

What did Freud get right?

Guest Editors **BERNICE ANDREWS** and **CHRIS R. BREWIN** introduce a special issue on Freudian theory in the light of modern research.

THE last quarter of the 20th century has seen growing academic criticism of, and public scepticism about, Freudian theory and practice. With very few exceptions (e.g. Eysenck, 1986) it is notable that the fiercest and best-cited critics are non-psychologists (e.g. Crews, 1997; Grünbaum, 1993; Masson, 1984; Sulloway, 1992). Indeed, although cognisant of the pitfalls in investigating and evaluating Freudian theory, psychologists have often been remarkably even-handed in their reviews, paying as much attention to what Freud may have got right as to

evidence refuting his notions (Fisher & Greenberg, 1996; Kline, 1984).

To set the scene for the more specific articles that follow, our aim in this introduction is to give a brief chronicle of the development of some of Freud's best-known ideas and to summarise the most prominent criticisms of his work. We lay no claim to specialist expertise in this area; rather, we have had personal 'brushes' with Freudian theory in the course of our own research, sometimes finding evidence contrary to, at other times in partial support of, his ideas. Our intention in this special

issue is simply to accompany the reader on a voyage of discovery concerning the status of some significant aspects of Freudian theory in the light of the most recent scientific knowledge.

Early influences

Born in 1856, Sigmund Freud passed his final medical examinations in 1881. In the next few years he specialised in neuroanatomical research and published a number of papers on the subject. In the mid-1880s, Freud visited Paris as a pupil of the distinguished neurologist Jean

Martin Charcot. Charcot's professional interests at that time centred on the understanding and treatment of hysteria, a disorder typified by the manifestation of often bizarre physiological symptoms, including paralysis and other unusual behaviours for which no organic explanation could be found.

Based on his experiments with hypnosis with women diagnosed as suffering from chronic hysterical disorders and on his observations of the incidence of hysterical symptoms in mainly male victims of physical trauma, Charcot formulated a theory that was to have a profound effect on Freud's subsequent thinking. He held that thoughts and perceptions, whether self-induced through the shock of trauma or suggested by others in the course of hypnosis, could become isolated from ordinary consciousness. Charcot proposed that such isolated ideas could strengthen sufficiently to produce the actual bodily changes observed in hysteria.

Charcot's theories were instrumental in changing the emphasis of Freud's professional interests from anatomical aspects of neuropathology to psychological processes involved in hysteria and other types of neurosis.

Another great influence on Freud at this time was Josef Breuer. A well-established and respected neurologist, Breuer's increasing interest in hysteria brought him into collaboration with the young Freud. Breuer developed a therapeutic procedure involving hypnosis and similar techniques to uncover events that he believed could lead to hysterical symptoms. The main thrust of their studies on hysteria (Strachey, 1961, originally published 1893–1895) was to demonstrate that by using such procedures to encourage the recall of painful feelings and conflicts surrounding past emotional trauma, hysterical symptoms could be alleviated.

Theories

While the traumas described in *Studies on Hysteria* did not involve childhood sexual abuse *per se*, in 1896 Freud wrote two

papers specifically implicating these experiences in the origins of hysteria. In the best known of the two, *The Aetiology of Hysteria* (Freud, 1896/1961), he referred to 18 cases of hysteria that he claimed to have traced back to early 'seductions' involving strangers, adult caretakers and siblings.

However, Freud's belief that repressed early sexual trauma was the cause of adult neurosis was short-lived. Within a year, following his own self-analysis, he began formulating the theory that was to become the cornerstone of Freudian psychoanalytic thought and practice: that the origins of adult neurosis were to be found in repressed infantile sexual impulses, rather than in actual traumatic events.

Freud's changing views were in part based on his doubts concerning the reality of unconscious material and the consequential difficulty in knowing whether material unearthed from the unconscious was truth or fiction. Freud was inconsistent concerning whether his later theory invalidated his earlier findings, and in an addendum to *The Aetiology of Hysteria* he wrote: 'All this is true [referring to the sexual abuse of children]; but it must be remembered that at the time I wrote it I had not yet freed myself from my over-valuation of reality and my low valuation of phantasy' (Freud, 1924/1961, p.204).

