people *as if* they really existed. One example of a fiction might be: "Men are superior to women." Although this notion is a fiction, many people, both men and women, act as if it were a reality. A second example might be: "Humans have a free will that enables them to make choices." Again, many people act *as if* they and others have a free will and are thus responsible for their choices. No one can prove that free will exists, yet this fiction guides the lives of most of us. People are motivated not by what is true but by their subjective perceptions of what is true. A third example of a fiction might be a belief in an omnipotent God who rewards good and punishes evil. Such a belief guides the daily lives of millions of people and helps shape many of their actions. Whether true or false, fictions have a powerful influence on people's lives.

Adler's emphasis on fictions is consistent with his strongly held teleological view of motivation. *Teleology* is an explanation of behavior in terms of its final purpose or aim. It is opposed to *causality*, which considers behavior as springing from a specific cause. Teleology is usually concerned with future goals or ends, whereas causality ordinarily deals with past experiences that produce some present effect. Freud's view of motivation was basically causal; he believed that people are driven by past events that activate present behavior. In contrast, Adler adopted a teleological view, one in which people are motivated by present perceptions of the future. As fictions, these perceptions need not be conscious or understood. Nevertheless, they bestow a purpose on all of people's actions and are responsible for a consistent pattern that runs throughout their life.



Beyond Biography Why did Adler really break with Freud?
For motivations behind the Adler-Freud breakup, see our website
at www.mhhe.com/feist7

Physical Inferiorities

Because people begin life small, weak, and inferior, they develop a fiction or belief system about how to overcome these physical deficiencies and become big, strong, and superior. But even after they attain size, strength, and superiority, they may act *as if* they are still small, weak, and inferior.

Adler (1929/1969) insisted that the whole human race is “blessed” with organ inferiorities. These physical handicaps have little or no importance by themselves but become meaningful when they stimulate subjective feelings of inferiority, which serve as an impetus toward perfection or completion. Some people compensate for these feelings of inferiority by moving toward psychological health and a useful style of life, whereas others overcompensate and are motivated to subdue or retreat from other people.

History provides many examples of people like Demosthenes or Beethoven overcoming a handicap and making significant contributions to society. Adler himself was weak and sickly as a child, and his illness moved him to overcome death by becoming a physician and by competing with his older brother and with Sigmund Freud.

Adler (1929/1969) emphasized that physical deficiencies alone do not *cause* a particular style of life; they simply provide present motivation for reaching future goals. Such motivation, like all aspects of personality, is unified and self-consistent.

Unity and Self-Consistency of Personality

The third tenet of Adlerian theory is: *Personality is unified and self-consistent.*

In choosing the term *individual psychology*, Adler wished to stress his belief that each person is unique and indivisible. Thus, individual psychology insists on the fundamental unity of personality and the notion that inconsistent behavior does not exist. Thoughts, feelings, and actions are all directed toward a single goal and serve a single purpose. When people behave erratically or unpredictably, their behavior forces other people to be on the defensive, to be watchful so as not to be confused by capricious actions. Although behaviors may appear inconsistent, when they are viewed from the perspective of a final goal, they appear as clever but probably unconscious attempts to confuse and subordinate other people. This confusing and seemingly inconsistent behavior gives the erratic person the upper hand in an interpersonal relationship. Although erratic people are often successful in their attempt to gain superiority over others, they usually remain unaware of their underlying motive and may stubbornly reject any suggestion that they desire superiority over other people.

Adler (1956) recognized several ways in which the entire person operates with unity and self-consistency. The first of these he called organ jargon, or organ dialect.

Organ Dialect

According to Adler (1956), the whole person strives in a self-consistent fashion toward a single goal, and all separate actions and functions can be understood only as parts of this goal. The disturbance of one part of the body cannot be viewed in isolation; it affects the entire person. In fact, the deficient organ expresses the direction of the individual’s goal, a condition known as **organ dialect**. Through organ dialect, the body’s organs “speak a language which is usually more expressive and discloses the individual’s opinion more clearly than words are able to do” (Adler, 1956, p. 223).

One example of organ dialect might be a man suffering from rheumatoid arthritis in his hands. His stiff and deformed joints voice his whole style of life. It is as if they cry out, “See my deformity. See my handicap. You can’t expect me to do manual work.” Without an audible sound, his hands speak of his desire for sympathy from others.

Adler (1956) presented another example of organ dialect—the case of a very obedient boy who wet the bed at night to send a message that he does not wish to obey parental wishes. His behavior is “really a creative expression, for the child is speaking with his bladder instead of his mouth” (p. 223).

Conscious and Unconscious

A second example of a unified personality is the harmony between conscious and unconscious actions. Adler (1956) defined the unconscious as that part of the goal that is neither clearly formulated nor completely understood by the individual. With this definition, Adler avoided a dichotomy between the unconscious and the conscious, which he saw as two cooperating parts of the same unified system. Conscious thoughts are those that are understood and regarded by the individual as helpful in striving for success, whereas unconscious thoughts are those that are not helpful.

We cannot oppose “consciousness” to “unconsciousness” as if they were antagonistic halves of an individual’s existence. The conscious life becomes unconscious as soon as we fail to understand it—and as soon as we understand an unconscious tendency it has already become conscious. (Adler, 1929/1964, p. 163).

Whether people’s behaviors lead to a healthy or an unhealthy style of life depends on the degree of social interest that they developed during their childhood years.

Social Interest

The fourth of Adler’s tenets is: *The value of all human activity must be seen from the viewpoint of social interest.*

Social interest is Adler’s somewhat misleading translation of his original German term, *Gemeinschaftsgefühl*. A better translation might be “social feeling” or “community feeling,” but *Gemeinschaftsgefühl* actually has a meaning that is not fully expressed by any English word or phrase. Roughly, it means a feeling of oneness with all humanity; it implies membership in the social community of all people. A person with well-developed *Gemeinschaftsgefühl* strives not for personal superiority but for perfection for all people in an ideal community. Social interest can be defined as an attitude of relatedness with humanity in general as well as an empathy for each member of the human community. It manifests itself as cooperation with others for social advancement rather than for personal gain (Adler, 1964).

Social interest is the natural condition of the human species and the adhesive that binds society together (Adler, 1927). The natural inferiority of individuals necessitates their joining together to form a society. Without protection and nourishment from a father or mother, a baby would perish. Without protection from the family or clan, our ancestors would have been destroyed by animals that were stronger,



Both mother and father can contribute powerfully to the developing social interest of their children.

more ferocious, or endowed with keener senses. Social interest, therefore, is a necessity for perpetuating the human species.

Origins of Social Interest

Social interest is rooted as potentiality in everyone, but it must be developed before it can contribute to a useful style of life. It originates from the mother-child relationship during the early months of infancy. Every person who has survived infancy was kept alive by a mothering person who possessed some amount of social interest. Thus, every person has had the seeds of social interest sown during those early months.

