

Chapter 2

Freud: Psychoanalysis

Learning Objectives

After reading this chapter, students should be able to accomplish the following objectives:

1. Describe how Freud's childhood experiences may have influenced his theory of personality.
2. Discuss whether Freud was scientific in his writings.
3. Describe the three provinces of the mind, and explain how they relate to the three levels of mental life.
4. Explain Freud's concept of the sexual and aggressive instincts.
5. Identify the three types of anxiety, and discuss how they relate to the provinces of the mind.
6. List the Freudian defense mechanisms and give examples of each.
7. Summarize the psychosexual stages of development and their possible effects on personality development.
8. Trace the development of the Oedipus complex in boys and girls.
9. Explain the significance of Freud's abandonment of the seduction theory.
10. Describe Freud's concept of dreams.
11. Discuss Freud's understanding or misunderstanding of women.
12. Explain why Freud was or was not a scientist.

Lecture Outline

I. Overview of Psychoanalytic Theory

Freud's **psychoanalysis**, of all the personality theories, is best known for the following reasons:

- It postulated the primacy of sex and aggression, the two universally popular themes of psychoanalysis.
- It attracted a group of early followers who were dedicated to spreading the psychoanalytic doctrine beyond its Viennese origins.
- Freud's brilliant command of language enabled him to present his theories in a stimulating and exciting manner.

II. Biography of Sigmund Freud

To understand Freud's theory of personality, one must know something about his early childhood, including his relationship with his mother, father, and two older half-brothers. Although he was born in the Czech Republic in 1856 and died in London in 1939, Freud spent nearly 80 years of his life in Vienna.

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. 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.

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."

Freud 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. However, in 1897, he abandoned his seduction theory and replaced it with his notion of the Oedipus complex. 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. 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.

III. Levels of Mental Life

According 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**.

A. Unconscious

The unconscious contains all those drives, urges, or instincts that are beyond one's awareness but that nevertheless motivate most people's words, feelings, and actions. Freud felt that

existence of the unconscious 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. 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 people's unconscious originates from the experiences of their early ancestors that have been passed on to them through hundreds of generations of repetition. He called these inherited unconscious images one's **phylogenetic endowment** (Freud, 1917/1963, 1933/1964).

B. 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. The second source of preconscious images is the unconscious. Events that are not associated with anxiety but are merely forgotten make up the contents of the preconscious.

C. 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 a **perceptual conscious** system, which is turned toward the outer world and acts as a medium for the perception of external stimuli.
- 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.

IV. Provinces of the Mind

To Freud, the most primitive part of the mind was *das Es*, or the "it," which is almost always translated into English as **id**; the second division was *das Ich*, or the "I," translated as **ego**; and the final province was *das Uber-Ich*, or the "over-I," which is translated as **superego**.

A. The Id

The id, which is completely unconscious, serves the **pleasure principle** and seeks constant and immediate satisfaction of instinctual needs. As the region that houses basic drives, 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.

B. 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.

C. 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 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 people what they *should not do*, whereas the ego-ideal develops from experiences with rewards for proper behavior and tells people what they *should do*.

V. Dynamics of Personality

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.

A. Drives

Freud used the German word *Trieb* to refer to a drive or a stimulus within a person. According to Freud (1933/1964), the various drives can all be grouped under two major headings: sex or Eros and aggression, distraction, or Thanatos. 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.

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. 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. 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**. 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). **Sadism** is the need for sexual pleasure by inflicting pain or humiliation on another person. **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.

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. The aim of the destructive drive, according to Freud, is to return the organism to an inorganic state. The aggressive drive also explains the need for the barriers that people have erected to check aggression.

B. Anxiety

Sex and aggression share the center of Freudian dynamic theory with the concept of **anxiety**. 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. **Neurotic anxiety** is defined as apprehension about an unknown danger. The feeling itself exists in the ego, but it originates from id impulses. **Moral anxiety** stems from the conflict between the ego and the superego. **Realistic anxiety** is closely related to fear and it is defined as an unpleasant, nonspecific feeling involving a possible danger.

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

A. 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.

B. 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**. 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.

C. Displacement

Freud (1926/1959a) believed that reaction formations are limited to a single object. 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 with her roommate may displace her anger onto her employees, her pet cat, or a stuffed animal.

D. Fixation

Psychical growth normally proceeds in a somewhat continuous manner 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**.

E. 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).

F. Projection

Projection can be defined as seeing in others unacceptable feelings or tendencies that actually reside in one's own unconscious (Freud, 1915/1957b). An extreme type of projection is **paranoia**, a mental disorder characterized by powerful delusions of jealousy and persecution.

G. 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.

H. Sublimation

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.