A few years later, however, Freud explicitly rejected his colleague Ferenczi's claim that his patients' reports of abuse were real memories rather than fantasies and attempted to dissuade him from disseminating his views (Masson, 1984).

Freud modified his theory of infantile sexuality over the years, but in essence he divided development into oral, anal and phallic phases — culminating in the desire, at around age five, to possess the opposite-sex parent and to do away with the parent of the same sex. According to Freud's theory, at all stages there is conflict between the need for expression of instinctual sexual drives and both external and intrapsychic factors that may block such expression. In the critical phallic, or Oedipal, phase there is inevitable conflict between sexual desire and the regard for and fear of retribution from the opposite-sex parent. The way conflict is resolved determines whether the person becomes neurotic or not. However, it is as well to note Freud's emphasis that variability in dealing with conflict was likely to be a function of constitutional and hereditary factors (Sjoberg, 1988).

Freud proposed that conflict is dealt with by banishing instinctual (sexual and



Freud and his father Jacob (circa 1864)

aggressive) drives from consciousness by means of defences such as repression, denial, rationalisation, reaction formation and projection. To effect a cure, classic Freudian analysis proceeds by uncovering early sexual and other instinctual desires and conflicts through interpretation of material derived through dreams, free association and the feelings the analysand has for the analyst (the transference).

Criticism

Freud's theory of infantile sexuality went relatively unchallenged in psychoanalytic circles until the advent of John Bowlby and his emphasis on the reality of the child's world over fantasy. In recent years growing awareness of the effects of early sexual trauma, and controversy over the status of recovered memories of such trauma in therapy, has led to renewed criticism of Freudian theory and practice in some quarters. Critics tend to fall into two categories: those who, following Bowlby (1978), believe Freud was wrong only after he renounced the seduction theory in 1897 (e.g. Masson, 1984; Miller, 1985); and those who believe he was just as wrong before 1897 as he was after (e.g. Crews, 1997; Ofshe & Watters, 1995).

Indeed, according to these latter critics, Freud is the father of the (so-called) recovered memory movement. In a careful analysis of the relevant literature, Mollon (1998) has pointed out that this view is misleading. Although he wrote two brief papers on the effects of early sexual trauma, throughout his long career Freud emphasised the reconstructive and unreliable nature of memory, and focused his theory of neurosis on the repression of instinctual desires and fantasies, rather than of actual events. According to Mollon, '[t]he myth of Freud as the "father of the recovered memory fad" is so at variance

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with the truth that a psychodynamic motive, as well as ignorance, must be assumed to be at work' (Mollon, 1998, p.147).

In more general terms, critics and general reviewers of Freud's work have been concerned with a number of issues. The most relevant for this introduction are the originality of his notions (e.g. Ellenberger, 1970; Sulloway, 1992) and the general problems inherent in carrying out research to validate the theory (e.g. Eysenck, 1986; Fisher & Greenberg, 1996; Grünbaum, 1993).

Critics concerned with the originality of Freudian concepts indicate that many ideas that have been attributed to him were adopted and modified from his teachers and peers, as well as from other sources. He was not the first thinker to put forward the notions of the unconscious and catharsis, or ideas concerning sexual pathology and the interpretation of dreams. Indeed, it has been pointed out that ideas about the unconscious and catharsis go back to the ancient Greeks and beyond.

However, it is generally accepted among his kinder critics that the recognition of Freud's genius rests on the unique integration and modification of previously established notions. As Ellenberger (1970) noted, 'much of what was credited to Freud was diffuse current lore, and his role was to crystallise these ideas and give them an original shape' (p.548). Whether or not one accepts Freudian theory, his creative mastery in the integration of ideas is difficult to deny.

Attempts at validation

Of particular relevance to this special issue is the question of the validation of Freudian theory and therapy through empirical research. Fisher and Greenberg (1996) conducted an extensive reappraisal of existing studies. Enthusiastic proponents of research in this area, they note the frequent objections concerning the feasibility of conducting such research. On the one hand, there are some psychoanalytic therapists who view laboratory-based research as trivial and irrelevant, as it cannot address the subtleties and complexities of Freudian theory. On the other, are some experimentalists who do not consider it possible to test such fanciful theories, imbued as they are with metaphor and images.