Adler believed that marriage and parenthood is a task for two. However, the two parents may influence a child's social interest in somewhat different ways. The mother's job is to develop a bond that encourages the child's mature social interest and fosters a sense of cooperation. Ideally, she should have a genuine and deep-rooted love for her child—a love that is centered on the child's well-being, not on her own needs or wants. This healthy love relationship develops from a true caring for her child, her husband, and other people. If the mother has learned to give and receive love from others, she will have little difficulty broadening her child's social interest. But if she favors the child over the father, her child may become pampered and spoiled. Conversely, if she favors her husband or society, the child will feel neglected and unloved.

The father is a second important person in a child's social environment. He must demonstrate a caring attitude toward his wife as well as to other people. The ideal father cooperates on an equal footing with the child's mother in caring for the child and treating the child as a human being. According to Adler's (1956) standards, a successful father avoids the dual errors of emotional detachment and paternal au-

thoritarianism. These errors may represent two attitudes, but they are often found in the same father. Both prevent the growth and spread of social interest in a child. A father's emotional detachment may influence the child to develop a warped sense of social interest, a feeling of neglect, and possibly a parasitic attachment to the mother. A child who experiences paternal detachment creates a goal of personal superiority rather than one based on social interest. The second error—paternal authoritarianism—may also lead to an unhealthy style of life. A child who sees the father as a tyrant learns to strive for power and personal superiority.

Adler (1956) believed that the effects of the early social environment are extremely important. The relationship a child has with the mother and father is so powerful that it smothers the effects of heredity. Adler believed that after age 5, the effects of heredity become blurred by the powerful influence of the child's social environment. By that time, environmental forces have modified or shaped nearly every aspect of a child's personality.

Importance of Social Interest

Social interest was Adler's yardstick for measuring psychological health and is thus "the sole criterion of human values" (Adler, 1927, p. 167). To Adler, social interest is the only gauge to be used in judging the worth of a person. As the barometer of normality, it is the standard to be used in determining the usefulness of a life. To the degree that people possess social interest, they are psychologically mature. Immature people lack *Gemeinschaftsgefühl*, are self-centered, and strive for personal power and superiority over others. Healthy individuals are genuinely concerned about people and have a goal of success that encompasses the well-being of all people.

Social interest is not synonymous with charity and unselfishness. Acts of philanthropy and kindness may or may not be motivated by *Gemeinschaftsgefühl*. A wealthy woman may regularly give large sums of money to the poor and needy, not because she feels a oneness with them, but, quite to the contrary, because she wishes to maintain a separateness from them. The gift implies, "You are inferior, I am superior, and this charity is proof of my superiority." Adler believed that the worth of all such acts can only be judged against the criterion of social interest.

In summary, people begin life with a basic striving force that is activated by ever-present physical deficiencies. These organic weaknesses lead inevitably to feelings of inferiority. Thus, all people possess feelings of inferiority, and all set a final goal at around age 4 or 5. However, psychologically unhealthy individuals develop exaggerated feelings of inferiority and attempt to compensate by setting a goal of personal superiority. They are motivated by personal gain rather than by social interest, whereas healthy people are motivated by normal feelings of incompleteness and high levels of social interest. They strive toward the goal of success, defined in terms of perfection and completion for everyone. Figure 3.1 illustrates how the innate striving force combines with inevitable physical deficiencies to produce universal feelings of inferiority, which can be either exaggerated or normal. Exaggerated feelings of inferiority lead to a neurotic style of life, whereas normal feelings of incompleteness result in a healthy style of life. Whether a person forms a useless style of life or a socially useful one depends on how that person views these inevitable feelings of inferiority.

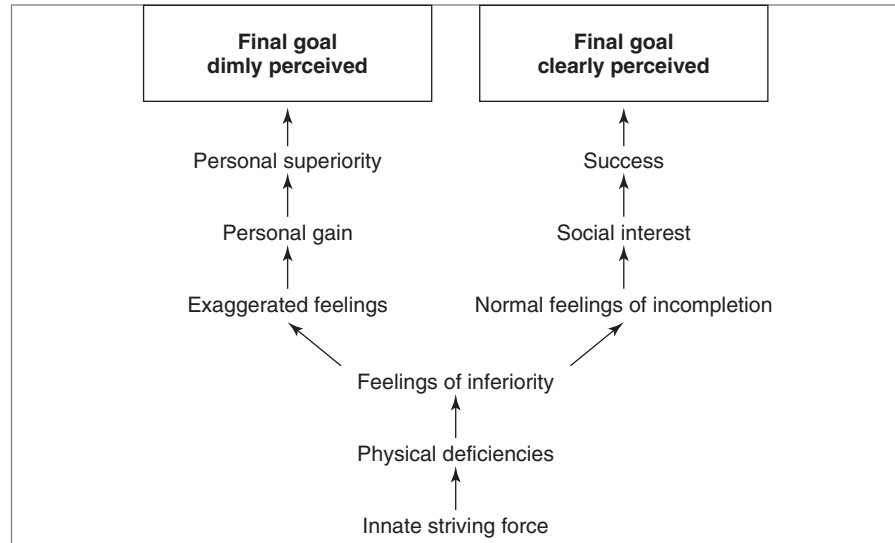


FIGURE 3.1 Two Basic Methods of Striving toward the Final Goal.

Style of Life

Adler’s fifth tenet is: *The self-consistent personality structure develops into a person’s style of life.*

Style of life is the term Adler used to refer to the flavor of a person’s life. It includes a person’s goal, self-concept, feelings for others, and attitude toward the world. It is the product of the interaction of heredity, environment, and a person’s creative power. Adler (1956) used a musical analogy to elucidate style of life. The separate notes of a composition are meaningless without the entire melody, but the melody takes on added significance when we recognize the composer’s style or unique manner of expression.

A person’s style of life is fairly well established by age 4 or 5. After that time, all our actions revolve around our unified style of life. Although the final goal is singular, style of life need not be narrow or rigid. Psychologically unhealthy individuals often lead rather inflexible lives that are marked by an inability to choose new ways of reacting to their environment. In contrast, psychologically healthy people behave in diverse and flexible ways with styles of life that are complex, enriched, and changing. Healthy people see many ways of striving for success and continually seek to create new options for themselves. Even though their final goal remains constant, the way in which they perceive it continually changes. Thus, they can choose new options at any point in life.

People with a healthy, socially useful style of life express their social interest through *action*. They actively struggle to solve what Adler regarded as the three major problems of life—neighborly love, sexual love, and occupation—and they do so through cooperation, personal courage, and a willingness to make a contribution to the welfare of another. Adler (1956) believed that people with a socially useful style of life represent the highest form of humanity in the evolutionary process and are likely to populate the world of the future.

