# An Elementary Textbook of Psychoanalysis

Charles Brenner (1973)

## Chapter 1- Two Fundamental Hypotheses

Psychoanalysis is a scientific discipline which was begun by Sigmund Freud and which is still indissolubly associated with his name. Its beginning cannot be dated precisely, since it extended over a period of several years. By 1895, however, the evolution of psychoanalysis was well under way. Like any other scientific discipline, psychoanalysis has given rise to certain theories which are derived from its observational data and which attempt to order and explain those data. What we call psychoanalytic theory, therefore, is a body of hypotheses concerning mental functioning and development in man. It is a part of general psychology and it comprises what are by far the most important contributions that have been made to human psychology to date.

It is important to realize that psychoanalytic theory is concerned with normal as well as with pathological mental functioning. It is by no means merely a theory of psychopathology. It is true that the *practice* of psychoanalysis consists of the treatment of people who are mentally ill or disturbed, but the theories of psychoanalysis have to do with the normal as well as the abnormal even though they have been derived principally from the study and treatment of the abnormal.

As in any scientific discipline, the various hypotheses of psychoanalytic theory are mutually related. Some are naturally more fundamental than others, some are better established than others, and some have received so much confirmation and appear to be so fundamental in their significance that we are inclined to view them as established laws of the mind.

Two such fundamental hypotheses, which have been abundantly confirmed, are the principle of psychic determinism, or causality, and the proposition that consciousness is an exceptional rather than a regular attribute of psychic processes. To put the latter proposition in somewhat different words, we may say that, according to psychoanalytic theory, unconscious mental processes are of very great frequency and significance in normal as well as in abnormal mental functioning. This first chapter will be devoted to a consideration of these two fundamental hypotheses, which are mutually related, as we shall see.

Let us start with the principle of psychic determinism. The sense of this principle is that in the mind, as in physical nature about us, nothing happens by chance, or in a random way. Each psychic event is determined by the ones which preceded it. Events in our mental lives that may seem to be random and unrelated to what went on before are only apparently so. In fact, mental phenomena are no more capable of such a lack of causal connection with what preceded them than are physical ones. Discontinuity in this sense does not exist in mental life.

The understanding and application of this principle is essential for a proper orientation in the study of human psychology as well in its normal as in its pathological aspects. If we do understand and apply it correctly, we shall never dismiss any psychic phenomenon as meaningless or accidental. We shall always ask ourselves, in relation to any such phenomenon in which we are interested: "What caused it? Why did it happen so?" We ask ourselves these questions because we are confident that an answer to them exists. Whether we can discover the answer quickly and easily is another matter, to be sure, but we know that the answer is there.

An example of this approach to psychic phenomena is the following. It is a common experience of everyday life to forget or mislay something. The usual view of such an occurrence is that it is "an accident," that it "just happened." Yet a thorongh investigation of many such "accidents" during the past seventy-five years by psychoanalysts, beginning with the studies by Freud himself, has shown that they are by no means as accidental as popular judgment considers them to be. On the contrary, each such "accident" can be shown to have been caused by a wish or intent of the person involved, in strict conformity with the principle of mental functioning which we have been discussing.

To take another example from the realm of everyday life, Freud discovered, and the analysts who followed him have confirmed, that the common, yet remarkable and mysterious phenomena of sleep which we call dreams follow the same principle of psychic determinism. Each dream, indeed each image in each dream, is the consequence of other psychic events, and each stands in a coherent and meaningful relationship to the rest of the dreamer's psychic life.

The reader must realize that such a view of dreams, a subject which we shall discuss at some length in Chapter VII, is quite different, for example, from that which was current among scientifically trained psychologists seventy years ago. They considered dreams to be due to the random or incoordinated activity of various parts of the brain during sleep, a view that is directly at variance with our law of psychic determinism.

If we turn now to the phenomena of psychopathology, we shall expect the same principle to apply, and indeed psychoanalysts have repeatedly confirmed our expectation. Each neurotic symptom, whatever its nature, is caused by other mental processes, despite the fact that the patient himself often considers the symptom to be foreign to his whole being, and quite unconnected with the rest of his mental life. The connections are there, nonetheless, and are demonstrable despite the patient's unawareness of their presence.

At this point we can no longer avoid recognizing that we are talking not only about the first of our fundamental hypotheses, the principle of psychic determinism, but also about the second, that is the existence and significance of mental processes of which the individual himself is unaware or unconscious.

In fact, the relation between these two hypotheses is so intimate that one can hardly discuss the one without bringing in the other also. It is precisely the fact that so much of what goes on in our minds is unconscious, that is, unknown to ourselves, that accounts for the *apparent* discontinuities in our mental lives. When a thought, a feeling, an accidental forgetting, a dream, or a pathological symptom seems to be unrelated to what went on before in the mind, it is because its causal connection is with some *unconscious* mental process rather than with a conscious one. If the unconscious cause or causes can be discovered, then all apparent discontinuities disappear and the causal chain or sequence becomes clear.

A simple example of this would be the following. A person may find himself humming a tune without having any idea of how it came to his mind. This apparent discontinuity in our subject's mental life is resolved, in our particular example, by the testimony of a bystander, however, who tells us that the tune in question was *heard* by our subject a few moments before it entered his conscious thoughts, apparently from nowhere. It was a sensory impression, in this case an auditory one, which caused our subject to hum the tune. Since the subject was unaware of hearing the tune, his subjective experience was of a discontinuity in his thoughts, and it required the bystander's testimony to remove the appearance of discontinuity, and to make clear the causal chain.

The example just given was chosen for its simplicity. In fact, it is rare for an unconscious mental process--in this case an auditory perception--to be discovered so simply and easily. The natural question to ask is whether there is any more general method for discovering mental processes of which the subject himself is unaware. Can they be observed directly, for example? If not, how did Freud discover the frequency and importance of such processes in our mental lives?

