

WEEK 1:

INTRODUCTION TO PERSONALITY THEORY

What is Personality?

Humans are not alone in their uniqueness of and variability between individual members of the species. Individuals within every living species exhibit differences or variability. Indeed, animals such as octopi, birds, pigs, horses, cats, and dogs have consistent individual differences in behavior, otherwise known as personality, within their species.

Most agree that the word "personality" originated from the Latin persona, which referred to a theatrical mask worn by Roman actors in Greek dramas. These ancient Roman actors wore a mask (persona) to project a role or false appearance. This surface view of personality, of course, is not an acceptable definition. When psychologists use the term "personality," they are referring to something more than the role people play.

Although no single definition is acceptable to all personality theorists, we can say that personality is a pattern of relatively permanent traits and unique characteristics that give both consistency and individuality to a person's behavior

· Traits contribute to individual differences in behavior, consistency of behavior over time, and stability of behavior across situations. Traits may be unique, common to some group, or shared by the entire species, but their pattern is different for each individual. Thus, each person, though like others in some ways, has a unique personality.

· Characteristics are unique qualities of an individual that include such attributes as temperament, physique, and intelligence.

What is a Theory?

A scientific theory is a set of related assumptions that allows scientists to use logical deductive reasoning to formulate testable hypotheses. This definition needs further explanation.

What makes theory useful?

1. It generates a number of hypotheses that can be investigated through research.
2. A useful theory organizes research data into a meaningful structure and provides an explanation for the results of scientific research.
3. It is falsifiable.
4. It guides action.
5. It is internally consistent.
6. It is parsimonious.

Different Perspectives in Theories of Personality

1. Psychodynamic Theories

Beginning with Freud, psychoanalytic and then the more general psychodynamic approaches have focused on the importance of early childhood experience and on relationships with parents as guiding forces that shape personality development. Additionally, this view sees the unconscious mind and motives as much more powerful than the conscious awareness. Psychoanalysis traditionally used dream interpretation to uncover the unconscious thoughts, feelings, and impulses as a main form of treatment of neurosis and mental illness.

After Freud, these theorists moved away from the importance of sexuality and more toward social and cultural forces.

2. Humanistic – Existential Theories

The primary assumption of the humanistic (currently known as “positive psychology”) approach is that people strive toward meaning, growth, well-being, happiness, and psychological health. States of positive emotion and happiness foster psychological health and pro-social behavior. Understanding these evolved positive aspects of human behavior provides just as much insight into human nature as does understanding the pathological aspects. Existential theorists assume that not only are we driven by a search for meaning, but also that negative experiences such as failure, awareness of death, death of a loved one, and anxiety, are part of the human condition and can foster psychological growth.

3. Dispositional Theories

Dispositional theorists argue that the unique and long-term tendencies to behave in particular ways are the essence of our personality. These unique dispositions, such as extraversion or anxiety, are called traits. The field has converged on the understanding that there are five main trait dimensions in human personality. Traits serve the function of making certain behaviors more likely in some people.

4. Biological – Evolutionary Theories

Behavior, thought, feelings, and personality are influenced by differences in basic genetic, epigenetic, and neurological systems between individuals. The reason some people have different traits, dispositions, and ways of thinking stems

from differences in their genotype and central nervous system (brain structures and neurochemistry).

Because they are based on evolved brain systems, human thought, behavior, and personality have been shaped by forces of evolution (natural and sexual selection) over millions of years. The body, brain, and environment co-exist and coevolve, and so more than any other psychological perspective, this one emphasizes that what we think, feel, and do is always an interaction between nature (biological) and nurture (environment).

5. Learning/Social Cognitive Theories

If you want to understand behavior, then focus only on behavior, not on hypothetical and unobservable internal states such as thoughts, feelings, drives, or motives. All behaviors are learned through association and/or its consequences (whether it is reinforced or punished). To shape desired behavior we have to understand and then establish the conditions that bring about those particular behaviors.