Creative Power

The final tenet of Adlerian theory is: *Style of life is molded by people's creative power.*

Each person, Adler believed, is empowered with the freedom to create her or his own style of life. Ultimately, all people are responsible for who they are and how they behave. Their **creative power** places them in control of their own lives, is responsible for their final goal, determines their method of striving for that goal, and contributes to the development of social interest. In short, creative power makes each person a free individual. Creative power is a dynamic concept implying *movement*, and this movement is the most salient characteristic of life. All psychic life involves movement toward a goal, movement with a direction (Adler, 1964).

Adler (1956) acknowledged the importance of heredity and environment in forming personality. Except for identical twins, every child is born with a unique genetic makeup and soon comes to have social experiences different from those of any other human. People, however, are much more than a product of heredity and environment. They are creative beings who not only react to their environment but also act on it and cause it to react to them.

Each person uses heredity and environment as the bricks and mortar to build personality, but the architectural design reflects that person's own style. Of primary importance is not what people have been given, but how they put those materials to use. The building materials of personality are secondary. We are our own architect and can build either a useful or a useless style of life. We can choose to construct a gaudy façade or to expose the essence of the structure. We are not compelled to grow in the direction of social interest, inasmuch as we have no inner nature that forces us to be good. Conversely, we have no inherently evil nature from which we must escape. We are who we are because of the use we have made of our bricks and mortar.

Adler (1929/1964) used an interesting analogy, which he called "the law of the low doorway." If you are trying to walk through a doorway four feet high, you have two basic choices. First, you can use your creative power to bend down as you approach the doorway, thereby successfully solving the problem. This is the manner in which the psychologically healthy individual solves most of life's problems. Conversely, if you bump your head and fall back, you must still solve the problem correctly or continue bumping your head. Neurotics often choose to bump their head on the realities of life. When approaching the low doorway, you are neither compelled to stoop nor forced to bump your head. You have a creative power that permits you to follow either course.

Abnormal Development

Adler believed that people are what they make of themselves. The creative power endows humans, within certain limits, with the freedom to be either psychologically healthy or unhealthy and to follow either a useful or useless style of life.

General Description

According to Adler (1956), the one factor underlying all types of maladjustments is *underdeveloped social interest*. Besides lacking social interest, neurotics tend to (1) set their goals too high, (2) live in their own private world, and (3) have a rigid and

dogmatic style of life. These three characteristics follow inevitably from a lack of social interest. In short, people become failures in life because they are overconcerned with themselves and care little about others. Maladjusted people set extravagant goals as an overcompensation for exaggerated feelings of inferiority. These lofty goals lead to dogmatic behavior, and the higher the goal, the more rigid the striving. To compensate for deeply rooted feelings of inadequacy and basic insecurity, these individuals narrow their perspective and strive compulsively and rigidly for unrealistic goals.

The exaggerated and unrealistic nature of neurotics' goals sets them apart from the community of other people. They approach the problems of friendship, sex, and occupation from a personal angle that precludes successful solutions. Their view of the world is not in focus with that of other individuals and they possess what Adler (1956) called "private meaning" (p. 156). These people find everyday living to be hard work, requiring great effort. Adler (1929/1964) used an analogy to describe how these people go through life.

In a certain popular music hall, the "strong" man comes on and lifts an enormous weight with care and intense difficulty. Then, during the hearty applause of the audience, a child comes in and gives away the fraud by carrying the dummy weight off with one hand. There are plenty of neurotics who swindle us with such weights, and who are adepts at appearing overburdened. They could really dance with the load under which they stagger. (p. 91)

External Factors in Maladjustment

Why do some people create maladjustments? Adler (1964) recognized three contributing factors, any one of which is sufficient to contribute to abnormality: (1) exaggerated physical deficiencies, (2) a pampered style of life, and (3) a neglected style of life.

Exaggerated Physical Deficiencies

Exaggerated physical deficiencies, whether congenital or the result of injury or disease, are not sufficient to lead to maladjustment. They must be accompanied by accentuated feelings of inferiority. These subjective feelings may be greatly encouraged by a defective body, but they are the progeny of the creative power.

Each person comes into the world "blessed" with physical deficiencies, and these deficiencies lead to feelings of inferiority. People with exaggerated physical deficiencies sometimes develop exaggerated feelings of inferiority because they overcompensate for their inadequacy. They tend to be overly concerned with themselves and lack consideration for others. They feel as if they are living in enemy country, fear defeat more than they desire success, and are convinced that life's major problems can be solved only in a selfish manner (Adler, 1927).

Pampered Style of Life

A pampered style of life lies at the heart of most neuroses. Pampered people have weak social interest but a strong desire to perpetuate the pampered, parasitic relationship they originally had with one or both of their parents. They expect others to

look after them, overprotect them, and satisfy their needs. They are characterized by extreme discouragement, indecisiveness, oversensitivity, impatience, and exaggerated emotion, especially anxiety. They see the world with private vision and believe that they are entitled to be first in everything (Adler, 1927, 1964).

Pampered children have not received too much love; rather they feel unloved. Their parents have demonstrated a lack of love by doing too much for them and by treating them as if they were incapable of solving their own problems. Because these children *feel* pampered and spoiled, they develop a pampered style of life. Pampered children may also feel neglected. Having been protected by a doting parent, they are fearful when separated from that parent. Whenever they must fend for themselves, they feel left out, mistreated, and neglected. These experiences add to the pampered child's stockpile of inferiority feelings.

Neglected Style of Life

The third external factor contributing to maladjustment is neglect. Children who feel unloved and unwanted are likely to borrow heavily from these feelings in creating a neglected style of life. Neglect is a relative concept. No one feels totally neglected or completely unwanted. The fact that a child survived infancy is proof that someone cared for that child and that the seed of social interest has been planted (Adler, 1927).

Abused and mistreated children develop little social interest and tend to create a neglected style of life. They have little confidence in themselves and tend to overestimate difficulties connected with life's major problems. They are distrustful of other people and are unable to cooperate for the common welfare. They see society as enemy country, feel alienated from all other people, and experience a strong sense of envy toward the success of others. Neglected children have many of the characteristics of pampered ones, but generally they are more suspicious and more likely to be dangerous to others (Adler, 1927).

Safeguarding Tendencies

Adler believed that people create patterns of behavior to protect their exaggerated sense of self-esteem against public disgrace. These protective devices, called **safeguarding tendencies**, enable people to hide their inflated self-image and to maintain their current style of life.