The fact is that we have as yet no method which permits us to observe unconscious mental processes directly. All of our methods for studying such phenomena are indirect. They permit us to infer the existence of these phenomena, and often to determine their nature and their significance in the mental life of the individual who is the object of our study. The most useful and reliable method we have at present for studying unconscious mental processes is the technique which Freud evolved over a period of several years. This technique he called psychoanalysis for the very reason that he was able, with its help, to discern and detect psychic processes that would otherwise have remained hidden and unsuspected. It was during the same years in which he was developing the technique of psychoanalysis that Freud became aware, with the help of his new technique, of the importance of unconscious mental processes in the mental life of every individual, whether mentally sick or healthy. It may be of interest to trace briefly the steps that led up to the development of Freud's technique.

As Freud himself has told us in his autobiographical sketch (1975), he began his medical career as a neuroanatomist, and a very competent one. Faced, however, with the necessity of earning a living, he entered medical practice as a neurologist and had then to treat patients whom we should today call either neurotic or psychotic. This is still true at the present time of every specialist in the field of neurology, except for those with full-time academic or hospital positions who see no private patients at all. The practice of a neurologist, now, as then, consists of psychiatric patients. At the time when Freud began his practice, there was no rationally, i.e., etiologically oriented form of psychiatric treatment. Indeed, there were few in the entire field of medicine. Bacteriology, if no longer in its infancy, was certainly in early adolescence, aseptic surgery had only just been developed, and the great advances in physiology and pathology had hardly begun to make possible substantial improvements in the treatment of patients. It is obvious to us today that the more thorough a physician's medical training, the better his therapeutic results--clinical medicine has become to a certain extent a science. It is hard to realize that hardly more than a century ago, this was not at all the case, that the well-trained and scholarly physician was hardly superior to the most ignorant quack in his ability to treat illnesses, even though he might be able to diagnose them much better. It is strange to us, for example, to read of Tolstoy's contempt for physicians, and we are inclined to attribute it to the author's idiosyncrasy, like the conviction of an eminent novelist of a later day, Aldous Huxley, that corrective lenses are no longer necessary for myopia. But the fact is that even the well-trained physician of Tolstoy's earlier days really could not cure sick people and, by the criterion of results, seemed a perfectly suitable target for his critics' scorn. It was only during the latter half of the nineteenth century that medicine as taught in the universities showed itself to be clearly superior in its results to naturopathy, Christian Science, homeopathy, or superstitious folk, lore.

As a well-trained scientist would be expected to do, Freud utilized the most scientific methods of treatment that were at his disposal. For example, for hysterical symptoms he employed the electrical treatments recommended by the great neurologist, Erb, much of whose work in the field of clinical electrophysiology is valid to this day. Unfortunately, however, Erb's recommendations for the treatment of hysteria were not so well founded, and, as Freud tells us, he had eventually to conclude that the Erb treatment of hysteria was worthless, and that the results claimed for it are simply untrue. In 1885 Freud had gone to Paris, where he studied for several months in Charcot's clinic. He became familiar with hypnosis as a method for the production of hysterical symptoms and for their treatment, as well as with the syndrome of hysteria, both major and minor, which Charcot had outlined. Like other up-to-date neurologists of his time, Freud tried to banish his patients' symptoms by hypnotic suggestion, with varying degrees of success. It was at about this time that his friend Breuer told him of an experience with a hysterical patient which was of crucial importance in the development of psychoanalysis.

Breuer himself was a practicing physician of considerable talent and with an excellent physiological training. Among other thing, he collaborated in the discovery of a respiratory reflex known as the Hering-Breuer reflex, and he introduced the use of morphine in acute pulmonary edema. What Breuer told Freud was that several years earlier he had treated a hysterical woman by hypnosis and had found that her symptoms disappeared when she had been able in her

hypnotic state to recall the experience and the accompanying emotion which had led to the symptom in question--her symptoms could be talked away under hypnosis. Freud eagerly applied this method to the treatment of hysterical patients of his own with good results. The results of this work were published in collaboration with Breuer (1895) in articles, and finally in a monograph.

As Freud went on, however, he found that hypnosis was not uniformly easy to induce, that the good results were apt to be transitory, and that some at least of his female patients became sexually attached to him in the course of the hypnotic treatment--something which was most unwelcome to him. At this point the memory of an experiment of the French hypnotist Bernheim came to his rescue. Bernheim had demonstrated to a group, of which Freud was a member, that a subject's amnesia for his hypnotic experiences could be lifted *without* rehypnotizing the patient, by urging him to remember what he insisted he could not. If the urging was persistent and forceful enough, the patient *did* remember what he had forgotten without having been rehypnotized. Freud argued on this basis that he should be able to lift a *hysterical* amnesia without hypnosis too, and set about doing so. From this beginning he evolved the psychoanalytic technique, the essence of which is that the patient undertakes to report to the analyst without exception whatever thoughts come into his mind and to refrain from exercising over them either conscious direction or censorship.

It has happened frequently in the history of science that an innovation in technique has opened up a whole new world of data, and made it possible to understand, that is, to construct valid hypotheses about what was previously incorrectly or incompletely understood. Galileo's invention of the telescope was such a technical advance that made possible immense progress in the field of astronomy, and Pasteur's use of microscopy in the study of infectious disease was equally revolutionary in its effect in that field of science. The development and application of the psychoanalytic technique made it possible for Freud, the genius who developed and applied it, to make discoveries which have revolutionized both the theory and practice of psychiatry, in particular of psychotherapy, as well as to make contributions of the most fundamental sort to the science of human psychology in general.