The cognitive perspective argues that how we think about ourselves and other people, as well as the assumptions we make and the strategies we use for solving problems, are the keys to understanding differences between people. Whether we believe we can do something successfully or not influences our behavior as well as our personality. In short, what personality we have is shaped by how we think and perceive the world.

Research in Personality Theory

· The reliability of a measuring instrument is the extent to which it yields consistent results. · Validity is the degree to which an instrument measures what it is supposed to measure. Personality psychologists are primarily concerned with two types of validity—construct validity and predictive validity.

- Construct validity is the extent to which an instrument measures some hypothetical construct. Constructs such as extraversion, aggressiveness, intelligence, and emotional stability have no physical existence; they are hypothetical constructs that should relate to observable behavior. Three important types of construct validity are convergent validity, divergent validity, and discriminant validity. A measuring instrument has convergent construct validity to the extent that scores on that instrument correlate highly (converge) with scores on a variety of valid measures of that same construct.
- A second dimension of validity is predictive validity, or the extent that a test predicts some future behavior.

Approach to Personality

· Idiographic research approach involves the intensive study of a small number of subjects—in some cases, only a single subject. Typically, the goal in the idiographic approach is therapeutic, in which the knowledge gained about a subject is used to aid in treatment. An additional goal is gaining general insights into the human personality.

· The nomothetic research approach involves comparing and analyzing statistical differences among large samples of subjects. The goal in the nomothetic approach is to obtain data that can be generalized to a broad range of people.

Major Methods in Personality Research

1. The Clinical Method

The primary clinical method is the case study or case history, in which psychologists search their patients' past and present for clues that might point to the source of the patients' emotional problems. Undertaking a case study is similar to writing a mini-biography of a person's emotional life from the early years to the present day, including feelings, fears, and experiences.

To investigate personality, psychologists use a variety of clinical methods in addition to case studies. These methods include tests, interviews, and dream analysis, all of which can also be used for assessment. Although the clinical method attempts to be scientific, it does not offer the precision and control of the experimental and correlational methods.

The data obtained by the clinical method are more subjective, relating to mental and largely unconscious events and early life experiences.

2. The Experimental Method

An experiment is a technique for determining the effect of one or more variables or events on behavior. We are constantly exposed to stimuli in our everyday world, such as lights, sounds, sights, odors, instructions, demands, and trivial conversations.

If a psychologist wants to determine the effect of just one stimulus variable, he or she can arrange an experimental situation in which only that variable is allowed to operate. All other variables must be eliminated or held constant during the experiment. Then, if the behavior of the subjects changes while only the stimulus variable is in operation, we can be certain that it alone is responsible for any change in behavior. The change could not have been caused by another variable because no other variable was allowed to influence the subjects during the experiment.

3. The Virtual Research Method

Psychologists routinely conduct research online, including administering psychological tests, taking opinion surveys, and presenting experimental stimuli and recording the subjects' responses.

Virtual research offers certain advantages over traditional experimental research. Studies conducted on the Web produce faster responses, are less costly, and have the potential to reach a broader range of subjects of different ages, levels of education, types of employment, income levels, social class, and ethnic origin. Thus, in theory, broader populations can be sampled than are typically found on a college campus.

4. The Correlational Method

In the correlational method, researchers investigate the relationships that exist among variables. Rather than manipulating an independent variable, the experimenters deal with the variable's existing attributes.

Questions about Human Nature

1. Free Will or Determinism?
2. Nature or Nurture
3. Past or Present?
4. Uniqueness or Universality?
5. Equilibrium or Growth?
6. Optimism or Pessimism?

WEEK 2:

INTRODUCTION TO

PERSONALITY THEORY

Biography of Sigmund Freud

Sigmund (Sigmund) Freud was born either on March 6 or May 6, 1856, in Freiberg, Moravia, which is now part of the Czech Republic. (Scholars disagree on his birth date—the first date was but 8 months after the marriage of his parents.) Freud was the firstborn child of Jacob and Amalie Nathanson Freud, although his father had two grown sons, Emanuel and Philipp, from a previous marriage. Jacob and Amalie Freud had seven other children within 10 years, but Sigmund remained the favorite of his young, indulgent mother, which may have partially contributed to his lifelong self-confidence (E. Jones, 1953). A scholarly, serious-minded youth, Freud did not have a close friendship with any of his younger siblings. He did, however, enjoy a warm, indulgent relationship with his mother, leading him in later years to observe that the mother/son relationship was the most perfect, the freest from ambivalence of all human relations · (Freud, 1933/1964).

