I. Sigmund Freud

- **A. Jew**
  - 1. Prevented from becoming acquiring university position
    - a) Thus began private practice at home
- **B. Medically trained; intended to become medical scientist**
  - 1. Specialised in neurology
  - 2. Perhaps leading to his interest in sex due to its physiological aspects and its connections to human biology
- **C. Viennese**
  - 1. Sexual repression of the society at his times may have led to his emphasis on sexuality as cause for individual dysfunction
- **D. Worked in isolation**
  - 1. Reacted with defiance to hostile reception to his theories
  - 2. Felt he was leading a crusade against accepted conventions of medicine
- **E. Armchair theorist**
  - 1. Non-empirical
  - 2. Qualitative (few cases)
  - 3. Inductive
- **F. Belief society is cause of his sick patients**
  - 1. But did not seek to suggest how society may improve (like Chicago scholars),
  - 2. but sought to cure his patients on an individual-level
- **G. Careful listener**
  - 1. Most important attribute of his psychoanalytic theory
- **H. Extremely... sexual**
  - 1. Believe that hysteria is sexually induced; child sexual abuse leading to adult hysteria
- **I. Very combative**
  - 1. Probably due to prejudice faced
  - 2. Fell out with most of his followers
    - a) Carl Jung, Karen Horney, etc.

II. Influences

- **A. Dr Josef Breuer**
  - 1. Pioneered experimental treatment of Anna O
  - 2. Senior colleague
  - 3. Utilised 'talking cure' (later Catharsis) to cure symptoms of patients

- a) Key to Freud's psychoanalysis

- **B. Jean-Martin Charcot**
  - 1. Neurologist specialised in hypnosis
  - 2. Freud learned hypnosis under Charcot, hoping to learn about unconscious to solve hysteria
    - a) Believe that unconscious more powerful than conscious mind in influencing certain behaviour
  - 3. But Charcot insisted cause of hysteria was strictly physical
- **C. Wilhelm Fleiss**
  - 1. Medical doctor
  - 2. One of the few willing to listen to Freud
  - 3. Notion of human bisexuality -- every individual has both male and female tendencies

III. Methods

- **A. Hypnosis**
  - 1. Became dissatisfied when it removed symptoms but did not totally cure
- **B. Talking cure/Catharsis**
  - 1. Purging of an individual's strong emotions through vicarious means
  - 2. Seen as useful release for built-up emotions, lest the "boil over" or "erupt"
  - 3. Symptoms were removed when patient recalled forgotten, unpleasant events from subconscious
- **C. Case studies through in-depth interviews**
  - 1. Few but detailed
- **D. Free association**
  - 1. Simply letting them say what they say, hoping to learn about traumatic events that were repressed into unconscious
  - 2. Encouraged by being non-judgemental
- **E. Dream analysis**
  - 1. Began by keeping a dream diary of his own
  - 2. Dreams as fulfilment of wishes:
    - a) Vicarious expression of a repressed, unacceptable (and usually sexual) wish
- **F. Analysis of jokes**
  - 1. Insights into fears and ideas
- **G. Analysis of parapraxis**
  - 1. Revealing one's true intentions, not merely accidental
- **H. Self-analysis**
  - 1. Reserving last half-hour of every workday analysing his own thoughts, dreams and memories
  - 2. From which came several components of his theory, including dream analysis
    - a) Dealt with his own neurosis through dream analysis with the death of his father

- **I. Transference**
  - 1. A form of temporary identification, taking over features of another person to incorporate into themselves
  - 2. Thought to be necessary before a patient could be cured, as it helped them work out their troubled personal relationships of the past
  - 3. Therapist must be aware and learn to manage it as part of the process of recovering from neurosis

IV. Developed

- **A. Three levels of human mind and self-awareness**
  - 1. Conscious
    - a) Which an individual can understand and describe to others with little difficulty
  - 2. Preconscious
    - a) Which an individual can call up to hsi consciousness
  - 3. Unconscious
    - a) Mainly inaccessible to individual's conscious awareness, unless assisted by psychoanalysis
  - 4. Exchanges of information between conscious and unconscious levels
    - a) Repression: where certain event is prevented from becoming accessible to conscious awareness
    - b) Projection: neurotic/moral anxiety converted into conscious fear
- **B. Wish fulfilment**
  - 1. Pleasure principle
    - a) Dominates unconscious
    - b) Made up of wishes and desires of mainly sexual nature (like id)
    - c) Which can be destructive to individual as they are usually uncivilised
  - 2. Reality principle
    - a) Operates mainly at conscious level
    - b) Logical, organised ideas
    - c) Many assist the individual; in reaching goals of pleasure principle
  - 3. Eros and thanatos as competing drives
  - 4. Often in conflict; behaviour may represent a compromise
- **C. Stages of Personality Development (or sexual development??)**
  - 1. Three pregenital stages, each inhibited by certain event
    - a) Oral: sucking and eating vs eruption of teeth
    - b) Anal: elimination of waste vs toilet training
    - c) Phallic: sexual organs vs inhibition by adult society
  - 2. Prolonged latency period: sexual desires seem to disappear
  - 3. Adolescent period: Pregenital impulse reactivated