VII. 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 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**.

A. 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. Freud (1917/1963) divided the infantile stage into the following three phases according to which the primary erogenous zones are undergoing the most salient development.

- Oral phase: During the **oral phase**, an infant is primarily motivated to receive pleasure through the mouth. Weaning is the principal source of frustration during this stage.
- Anal phase: The **anal phase** develops fully at about the second year of life, when toilet training is the child's chief source of frustration. This phase is divided into two subphases, the early anal and the late anal. Frequently, children will present their feces to the parents as a valued prize (Freud, 1933/1964). If parents reject the gift 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**. This anal eroticism becomes transformed into the **anal triad** of orderliness, stinginess, and obstinacy that typifies the adult anal character.
- 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. For both genders, suppression of masturbation is the principle source of frustration. At this time, young children experience the **Oedipus complex** in which they have sexual feelings for one parent and hostile feelings for the other. The male **castration complex**, which takes the form of **castration anxiety** or fear of losing the penis, breaks up the male Oedipus complex, and results in a well-formed male superego. For girls, however, the castration complex, in the form of **penis envy**, precedes the female Oedipus complex, a situation that leads to only a gradual and incomplete shattering of the female Oedipus complex and a weaker, more flexible female superego.

B. Latency Period

Freud believed that, from the fourth or fifth 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.

C. 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).

D. 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. Consciousness would play a more important role in the behavior of mature people.

VIII. 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 also to gain insights into human personality necessary to expound psychoanalytic theory.

A. 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. 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). 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.

B. 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. With **free association**, patients are required to verbalize every thought that comes to their mind, no matter how irrelevant or repugnant it may appear. 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 strong sexual or aggressive feelings, positive or negative, that patients develop toward their analyst during the course of treatment. 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).

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.

C. 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).

D. 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.”

IX. Related Research

In recent years, many researchers have investigated hypotheses inspired by psychoanalytic theory. This research includes such topics as (1) unconscious mental processing, (2) the id and the pleasure principle and the ego and the reality principle, (3) repression and defense mechanisms, and (4) dreams.

A. 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).

B. 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 & Panksepp, 2012; 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.

C. Repression, Inhibition, and Defense Mechanisms

Some research on defense mechanisms 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.

A study by Shevrin, Ghannam, and 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. 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.

D. 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 (e.g., Hobson, 2013). Several empirical studies have confirmed Freud's claim in *Interpretation of Dreams* that "wishes suppressed during the day assert themselves in dreams" (1900/1953, p. 590). This has come to be known in the empirical literature as the "dream-rebound effect," wherein attempts to suppress unwanted thoughts prior to sleep lead to increased dreaming about that very target (e.g., Schmidt & Gendolla, 2008; Taylor & Bryant, 2007; Wegner, Wenzlaff, & Kozak, 2004). The first study to demonstrate this "rebound" of suppressed thoughts in dreams was conducted by Daniel Wegner and colleagues (2004). Kröner-Borowik and colleagues (2013) confirmed and extended Wegner and colleagues' work on the dream-rebound effect.

Researchers studying the neurochemistry of sleep—especially the rapid eye movement (REM) period where dreams are most likely to occur—report activation of the neurotransmitter dopamine (Monti & Monti, 2007). This is relevant to and consistent with Freud's theory that dreams are motivated and not just random neural activity (Berridge, 2007). In sum, numerous lines of modern neuroscientific research appear to bear out some of Freud's key assumptions and ideas about dreams as motivated and as attempts to express suppressed and/or repressed ideas.

X. Critique of Freud

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

A. Did Freud Understand Women, Gender, and Sexuality?

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.

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 continually grappled with trying to understand women, and his views on femininity changed several times during his lifetime.

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.

B. Was Freud 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.

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 identified in Chapter 1?

Freud's most controversial ideas about sexual stages of development have garnered very little scientific support and were not even accepted by some of his closest associates such as Adler and Jung. Over the last 20 years, however, neuropsychanalytic research has been conducted that supports other key ideas set forth by Freud, namely the power of unconscious processes, the impact of childhood experiences on adult personality, the role of repression and meaning in dreams, and existence of defense mechanisms (Johnson & Mostri, 2016; Northoff & Boeker, 2006; Solms, 2000, 2004; Smith & Solms, 2018). One can therefore rate Freudian theory about average in its ability to *generate research*.

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.

Another 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.

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.

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

XI. Concept of Humanity

Freud's view of humanity was deterministic. His psychoanalytic theory is essentially pessimistic. Also, Freud's theory can be rated very high on causality over teleology. On the dimension of *conscious versus unconscious*, psychoanalytic theory leans heavily in the direction of unconscious motivation. Because Freud believed that many infantile fantasies and anxieties are rooted in biology, one can rate him low on social influences over biological. He took a middle position on the dimension of uniqueness versus similarities.