When Sigmund was three, the two Freud families left Freiberg. Emanuel's family and Philipp moved to England, and the Jacob Freud family moved first to Leipzig and then to Vienna.

The Austrian capital remained Sigmund Freud's home for nearly 80 years, until 1938 when the Nazi invasion forced him to immigrate to London, where he died on September 23, 1939.

When Freud was about a year and a half old, his mother gave birth to a second son, Julius, an event that was to have a significant impact on Freud's psychic development. Sigmund was filled with hostility toward his younger brother and harbored an unconscious wish for his death.

When Julius died at 6 months of age, Sigmund was left with feelings of guilt at having caused his brother's death. When Freud reached middle age, he began to understand that his wish did not actually cause his brother's death and that children often have a death wish for a younger sibling. This discovery purged Freud of the guilt he had carried into adulthood and, by his own analysis, contributed to his later psychic development (Freud, 1900/1953).

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.

Freud might have continued this work indefinitely had it not been for two factors. First, he believed (probably with some justification) that, as a Jew, his opportunities for academic advancement would be limited. Second, his father, who helped finance his medical school expense, became less able to provide monetary aid.

Reluctantly, Freud turned from his laboratory to the practice of medicine. He worked for 3 years in the General Hospital of Vienna, becoming familiar with the practice of various branches of medicine, including psychiatry and nervous diseases (Freud, 1925/1959).

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. Through hypnosis, Freud became convinced of a psychogenic and sexual origin of hysterical symptoms.

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." While using catharsis, Freud gradually and laboriously discovered the free association technique, which soon replaced hypnosis as his principal therapeutic technique.

From as early as adolescence, Freud literally dreamed of making a monumental discovery and achieving fame (Newton, 1995). On several occasions during the 1880s and 1890s he believed he was on the verge of such a discovery. His first opportunity to gain recognition came in 1884–1885 and involved his experiments with cocaine.

Freud's second opportunity for achieving some measure of fame came in 1886 after he returned from Paris, where he had learned about male hysteria from Charcot. He assumed that this knowledge would gain him respect and recognition from the Imperial Society of Physicians of Vienna, whom he mistakenly believed would be impressed by the young Dr. Freud's knowledge of male hysteria. Early physicians had believed that hysteria was strictly a female disorder because the very word had the same origins as uterus and was the result of a "wandering womb," with the uterus traveling throughout

women's bodies and causing various parts to malfunction. However, by 1886, when Freud presented a paper on male hysteria to the Society, most physicians present were already familiar with the illness and knew that it could also be a male disorder. Because originality was expected and because Freud's paper was a rehash of what was already known, the Viennese physicians did not respond well to the presentation. Also, Freud's constant praise of Charcot, a Frenchman, cooled the Viennese physicians to his talk. Unfortunately, in his autobiographical study, Freud (1925/1959) told a very different story, claiming that his lecture was not well received because members of the learned society could not fathom the concept of male hysteria. Freud's account of this incident, now known to be in error, was nevertheless perpetuated for years, and as Sulloway (1992) argued, it is but one of many fictions created by Freud and his followers to mythologize psychoanalysis and to make a lonely hero of its founder.

