

# Freud: A Mosaic



Freud:  
A Mosaic

By

Roger Hunt

**CAMBRIDGE  
SCHOLARS**

---

P U B L I S H I N G

Freud: A Mosaic,  
by Roger Hunt

This book first published 2012

Cambridge Scholars Publishing

12 Back Chapman Street, Newcastle upon Tyne, NE6 2XX, UK

British Library Cataloguing in Publication Data  
A catalogue record for this book is available from the British Library

Copyright © 2012 by Roger Hunt

All rights for this book reserved. No part of this book may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the copyright owner.

ISBN (10): 1-4438-3887-X, ISBN (13): 978-1-4438-3887-0

We assume that with all normally endowed, organically undamaged children the lines of development...are included in their constitution as inherent possibilities. What endowment lays down for them on the side of the id are, obviously, the maturational sequences in the development of libido and aggression; on the side of the ego, less obviously and less well studied, certain innate tendencies toward organization, defense, and structuralization; perhaps also, though we know less still about this, some given quantitative differences of emphasis on progress in one direction or another. For the rest, that is, for what singles out individual lines for special promotion in development, we have to look to accidental environmental influences.

—Anna Freud



# TABLE OF CONTENTS

Introductory Note .....	ix
Chapter One.....	1
Modeling – Not Reifying – Dual-Drive Theory	
Chapter Two .....	23
Some Reflections on Psychoanalysis and Science	
Chapter Three .....	51
A Psychoanalytically Amenable Neuroscience	
Chapter Four .....	75
Empirical Psychoanalysis	
Chapter Five .....	103
Conclusion	
Bibliography .....	107





## INTRODUCTORY NOTE

I will present a cursory model of personality and behavior based on my understanding of psychoanalysis and psychoanalytic concepts. In a way, this monograph is simply a presentation of my world-view – or at least a mosaic of what I have learned and understood. This should not be read as representative of the whole of psychoanalysis, as I am sure many people will disagree with my choice of theory and perhaps even the application of its concepts.

My view is quite simple: our minds are splintered and chaotic. This text will arbitrarily ascribe a probabilistic model to the chaos in what has turned out be a manifestation my own obsessive defenses in response to working with patients diagnosed with schizophrenia during my fieldwork training to become an analyst. I think this text will be most interesting to those who pay attention to the moods I was in while writing these sections and chapters. In order to preserve those mood, I have subjected the text to minimal editing – just grammar really. There are significant digressions, tangents, speculations and even contradictions – which some may find intellectually or personally offensive or disorganized.

What started as a sincere investigation into personality has over time devolved into my own vain attempt to remain sane throughout my fieldwork experience. Luckily, I have no tenure review, so whatever mistakes in argumentation or reference are all mine, and I am neither ashamed of them nor do I fear repercussion. While I am interested in working towards a scientifically supported psychoanalytic theory, this creation does not appeal to such a standard in form or content; to do so would require a far more extensive review of the literature, an in depth editorial review, and another few hundred pages: none of which I feel compelled to do at this time.

The chapters and paragraphs are organized in almost the exact way I wrote them. The first chapter is my reading of Freud and the development of dual-drive theory. The second chapter is a description of the process of psychoanalytic thinking, at least as I experience it. It is loaded with philosophy of science jargon, and I apologize ahead of time, however I would ask you to pay close attention to the chapter's affect. The third chapter is a review of some neuroscience. While I was writing this section, my patients were quite upset with me for various reasons. The

final chapter is a sketch of an empirical/scientific mode of collecting and organizing psychoanalytic data and maybe the only valuable contribution - or at least re-organization of other people's contributions – in this essay.

None of the ideas presented here are original or definitive, though perhaps the way I stitch them together is. This is my understanding of psychoanalysis 1.5 years into my training. I presume that as I continue to read new material, re-read old material, and see more patients, these ideas will change considerably.

## CHAPTER ONE

### MODELING – NOT REIFYING – DUAL-DRIVE THEORY

Many, many people have written about, followed, and criticized Freud from many, many angles. My interest, here, is not to criticize or agree with Freud in any definite capacity, but rather to understand simply what he said. As such, I will stay as close as possible to what he wrote, rather than survey the grand literature following him. My focus will be on his development of dual-drive theory. I think this project occurs primarily over two of Freud's later publications, "Beyond the Pleasure Principle" (Freud 1920) and "The Ego and the Id" (Freud, 1923).

Freud's writings are, for some reason, incredibly difficult, despite the fact that the theory is relatively simple. However, cohorts of students and writers still seem to stumble over this theory. Some label it "the hydraulic theory", eschewing it as a forlorn remnant of early twentieth century pseudo-science. In contemporary circles, the theory is absolutely rejected in favor of seemingly more tractable theories such as ego-psychology (Kohut, 1971; Kernberg, 1975) or some variance of object-relations or inter-subjectivity (Mitchell and Greenberg, 1983; Stolorow and Atwood, 1992); while others seem to eschew theory in favor of focusing on the process and diagnostic protocol of psychodynamic therapy (Shedler and Westen, 2007).

While these researches and procedures are wonderful for the progress of psychoanalysis as a therapy and world-view, they lack the integration of Freudian insight, which admittedly attracted me to psychoanalysis in the first place. As such, I felt compelled to explore Freud's works in an attempt to derive some theoretical formulation that might approach the level of sophistication and applicability as the work mentioned above. Thus, I am not so interested in the critiques of Freud, and will treat them only tangentially, but will address some concerns more directly in later chapters. [For a wonderful dissection and response to those critiques, see Jacobson (2009)]

My goal in this chapter is to devise a representational model of dual-drive theory (later chapters will explore this model, break it down into its parts, and eventually rebuilt it using contemporary concepts). To do this, I think it will be important to remain as close as possible to what Freud writes – or at least how Strachey translates him. I have chosen to focus on BPP and EI because I think they express his model in the clearest terms possible, as they remain the furthest removed from clinical practice, which, though it remains the most enlightening source of analytic material, makes theorizing incredibly difficult. If this project serves no other purpose, hopefully it will provide an *image* to hold onto along the journey through dual-drive theory and psychoanalytic literature.