The reason for the great value of having the patient relinquish conscious control of his thoughts is this: what the patient thinks and says under those circumstances is determined by *unconscious* thoughts and motives. Thus Freud, by listening to the patient's "free" associations--which were after all free only from *conscious* control--was able to get a picture, by inference, of what was going on unconsciously in his patient's mind. He was therefore in the unique position of being able to study his patients' unconscious mental processes, and what he discovered, in the course of years of patient and careful observation, was that not only hysterical symptoms but also many other normal and pathological aspects of behavior and thinking were the result of what was going on unconsciously in the mind of the individual who exhibited them.

In the course of studying unconscious mental phenomena, Freud soon found that they could be divided into two groups. The first group comprised thoughts, memories, etc., which could readily be made conscious by an effort of attention. Such psychic elements have ready access to consciousness, and Freud called them "preconscious." Any thought which happens to be conscious at a given moment, for example, is preconscious both before and after that particular moment. The more interesting group of unconscious phenomena, however, comprised those psychic elements which could only be made conscious by the expenditure of considerable effort. In other words, they were barred from consciousness by a considerable force, which had to be overcome before they could become conscious. This is what we find, for example, in a case of hysterical amnesia.

It was for this second group of phenomena that Freud reserved the term "unconscious" in the stricter sense. He was able to demonstrate that their being unconscious in this sense in no way prevented them from exerting the most significant influence on mental functioning. In addition, he was able to show that unconscious processes might be quite comparable to conscious ones in precision and complexity.

As we said earlier, we have as yet no way of observing unconscious mental activities directly. We can only observe their effects as expressed in the subject's thoughts and feelings which he reports to us, and in his actions, which may be either reported or observed. Such data are derivatives of unconscious mental activities, and from them we can draw inferences concerning the activities themselves.

The data are particularly full and clear when one uses the analytic technique which Freud devised. However, there are other sources of data which furnish evidence for our fundamental proposition that unconscious mental processes have the capacity to produce effects on our thoughts and actions, and it may be of interest to make a brief survey of their nature.

Evidence of this sort which is of the nature of an experiment is provided by the well-known facts of posthypnotic suggestion. A subject is hypnotized, and while in the trance is told something which he is to do after he has been roused from the trance. For example, he is told, "When the clock strikes two, you will get up from your chair and open the window." Before being awakened, the subject is also told that he will have no memory of what happened during the trance and he is then told to wake up. Shortly after he has awakened, the clock strikes two, and he goes over and opens the window. If he is then asked why he does so, he will either say, "I don't know. I just felt like it," or, more usually, he will give some rationalization, such as that he felt warm. The point is that he is *not conscious* at the time he carries out the action which the hypnotist ordered him to perform why he did so, nor can he become conscious of his real motive by any simple act of memory or introspection. Such an experiment shows clearly that a truly unconscious mental process (obedience to a command in this case) can have a dynamic or motive effect on thought and behavior.

Other evidences of this fact may be derived from clinical, even general observation. Take for example certain phenomena of dreams. It is true, of course, that for any adequate study of dreams and dreaming in general, it is essential to use the technique of investigation that Freud devised, that is, the psychoanalytic technique. Indeed, Freud's study of dreams by this technique is one of his major achievements, and his book, *The Interpretation of Dreams*, ranks as one of the truly great and revolutionary scientific books of all time. However, we need not go into the study of dream interpretation in detail for our present purpose. As we said earlier, we shall reserve a full discussion of dream psychology for Chapter VII. At this point we need make only the following observations on the subject.

It is well known from many sources, for example the journals and logs of early Arctic expeditions, that starving men regularly, or at least very often, dream of food and of eating. I think that we can easily recognize that it is hunger which gives rise to such dreams, and of course the men are quite consciously aware of their hunger when they are awake. But *during their sleep*, when they are dreaming of gorging themselves at banquets, they are not conscious of hunger, but only of a dream of satiation, so that we can say that at the time the dream was dreamed, something was going on unconsciously in the dreamers' minds that gave rise to the dream images which were consciously experienced.

Other dreams of convenience, such as those in which the dreamer dreams that he is drinking, only to wake to the realization that he is thirsty, or dreams that he is urinating or defecating, and wakes with the urge to relieve himself, similarly demonstrate that during sleep the unconscious activity of the mind can produce a conscious result--in these cases that an unconscious bodily sensation and the wishes connected with it give rise to a conscious dream of the desired satisfaction or relief. Such a demonstration is important in itself, and can be made without any special technique of observation. However, by means of the psychoanalytic technique, Freud was able to demonstrate that behind *every* dream there are active unconscious thoughts and desires, and thus to establish as a *general rule* that when dreams occur they are caused by mental activity which is unconscious to the dreamer, and which would remain so without the use of the psychoanalytic technique.

Until Freud's investigations in the last decade of the nineteenth century, dreams had been largely neglected as an object of serious scientific study and one may add, rightly so, since before him there was no adequate technique for studying them, with the result that whatever serious studies had been made of them had shed but little light upon them. It was his discovery of the psychoanalytic method that enabled Freud to discover more about dreams than it had been possible for any of his predecessors to learn.