Adler's concept of safeguarding tendencies can be compared to Freud's concept of defense mechanisms. Basic to both is the idea that symptoms are formed as a protection against anxiety. However, there are important differences between the two concepts. Freudian defense mechanisms operate unconsciously to protect the ego against anxiety, whereas Adlerian safeguarding tendencies are largely conscious and shield a person's fragile self-esteem from public disgrace. Also, Freud's defense mechanisms are common to everyone, but Adler (1956) discussed safeguarding tendencies only with reference to the construction of neurotic symptoms. Excuses, aggression, and withdrawal are three common safeguarding tendencies, each designed to protect a person's present style of life and to maintain a fictional, elevated feeling of self-importance (Adler, 1964).

Excuses

The most common of the safeguarding tendencies are **excuses**, which are typically expressed in the “Yes, but” or “If only” format. In the “Yes, but” excuse, people first state what they claim they would like to do—something that sounds good to others—then they follow with an excuse. A woman might say, “Yes, I would like to go to college, *but* my children demand too much of my attention.” An executive explains, “Yes, I agree with your proposal, *but* company policy will not allow it.”

The “If only” statement is the same excuse phrased in a different way. “*If only* my husband were more supportive, I would have advanced faster in my profession.” “*If only* I did not have this physical deficiency, I could compete successfully for a job.” These excuses protect a weak—but artificially inflated—sense of self-worth and deceive people into believing that they are more superior than they really are (Adler, 1956).

Aggression

Another common safeguarding tendency is **aggression**. Adler (1956) held that some people use aggression to safeguard their exaggerated superiority complex, that is, to protect their fragile self-esteem. Safeguarding through aggression may take the form of depreciation, accusation, or self-accusation.

Depreciation is the tendency to undervalue other people’s achievements and to overvalue one’s own. This safeguarding tendency is evident in such aggressive behaviors as criticism and gossip. “The only reason Kenneth got the job I applied for is because he is an African American.” “If you look closely, you’ll notice that Jill works hardest at avoiding work.” The intention behind each act of depreciation is to belittle another so that the person, by comparison, will be placed in a favorable light.

Accusation, the second form of an aggressive safeguarding device, is the tendency to blame others for one’s failures and to seek revenge, thereby safeguarding one’s own tenuous self-esteem. “I wanted to be an artist, but my parents forced me to go to medical school. Now I have a job that makes me miserable.” Adler (1956) believed that there is an element of aggressive accusation in all unhealthy lifestyles. Unhealthy people invariably act to cause the people around them to suffer more than they do.

The third form of neurotic aggression, **self-accusation**, is marked by self-torture and guilt. Some people use self-torture, including masochism, depression, and suicide as means of hurting people who are close to them. Guilt is often aggressive, self-accusatory behavior. “I feel distressed because I wasn’t nicer to my grandmother while she was still living. Now, it’s too late.”

Self-accusation is the converse of depreciation, although both are aimed toward gaining personal superiority. With depreciation, people who feel inferior devalue others to make themselves look good. With self-accusation, people devalue themselves in order to inflict suffering on others while protecting their own magnified feelings of self-esteem (Adler, 1956).

Withdrawal

Personality development can be halted when people run away from difficulties. Adler referred to this tendency as **withdrawal**, or safeguarding through distance. Some people unconsciously escape life’s problems by setting up a distance between themselves and those problems.

Adler (1956) recognized four modes of safeguarding through withdrawal: (1) moving backward, (2) standing still, (3) hesitating, and (3) constructing obstacles.

Moving backward is the tendency to safeguard one's fictional goal of superiority by psychologically reverting to a more secure period of life. Moving backward is similar to Freud's concept of regression in that both involve attempts to return to earlier, more comfortable phases of life. Whereas regression takes place unconsciously and protects people against anxiety-filled experiences, moving backward may sometimes be conscious and is directed at maintaining an inflated goal of superiority. Moving backward is designed to elicit sympathy, the deleterious attitude offered so generously to pampered children.

Psychological distance can also be created by **standing still**. This withdrawal tendency is similar to moving backward but, in general, it is not as severe. People who stand still simply do not move in any direction; thus, they avoid all responsibility by ensuring themselves against any threat of failure. They safeguard their fictional aspirations because they never do anything to prove that they cannot accomplish their goals. A person who never applies to graduate school can never be denied entrance; a child who shies away from other children will not be rejected by them. By doing nothing, people safeguard their self-esteem and protect themselves against failure.

Closely related to standing still is **hesitating**. Some people hesitate or vacillate when faced with difficult problems. Their procrastinations eventually give them the excuse, "It's too late now." Adler believed that most compulsive behaviors are attempts to waste time. Compulsive hand washing, retracing one's steps, behaving in an obsessive orderly manner, destroying work already begun, and leaving work unfinished are examples of hesitation. Although hesitating may appear to other people to be self-defeating, it allows neurotic individuals to preserve their inflated sense of self-esteem.

The least severe of the withdrawal safeguarding tendencies is **constructing obstacles**. Some people build a straw house to show that they can knock it down. By overcoming the obstacle, they protect their self-esteem and their prestige. If they fail to hurdle the barrier, they can always resort to an excuse.

In summary, safeguarding tendencies are found in nearly everyone, but when they become overly rigid, they lead to self-defeating behaviors. Overly sensitive people create safeguarding tendencies to buffer their fear of disgrace, to eliminate their exaggerated inferiority feelings, and to attain self-esteem. However, safeguarding tendencies are self-defeating because their built-in goals of self-interest and personal superiority actually block them from securing authentic feelings of self-esteem. Many people fail to realize that their self-esteem would be better safeguarded if they gave up their self-interest and developed a genuine caring for other people. Adler's idea of safeguarding tendencies and Freud's notion of defense mechanisms are compared in Table 3.1.

Masculine Protest

In contrast to Freud, Adler (1930, 1956) believed that the psychic life of women is essentially the same as that of men and that a male-dominated society is not natural but rather an artificial product of historical development. According to Adler, cultural and social practices—not anatomy—influence many men and women to

overemphasize the importance of being manly, a condition he called the **masculine protest**.

Origins of the Masculine Protest

In many societies, both men and women place an inferior value on being a woman. Boys are frequently taught early that being masculine means being courageous, strong, and dominant. The epitome of success for boys is to win, to be powerful, to be on top. In contrast, girls often learn to be passive and to accept an inferior position in society.

Some women fight against their feminine roles, developing a masculine orientation and becoming assertive and competitive; others revolt by adopting a passive role, becoming exceedingly helpless and obedient; still others become resigned to the belief that they are inferior human beings, acknowledging men’s privileged position by shifting responsibilities to them. Each of these modes of adjustment results from cultural and social influences, not from inherent psychic difference between the two genders.