## A Trajectory towards Dual-Drives

“Beyond the Pleasure Principle” marks the beginning of the final phase of Freud’s theoretical development. Until he began sketching ideas for dual-drive theory, he was enmeshed in a language of instinct, structure, and topography. He grappled with notions (in their German counterparts of course) like “anal”, “ego”, “preconscious”, “sexuality”, “reality” and the like. These terms, and more, have instigated a contemporary psychological folk-lore, of which many professionals are weary. We have to remember that when Freud was using them, he did not have our cultural reservoir from which to draw meaning. He struggled to use these terms to describe specific mental functions. As such, when we read his papers, we often see him changing positions or using different definitions for the same words. Confusing readers in this way is not a good way to convince them of your position, but it also demonstrates a deep intellectual integrity, as if to say: I am not sure where this is going, but here is what I have, where I have been so far, and where I think it might take me.

In the end, the only way truly to understand these concepts is on the couch; psychoanalysis is a kinesthetic knowledge. Freud has spent about twenty years mucking around with a “talking cure” before setting out to describe what he had learned from the couch in a generalized meta-psychological sense. Were he to have been more a contemporary academic or scientist, he may have written a much longer piece (BPP is only about fifty-five pages) backing up each claim with a specific reference and experiment or case. He does not do this. Instead, we watch someone stumble through an idea, search for connections, and ultimately present an unsettling heuristic.

Although his style is literary compared to contemporary scientific exposition (some of my friends defend that his writing was scientific for the

times; but he undoubtedly wrote in an everyday, rather than formal German), his ideas are not literary, in the hermeneutic sense. They are based on years of working with patients in a medical setting searching for a “cure” to mental vicissitudes. His work revealed an odd, but successful approach: “the talking cure”. This method was designed to bring the unconscious into consciousness, where it could be worked through by the patient with the help of the analyst. Throughout his career, Freud had a variety of theories about how this process occurred and what mechanisms were involved. His first writings on the matter came in the form of a rich piece of scientific writing, the *Project for a Scientific Psychology* (1895). This text looks towards the neuroscience of the day; Freud presents a system of primary and secondary process neurons:

A primary nervous system...which it has thus acquired, by giving it off through a connecting path to the muscular mechanisms, and in that way keeps itself free from stimulus. This discharge represents the primary function of the nervous system. Here is room for the development of a secondary function. For among the paths of discharge those are preferred and retained which involve a cessation of the stimulus: flight from the stimulus. (Freud, 1895)

That is, neurons fire in the brain and their desired pathway is to discharge throughout the musculature causing action. But, humans clearly do not give into every action, so there must be a system which inhibits those discharges, a secondary process. This presents a parallel model of mental functioning whereby two distinct systems interact with each other at different levels of awareness. This is very close to the meta-view of many contemporary scientists: there are automatic systems in the brain particularly in the limbic system, which go through a process of revision, by the cortical system, in particular the pre-frontal cortex, or executive functions.

Freud, however, gave up this view. Rather than focus on neuron-neuron interaction and how they discharge into the body, he focuses more on mental phenomena. His next attempt to understand mental functioning is a complete reversal: he turns to dream interpretation. While humans had been interpreting each other’s dreams for millennia, Freud set out to design a scientific procedure of dream interpretation.(1900) He wanted a methodology for attaching consciously significant meaning to the typically odd events and content of dreams.

Through interpreting dreams, Freud developed a theory of sexual motivation. (1905) This gave rise to his famous theory of infantile sexuality, where he postulated that from birth, humans are motivated by the same

sexual instincts that categorize adult desires. This extremely controversial view has ramifications even today, as many contemporary portrayals of Freud present him as a sexually obsessed cocaine addict with an ever-present cigar. Buried in this caricature, however, is how Freud conceived of sexuality at the time. Rather than coitus being the aim of sexual instincts, he believed that sexuality was characterized by bodily pleasure in its many, many forms:

The example of thumb-sucking shows us still more about what constitutes an erotogenic zone. It is a part of the skin or mucous membrane in which stimuli of a certain sort evoke a feeling of pleasure possessing a particular quality. There can be no doubt that the stimuli which produce the pleasure are governed by special conditions, though we do not know what those are. A rhythmic character must play a part among them and the analogy of tickling is forced upon our notice. It seems less certain whether the character of the pleasurable feeling evoked by the stimulus should be described as a 'specific' one—a 'specific' quality in which the sexual factor would precisely lie. Psychology is still so much in the dark in questions of pleasure and unpleasure that the most cautious assumption is the one most to be recommended. We may later come upon reasons which seem to support the idea that the pleasurable feeling does in fact possess a specific quality. (Freud, 1911)

I think this passage sets out Freud's interest and method well: he wants to know about pleasure and why it seems so important. It seems reasonable to start by making observations about what seems to give people pleasure. As he makes these observations, he begins to recognize patterns in how children and adults generate pleasure, and he theorizes that perhaps pleasure seeking is not a matter of intellectually determining the most effective source of pleasure, but rather through a long process of trial and error.