There is another group of phenomena to which Freud has called attention, which also demonstrate how unconscious mental activities can affect our conscious behavior. Like dreams, these are normal features of mental life; like dreams also, they had been previously neglected because they could not be fruitfully studied until the psychoanalytic method had been evolved. As we have done with dreams, we shall discuss these phenomena briefly at this point, reserving a fuller discussion of them for Chapter VI. They occur in waking life rather than in sleep, and are what we call in general slips: slips of the tongue, of the pen, of memory, and similar, related actions for which we have no very exact, generic name in English. In German they are called *Fehlleistungen*, literally, erroneous actions. As in the case of dreams, some slips are clear and simple enough for us to be able to guess with a high degree of accuracy and conviction what their unconscious meaning is. It is notoriously easy to forget something that is unpleasant or annoying, like paying a bill, for example. The amorous swain, on the other hand, does not forget an appointment with his sweetheart, or if he does, he is likely to find that she holds him to account for this unconscious sign of neglect of her just as though it had been a consciously intended one. It is not hard to guess that a young man has some hesitation about embarking on marriage if he tells us that while driving to his wedding he stopped for a traffic light; and only when it had changed did he realize that he had stopped for a green light instead of a red one. Another rather transparent example which might be called a symptomatic action rather than a slip of any sort, was fumished by a patient whose appointment had been canceled one day for his analyst's convenience. The patient found himself somewhat at loose ends during the time which was usually occupied by coming for his treatment, and decided to try out a pair of antique dueling pistols which he had recently bought. So at the time when he would ordinarily have been lying on the analyst's couch, he was shooting a dueling pistol at a target! Even without the patient's associations one would feel fairly safe in assuming that he was angry at his analyst for having failed to see him that day. We should add that, as in the case of dreams, Freud was able by applying the psychoanalytic technique to show that unconscious mental activity plays a role in the production of all slips, not just ones in which the significance of such activity is readily apparent, as is true for the examples we have offered above.

Another, easily demonstrable bit of evidence for the proposition that an individual's unconscious mental processes are of significance in his mental life is the following. The motives for a person's behavior may often be obvious to an observer, though unknown to himself. Examples of this are familiar to us from clinical and personal experience. It may be very obvious from her behavior, for instance, that a mother is dominating and demanding toward her child at the same time that she believes herself to be the most self-sacrificing of mothers, who wants only to do what is best for her child with no thought of her own wishes. I think that most of us would be ready to assume that this woman had an unconscious desire to dominate and control her child, despite not only her unawareness, but even her vigorous denial of any such desire. Another, somewhat amusing example is the pacifist who is ready to quarrel violently with anyone who contradicts his view on the undesirability of violence. It is obvious that his conscious pacifism is accompanied by an unconscious desire to fight, which in this case is the very thing that his conscious attitude condemns.

So far we have used examples from normal mental life as evidence for the existence of unconscious mental processes. In fact, however, the importance of unconscious mental activity was first and foremost demonstrated by Freud in the case of the symptoms of mentally ill patients. As a result of Freud's discoveries the idea that such symptoms have a meaning that is unknown to the patient is by now so generally accepted and understood that it hardly requires illustration. If a patient has a hysterical blindness, we naturally assume that there is something that he unconsciously does not wish to see, or that his conscience forbids him to look at. It is true that it is by no means always easy to guess the unconscious meaning of a symptom correctly and that the unconscious determinants for even a single symptom may be very many and quite complex, so that even if one can guess correctly about its meaning, the guess is only a part, and sometimes a small part, of the whole truth. This is immaterial for our present purpose, however, which is simply to indicate by illustration various sources of evidence for our fundamental proposition concerning unconscious mental processes.

Even though now, in retrospect, we can see, as in our illustrations, that we can establish even without the aid of the psychoanalytic technique the power of unconscious mental activity to influence conscious thoughts and behavior both in healthy and in mentally ill persons, as well as in the experimental situation of hypnosis, we must nevertheless remember that it was the use of that technique that did *originally* make the discovery possible and that was essential to the fuller study of unconscious mental phenomena.

This study convinced Freud that in fact the majority of mental functioning goes on without consciousness and that consciousness is an unusual rather than a usual quality or attribute of mental functioning. This is in sharp contrast to the view that prevailed before Freud's time that consciousness and mental functioning were synonymous. We believe today that the two are by no means so and that consciousness, though an important characteristic of the operations of the mind, is by no means a necessary one. We believe that it need not and often does not attach even to mental operations which are decisive in determining the behavior of the individual, or to those which are most complex and most precise in their nature. Such operations--even complex and decisive ones--may be quite unconscious.

## Chapter II- The Drives

The two hypotheses which we have just discussed are fundamental to any exposition of psychoanalytic theory. They form a groundwork, so to speak, on which all of the remainder rests; or, if one prefers a different metaphor, they are guides which direct and determine our approach in formulating all of our subsequent hypotheses concerning the various parts or elements of the psychic apparatus, and their manner of functioning.

Let us continue our attempt to present the schema of the mind which psychoanalytic theory has to offer us by a discussion of the instinctual forces which are believed to energize it and to impel it to activity.

The psychological theories which Freud developed were always physiologically oriented as far as it was possible for them to be so. Indeed, as we know from some of his correspondence which has been recently published, he made a most ambitious attempt to formulate a neurological psychology in the early 1890's (Freud, 1954). He was forced to abandon the attempt because the facts did not permit a satisfactory correlation between the two disciplines, but Freud certainly shared the belief which is currently held by most psychiatrists and perhaps by most nonmedical psychologists as well, that some day mental phenomena will be describable in terms of brain functioning. As yet it does not seem possible to accomplish this satisfactorily, though some interesting attempts are being made in this direction. When such attempts will be successful, no one can say. In the meantime the formal or theoretical links between psychoanalysis and other branches of biology are few. The two chief ones concern the psychic functions which are related to sense perception, and the instinctual forces called "drives," which form the subject matter of this chapter.