Disappointed in his attempts to gain fame and afflicted with feelings (both justified and otherwise) of professional opposition due to his defense of cocaine and his belief in the sexual origins of neuroses, Freud felt the need to join with a more respected colleague. He turned to Breuer, with whom he had worked while still a medical student and with whom he enjoyed a continuing personal and professional relationship. Breuer had discussed in detail with Freud the case of Anna O, a young woman Freud had never met, but whom Breuer had spent many hours treating for hysteria several years earlier. Because of his rebuff by the Imperial Society of Physicians and his desire to establish a reputation for himself, Freud urged Breuer to collaborate with him in publishing an account of Anna O and several other cases of hysteria. Breuer, however, was not as eager as the younger and more revolutionary Freud to publish a full treatise on hysteria built on only a few case studies. He also could not accept

Freud's notion that childhood sexual experiences were the source of adult hysteria. Finally, and with some reluctance, Breuer agreed to publish with Freud *Studies on Hysteria* (Breuer & Freud, 1895/1955). In this book, Freud introduced the term "psychical analysis," and during the following year, he began calling his approach "psycho-analysis."

At about the time *Studies on Hysteria* was published; Freud and Breuer had a professional disagreement and became estranged personally. Freud then turned to his friend Wilhelm Fliess, a Berlin physician who served as a sounding board for Freud's newly developing ideas. Freud's letters to Fliess (Freud, 1985) constitute a first-hand account of the beginnings of psychoanalysis and reveal the embryonic stage of Freudian theory. Freud and Fliess had become friends in 1887, but their relationship became more intimate following Freud's break with Breuer.

During the late 1890s, Freud suffered both professional isolation and personal crises. He had begun to analyze his own dreams, and after the death of his father in 1896, he initiated the practice of analyzing himself daily. Although his self-analysis was a lifetime labor, it was especially difficult for him during the late 1890s. During this period, Freud regarded himself as his own best patient. In August of 1897, he wrote to Fliess, "the chief patient I am preoccupied with is myself. . . . The analysis is more difficult than any other. It is, in fact what paralyzes my psychic strength" (Freud, 1985, p. 261).

A second personal crisis was his realization that he was now middle-aged and had yet to achieve the fame he so passionately desired. During this time, he had suffered yet another disappointment in his attempt to make a major scientific contribution. Again, he 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.

Freud likened this finding to the discovery of the source of the Nile. However, in 1897 he abandoned the seduction theory and once again had to postpone the discovery that would propel him to greatness.

Why did Freud abandon his once-treasured seduction theory? In a letter dated September 21, 1897, to Wilhelm Fliess, he gave four reasons why he could no longer believe in his seduction theory. First, he said, the seduction theory had not enabled him to successfully treat even a single patient. Second, a great number of fathers, including his own, would have to be accused of sexual perversion because hysteria was quite common even among Freud's siblings. Third, Freud believed that the unconscious mind could probably not distinguish reality from fiction, a belief that later evolved into the Oedipus complex. And fourth, he found that the unconscious memories of advanced psychotic patients almost never revealed early childhood sexual experiences (Freud, 1985). After abandoning his seduction theory and with no Oedipus complex to replace it, Freud sank even more deeply into his midlife crisis.

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. This book, finished in 1899, was an outgrowth of his self-analysis, much of which he had revealed to his friend Wilhelm Fliess. The book contained many of Freud's own dreams, some disguised behind fictitious names.

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, including *On Dreams* (1901/1953), written because *Interpretation of Dreams* had failed to capture much interest; *Psychopathology of Everyday Life* (1901/1960), which introduced the world to Freudian slips; *Three Essays on the Theory of Sexuality* (1905/1953b), which established sex as the cornerstone of psychoanalysis; and *Jokes and Their Relation to the Unconscious* (1905/1960), which proposed that jokes, like dreams and Freudian slips, have an unconscious meaning. These publications helped Freud attain some local prominence in scientific and medical circles.