The explorations result in a new theory of mental functioning, where by Freud distinguishes two principles: the pleasure principle and the reality principle. Interestingly, he returns to a parallel theory after believing himself to have moved on from a similar one in 1895; however, the new theory is in mental, rather than physical terms. On the new theory, we are primarily motivated by pleasure-seeking, but our development allows us to resist some of those motivations in favor of other activities which may produce more lasting pleasure. The reality principle allows us to determine what kinds of pleasure seeking will be the most effective socially (running around naked maybe fun, but it will not merit another invitation to the dance) and existentially (wrestling with an alligator maybe fun, but could potentially limit future sources of pleasure). This distinction is quite

prevalent in contemporary neuroscience and psychiatry where practitioners talk about impulsive and executive functioning almost interchangeably with how Freud described them.

For some people, Freud's theorizing stops here: people are pleasure seeking, but they use reality testing to limit their impulses. We could all agree to this characterization, and it fits well with contemporary sciences such as behavioral economics and evolutionary biology. However, Freud did not stop there. He makes an odd observation in 1914 in a paper called "On Narcissism", which seems to upset this harmonious balance between pleasure and reality:

...from our observations and views on the mental life of children and primitive peoples. In the latter we find characteristics which, if they occurred singly, might be put down to megalomania: an over-estimation of the power of their wishes and mental acts, the 'omnipotence of thoughts', a belief in the thaumaturgic force of words, and a technique for dealing with the external world—'magic'—which appears to be a logical application of these grandiose premises. (Freud, 1914)

Think carefully about these symptoms: (1) over-estimating the power of wishes; (2) a belief in the thaumaturgic (miracle-producing) power of words; and (3) belief in magic. These behaviors/symptoms recognizable mostly in people suffering from psychosis, but also in limited ways during religious ceremonies (speaking in tongues), board meetings (people are not at each other's throats, they are "negotiating"), politics, etc. The acts Freud describes are assertions of personal power over others. It is difficult to work this universal human trait into a theory based solely on pleasure and reality, and he gives up; instead positing another source of motivation, aggression, alongside pleasure seeking. "Beyond the Pleasure Principle" is Freud's sketch of how aggression and pleasure are different – that is aggression is not reducible to pleasure seeking - but also how they interact to create the more advanced behaviors valued by modern culture.

A theory which posits pleasure as the fundamental motivating factor is strengthened by its simplicity. Especially in the psychological realm, where scientific observation is so difficult, a simple theory can be extremely powerful on both an explanatory and therapeutic axis. However, I think it is clear from Freud's constant theoretical exploration and reformation that he would not be content with an instrumental theory; he seemed to be hell bent on finding the truth in what form he believed truth exists. His observations on the nature of narcissism, magical thinking, and the deep nature of aggression, forced Freud to reconsider the simplistic pleasure-principle hypothesis. His updated dual-drive theory consists of

four concepts: libido; aggression; tension-reduction; and the repetition compulsion.

## **Beyond the Pleasure Principle**

While we can never completely disjoint any person from his or her particular intellectual work, we certainly do ourselves and our students a disservice when we prioritize the person above the work. Students in today's university rarely receive a fair, complete reading of Freud. His cases are used as spectacle, highlighting his most controversial (and later revised) theories of sexuality, homophobia, and the subjugation of women. Even rarer is a serious discussion of the scientific nature of his investigations, which are paramount qualitative dissections of the minutest details of his patient's dreams, slips of the tongue, phantasies and relationships. In short, contemporary understandings of Freud's theories are loaded with cultural distortion and quasi-critical rhetoric.

"Beyond the Pleasure Principle", as a core text in the Freudian opus, shows the man to be amazingly curious and creative in his attempts to explain and understand his thinking about mental processes. Published in 1920, the text is a kind of recapitulation, condensation, and revision of the past twenty years of what was then a highly experimental and controversial technique for treating mental illness. As such, it tends to be dense, at times esoteric, and even offensive. Approaching it requires an introduction to the following terminology: "libido", "repetition compulsion", "tension reduction", and "aggression".

Libido is not, in its technical sense, sexual drive, as far as "sexual drive" indicates one's sexual performance or level of desire for sex. While Libido is responsible for that extremely compelling desire for sex, the act of actually having sex with another, or even alone, it is not sufficient to produce those actions. Libido, in its fundamental sense, is the drive to escape pain; pleasure, in this sense, is the absence of pain. In Freud's early ruminations on drive theory, all of our behavior, thoughts, and phantasies from birth (and perhaps even conception) were a function of escaping pain. As such, Freud coined "the pleasure principle" as that law which guided out existence, only later to be replaced by "the reality principle" which Freud argued separated us from the other animals.

However, there was a particular phenomena of human-ness which seemed to defy the "reality principle": belief in magic, spirit, and God, which first made its way into his paper "On Narcissism", but found wider appeal in his monograph "Totem and Taboo". He could not account for this pervasive feature of the human psyche in terms of avoiding pain



during development and appealing to reality in adulthood. As such, he began to consider that perhaps we are not only motivated, that is our bodies and minds are not activated, simply by the drive to escape pain, but also by a drive to control ourselves in various ways, the most fundamental of which is our own death. In BPP, he looks to clinical vignettes of soldiers reliving traumatic war-time experiences and patients who continually recreate painful relationships from childhood. In light of these difficulties with Libido theory proper, he postulated that perhaps we are motivated by another drive, a death drive. This drive compels us to aggressively resist threats to our own existence, and just as Libido can lead us down different paths, so can aggression. Whereas defects in libido can lead to neuroses such as hysteria, defects in the death drive lead to narcissism, schizophrenia, and masochism.

The truly healthy mind brings the death drive into the service of life drive; that is the motivation and aggression required to control others in an effort to determine one's ultimate fate is re-routed towards, or fused with the desire of Libido, escaping pain. Sex is the result of just such a fusion. It certainly reduces pain, but it also requires a certain level of aggression, control, and determination from both, or several parties. However, this is a high level function. It must always be reasserted that Freud is talking about these concepts at a fundamental, unconscious level rather than an observable one.