First, a word about nomenclature. What are here called drives, are often referred to alternatively in the psychoanalytic literature as instincts. This is a more familiar word than "drive" in the present context, to be sure, but in this case the less familiar word seems preferable, for the reason that the aspect of human psychic functioning which it is intended to describe is distinctly different from what are called instincts in the lower animals, although, to be sure, they are closely related to them. The distinction to be made is this. An instinct is an innate capacity or necessity to react to a particular set of stimuli in a stereotyped or constant way--a way that is usually thought of as comprising behavior which is considerably more complex than what we speak of as a simple reflex, like the knee jerk, for instance. However, like a simple reflex, an instinct in an animal with a central nervous system presumably is composed of a stimulus, some kind of central excitation, and a motor response which follows a predetermined course. What we call a drive in man, on the other hand, does not include the motor response but only the state of central excitation in response to stimulation. The motor activity which follows this state of excitation is mediated by a highly differentiated part of the mind which is known as the "ego" in psychoanalytic terminology, and which permits the possibility that the response to the state of excitation that constitutes drive or instinctual tension will be modified by experience and reflection, instead of being predetermined, as is the case with the instincts of lower animals (Hartmann, 1948).

This difference between the instinctual life of man and similar manifestations in the lower animals must not be carried too far. In the adult human, for example, there is obviously an intimate connection between the sexual drive and that innate pattern of response which we call orgasm. We may add that in the case of any instinctual urge or drive in man, the

motor response is predetermined by genetic factors in a broad, general way. It still holds true, however, that the degree to which the response is so determined is much less in man than it appears to be in other animals and that the degree to which environmental or experiential factors can change the response is much greater in man. Therefore, we prefer to take account of these differences by speaking of "drives" rather than "instincts" in man.

A drive, then, is a genetically determined, psychic constituent which, when operative, produces a state of psychic excitation or, as we often say, of tension. This excitation or tension impels the individual to activity, which is also genitically determined in a general way, but which can be considerably altered by individual experience. This activity should lead to something which we can call either a cessation of excitation or tension, or gratification. The former would be the more objective, the latter, the more subjective terminology. Thus, we see that there is a sequence which is characteristic of the operation of the drive. This sequence we may call either tension, motor activity, and cessation of tension, or need, motor activity, and gratification, as we prefer. The former terminology deliberately neglects the elements of subjective experience, while the latter explicitly refers to it.

The attribute which drives possess of impelling the individual to activity impressed Freud as being analogous to the concept of physical energy, which it will be recalled is defined as the capacity to do work. Consequently, Freud assumed that there is a psychic energy which is a part of the drives, or which somehow derives from them. This psychic energy is not to be conceived of as the same as physical energy in any way. It is merely analogous to it in the respects we have already mentioned. The concept of psychic energy, like the concept of physical energy, is a hypothesis which is intended to serve the purpose of simplifying and facilitating our understanding of the facts of mental life which we can observe.

Freud continued the analogy between his psychological hypotheses and those of physics by speaking of the quantum of psychic energy with which a particular object or person was invested. For this concept Freud used the German word *Besetzung*, which has been translated into English by the word "cathexis." The accurate definition of "cathexis" is the amount of psychic energy which is directed toward or attached to the mental representative of a person or thing. That is to say, cathexis refers to a purely mental phenomenon. It is a psychological, not a physical concept. Psychic energy cannot flow out through space and cathect or attach itself to the external object directly. What are cathected of course are the various memories, thoughts, and fantasies of the object which comprise what we call its mental or psychic representatives. The greater the cathexis, the more "important" the object is, psychologically speaking, and vice versa.

We may illustrate our definition of cathexis by the example of a small child whose mother is the source of many important, instinctual gratifications, as we should naturally expect to be the case. We express this fact in our new terminology by saying that the child's mother is an important object of its drives, and that this object is highly cathected with psychic energy. By this we mean that the child's thoughts, images and fantasies which concern its mother, that is, her mental representative in the child's mind, are highly cathected.

Before leaving this topic, the following remarks are in order, by way of further emphasis of what has already been said. The concept of psychic energy is one which has given rise to much debate among psychoanalysts, and to not a little confusion as well. Much of the difficulty seems to arise from the word "energy." In physics there are various kinds of energy: kinetic energy, potential energy, radiant energy, to name a few. Psychic energy therefore *sounds* like one of the several forms of physical energy, viz, kinetic energy, potential energy, radiant energy, and psychic energy. It is *not*. Psychic energy is a term for a psychological concept, not for a physical one. It can be defined only in psychological terms. It cannot, as yet, be defined in physical terms at all. It is true that psychology is somehow an aspect of the activity of the central nervous system. It is a branch of animal biology, and thus, eventually, of physics and chemistry. At present, however, we know little of the connections between the two, as we said earlier. We don't know, for example, what activity of the brain, what physical processes, correspond to a wish, a longing, a need for gratification of a particular sort. Until we do, we cannot begin to connect physical energy with its psychic analogue. We must resign ourselves to the limitations imposed by our present state of knowledge, and avoid making a meaningless equation between the psychic and the physical. To apply to psychic energy the laws of thermodynamics, to discuss the entropy of mental processes, as some authors have attempted to do, is meaningless. It is, in the literal sense of the word, nonsense.

Let us now consider the question of the classification and nature of the drives. Freud's hypotheses about their classification changed and developed over the course of some three decades, that is from about 1890 to 1920 (Bibring, 1942), and there have been some significant additions to his ideas by others in the past ten years. In his first formulation he proposed to divide the drives into the sexual and the self-preservative ones. He soon abandoned the idea of a self-preservative *drive*, since he considered it to be an unsatisfactory hypothesis, and for many years all instinctual manifestations were considered to be part of, or derived from, the sexual drive. The study of various psychic phenomena, however, and in particular those of sadism and masochism, eventually led Freud to revise his theories once more, and in *Beyond the Pleasure Principle* (Freud, 1920) he formulated the theory of drives which is generally accepted by analysts today, although as we shall see, not all analysts accept it entirely in the form in which Freud presented it originally.