Adler, Freud, and the Masculine Protest

In the previous chapter we saw that Freud (1924/1961) believed that “anatomy is destiny” (p. 178), and that he regarded women as the “‘dark continent’ for psychology” (Freud 1926/1959b, p. 212). Moreover, near the end of his life, he was still asking, “What does a woman want?” (E. Jones, 1955, p. 421). According to Adler, these attitudes toward women would be evidence of a person with a strong masculine

TABLE 3.1

Comparison of Safeguarding Tendencies with Defense Mechanisms

Adler’s Safeguarding Tendencies	Freud’s Defense Mechanisms
1. Limited mostly to the construction of a neurotic style of life	1. Found in everyone
2. Protect the person’s fragile self-esteem from public disgrace	2. Protect the ego from the pain of anxiety
3. Can be partly conscious	3. Operate only on an unconscious level
4. Common types include:	4. Common types include:
A. excuses	A. repression
B. aggression	B. reaction formation
(1). depreciation	C. displacement
(2). accusation	D. fixation
(3). self-accusation	E. regression
C. withdrawal	G. projection
(1). moving backward	H. introjection
(2). standing still	I. sublimation
(3). hesitating	
(4). constructing obstacles	

protest. In contrast to Freud's views on women, Adler assumed that women—because they have the same physiological and psychological needs as men—want more or less the same things that men want.

These opposing views on femininity were magnified in the women Freud and Adler chose to marry. Martha Bernays Freud was a subservient housewife dedicated to her children and husband, but she had no interest in her husband's professional work. In contrast, Raissa Epstein Adler was an intensely independent woman who abhorred the traditional domestic role, preferring a politically active career.

During the early years of their marriage, Raissa and Alfred Adler had somewhat compatible political views, but in time, these views diverged. Alfred became more of a capitalist, advocating personal responsibility, while Raissa became involved in the dangerous Communist politics of her native Russia. Such independence pleased Adler, who was as much a feminist as his strong-willed wife.

Applications of Individual Psychology

We have divided the practical applications of individual psychology into four areas: (1) family constellation, (2) early recollections, (3) dreams, and (4) psychotherapy.

Family Constellation

In therapy, Adler almost always asked patients about their family constellation, that is, their birth order, the gender of their siblings, and the age spread between them. Although people's perception of the situation into which they were born is more important than numerical rank, Adler did form some general hypotheses about birth order.

Firstborn children, according to Adler (1931), are likely to have intensified feelings of power and superiority, high anxiety, and overprotective tendencies. (Recall that Freud was his mother's firstborn child.) Firstborn children occupy a unique position, being an only child for a time and then experiencing a traumatic dethronement when a younger sibling is born. This event dramatically changes the situation and the child's view of the world.

If firstborn children are age 3 or older when a baby brother or sister is born, they incorporate this dethronement into a previously established style of life. If they have already developed a self-centered style of life, they likely will feel hostility and resentment toward the new baby, but if they have formed a cooperating style, they will eventually adopt this same attitude toward the new sibling. If firstborn children are less than 3 years old, their hostility and resentment will be largely unconscious, which makes these attitudes more resistant to change in later life.

According to Adler, secondborn children (such as himself) begin life in a better situation for developing cooperation and social interest. To some extent, the personalities of secondborn children are shaped by their perception of the older child's attitude toward them. If this attitude is one of extreme hostility and vengeance, the second child may become highly competitive or overly discouraged. The typical second child, however, does not develop in either of these two directions. Instead, the secondborn child matures toward moderate competitiveness, having a healthy desire to overtake the older rival. If some success is achieved, the child is likely to develop



Siblings may feel superior or inferior and may adopt different attitudes toward the world depending in part on their order of birth.

a revolutionary attitude and feel that any authority can be challenged. Again, children's interpretations are more important than their chronological position.

Youngest children, Adler believed, are often the most pampered and, consequently, run a high risk of being problem children. They are likely to have strong feelings of inferiority and to lack a sense of independence. Nevertheless, they possess many advantages. They are often highly motivated to exceed older siblings and to become the fastest runner, the best musician, the most skilled athlete, or the most ambitious student.

Only children are in a unique position of competing, not against brothers and sisters, but against father and mother. Living in an adult world, they often develop an exaggerated sense of superiority and an inflated self-concept. Adler (1931) stated that only children may lack well-developed feelings of cooperation and social interest, possess a parasitic attitude, and expect other people to pamper and protect them. Typical positive and negative traits of oldest, second, youngest, and only children are shown in Table 3.2.

Early Recollections

To gain an understanding of patients' personality, Adler would ask them to reveal their **early recollections** (ERs). Although he believed that the recalled memories yield clues for understanding patients' style of life, he did not consider these memories to have a causal effect. Whether the recalled experiences correspond with objective reality or are complete fantasies is of no importance. People reconstruct the

TABLE 3.2

Adler's View of Some Possible Traits by Birth Order

Positive Traits	Negative Traits
Oldest Child	
Nurturing and protective of others Good organizer	Highly anxious Exaggerated feelings of power Unconscious hostility Fights for acceptance Must always be "right," whereas others are always "wrong" Highly critical of others Uncooperative
Second Child	
Highly motivated Cooperative Moderately competitive	Highly competitive Easily discouraged
Youngest Child	
Realistically ambitious	Pampered style of life Dependent on others Wants to excel in everything Unrealistically ambitious
Only Child	
Socially mature	Exaggerated feelings of superiority Low feelings of cooperation Inflated sense of self Pampered style of life

events to make them consistent with a theme or pattern that runs throughout their lives.

Adler (1929/1969, 1931) insisted that early recollections are always consistent with people's present style of life and that their subjective account of these experiences yields clues to understanding both their final goal and their present style of life. One of Adler's earliest recollections was of the great contrast between his brother's Sigmund's good health and his own sickly condition. As an adult, Adler reported that

One of my earliest recollections is of sitting on a beach . . . bandaged up on account of rickets, with my healthier elder brother sitting opposite me. He could run, jump, and move about quite effortlessly, while for me movement of any sort was a strain. . . . Everyone went to great pains to help me. (Bottome, 1957, p. 30)

If Adler's assumption that early recollections are a valid indicator of a person's style of life, then this memory should yield clues about Adler's adult style of life.



First, it tells us that he must have seen himself as an underdog, competing valiantly against a powerful foe. However, this early recollection also indicates that he believed he had the help of others. Receiving aid from other people would have given Adler the confidence to compete against such a powerful rival. This confidence coupled with a competitive attitude likely carried over to his relationship with Sigmund Freud, making that association tenuous from the beginning.

Adler (1929/1964) presented another example of the relationship between early recollections and style of life. During therapy an outwardly successful man who greatly distrusted women reported the following early memory: “I was going with my mother and little brother to market. Suddenly it began to rain and my mother took me in her arms, and then, remembering that I was the older, she put me down and took up my younger brother” (p. 123). Adler saw that this recollection related directly to the man’s current distrust of women. Having initially gained a favorite position with his mother, he eventually lost it to his younger brother. Although others may claim to love him, they will soon withdraw their love. Note that Adler did not believe that the early childhood experiences *caused* the man’s current distrust of women, but rather that his current distrustful style of life shapes and colors his early recollections.