At that level, Libido and death drive immediately come into conflict. The easiest way to die is to be left alone, and simply melt away. The easiest way to escape all pain is to be cared for absolutely. We can't do both, and striving towards both of these aims creates tension. Cue the pleasure principle: the pleasure principle as it was originally formulated is not the most fundamental, but rather describes the reduction of tension, which was created by the clashing of the life and death drive. Reducing that tension (fundamental tension, not the kind we experience at a conscious level) requires a discharge of energy. Energy (like electricity) is most likely to follow the easiest, most readily available pathway. As long as that pathway remains viable, energy will be likely to continue following that path. Thus, we have the repetition compulsion, or the easiest, most reliable discharge pathway for reducing tension. As we develop into adults, we create various pathways of discharge depending on the particular environmental stimulus we encounter.

## Conceptualizing Dual-Drive Theory

There are several levels at which fusion and discharge occur. The attachment level (or initial drive fusion stage) refers to what could be called temperament or the fundamental way in which the infant interacts with the mother - wonderful research continues to be done on this topic. Next is the the schizoid (or oral stage), which refers to the reduction of tension by blocking out various external stimuli through disorganization. The obsessive (or anal stage) perceives any form of environmental frustration as a personal attack, and thus that person will take whatever measure necessary to avoid such an attack. Finally, the neurotic level refers to considering the social and environmental repercussions of our actions often resulting in social anxiety or perhaps boredom.

This model follows the patterns of discharge and tension reduction. The deepest discharges come from the life and death drives. These energies fuse, creating a source of tension, which is reduced by a higher level discharge. These three energies then fuse to form a more complex tension-state, which is discharged in the form of schizoid energy or “splitting” at the oral stage of development. Again, this new energy fuses with life drive, death drive, and attachment energy to form a new tension-state, which becomes the obsessive energy during the anal stage. Finally, obsessive energy fuses with the previous ones to create neurotic tension at the oedipal/phallic stage.

Each stage of development, or state of drive fusion, is associated with particular characteristics. Freud outlines these various characteristics and our progression through them in *The Ego and the Id*.

It is important to pay attention towards how one conceptualizes “the ego”. An attractive image is to think of it as a kind of center, of fundamental grounding which extends its powerful reach to contain various outbursts from the instincts. However, such a controlling medium, which has complete control over our instincts is not the concept Freud presumes. Rather, he describes the relationship between instincts and ego like a rider on horseback:

“... in its relation to the id [the ego] is like a man on horseback, who has to hold in check the superior strength of the horse; with this difference, that the rider tries to do so with his own strength while the ego uses borrowed forces. The analogy may be carried a little further. Often a rider, if he is not to be parted from his horse, is obliged to guide it where it wants to go; so in the same way the ego is in the habit of transforming the id's will into action as if it were its own.” (Freud, 1923)

The ego is not an absolute dictator of our behavior; contrary to the belief that we can be in control of ourselves. It is neither an ever present singular and individuated being residing within us, just as a rider is not somehow distinct from the horse: the two are one entity in the event of riding. Ego is, rather, a blanket term - a heuristic - for describing the collection of areas in the psyche where the life and death drive are reigned in, as it were.

The initial fusion corresponds to the emergence of life: “The emergence of life would thus be the cause of the continuance of life and also at the same time of the striving towards death; and life itself would be a conflict and compromise between these two trends.”(Freud, 1923) Life itself is the conflict arising between a striving towards the negation of unpleasure, most easily accomplished by being in the absolute care of another, and the striving towards death. As Freud seems to describe it, we may think of the initial fusion as conception – thought not in the sense that the sperm/egg parallels the life/death drive duality. According to Freud’s theory, all organisms are a fusion of life and death drive; as such sperms and eggs would be as well. Their inception creates a new organism (at which point it comes under the laws of personhood is a completely separate matter), which is also subject to life and death drive, though presumably not in a supervenience relation (the life/death drive conflict of the sperm or egg does not affect the life/death drive conflict of the fetus). In the human paradigm, this conflict is held at bay for around nine months: all activities necessary to remain alive are accounted for, which in turn negates any striving to control death. Psychological activity is at an absolute minimum as no need is unmet.

The psychic fun begins at birth, when the fetus becomes physically individuated from the mother. Complete chaos ensues as the child’s drives are whirling and whipping around out of control, eventually calmed by a warm blanket and mother’s nipple. The drives, satisfied by having found an object and achieved acceptable seclusion from the world, recede and eventually life-drive, death-drive, and drive fusion discharges fuse to form the oral stage.

At this point, the language of psychoanalysis becomes almost incomprehensible. Terms like projection, identification, projective identification etc. enter the fray and without years of study and seeing patients, I, at least, cannot imagine anyone comprehending it fully. In this way, analysts have created a comfortable priesthood, perhaps akin to the blanket and nipple which initiate the oral stage. There is a marked resistance against any definitive scientific investigation into the nature of psychoanalysis and its theory. The first step in any such investigation is

creating a set of working definitions for terminology; this task is ultimately impeded simply by the language of psychoanalysis. Thus, as I describe the following stages of development suggested by Freud, I will do my best to use a descriptive, rather than theoretical language.

The procession of stages could be thought of as a sculpture project. The artist carves out little bits of the object one at a time: a hand here; a foot there. Each stage in the process reveals more and more about the final object. The infant can similarly be thought of as carving out bits of reality. First, it carves out a breast. This breast is so wonderful, it provides food and a lovely place to nestle for a nap. Eventually, the other breast will come into view. At this point, a choice is to be made: does the infant choose the left or right breast?! After such a momentous decision, one breast becomes the “good”, and the other becomes “the bad”. As the infant has yet to develop a coherent and concrete sense of itself, at least in the way we understand adults to have done so, analysts have speculated that the child *introjects* the chosen breast, and *projects* the other breast. Essentially, the chosen breast becomes part of the infant’s identity - it is his - while the other breast splits off and becomes a threat - at least threatening in whatever way a baby understands a threat.