In this latest formulation, Freud proposed to account for the instinctual aspects of our mental lives by assuming the existence of two drives, the sexual and the aggressive. As their names suggest, this dualism is related in a very rough way to what we mean when we speak of sex and aggression, but in fact a concise definition of the two drives is not possible. We can come somewhat closer to what we mean, if we say that the one drive gives rise to the erotic component of mental activities, while the other gives rise to the purely destructive component.

Such cautious, meticulous phrasing is necessary because Freud's theory assumes, and this is a most important thing to remember about the dual theory of drives, that in all of the instinctual manifestations which we can *observe*, whether normal or pathological, *both* the sexual and the aggressive drives participate. To use Freud's terminology, the two drives are regularly "fused" though not necessarily in equal amounts.

Thus even the most callous act of intentional cruelty, that seems on the surface to satisfy nothing but some aspect of the aggressive drive, still has some unconscious sexual meaning to its author and provides him with a degree of unconscious sexual gratification. In the same way there is no act of love, however tender, which does not simultaneously provide an unconscious means of discharge to the aggressive drive.

In other words, the drives which we postulate are not observable as such in human behavior in pure or unmixed form. They are abstractions from the data of experience. They are hypotheses--operational concepts, to use a term which is fashionable nowadays--which we believe enable us to understand and explain our data in as simple and systematic a way as possible. So we must never expect or look for a clinical example in which the aggressive drive appears isolated from the sexual one, or vice versa. The aggressive drive is no more *synonymous* with what we ordinarily speak of as aggression than is the sexual drive with a desire for sexual intercourse.

In our present theory, then, we distinguish two drives. One of these we call the sexual or erotic one and the other, the aggressive or destructive one. In keeping with this distinction we also assume that there are two kinds of psychic energy, that which is associated with the sexual drive, and that which is associated with the aggressive one. The former has a special name, "libido." The latter has no such name, though at one time it was suggested that it be called "destrudo," by analogy from "destroy." It is ordinarily referred to simply as aggressive energy, though sometimes it is called "aggression." The latter usage is unfortunate, since, as we have just said, the meaning of aggressive energy and of the aggressive drive is not the same as the behavior which we refer to ordinarily as aggression, and to use the same word for both can only lead to unnecessary confusion by tending to blur the important distinction that should be made between them.

It is also important to realize that the division of drives into sexual and aggressive in our present theory is based on psychological evidence. In his original formulation Freud attempted to relate the psychological theory of the drives to more fundamental, biological concepts, and proposed that the drives be called life and death drives respectively. These drives would correspond approximately to the processes of anabolism and catabolism, and would have much more than psychological significance. They would be instinctual characteristics of all living matter--instincts of protoplasm itself, as it were.

However correct or incorrect these biological speculations of Freud may be, it is certain that they have led to a great deal of misunderstanding. It cannot be emphasized too strongly that the division of drives that we use is based on clinical grounds and will stand or fall on those grounds alone. Whether Freud was right or wrong in his ideas about life and death drives has nothing to do with the case. In fact there are some analysts who accept the concept of a death drive and some (perhaps the majority at present) who do not; but those who do not, as well as those who do, are in general persuaded of the value *on the clinical level* of considering instinctual manifestations to be composed of admixtures of sexual and aggressive drives.

Freud first defined a drive as a stimulus of the mind which came from the body (Freud, 1905b). Since at that time he was concerned only with the sexual drives, such a definition appeared to fit the facts very well. Not only are sexual excitement and gratification obviously related to stimulation of and physical changes in various parts of the body, but also the hormones liberated by various endocrine glands have a profound effect on the entire sexual life and behavior. However, in the case of the aggressive drive the evidence for a somatic basis is not at all clear. At first the suggestion was made that the skeletal musculature bore very much the same relationship to this drive as did the sexually excitable parts of the body to the sexual drive. Since we know at present of no evidence, whether physiological, chemical, or psychological to support this hypothesis, it has been largely abandoned. It appears to be tacitly assumed that the somatic substrate for the aggressive drive is furnished by the form and function of the nervous system. Perhaps some analysts would prefer not to go even that far, and to leave the question of the somatic basis of the aggressive drive to one side as unanswerable for now.

Rather than go further with such theoretical questions as these, it will probably be more rewarding to turn to aspects of the drives which are closely related to observable facts. There are many ways in which one might do this, but perhaps as good a way as any is to discuss an aspect of the drives which has proved to be particularly significant for both theory and practice, that is, their genetic development.

For simplicity's sake let us start with the sexual or erotic drive, since we are more familiar with its development and vicissitudes than we are with those of its sometime partner and sometime rival, the aggressive drive. Psychoanalytic theory postulates that those instinctual forces are already at work in the infant, influencing behavior and clamoring for gratification, which later produce the sexual desires of the adult, with all of their pain and bliss. Indeed the word "postulates" is an inadequate one in this connection. It would be better to say that this proposition is considered to have been amply proved.

The proofs which are available come from at least three sources. The first of these is the direct observation of children. It is truly remarkable how obvious are the evidences of sexual desires and behavior in small children, if one will observe them and talk with them with an unbiased and objective mind. Unfortunately, "there's the rub," because it is precisely on account of each person's own need to forget and deny the sexual wishes and conflicts of his own early childhood that before Freud's investigations almost no one was able to recognize the obvious presence of sexual wishes in the children

whom he observed. The other sources of evidence on this point come from the analyses of children and of adults. In the former one can see directly, and in the latter infer reconstructively, the great significance of infantile sexual desires as well as their nature.