In 1902, Freud invited a small group of somewhat younger Viennese physicians to meet in his home to discuss psychological issues. Then, in the fall of that year, these five men—Freud, Alfred Adler, Wilhelm Stekel, Max Kahane, and Rudolf Reitler—formed the Wednesday Psychological Society, with Freud as discussion leader. In 1908, this organization adopted a more formal name—the Vienna Psychoanalytic Society

In 1910, Freud and his followers founded the International Psychoanalytic Association with Carl Jung of Zürich as president. Freud was attracted to Jung because of his keen intellect and also because he was neither Jewish nor Viennese. Between 1902 and 1906, all 17 of

Freud's disciples had been Jewish (Kurzweil, 1989), and Freud was interested in giving psychoanalysis a more cosmopolitan flavor. Although Jung was a welcome addition to the Freudian circle and had been designated as the "Crown Prince" and "the man of the future," he, like Adler and Stekel before him, eventually quarreled bitterly with Freud and left the psychoanalytic movement. The seeds of disagreement between Jung and Freud were probably sown when the two men, along with Sandor Ferenczi, traveled to the United States in 1909 to deliver a series of lectures at Clark University near Boston. To pass the time during their travels, Freud and Jung interpreted each other's dreams, a potentially explosive practice that eventually led to the end of their relationship in 1913 (McGuire, 1974).

The years of World War I were difficult for Freud. He was cut off from communication with his faithful followers, his psychoanalytic practice dwindled, his home was sometimes without heat, and he and his family had little food. After the war, despite advancing years and pain suffered from 33 operations for cancer of the mouth, he made important revisions in his theory. The most significant of these were the elevation of aggression to a level equal to that of the sexual drive, the inclusion of repression as one of the defenses of the ego; and his attempt to clarify the female Oedipus complex, which he was never able to completely accomplish.

Personality Theory Concepts

Levels of Mental Life

1. Unconscious

The unconscious contains all those drives, urges, or instincts that are beyond our awareness but that nevertheless motivate most of our words, feelings, and actions. Although we may be conscious of our overt behaviors, we often are not aware of the mental processes that lie behind them.

Unconscious processes often enter into consciousness but only after being disguised or distorted enough to elude censorship.

- For example, a man may know that he is attracted to a woman but may not fully understand all the reasons for the attraction, some of which may even seem irrational.

- Freud believed that a portion of our unconscious originates from the experiences of our early ancestors that have been passed on to us through hundreds of generations of repetition (phylogenetic endowment).

- Unconscious drives may appear in consciousness, but only after undergoing certain transformations.

2. 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).

Sources:

- Conscious perception
- Unconscious perception

3. 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.

Directions:

- Perceptual conscious system
- Within the mental structure

Divisions of the Mind

1. Id

- Das Es or "it"
- Sole purpose is to seek pleasure and has no contact with reality as it only strives to constantly reduce tension by satisfying basic desires
- A new born infant is the personification of an id unencumbered by restrictions of ego and superego. The infant seeks gratification of needs without regard for what is possible (that is, demands of the ego) or what is proper (that is, restraints of the superego). Instead, it sucks when the nipple is either present or absent and gains pleasure in either situation. Although the infant receives life-sustaining food only by sucking a nurturing nipple, it continues to suck because its id is not in contact with reality. The infant fails to realize that thumb-sucking behaviour cannot sustain life. Because the id has no direct contact with reality, it is not altered by the passage of time or by the experiences of the person. Childhood wishes impulses remain unchanged in the id for decades (Freud, 1933/1964).
- As the region that houses basic drives (primary motivates), 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.

2. Ego

- Das Ich or "I"
- The only region of the mind that is in contact with reality.
- As the sole region of the mind in contact with the external world, the ego becomes the decision making or executive branch of personality. However, because it is partly conscious, partly preconscious, and partly unconscious, the ego can make decisions on each of these three levels.
- Finding itself surrounded on three sides by divergent and hostile forces, the ego reacts in a predictable manner—it becomes anxious.
- As children begin to experience parental rewards and punishments, they learn what to do in order to gain pleasure and avoid pain. At this young age, pleasure and pain are ego functions because children have not yet developed a conscience and ego-ideal: that is, a superego. As children reach the age of 5 or 6 years, they identify with their parents and begin to learn what they should and should not do. This is the origin of the superego.

3. Superego

- Uber Ich or the "over I"
- 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
- However, the superego differs from the ego in one important respect—it has no contact with the outside world and therefore is unrealistic in its demands for perfection (Freud, 1923/1961a).