Eventually, the infant will develop a complete idea of “mother”, who is a synthesis of the good breast and bad breast. Having identified for so long as being “good” via the chosen breast, the child forgets, represses perhaps, that the mother now contains a “bad” part, compensating for this by *idealization* or understanding this new mother figure attached to the breasts to be a part of its own “good” self. Idealization of the mother marks the end of the oral stage as the event of splitting the mother into “good breast” and “bad breast” is resolved in the complete idea of the mother.

The next stage of the infant carving out reality, the anal stage, is recognition of a “father”. As new objects enter the picture, the subject repeats previous processes for understanding the world.. At first, the same process of splitting occurs, and the mother-infant dyad is understood in contrast to the “mean” father. Since the infant has already learned to synthesize good and bad, it quickly solves this problem by integrating the father into the identification just as it had synthesized the good and bad breast into the mother. However, the infant must now develop new techniques for such a complex integration. Whereas the oral stage was marked by a procedure of splitting off and projecting the bad parts, the anal stage is marked by an obsessive, ritualistic dispersion of the “bad parts”. Through these rituals - potty training, collecting - the infant learns to maintain a harmonious oneness with mother and father.

Of course, such harmony never lasts. Mother and father by this time have clearly demonstrated that they can be angry, get frustrated, give into rage etc. It becomes impossible for the child to ritualistically project all of these intolerable feelings and maintain such simplicity. The oral and anal stages were adapted to through a process of synthesis. This synthesis no longer serves its function, and the child must now recognize the independent identities of mother and father. When they were “one”, mother, father, and child always knew what the other was thinking. As this model fails, the child becomes desperate, overwhelmed by desires which are no longer automatically met, but now must be requested: screaming; crying; calling for Mommy. The child learns to manipulate the sentiments of the parents.

This recognition of social complexity, the phallic or Oedipal stage, marks the dawn of the idea that others have feelings and minds and need to be persuaded, in a sense. The narcissism of before, where everyone was him and he was everyone, has ended. The child now becomes responsible for maintaining his own feeling states and procuring his own sustenance. He gets anxious when needs are not met; or perhaps he gets bored, shutting down his desires.

In order to reduce tension, the child must find a new strategy for modulating energy. Acting out doesn't always work. The child begins exploring his desires in phantasy; creating characters and other creatures to fulfill his needs, which are becoming ever more complex. This period marks the development of imagination, and is known as latency. Until now, the child's whole life was lived in a phantasy of oneness with mother and later father. Now, with more concrete representations and frustrations of reality, the child returns to a phantasy world, except this time exploring all of the new feelings and experiences he was exposed too.

This period last for years, perhaps even decades, until the person begins testing the waters of reality again, but now equipped with all of the tools he developed in his phantasies. However, many of these tools may fail him, and he will have to create new ones, but this time they are tested against the reality of social complexity rather than explored in phantasy. Assuming he survives this risky adventure – adolescence – he will have developed a series of somewhat successful strategies for dealing with the world and the people in it. He may be able to get a job, maybe even a rewarding one, perhaps have some friends, maybe even finds a lover, and maybe, just maybe, spawns some offspring. If he is unable to achieve one or any of these tasks to his satisfaction, he can enter psychoanalysis, where someone will take him through the process all over again, hopefully this

time giving him the opportunity to develop more effective strategies – unconsciously of course.

I have so far described drive theory and the different stages of psychic development as envisioned by Freud. The reader may notice that I have not addressed the question of infantile sexuality in the sense that Freud seemed to have argued that these psychic stages are actually psychosexual stages. The reader may also have noticed that I neglected to mention the Oedipal complex. This was no accident. The meanings these concepts bring to dual-drive theory are quite advanced, in the sense that I think introducing them along with the basic concept of drive theory can be overwhelming. In order for the reader to fully grasp the idea of drives, I think it is important to focus completely on their structure in terms of what *categories* of behavior, thought, and feeling are associated with the particular stages. I do hope those categories at least somewhat resonate with the readers own thinking about psychoanalysis and Freud whether by their own direct study or indirect cultural means (everyone has probably heard the phrase “anal retentive” and the like).

In these next paragraphs, I will provide some more color to theory with some fun metaphors, more complete descriptions, and a step-by-step construction of the confusing diagram I will introduced near the end of the chapter.

Thinking in terms of drive theory means radically reconceiving of subjective experience. That is, it is common to think of our perceptions, thoughts, beliefs, feelings, behaviors, dreams, jokes, associations, memories, reasoning and whatever other cognitive and non-cognitive capacities we attribute to humans as being OURS. “I” had this thought; “My” feelings are so and so. Drive theory asks you to drop that fundamental sense of I-ness. At least in so far as it is understood as the primary cause of life’s events. Instead, to be a drive theorist means considering the possibility that all of the “I” things are effects, rather than causes. Or at least, reactions to various other stimuli. This should not be too difficult as many readers may have sympathies with Buddhism or contemporary neuroscience. The latter has shown quite clearly that something is happening beyond our control, which “causes” subjective experience. However, for those of you in the neuroscience camp, drive theory asks you to go deeper than just “the brain”. Consider the possibility that the brain is simply another cog in the wheel of life, albeit a wonderfully complex, powerful, and necessary cog. I will address this question in more detail in chapter three.