One more point should be made clear. The similarity between the sexual wishes of the child of from three to five years and those of the adult is so striking, when the facts are known, that one has no hesitation in calling those of the child by the same name as those of the adult. But how are we to identify the derivatives or manifestations of the sexual drive at a still earlier age? Following Freud (1905b), we may rely on the following observations. (1) In the course of normal development there are certain features of pleasurable behavior in earlier childhood which later become subordinated to genital excitement and gratification and which contribute to it. This is true of kissing, looking, fondling, exhibiting, and the like. (2) In certain cases of abnormal sexual development (sexual perversions) one or several infantile interests or actions become the chief source or sources of adult sexual gratification. These are commonly anal as well as oral or visual. (3) Evidence from the therapeutic application of the psychoanalytic method to neurotic patients indicates that such "perverse" wishes are active in the minds of these patients also. However, instead of being conscious and exciting, as they are to sexually perverse individuals, they are unconscious and a source of anxiety and guilt.

We are now in a position to describe in a schematic way what is known of the typical sequence of the manifestations of the sexual drive from infancy on, a sequence which Freud first outlined in the edition of his *Three Essays on Sexuality* which appeared in 1915.

The reader must understand that the stages to be described are not as distinct from one another as our schematic presentation would imply. In reality one stage merges with the next and the two overlap, so that the transition from one to the other is a very gradual one. One must also understand that the times given for the duration of each stage are to be taken as very approximate and average ones.

For the first year and a half of life, approximately, the mouth, lips and tongue are the chief sexual organs of the infant. By this we mean that its desires as well as its gratification are primarily oral ones. The evidence for this is to a large extent reconstructive, that is, it is based on the analyses of older children and of adults, but it is also possible to observe quite directly the importance to children of this age, and even older, of sucking, mouthing and biting as sources of pleasure.

In the next year and a half, the other end of the alimentary canal, that is the anus, comes to be the most important site of sexual tensions and gratifications. Pleasurable and unpleasurable sensations are associated both with the retention of feces and with their expulsion, and these bodily processes, as well as feces themselves and fecal odors, are the objects of the child's most intense interest.

Toward the close of the third year of life the leading sexual role begins to be assumed by the genitals, and it is normally maintained by them thereafter. This phase of sexual development is referred to as the phallic one for two reasons. In the first place the penis is the principal object of interest to the child of either sex. In the second, we believe that the little girl's organ of sexual excitement and pleasure during this period is her clitoris, which is embryologically the female analogue of the penis. To be sure, this may continue to be true throughout later life, although usually the vagina replaces the clitoris in this respect.

These then are the three stages of psychosexual development in the child--oral, anal, and phallic--the last of which merges into the stage of adult sexual organization at puberty. This adult stage is known as the genital one, and if proper usage is observed, the phrase "genital phase" will be reserved for it. We may interpolate that the distinction between the phallic and the genital phases is one of substance and not just of name, since the capacity for orgasm is usually only acquired at puberty. However, proper usage is not always observed in this respect in the psychoanalytic literature, and the word "genital" is frequently used instead of the correct "phallic." In particular, the oral and anal phases are usually called *pregenital* rather than *prephallic*.

In addition to the three main modalities of sexuality in the child which give their names to the principal phases we have been discussing, there are other manifestations of the sexual drive which deserve mention. One of these is the desire to look, which is usually most marked in the phallic phase, and its counterpart, the wish to exhibit. The child wishes to see the genitals of others as well as to show its own. Of course, its curiosity and exhibitionism include other parts of the body and other bodily functions as well.

Another component of sexuality which is regularly present in the child is that which is connected with the urethra and urination. It is called urethral erotism. Cutaneous sensations also contribute their share, and so do hearing and smelling, so that there is room for considerable individual variation from one child to another on this score alone. Whether the variations that do occur in the relative importance of the different sexual modalities are due to constitutional differences between one child and another, or whether they are due to the influence on the child of the environment, with its frustrations and seductions, is a question to which there is, as yet, no certain answer. Analysts tend to assume, with Freud, that in some cases constitutional factors are the more important, in others, environmental ones, while in most instances, each set of factors contributes its share to the final result (Freud, 1905b).

We have described the sequence of phases which normally occurs in childhood in the manifestations of the sexual drive. It seems reasonable to assume that this sequence results in changes in the degree of interest and importance which attaches in the child's psychic life to the various objects and modes of gratification of the sexual drive. For example, the nipple or breast is of far greater psychic importance during the oral than during the anal or the phallic phase, and the same is true of sucking, the mode of gratification which is characteristic for the earliest oral phase. We have also seen that these

changes come about gradually rather than abruptly, and that the old objects and modes of gratification are only gradually given up even after the new ones have been established for some time in the leading role.

If we describe these facts in terms of our newly defined concepts, we say that the libidinal cathexis of an object of an earlier phase diminishes as the next phase is reached and we add that, though diminished, the cathexis persists for some time after the later phase has become established and the objects appropriate to it have become the principal objects of libidinal cathexis.

The theory of psychic energy affords us an explanation of what happens in these changes which is both simple and consonant with the facts as we know them. We assume that the libido which cathected the object or mode of gratification of the earlier phase gradually becomes detached from them and instead cathects an object or mode of gratification of the next phase. Thus libido which first cathected the breast, or, to be more precise, the psychic representative of the breast, later cathects feces, and still later, the penis. According to our theories there is a flow of libido from object to object and from one to another mode of gratification during the course of psychosexual development, a flow which proceeds along a course which is probably determined in broadest outline by constitutional factors which are common to all, but which can vary considerably from person to person.

We have good reason to believe, however, that no really strong libidinal cathexis is ever completely abandoned. Most of the libido may flow on to other objects, but some at least normally remains bound to the original one. This phenomenon, that is, the persistence of the libidinal cathexis of an object of infancy or childhood into later life, we speak of as a "fixation" of the libido. For example, a boy may remain fixated to his mother and thus be unable in adult life to transfer his affections to another woman as he should normally be able to do. In addition, the word "fixation" may refer to a mode of gratification. Thus we speak of persons who are fixated to oral or anal modes of gratification.