Adler believed that highly anxious patients will often project their current style of life onto their memory of childhood experiences by recalling fearful and anxiety-producing events, such as being in a motor vehicle crash, losing parents either temporarily or permanently, or being bullied by other children. In contrast, self-confident people tend to recall memories that include pleasant relations with other people. In either case the early experience does not determine the style of life. Adler believed that the opposite was true; that is, recollections of early experiences are simply shaped by present style of life.

Dreams

Although dreams cannot foretell the future, they can provide clues for solving future problems. Nevertheless, the dreamer frequently does not wish to solve the problem in a productive manner. Adler (1956) reported the dream of a 35-year-old man who was considering marriage. In the dream, the man “crossed the border between Austria and Hungary, and they wanted to imprison me” (p. 361). Adler interpreted this dream to mean that the dreamer wants to come to a standstill because he would be defeated if he went on. In other words, the man wanted to limit his scope of activity and had no deep desire to change his marital status. He did not wish to be “imprisoned” by marriage. Any interpretation of this or any dream must be tentative and open to reinterpretation. Adler (1956) applied the golden rule of individual psychology to dream work, namely, “Everything can be different” (p. 363). If one interpretation doesn’t feel right, try another.

Immediately before Adler’s first trip to the United States in 1926, he had a vivid and anxious dream that related directly to his desire to spread his individual psychology to a new world and to free himself from the constraints of Freud and Vienna. The night before he was to depart for America, Adler dreamed that he was on board the ship when

suddenly it capsized and sunk. All of Adler’s worldly possessions were on it and were destroyed by the raging waves. Hurlled into the ocean, Adler was forced to

swim for his life. Alone he thrashed and struggled through the choppy water. But through the force of will and determination, he finally reached land in safety. (Hoffman, 1994, p. 151)

Adler interpreted this dream to mean that he had to muster the courage to venture into a new world and to break from old worldly possessions.

Although Adler believed that he could easily interpret this dream, he contended that most dreams are self-deceptions and not easily understood by the dreamer. Dreams are disguised to deceive the dreamer, making self-interpretation difficult. The more an individual's goal is inconsistent with reality, the more likely that person's dreams will be used for self-deception. For example, a man may have the goal of reaching the top, being above, or becoming an important military figure. If he also possesses a dependent style of life, his ambitious goal may be expressed in dreams of being lifted onto another person's shoulders or being shot from a cannon. The dream unveils the style of life, but it fools the dreamer by presenting him with an unrealistic, exaggerated sense of power and accomplishment. In contrast, a more courageous and independent person with similar lofty ambitions may dream of unaided flying or reaching a goal without help, much as Adler had done when he dreamed of escaping from a sinking ship.

Psychotherapy

Adlerian theory postulates that psychopathology results from lack of courage, exaggerated feelings of inferiority, and underdeveloped social interest. Thus, the chief purpose of Adlerian psychotherapy is to enhance courage, lessen feelings of inferiority, and encourage social interest. This task, however, is not easy because patients struggle to hold on to their existing, comfortable view of themselves. To overcome this resistance to change, Adler would sometimes ask patients, "What would you do if I cured you immediately?" Such a question usually forced patients to examine their goals and to see that responsibility for their current misery rests with them.

Adler often used the motto, "Everybody can accomplish everything." Except for certain limitations set by heredity, he strongly believed this maxim and repeatedly emphasized that what people do with what they have is more important than what they have (Adler, 1925/1968, 1956). Through the use of humor and warmth, Adler tried to increase the patient's courage, self-esteem, and social interest. He believed that a warm, nurturing attitude by the therapist encourages patients to expand their social interest to each of the three problems of life: sexual love, friendship, and occupation.

Adler innovated a unique method of therapy with problem children by treating them in front of an audience of parents, teachers, and health professionals. When children receive therapy in public, they more readily understand that their problems are community problems. Adler (1964) believed that this procedure would enhance children's social interest by allowing them to feel that they belong to a community of concerned adults. Adler was careful not to blame the parents for a child's misbehavior. Instead, he worked to win the parents' confidence and to persuade them to change their attitudes toward the child.

Although Adler was quite active in setting the goal and direction of psychotherapy, he maintained a friendly and permissive attitude toward the patient. He established himself as a congenial coworker, refrained from moralistic preaching,

and placed great value on the human relationship. By cooperating with their therapists, patients establish contact with another person. The therapeutic relationship awakens their social interest in the same manner that children gain social interest from their parents. Once awakened, the patients' social interest must spread to family, friends, and people outside the therapeutic relationship (Adler, 1956).

Related Research

Adlerian theory continues to generate a moderate amount of research on such topics as career choice, eating disorders, binge drinking, and other important issues. Each of these topics can provide a potentially rich source for understanding various Adlerian concepts.

Early Recollections and Career Choice

Do early recollections predict career choice among young students? Adler believed that career choices reflect a person's personality. "If ever I am called on for vocational guidance, I always ask the individual what he was interested in during his first years. His memories of this period show conclusively what he has trained himself for most continuously" (Adler, 1958, as quoted in Kasler & Nevo, 2005, p. 221). Researchers inspired by Adler therefore predicted that the kind of career one chooses as an adult is often reflected in one's earliest recollections.

In order to test this hypothesis, Jon Kasler and Ofra Nevo (2005) gathered earliest memories from 130 participants. These recollections were then coded by two judges on the kind of career the memory reflected. The recollections were classified using Holland's (1973) vocational interest types, namely Realistic, Investigative, Artistic, Social, Enterprising, and Conventional (see Table 3.3 for description of these interest types). For example, an early recollection that reflects a social career interest later in life was: "I went to nursery school for the first time in my life at the age of four or five. I don't remember my feelings that day but I went with my mother and the moment I arrived I met my first friend, a boy by the name of P. I remember a clear picture of P playing on the railings and somehow I joined him. I had fun all day" (Kasler & Nevo, 2005, p. 226). This early recollection centers around social interaction and relationships. An example of an early recollection that reflects a realistic career interest was: "When I was a little boy, I used to like to take things apart, especially electrical appliances. One day I wanted to find out what was inside the television, so I decided to take a knife and break it open. Because I was so small I didn't have the strength and anyway my father caught me and yelled at me" (Kasler & Nevo, 2005, p. 225).

Career interest of participants was assessed by a self-report measure, the Self-Directed Search (SDS) questionnaire (Holland, 1973). The SDS measures vocational interests, which were independently categorized into the same six Holland types that early recollections were placed into. The researchers therefore had early recollections and adult career interests both classified into the six career types, and they wanted to examine whether early recollections matched career interest.