The kind of energy that “causes” our behaviors, thoughts, and feelings is unique and unobservable. Just like Newton could not see gravity but instead only surmise its causes based on observing its effects, we cannot

see drives. We only see their “derivatives” or their effects. An action is one way of reacting to the tension created by drives. As the organism matures, that energy is discharged in phantasy and thought, and in its most mature phase, the organism is able to have feelings. Behavior or “acting out” is the easiest way to discharge tension. Screaming, kicking, and wailing around effectively relieve tension; while those actions are cute at first, they are also be annoying to people who no longer utilize that tactic. As the strategy becomes less useful, the organism suppresses the action and instead discharges the tension in the form of thoughts and phantasies: thinking about kicking and screaming can be just as effective in terms of releasing energy as physically doing so. However, as the organism develops further, action and behavior become more and more necessary: how to get the cookies before dinner time? This necessary return to action presents a problem: the organism now must negotiate between when it is acceptable to use behavior and when to use phantasy. The most effective solution is to have feelings. Now, we all have feelings in the sense that we can feel a breeze or know when we are getting really angry. However, many people do not have the capacity to sit with the feelings. They may go for a jog, do push-ups, eat, play video games, smoke, drink etc. Psychoanalysis asks people to learn to sit with their feelings and talk about them, rather than resort to behavior or retreating to phantasy or some other form of discharge. Analysts ask patients to talk about their phantasies and describe their impulses in an effort to train them for one day talking about their feelings.

So, if we cannot see drives, and we can only see their derivatives, then why should we believe that drives exists? As I said before, why do we think gravity exists? For one reason, we have equations which model gravity and those equations seem to accurately predict the behavior of various galactic masses. Psychoanalysts do not have equations, but instead conceptual schemes, which, for them, seem to accurately predict the behavior of various beings. These concepts are difficult to grasp and offer little empirical confirmation, unless of course you assume that behaviors thoughts and feelings are caused by drives...

Analyst’s response to this predicament – at least in the US as people in Latin America, Europe, and Britain are comfortable with the idea - is to simply ignore the issue. For them, the theory works and people who are in analysis have better lives because of it. Despite the popular belief that psychoanalysis is not scientific, people still visit analysts, and there is little danger of that changing in the future – perhaps to the dismay of pharmaceutical companies. That is not to say that some analysts are not trying to place psychoanalysis – or at least psychoanalytic concepts – in

the framework of science by designing experiments and conducting outcome studies of the effectiveness of psychoanalysis to cure various mental health illnesses. However, I am not aware of someone trying to synthesize the insights of drive theory into a fully formed falsifiable and empirical scientific discipline. Now, this is a tall order, as constructing a scientific paradigm is no everyday task, and I do not purport to achieve that in this text. However, I will claim that this text is a sketch of a scientific theory of dual-drive theory; equations and all. Whether or not you accept its scientificity or not, the information here might be helpful in your exploration of drive theory and psychoanalysis.

As drives are not observable, describing them is very difficult: how does one describe that which cannot be seen? In the past, people have used metaphors. I referenced Freud's horse earlier (Jonathan Haidt, a cognitive psychologist at the University of Virginia, used the same metaphor in his recent book, *The Righteous Mind* (2012), but he switched the horse to an elephant. I think an elephant is a little hyperbolic...). Other metaphors include a hydraulic pump, mechanical engineering, and car engines. Unfortunately reifying the concepts in these ways tend to reduce them to silliness: is the mind really like a hydraulic pump, because that's just silly. However, asking people to simply accept a concept is not fair either. In order to defend against falling into the silliness trap or being unfair, I have devised a silly metaphor to help people understand drive theory: if you are already feeling silly, then perhaps you will not be able to feel any sillier when you begin to seriously consider the concept (silly, I know).

I call it "The Octopus Theory". Very simply imagine sets of octopus tentacles emanating from both of your hands. One set of tentacles whirls around grabbing onto whatever objects are in sight – call this the life drive. The other set of tentacles tries to swat away all objects in sight – call this the death drive. The two sets of flailing tentacles represent the most fundamental energies of your being: being with; and being without. Now, at some point in their flailing some of the tentacles will become entangled – call this drive fusion (Fig1-1).



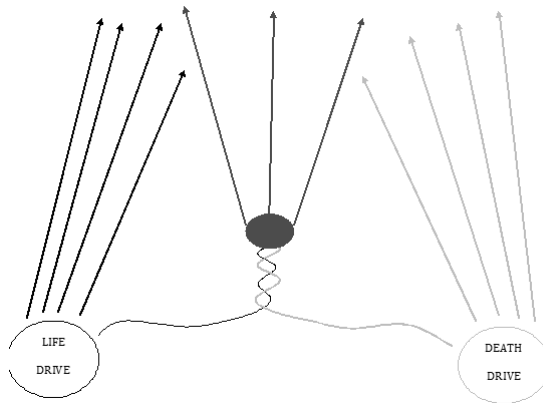


Fig 1-1 *Life drive and death drive fuse to form the attachment style, or temperament of the subject. According to attachment theory, this can take the form of a secure, avoidant, ambivalent, or disorganized attachment.*

Whereas before you were only able grab onto or swat away objects, there is now a third option. I understand this new third option as *temperament*, or in attachment theory terms *attachment style*. Studies in temperament or attachment style have discovered at least four categories: secure; avoidant; ambivalent; and disorganized. These categories are used to understand how infants respond to the “Strange situation” where infants are introduced to a caregiver who then leaves the room allowing researchers to observe how the infant reacts to the caregiver leaving. I will elaborate on these styles in chapter four. The concept introduced here is that attachment style depends on the form of the “tentacle entanglement”. Thus, if we observe that an infant demonstrates a secure attachment, we can make an inference to the form of the primary drive fusion. Another key concept to recognize is that although the subject now has a new kind of energy to select, he can still select pure life drive and pure death drive energy. We can use probability theory to elaborate this. Let us suppose that the infant is most likely to select energy from the drive fusion and equally less likely to select either death drive or life drive energy. We can represent this distribution with a bell curve.