- 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 us what we should not do, whereas the ego-ideal develops from experiences with rewards for proper behavior and tells us what we should do. A primitive conscience comes into existence when a child conforms to parental standards out of fear of loss of love or approval. Later, during the Oedipal phase of development, these ideals are internalized through identification with the mother and father.

Dynamics of Personality

1. Drives (trieb)

Freud used the German word *Trieb* to refer to a drive or a stimulus within the person. Freud's official translators rendered this term as instinct, but more accurately the word should be "drive" or "impulse." Drives operate as a constant motivational force. As an internal stimulus, drives differ from external stimuli in that they cannot be avoided through flight. According to Freud (1933/1964), the various drives can all be grouped under two major headings: sex or Eros and aggression, distraction, or Thanatos. These drives originate in the id, but they come under the control of the ego. 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.

2. Sex

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.

3. Aggression

The aim of the destructive drive, according to Freud, is to return the organism to an inorganic state. Because the ultimate inorganic condition is death, the final aim of the aggressive drive is self-destruction. As with the sexual drive, aggression is flexible and can take a number of forms, such as teasing, gossip, sarcasm, humiliation, humor, and the enjoyment of other people's suffering.

4. Anxiety

In defining anxiety, Freud (1933/1964) emphasized that it is a felt, affective, unpleasant state accompanied by a physical sensation that warns the person against impending danger. The unpleasantness is often vague and hard to pinpoint, but the anxiety itself is always felt. Types of anxiety:

- Neurotic anxiety
- Moral anxiety
- Realistic anxiety

Defense Mechanisms

- These are normal and universally used concepts in order to protect the self from anxiety. However, when extremely used, it may lead to compulsive, repetitive and neurotic behavior.

1. 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. For example, a young girl may permanently repress her hostility for a younger sister because her hateful feelings create too much anxiety.

2. 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. Reactive behavior can be identified by its exaggerated character and by its obsessive and compulsive form (Freud, 1926/1959a).

3. Displacement

Freud (1926/1959a) believed that reaction formations are limited to a single object; for example, people with reactive love shower affection only on the person toward whom they feel unconscious hatred. 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.

4. Fixation

Psychical growth normally proceeds in a somewhat continuous fashion 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. Technically, fixation is the permanent attachment of

the libido onto an earlier, more primitive stage of development (Freud, 1917/1963). Like other defense mechanisms, fixations are universal. People who continually derive pleasure from eating, smoking, or talking may have an oral fixation, whereas those who are obsessed with neatness and orderliness may possess an anal fixation.

5. 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). Regressions are quite common and are readily visible in children.

6. Projection

When an internal impulse provokes too much anxiety, the ego may reduce that anxiety by attributing the unwanted impulse to an external object, usually another person. This is the defense mechanism of projection, which can be defined as seeing in others unacceptable feelings or tendencies that actually reside in one's own unconscious (Freud, 1915/1957b).

7. 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.

8. 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.

Stages of Development

1. Oral Phase
2. Anal Phase
3. Phallic Phase
4. Latency Period
5. Genital Period

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 to gain the insight into human personality necessary to expound psychoanalytic theory.

- Free Association
- Dream Analysis
- Freudian Slip

WEEK 3:

ANALYTICAL PSYCHOLOGY

Biography of Carl Jung

Carl Gustav Jung was born on July 26, 1875, in Kesswil, a town on Lake Constance in Switzerland. His paternal grandfather, the elder Carl Gustav Jung, was a prominent physician in Basel and one of the best-known men of that city.

Both of Jung's parents were the youngest of 13 children, a situation that may have contributed to some of the difficulties they had in their marriage. Jung's father, Johann Paul Jung, was a minister in the Swiss Reformed Church, and his mother, Emilie Preiswerk Jung, was the daughter of a theologian. In fact, eight of Jung's maternal uncles and two of his paternal uncles were pastors, so both religion and medicine were prevalent in his family. Jung's mother's family had a tradition of spiritualism and mysticism, and his maternal grandfather, Samuel Preiswerk, was a believer in the occult and often talked to the dead. He kept an empty chair for the ghost of his first wife and had regular and intimate conversations with her. Quite understandably, these practices greatly annoyed his second wife.