We are in agreement with Fisher and Greenberg that both stances are rigid. As they point out, 'at one extreme are individuals who lack the interests necessary

to appreciate research findings, and at the other extreme are individuals who are unwilling to assimilate Freud's work and acquire a functional understanding of its meaning' (p.285).

Fisher and Greenberg take the view that it is probably not possible to make an empirical evaluation of Freud's understanding of psychopathology in general terms, because of the theory's vague and unquantifiable nature. Along with Kline (1984) they consider it better to evaluate Freudian theory in terms of a series of specific hypotheses, or mini-theories. In appraising the evidence, they also favour an approach that is not overcritical of minor defects in research studies, but that considers overall trends across studies.

From their review of research conducted up to the early 1990s, Fisher and Greenberg concluded in very broad terms that there is evidence to support Freud's notion of oral and anal personality tendencies. There was also support for some, but not all, aspects of his ideas on the origins of depression and paranoia. However, they found only weak and indirect support for the notion of Oedipal conflicts, and no support for their impact on later development or for Freud's views on women's sexuality and their differential maturation processes compared with men.

Fisher and Greenberg found that research evidence contradicted the notion that the function of dreams was primarily to indicate secret and unconscious wishes. They did not, however, review research on repression and the other defence mechanisms or evidence for the concept of transference as outlined by Freud. They also reported equivocal evidence regarding the efficacy of psychoanalytic therapy.

While their review is certainly a *tour de force* in terms of its breadth of theoretical and empirical coverage, the strength of the evidence presented by these authors (as with Kline's 1984 review) is variable. Where it is supportive, it rests on their interpretation of the results and is sometimes based on rather indirect material.

New light on Freud

This special issue is devoted to expert opinion by psychologists of recent research evidence relevant to some aspects of Freudian theory and practice. We have endeavoured to include coverage of phenomena not extensively addressed by Fisher and Greenberg, such as repression, slips of the tongue and transference.

There is also a general appraisal of

unconscious processes from a psychological perspective. In addition there is a reappraisal of Freud's dream theory, as well as an up-to-date evaluation of both brief and long-term psychodynamic therapy. These views are not only selective, but inevitably reflect changing fashions and standards over what succeeds in Freud's theories and what does not.

This collection of articles cannot hope to provide a final definitive perspective on Freud — rather, the new millennium and the dawn of our centenary year appear to be a good juncture to take stock of the current standing of one of the most influential psychologists of all time.

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References

- Bowlby, J. (1978). *Attachment and loss: Vol. 2. Separation, anxiety and anger*. Harmondsworth: Penguin.
- Crews, F. (1997). *The memory wars: Freud's legacy in dispute*. London: Granta.
- Ellenberger, H. F. (1970). *The discovery of the unconscious*. New York: Basic Books.
- Eysenck, H. J. (1986). *Decline and fall of the Freudian empire*. London: Penguin.
- Fisher, S., & Greenberg, R.P. (1996). *Freud scientifically reappraised: Testing the theories and the therapy*. New York: Wiley.
- Freud, S. (1961). The aetiology of hysteria. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 3, pp. 189–224). London: Hogarth Press. (Original work published 1896, addendum originally published 1924)
- Grünbaum, A. (1993). *Validation in the clinical theory of psychoanalysis: A study in the philosophy of psychoanalysis*. Madison, CT: International Universities Press.
- Kline, P. (1984). *Psychology and Freudian theory: An introduction*. London: Routledge.
- Masson, J. M. (1984). *The assault on truth: Freud's suppression of the seduction theory*. New York: Farrar, Straus & Giroux.
- Miller, A. (1985). *Thou shalt not be aware: Society's betrayal of the child*. London: Pluto Press.
- Mollon, P. (1998). *Remembering trauma: A psychotherapist's guide to memory and illusion*. Chichester: Wiley.
- Ofshe, R., & Watters, E. (1995). *Making monsters: False memories, psychotherapy and sexual hysteria*. London: Andre Deutsch.
- Sjoberg, H. (1988). *The Freudian learning hypothesis*. Lund, Sweden: Lund University Press.
- Strachey, J. (Ed. and Trans.). (1961). *The standard edition of the complete psychological works of Sigmund Freud: Vol. 2. Studies on hysteria*. London: Hogarth Press.
- Sulloway, F. J. (1992). *Freud, biologist of the mind*. Cambridge, MA: Harvard University Press.