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
II. Influences

A. Dr. Josef Breuer
   - 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

- A form of temporary identification, taking over features of another person to incorporate into themselves
- Thought to be necessary before a patient could be cured, as it helped them work out their troubled personal relationships of the past
- 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
   - Which an individual can understand and describe to others with little difficulty

2. Preconscious
   - Which an individual can call up to his consciousness

3. Unconscious
   - Mainly inaccessible to individual's conscious awareness, unless assisted by psychoanalysis

4. Exchanges of information between conscious and unconscious levels
   - Repression: where certain event is prevented from becoming accessible to conscious awareness
   - Projection: neurotic/moral anxiety converted into conscious fear

B. Wish fulfilment

1. Pleasure principle
   - Dominates unconscious
   - Made up of wishes and desires of mainly sexual nature (like id)
   - Which can be destructive to individual as they are usually uncivilised

2. Reality principle
   - Operates mainly at conscious level
   - Logical, organised ideas
   - 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
   - Oral: sucking and eating vs eruption of teeth
   - Anal: elimination of waste vs toilet training
   - 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