The use of the word "fixation" is often assumed to indicate or to imply psychopathology. This is because the persistence of early cathexes was first recognized and described by Freud and those who followed him in neurotic patients. It is likely, as we have said above, that it is a general characteristic of psychic development. Perhaps when excessive in degree it is more likely to result in a pathological outcome; perhaps other factors, as yet unknown, determine whether a fixation will be associated with mental illness or not.

A fixation, whether to an object or to a mode of gratification, is usually unconscious, either wholly or in part. It might be supposed on first thought that a strong fixation, that is the persistence of a strong cathexis, would be conscious, while a weak one would be unconscious. Actually, our best evidence is that there is no relation between the strength of the persistent cathexis and its accessibility to consciousness. For example, despite the very great strength of their cathexes, the sexual interests of our childhood are regularly forgotten in large part as we grow out of early childhood, as we have remarked earlier in this chapter. In fact, the word "forgotten" is too weak and pallid a one to be properly descriptive of what happens. It is more accurate to say that the memories of these interests are energetically barred from becoming conscions. The same thing may be true of other, somewhat later fixations also.

In addition to what we have described as the forward flow of libido in the course of psychosexual development, an ebb may also occur. For this ebb we have a particular name, "regression." When we use the word specifically in connection with a drive, as we are doing here, we speak of instinctual regression. This term designates the return to an earlier mode or object of gratification.

Instinctual regression is closely related to fixation, since in fact when regression occurs, it is usually to an object or mode of gratification to which the individual was already fixated. If a new pleasure proves unsatisfactory and is given up, the individual tends to revert to one that is tried and true, as one would expect.

An example of such a regression would be the response of a small child to the birth of a sibling, with whom he had to share his mother's love and attention. Although he had given up thumb-sucking several months before his sibling's arrival, he reverted to it after the sibling was born. In this case, the earlier object of libidinal gratification to which the child regressed was its thumb, while the earlier mode of gratification was sucking.

As in our example, regression often appears under unfavorable circumstances. However, this is by no means always the case. Children, or for that matter, adults may indulge in regressive behavior for pleasure, as in the case of anal games or jokes. Regression is not to be equated with psychopathology. It is a normal phenomenon in mental life under some circumstances, an unfavorable or a pathological phenomenon under others (Kris, 1952; A. Freud, 1965).

A characteristic of infantile sexuality that is of special importance should be mentioned at this point. It concerns the relationship of the child to the objects (principally persons) of his sexual longings. To take a very simple case, if the infant cannot always have its mother's breast, it soon learns to pacify itself by sucking its own fingers or toes. This capacity to gratify its own sexual needs by itself is referred to as autoerotism. It gives the child a certain independence from the environment as far as obtaining gratification goes and also leaves the way open for what may be a fateful turning away from the world of outer reality altogether to an excessive, or even an exclusive interest in the self, such as one finds in serious pathological conditions like schizophrenia.

If we turn now to a consideration of the aggressive drive, we must confess that much less has been written about its vicissitudes than about those of the sexual drive. This is largely due to the fact that it was not until 1920 that Freud considered the aggressive drive to be an independent, instinctual component of mental life which was comparable to the sexual component that had been long since recognized and made the object of special study.

The manifestations of the aggressive drive show the same capacity for fixation and regression and the same transition from oral to anal to phallic that we have described for the manifestations of the sexual drive. That is to say, aggressive impulses in the very young infant are apt to be discharged by oral activity such as biting. Somewhat later soiling, or retention of feces become important outlets for the aggressive drive, while to the slightly older child the penis and its activity are used, or at least conceived of (used in fantasy) as a weapon and a means of destruction respectively.

However, it is clear that the relationship between the aggressive drive and the various parts of the body which we have just mentioned is not nearly as close as is the relationship in the case of the sexual drive. The child of five or six years, for example, does not actually use his penis as a weapon to any great extent; ordinarily he uses his hands, his teeth, his feet, and words. What is true, however, is that the weapons he uses in his games and fantasies, such as spears, arrows, guns, etc., can be shown by analysis to represent his penis in his unconscious thought. It appears, therefore, that in his fantasies he is unconsciously destroying his enemies with his powerful and dangerous penis. Despite this, we must conclude that the sexual drive is much more intimately related to its erogenous body zones than is the aggressive drive either to the same or to any similar part of the body. Perhaps this distinction does not hold true for the earliest, oral phase. There is little that an infant of a few months does use except its mouth, and we may well assume that oral activities are the chief outlet for its aggressive drive (biting) as well as for its sexual one (sucking, mouthing).

It is interesting that the question of the relation of the aggressive drive to pleasure is likewise still doubtful. We have no hesitation about the connection between the sexual drive and pleasure. Gratification of the sexual drive means not just any indifferent discharge of tension, but a pleasurable one. The fact that the pleasure can be interfered with or even replaced by guilt, shame, or disgust in certain instances, does not alter our view concerning the original relationship between sexuality and pleasure. But does gratification of the aggressive drive (or to put it in other words: discharge of aggressive tension) also bring pleasure? Freud thought not (Freud, 1920). Other, subsequent writers supported the view that it does (Hartmann et al. 1949), and the majority of psychoanalysts appear to have accepted this view.

Incidentally, a word of warning may be helpful concerning the frequent misuse of the words "libido" or "libidinal" in the psychoanalytic literature. They must often be understood to refer not only to the energy of the sexual drive, but also to that of the aggressive one. It is understandable that this should be so for the literature before the time when the concept of the aggressive drive was formulated. At that time "libidinal" was synonymous with "instinctual." But the effect of the original usage is so strong that even now one must often understand that "libido" is being used to include aggressive as well as sexual energy.