The fusion discharges will feed into the interior standard deviations; let’s say they cover the domain from -1.5 to 1.5. The life drive covers the domain from  $-\infty$  to -1.5 and the death drive cover 1.5 to  $\infty$ . Now, we know that if the infant selects death drive energy it will whap away whatever and whomever comes its way. If it selects life drive energy it will latch onto

whatever comes its way. If it selects the pure fusion discharge it will act depending on the form of the entanglement, or the attachment style. However, the infant could also select *defused attachment* energy. Freud is very clear that in some instances the drives could defuse and the subject would then act upon primitive drive energy. Interpreted within the octopus model, this defusion is represented by the discharges of the primary fusion which occurs to the left and right of the primary fusion in fig 1-1. Were the subject to select the fusion energy leaning towards the life drive, he would still act according to his attachment style, but perhaps be a little grabbier. Were he to select from the fusion leaning towards the death drive, he maybe a little more avoidant.

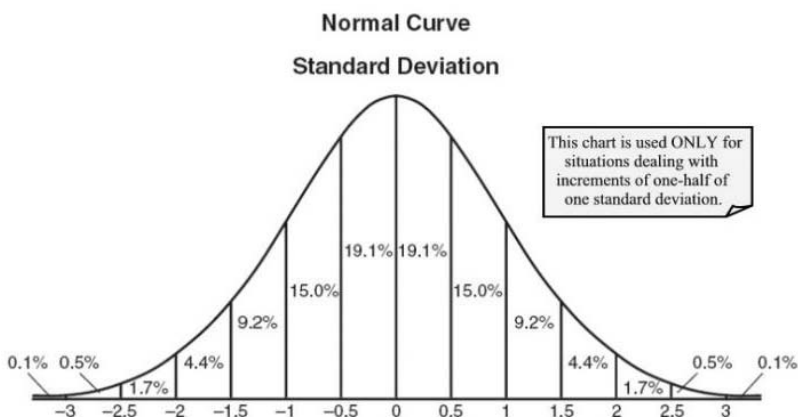


Fig 1-2 A normal distribution identifying the likelihood that each standard deviation will be selected (e.g., there is a 4.4% chance the student's grade will be 2-2.5 standard deviations above the average of the class.

Now, with all these tentacles, or energy, flailing around, we could presume that more entanglements might occur. This new set of entanglements is the oral or schizoid stage - schizoid refers to the "splitting" defense described above as splitting objects into good parts and bad parts. In the premium schizoid stage the good parts are introjected, meaning that the subject identifies himself with the good objects, and the bad parts are projected, or cast away. The infant, we presume, believes he and the good breast to be the same thing, while the bad breast is something else. If the subject selects schizoid energy leaning towards the life drive, then he may believe that the bad breast is out to get him and he must do whatever it takes get away - we call this paranoia. If he selects schizoid

energy leaning to the death drive, then he may believe that he controls the evil breast - we call this pure narcissism.

This time, the schizoid energies are the most likely to be selected, but there is still the possibility that the subject will select life drive, death drive, or attachment style discharges.

The next level of discharge is the anal or obsessive stage which is composed of life drive, death drive, attachment, and schizoid energy (I have not created an image for this, but perhaps try using your imagination, unless it is too tired already, then perhaps take a break). Whereas the schizoid stage is marked by a primitive categorization process, the obsessive stage solidifies these categories and strengthens the subject's sense of self in relation to other objects. In the optimally fused obsessive discharge, the subject learns to manipulate objects intentionally. Infants manipulate parents by being super cute or wailing, but we may not want to say they are doing this intentionally. Having made the first steps in distinguishing self from other, children at the anal stage develop skills to work with this distinction to satisfy the same basic needs provided for them as infants. While the idea of children manipulating parents is a somewhat controversial idea, being able to interact with others to pursue personal desires is an important skill allowing one to work with others in hopefully mutually beneficial and meaningful relationships. Because the child has not completely developed representations of self in relation to objects, the healthy obsessive stage behavior is idealization, where the subject solidifies his identification with what he perceives as good objects.

That being said, there are also instances of defusion at the anal stage. On the death drive side of the defusion, the narcissistic tendencies of the schizoid stage develop from a pure narcissism to a form of narcissism reflective of the distinction between self and other. People who select this drive energy maybe called sociopaths or narcissists in the more common pejorative use of the term where the subject recognizes that others exist independently but at the same time may believe that their existence pales in comparison to his own life. That is, any idea that threatens his own importance is simply intolerable. Defusion on the life drive side can be thought of as obsessive compulsive disorder, where the subject requires the precise ordering of objects in order to maintain his own identity resulting in symptoms of obsessive cleanliness, counting, and other ritualistic behavior.