Kasler and Nevo (2005) found that early recollections in childhood did match career type as an adult, at least for the three career types that were well represented

TABLE 3.3**Qualities of Holland's Six Career Types: Realistic, Investigative, Artistic, Social, Enterprising, and Conventional*****Realistic***

- Likes to work with animals, tools, or machines; generally avoids social activities like teaching, healing, and informing others;
- Has good skills in working with tools, mechanical or electrical drawings, machines, or plants and animals;
- Values practical things you can see, touch, and use like plants and animals, tools, equipment, or machines; and
- Sees self as practical, mechanical, and realistic.

Investigative

- Likes to study and solve math or science problems; generally avoids leading, selling, or persuading people;
- Is good at understanding and solving science and math problems;
- Values science; and
- Sees self as precise, scientific, and intellectual.

Artistic

- Likes to do creative activities like art, drama, crafts, dance, music, or creative writing; generally avoids highly ordered or repetitive activities;
- Has good artistic abilities—in creative writing, drama, crafts, music, or art;
- Values the creative arts—like drama, music, art, or the works of creative writers; and
- Sees self as expressive, original, and independent.

Social

- Likes to do things to help people—like teaching, nursing, or giving first aid, providing information; generally avoids using machines, tools, or animals to achieve a goal;
- Is good at teaching, counseling, nursing, or giving information;
- Values helping people and solving social problems; and
- Sees self as helpful, friendly, and trustworthy.

Enterprising

- Likes to lead and persuade people, and to sell things and ideas; generally avoids activities that require careful observation and scientific, analytical thinking;
- Is good at leading people and selling things or ideas;
- Values success in politics, leadership, or business; and
- Sees self as energetic, ambitious, and sociable.

Conventional

- Likes to work with numbers, records, or machines in a set, orderly way; generally avoids ambiguous, unstructured activities;
- Is good at working with written records and numbers in a systematic, orderly way;
- Values success in business; and
- Sees self as orderly, and good at following a set plan.

in their sample (Realistic, Artistic, and Social). The general direction of a participant's career path could be identified from themes seen in early recollections. These vignettes are consistent with Adler's view of early recollections and demonstrate how style of life may relate to occupational choice.

Early Childhood and Health-Related Issues

Psychologists have been studying health-related issues for a number of years, but only recently have these topics become of interest to Adlerian psychologists. As it turns out, Adler's theory of inferiority, superiority, and social feeling can be applied to explain health-related behaviors such as eating disorders and binge drinking.

According to Susan Belangee (2006), dieting, overeating, and bulimia can be viewed as common ways of expressing inferiority feelings. Belangee cites a report by Lowes and Tiggeman (2003), who looked at body satisfaction in 135 children 5 to 8 years old and found that 59% of them wanted to be thinner. Other research found that 35% of young dieters progressed to pathological dieting. Adlerian psychologists have recognized this progression and have seen it as a means of compensating for inferiority or a sense of worthlessness. In other words, the eating disorder and its striving toward superiority are an unhealthy means of compensating for inferiority. Moreover, eating disorders suggest that a person's *Gemeinschaftsgefühl*, or social feeling, is out of whack. Rather than being focused on helping others and feeling compassion for others, persons with eating disorders are very much focused on their own lives and difficulties (Belangee, 2007).

Adlerian theory can also shed light on another health related behavior—binge drinking. Although heavy drinking among college students has a long and destructive history, this pattern of alcohol consumption has increased in recent years with male students being more likely than female students to engage in excessive drinking over a relatively short period of time (Brannon & Feist, 2007). College men and women between the ages of 18 to 30 have the highest risk for heavy drinking. However, drinking rates among these students have not been analyzed according to birth order, gender of siblings, ethnicity, and other Adlerian topics.

Recently, however, Teresa Laird and Andrea Shelton (2006) examined the issue of binge drinking and birth order among men and women attending college. These researchers found significant differences among students with regard to family dynamics, alcohol consumption, and drinking patterns. That is, the youngest children in a family were more likely to binge drink, whereas older children demonstrated more drinking restraint. The authors explained this association using Adlerian theory: Youngest children are more dependent upon others, and when people who are dependent are stressed, they are more likely to cope by heavy drinking.

Early Recollections and Counseling Outcomes

If early recollections are fictional constructions amenable to present shifts in a person's style of life, then early recollections should change as style of life changes. This hypothesis is difficult to test because researchers would need to (1) measure early recollections, (2) assess current style of life, (3) bring about changes in style of life,

and (4) reassess early recollections. If changes in early recollections tend to track changes in personality variables, then ERs could be used as criteria for measures of psychotherapy outcomes.

Some evidence exists that early recollections do change through the course of counseling. For example, Gary Savill and Daniel Eckstein (1987) obtained early recollections and mental status of psychiatric patients both before and after counseling and compared them to ERs and mental status of a matched group of control participants. They found significant changes in both mental status and early recollections for the counseling group but not for the controls. Consistent with Adlerian theory, this finding indicates that when counseling is successful, patients change their early recollections.

Similarly, Jane Statton and Bobbie Wilborn (1991) looked at the three earliest recollections of 5- to 12-year-old children after each of 10 weekly counseling sessions and compared them with the early recollections of a control group of children that did not receive counseling. The researchers found that the counseling group showed greater changes in the theme, character, setting, amount of detail, and level of affect of their early memories. In addition, they reported one dramatic example of how early recollections can change as style of life changes. One young child recalled that

my uncle and dad took me fishing. They were fishing and my uncle got his line hung on a tree stump in the water. He yanked on the pole and the hook came back and hooked me in the head. . . . I waited for them to pull it out of my head. (p. 341)

After counseling, the child recast this passive early recollection in a more active light.

I went fishing when I was about 5. . . . I caught a fish . . . and my uncle threw his line out and he got it hung on a tree stump and he yanked it back and the hook came back and got me in the head. . . . I pulled it out. (p. 344)

This research is intriguing because it suggests that early recollections may change as a result of psychotherapy or some other life-altering experience. These results tend to support Adler's teleological approach to personality; namely, early childhood experiences are less important than the adult's view of those experiences.

Critique of Adler

Adler's theory, like that of Freud, produced many concepts that do not easily lend themselves to either verification or falsification. For example, although research has consistently shown a relationship between early childhood recollections and a person's present style of life (Clark, 2002), these results do not verify Adler's notion that present style of life shapes one's early recollections. An alternate, causal explanation is also possible; that is, early experiences may cause present style of life. Thus, one of Adler's most important concepts—the assumption that present style of life determines early memories rather than vice versa—is difficult either to verify or falsify.