Jung's parents had three children, a son born before Carl but who lived only 3 days and a daughter 9 years younger than Carl. Thus, Jung's early life was that of an only child.

During his school years, Jung gradually became aware of two separate aspects of his self, and he called these his No. 1 and No. 2 personalities. At first, he saw both personalities as parts of his own personal world, but during adolescence he became aware of the No. 2 personality as a reflection of something other than himself— an old man long since dead.

Despite a somewhat aristocratic background, Jung had limited financial resources (Noll, 1994). Forced by lack of money to attend a school near home, he enrolled in Basel University, a school without an archaeology teacher.

Having to select another field of study, Jung chose natural science because he twice dreamed of making important discoveries in the natural world (Jung, 1961).

After completing his medical degree from Basel University in 1900, Jung became a psychiatric assistant to Eugene Bleuler at Burghölzli Mental Hospital in Zürich, possibly the most prestigious psychiatric teaching hospital in the world at that time. During 1902–1903, Jung studied for 6 months in Paris with Pierre Janet, successor to Charcot. When he returned to Switzerland in 1903, he married Emma Rauschenbach, a young sophisticated woman from a wealthy Swiss family. Two years later, while continuing his duties at the hospital, he began teaching at the University of Zürich and seeing patients in his private practice.

Jung had read Freud's *Interpretation of Dreams* (Freud, 1900/1953) soon after it appeared, but he was not much impressed with it (Singer, 1994). When he reread the book a few years later, he had a better understanding of Freud's ideas and was moved to begin interpreting his own dreams. In 1906, Jung and Freud began a steady correspondence (see McGuire & McGlashan, 1994, for the Freud/Jung letters). The following year, Freud invited Carl and Emma Jung to Vienna. Immediately, both Freud and Jung developed a strong mutual respect and affection for one another, talking during their first meeting for 13 straight hours and well into the early morning hours. During this marathon conversation, Martha Freud and Emma Jung busied themselves with polite conversation (Ferris, 1997).

In 1909, G. Stanley Hall, the president of Clark University and one of the first psychologists in the United States, invited Jung and Freud to deliver a series of lectures at Clark University in Worcester, Massachusetts

Frank McLynn (1996) claimed that Jung's "mother complex" caused him to harbor animosity toward his wife, but a more likely explanation is that Jung needed more than one woman to satisfy the two aspects of his personality.

However, the two women who shared Jung's life for nearly 40 years were his wife Emma and another former patient named Antonia (Toni) Wolff (Bair, 2003). Emma Jung seemed to have related better to Jung's No. 1 personality while Toni Wolff was more in touch with his No. 2 personality. The three-way relationship was not always amiable, but Emma Jung realized that Toni Wolff could do more for Carl than she (or anyone else) could, and she remained grateful to Wolff (Dunne, 2000).

In 1907, Jung wrote to Freud of his "boundless admiration" for him and confessed that his veneration "has something of the character of a 'religious' crush" and that it had an "undeniable erotic undertone" (McGuire, 1974, p. 95). Jung continued his confession, saying: "This abominable feeling comes from the fact that as a boy I was the victim of a sexual assault by a man I once worshipped" (p. 95). Jung was actually 18 years old at the time of the sexual assault and saw the older man as a fatherly friend in whom he could confide nearly everything.

Alan Elms (1994) contended that Jung's erotic feelings toward Freud—coupled with his early experience of the sexual assault by an older man he once worshipped—may have been one of the major reasons why Jung eventually broke from Freud. Elms further suggested that Jung's rejection of Freud's sexual theories may have stemmed from his ambivalent sexual feelings toward Freud.

The years immediately following the break with Freud were filled with loneliness and self-analysis for Jung. From December of 1913 until 1917, he underwent the most profound and dangerous experience of his life—a trip through the underground of his own unconscious psyche.