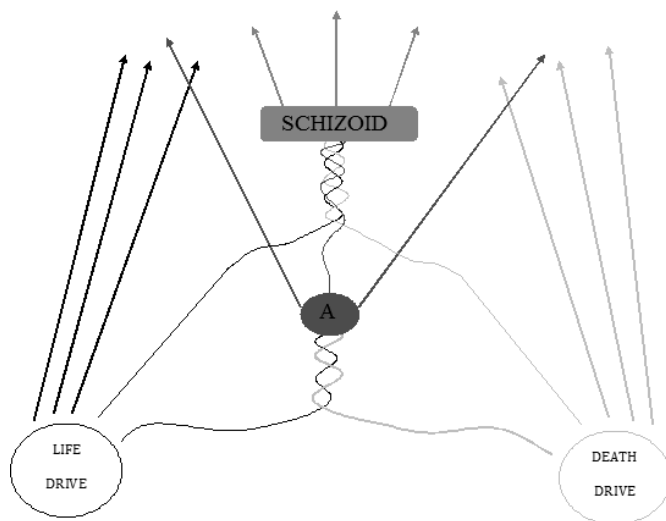


Fig 1-3 *Life drive, death drive, and attachment discharge fuse to form a new level which discharges in the schizoid form, or splitting the world into good and evil; ideally identifying with good and projecting the bad, but also presenting the possibility that the subject feels in control of the bad – death drive leaning - or fears it – life drive leaning.*

The final level is known as the phallic, neurotic, or Oedipal stage. Freud was obsessed with this stage and findings based on the assumptions of sexual feelings towards a parent form the basis for his theory of mental illness. While these assumptions are controversial, one can preserve the psychic insights of this kind of reasoning by understanding the Oedipal themes symbolically. In the course of a properly fused neurotic stage, the subject expands his use of manipulation to account for how groups may respond to various tactics. Again, hopefully the knowledge and skill derived at this stage is used for mutually beneficial purposes. Ideally, the subject resolves the Oedipal/neurotic stage by creating a strong super-ego, which prevents him from selecting the more primitive defenses in favor of the neurotic ones.

Defusion also occurs at the neurotic level. Defusion towards the life drive at the neurotic level results in anxiety, where the subject becomes almost paralyzed by considering all the various implications of complex social networks. The healthy person at the neurotic level recognizes what he can and cannot control and focuses energy on what he can - we may

call this common sense. The anxious person, for whom we typically reserve the term neurotic, cannot do this. The neurotic death drive defusion is boredom – the opposite of anxiety – which is an experience of escaping the social complexities by shutting out the external world.

In the fully developed personality, the subject has access to all of these discharges, but hopefully selects the neurotic discharges most often. In the final chapter of this monograph, I will present an empirical method of determining what levels of discharge the subject is most likely to select. The table below lists the different discharges and their associated behaviors – which are otherwise known as defenses.

**Table 1-1** *The various levels of discharge with corresponding behaviors/feeling states and associated abbreviations.*

<b>Fused Discharges</b>	<b>Associated Defense</b>
Attachment	-secure attachment
Schizoid	-identification of good object
Obsessive	-idealization
Neurotic	-common sense

<b>Defused Discharges</b>	<b>Associated Defense</b>
Life Drive (LD)	-absolute clinging
LD Attachment(LA)	-dependency
LD Schizoid(LS)	- paranoia
LD Obsessive(LO)	-obsessive compulsive
LD Neurotic(LN)	-anxiety
Death Drive (DD)	-absolute reclusion
DD Attachment(DA)	-ambivalence
DD Schizoid(DS)	-narcissism
DD Obsessive(DO)	-sociopathy
DD Neurotic(DN)	-boredom

Finally, here is a complete model of drives and their discharges with the initials at the end of the discharge referring to the table above:

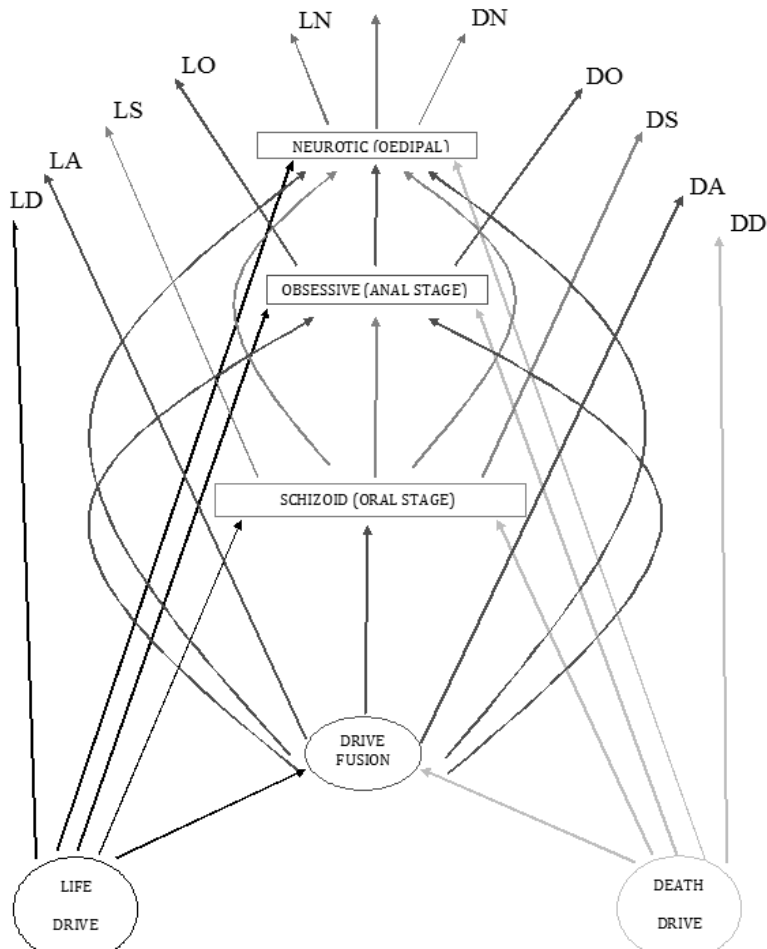


Fig 1-4 *The completed model of “octopus theory” with categories of discharge abbreviated at the top.*

For a normally developed human, we might expect that they will select the various forms of behavior according to a normal probability distribution with the neurotic discharges of anxiety, boredom, and common sense being the most likely exhibited behaviors. However, there is always the