Another function of a useful theory is to *generate research*, and on this criterion we rate Adler's theory above average. Much of the research suggested by

individual psychology has investigated early recollections, social interest, and style of life. Arthur J. Clark (2002) for example, cites evidence showing that early recollections relate to myriad personality factors, including dimensions or personality clinical disorders, vocational choice, explanatory style, and psychotherapy processes and outcomes. In addition, Adler's theory has encouraged researchers to construct several social interest scales, for example, the Social Interest Scale (Crandall, 1975, 1981), the Social Interest Index (Greever, Tseng, & Friedland, 1973), and the Sulliman Scale of Social Interest (Sulliman, 1973). Research activity on these scales and on birth order, early recollections, and style of life gives Adlerian theory a moderate to high rating on its *ability to generate research*.

How well does Adlerian theory *organize knowledge* into a meaningful framework? In general, individual psychology is sufficiently broad to encompass possible explanations for much of what is known about human behavior and development. Even seemingly self-defeating and inconsistent behaviors can be fit into the framework of striving for superiority. Adler's practical view of life's problems allows us to rate his theory high on its ability to make sense out of what we know about human behavior.

We also rate Adlerian theory high on its ability to *guide action*. The theory serves the psychotherapist, the teacher, and the parent with guidelines for the solution to practical problems in a variety of settings. Adlerian practitioners gather information through reports on birth order, dreams, early recollections, childhood difficulties, and physical deficiencies. They then use this information to understand a person's style of life and to apply those specific techniques that will both increase that person's individual responsibility and broaden his or her freedom of choice.

Is individual psychology *internally consistent*? Does it include a set of operationally defined terms? Although Adlerian theory is a model for self-consistency, it suffers from a lack of *precise operational definitions*. Terms such as *goal of superiority* and *creative power* have no scientific definition. Nowhere in Adler's works are they operationally defined, and the potential researcher will look in vain for precise definitions that lend themselves to rigorous study. The term *creative power* is an especially illusory one. Just what is this magical force that takes the raw materials of heredity and environment and molds a unique personality? How does the creative power transform itself into specific actions or operations needed by the scientist to carry out an investigation? Unfortunately, individual psychology is somewhat philosophical—even moralistic—and does not provide answers to these questions.

The concept of creative power is a very appealing one. Probably most people prefer to believe that they are composed of something more than the interactions of heredity and environment. Many people intuitively feel that they have some agent (soul, ego, self, creative power) within them that allows them to make choices and to create their style of life. As inviting as it is, however, the concept of creative power is simply a fiction and cannot be scientifically studied. Due to lack of operational definitions, therefore, we rate individual psychology low on internal consistency.

The final criterion of a useful theory is simplicity, or *parsimony*. On this standard we rate individual psychology about average. Although Adler's awkward and unorganized writings distract from the theory's rating on parsimony, the work of Ansbacher and Ansbacher (Adler, 1956, 1964) has made individual psychology more parsimonious.



Concept of Humanity

Adler believed that people are basically self-determined and that they shape their personalities from the meaning they give to their experiences. The building material of personality is provided by heredity and environment, but the creative power shapes this material and puts it to use. Adler frequently emphasized that the use that people make of their abilities is more important than the quantity of those abilities. Heredity endows people with certain abilities and environment gives them some opportunity to enhance those abilities, but we are ultimately responsible for the use they make of these abilities.

Adler also believed that people's interpretations of experiences are more important than the experiences themselves. Neither the past nor the future determines present behavior. Instead, people are motivated by their present perceptions of the past and their present expectations of the future. These perceptions do not necessarily correspond with reality, and as Adler (1956) stated, "meanings are not determined by situations, but we determine ourselves by the meanings we give to situations" (p. 208).

People are forward moving, motivated by future goals rather than by innate instincts or causal forces. These future goals are often rigid and unrealistic, but people's personal freedom allows them to reshape their goals and thereby change their lives. People create their personalities and are capable of altering them by learning new attitudes. These attitudes encompass an understanding that change can occur, that no other person or circumstance is responsible for what a person is, and that personal goals must be subordinated to social interest.

Although our final goal is relatively fixed during early childhood, we remain free to change our style of life at any time. Because the goal is fictional and unconscious, we can set and pursue temporary goals. These momentary goals are not rigidly circumscribed by the final goal but are created by us merely as partial solutions. Adler (1927) expressed this idea as follows: "We must understand that the reactions of the human soul are not final and absolute: Every response is but a partial response, valid temporarily, but in no way to be considered a final solution of a problem" (p. 24). In other words, even though our final goal is set during childhood, we are capable of change at any point in life. However, Adler maintained that not all our choices are conscious and that style of life is created through both conscious and unconscious choices.

Adler believed that ultimately people are responsible for their own personalities. People's creative power is capable of transforming feelings of inadequacy into either social interest or into the self-centered goal of personal superiority. This capacity means that people remain free to choose between psychological health and neuroticism. Adler regarded self-centeredness as pathological and established social interest as the standard of psychological maturity. Healthy people have a high level of social interest, but throughout their lives, they remain free to accept or reject normality and to become what they will.

On the six dimensions of a concept of humanity listed in Chapter 1, we rate Adler very high on *free choice and optimism*; very low on *causality*; moderate on *unconscious influences*; and high on *social factors* and on the *uniqueness* of individuals. In summary, Adler held that people are self-determining social creatures, forward moving and motivated by present fictions to strive toward perfection for themselves and society.

Key Terms and Concepts

- People begin life with both an innate striving force and physical deficiencies, which combine to produce *feelings of inferiority*.
- These feelings stimulate people to set a *goal* of overcoming their inferiority.
- People who see themselves as having more than their share of physical deficiencies or who experience a pampered or neglected style of life *overcompensate* for these deficiencies and are likely to have exaggerated feelings of inferiority, strive for personal gain, and set unrealistically high goals.
- People with normal feelings of inferiority *compensate* for these feelings by cooperating with others and developing a high level of social interest.
- *Social interest*, or a deep concern for the welfare of other people, is the sole criterion by which human actions should be judged.
- The three major problems of life—*neighborly love*, *work*, and *sexual love*—can only be solved through social interest.
- All behaviors, even those that appear to be incompatible, are *consistent with a person's final goal*.
- Human behavior is shaped neither by past events nor by objective reality, but rather by people's *subjective perception* of a situation.
- Heredity and environment provide the building material of personality, but people's *creative power* is responsible for their style of life.
- All people, but especially neurotics, make use of various *safeguarding tendencies*—such as excuses, aggression, and withdrawal—as conscious or unconscious attempts to protect inflated feelings of superiority against public disgrace.
- *The masculine protest*—the belief that men are superior to women—is a fiction that lies at the root of many neuroses, both for men and for women.
- Adlerian therapy uses *birth order*, *early recollections*, and *dreams* to foster courage, self-esteem, and social interest.