- 4. Genital stage of maturity: Heterosexual behaviour typically begins
- **D. Tripartite Model of Personality**
  - 1. Id
    - a) Direct opposition to superego
    - b) Subconscious part of the brain:
      - (1) Contains libido: basic drives and instincts, pleasures, desires
  - 2. Ego
    - a) Mediates between id and superego, and the external world
    - b) Role to find balance between primitive drives (id) and morals and reality (superego)
      - (1) Allows some of id's desires to be expressed, provided consequences are marginal
        - i) Uses defensive mechanism (e.g. denial, regression, repression, sublimation) against 'punishments' from superego
    - c) Main concern with individual's safety
  - 3. Superego
    - a) Direct opposition to id
    - b) Conscious part of the brain:
      - (1) Acts as conscience, sense of morality, prohibition of taboos
    - c) Suppresses primitive desires of id
  - 4. Healthy functioning determined to a great extent by resolutions of conflict between id-superego
- **E. Defence mechanisms**
  - 1. Repression: pushing bad experiences into subconscious
  - 2. Sublimation: conversion of negative experiences to something else (e.g. engage in work)
  - 3. Fixation: staying fixed at a stage of development
  - 4. Regression: moving backwards in stage of development
- **F. Mind in conflict as source of neuroses**

V. Impact

- **A. Popularised and receptive in America**
  - 1. After his lectures at Clark University in 1909
  - 2. WW1 gave boost to psychoanalysis as means of treating shell shocked servicemen
  - 3. Rise of Hitler and migration of European psychoanalysts to America
- **B. Influenced scholars in America**
  - 1. Lasswell's attempt to relate psychoanalysis to political science
  - 2. Clark Hull's behaviour theory borrowed concepts such as frustration, aggression, regression, repression
  - 3. Hovland's persuasion studies through his mentor, Hull

- **C. Early American sociologist borrow Freudian concepts**
  - 1. inferiority complex, repression, sublimation, transference, and especially *wish fulfilment
  - 2. But rejected research methods, preferring quantitative survey interviews
- **D. Individualistic thought inspire other individual-level communication**
  - 1. e.g. Festinger's cognitive dissonance
  - 2. e.g. Hovland's persuasion studies
- **E. Combined with Marxist theory to give Critical school**
  - 1. Adorno's study on prejudice in *The Authoritarian Personality* uses psychoanalytic theory, albeit investigated with means of quantitative psychology

VI. American psychology (by Wundt) v. Psychoanalysis

- **A. Method-centred (laboratory) vs problem-centred (neurosis)**
  - 1. Use of experimental methods; scientific
- **B. Quantitative vs qualitative**
  - 1. Influenced by natural sciences, eager to gain acceptance as academic discipline
- **C. Current vs past life**
  - 1. Psychoanalysis draws on childhood events to explain adult neurosis
- **D. Normal adults and children vs clinical population (neurotic patients)**

VII. Criticism

- **A. Data all qualitative; very small in number**
  - 1. Published only six detailed case histories; of which two discontinued treatment after a few months
- **B. Non-scientific, failed by contemporary standards**
  - 1. Did not use diagnostic test or any other quantitative measures
- **C. Did not take notes while his patients talked, data consisted of what he remembered**
- **D. Did not test hypothesis; induce and interpret instead**
- **E. Freud's demonstrations of psychoanalysis were through largely unsuccessful cases**
  - 1. Patients did not fully recover from use of his psychoanalytic therapy
- **F. Lack any firm scientific evidence**
- **G. Wrong, if not dangerous**
  - 1. Diagnosed pregnant women as hysterical; failed to recognise symptoms

VIII. Opposition to Psychoanalysis: Palo Alto Group

- **A. Founded by Gregory Bateson**
  - 1. Anthropological orientation
    - a) Interest in culture and social context, more than just individual
- **B. Influenced by**
  - 1. Wiener Cybernetics: feedback

- 2. Systems theory: cannot study individual component like natural sciences did in human communication
- 3. = Whole is greater than sum of its parts

- **C. Interactionist communication**
  - 1. vs intrapsychic Freudian models
  - 2. Focuses on individual's communication relationships with others as means of understanding individual's behaviour
    - a) Studies network of relationships between a focal individual and other individuals
  - 3. Almost a social movement
- **D. Shift in focus from internal dynamics (id vs superego) to social networks**
- **E. "One cannot not communicate"**
  - 1. Intentional or not
- **F. Rejected Freudian thinking**
  - 1. Did not believe unconscious should be made conscious
  - 2. Argue that it is continually manifested in communication, need to go further than behavioural data to comprehend
- **G. Schizophrenia due to inability to metacommunicate**
  - 1. Inability to negotiate a double bind (paradox, mixed messages) situation
    - a) By rising to higher level of abstraction to reframe paradox