Levels of the Psyche

1. Conscious

According to Jung, conscious images are those that are sensed by the ego, whereas unconscious elements have no relationship with the ego.

2. Personal Unconscious

The personal unconscious embraces all repressed, forgotten, or subliminally perceived experiences of one particular individual. It contains repressed infantile memories and impulses, forgotten events, and experiences originally perceived below the threshold of our consciousness.

Contents of the personal unconscious are called complexes. A complex is an emotionally toned conglomeration of associated ideas.

3. Collective Unconscious

In contrast to the personal unconscious, which results from individual experiences, the collective unconscious has roots in the ancestral past of the entire species. It represents Jung's most controversial, and perhaps his most distinctive, concept.

Archetypes

Archetypes are ancient or archaic images that derive from the collective unconscious. They are similar to complexes in that they are emotionally toned collections of associated images. But whereas complexes are individualized components of the personal unconscious, archetypes are generalized and derive from the contents of the collective unconscious.

Archetypes have a biological basis but originate through the repeated experiences of humans' early ancestors. The potential for countless numbers of archetypes exists within each person, and when a personal experience corresponds to the latent primordial image, the archetype becomes activated.

Jung's Major Archetypes

1. Persona

The side of personality that people show to the world is designated as the persona. The term is well chosen because it refers to the mask worn by actors in the early theatre. Jung's concept of the persona may have originated from experiences with his No. 1 personality, which had to make accommodations to the outside world.

2. Shadow

The shadow, the archetype of darkness and repression, represents those qualities we do not wish to acknowledge but attempt to hide from ourselves and others. The shadow consists of morally objectionable tendencies as well as a number of constructive and creative qualities that we, nevertheless, are reluctant to face (Jung, 1951/1959a).

3. Anima

Like Freud, Jung believed that all humans are psychologically bisexual and possess both a masculine and a feminine side. The feminine side of men originates in the collective unconscious as an archetype and remains extremely resistant to consciousness. Few men become well acquainted with their anima because this task requires great courage and is even more difficult than becoming acquainted with their shadow. To master the projections of the anima, men must overcome intellectual barriers, delve into the far recesses of their unconscious, and realize the feminine side of their personality.

4. Animus

The masculine archetype in women is called the animus. Whereas the anima represents irrational moods and feelings, the animus is symbolic of thinking and reasoning. It is capable of influencing the thinking of a woman, yet it does not actually belong to her. It belongs to the collective unconscious and originates from the encounters of prehistoric women with men.

5. Great Mother

Two other archetypes, the great mother and the wise old man, are derivatives of the anima and animus. Everyone, man or woman, possesses a great mother archetype. This pre-existing concept of mother is always associated with both positive and negative feelings. Jung (1954/1959c), for example, spoke of the "loving and terrible mother" (p. 82). The great mother, therefore, represents two opposing forces— fertility and nourishment on the one hand and power and destruction on the other. She is capable of producing and sustaining life (fertility and nourishment), but she may also devour or neglect her offspring (destruction). Recall that Jung saw his own mother as having two personalities—one loving and nurturing; the other uncanny, archaic, and ruthless.

6. Wise Old Man

The wise old man, archetype of wisdom and meaning, symbolizes humans' preexisting knowledge of the mysteries of life. This archetypal meaning, however, is unconscious and cannot be directly experienced by a single individual.

7. The Hero

The hero archetype is represented in mythology and legends as a powerful person, sometimes part god, who fights against great odds to conquer or vanquish evil in the form of dragons, monsters, serpents, or demons. In the end, however, the hero often is undone by some seemingly insignificant person or event (Jung, 1951/1959b).

8. The Self

Jung believed that each person possesses an inherited tendency to move toward growth, perfection, and completion, and he called this innate disposition the self. The most comprehensive of all archetypes, the self is the archetype of archetypes because it pulls together the other archetypes and unites them in the process of self-realization. Like the other archetypes, it possesses conscious and personal unconscious components, but it is mostly formed by collective unconscious images.

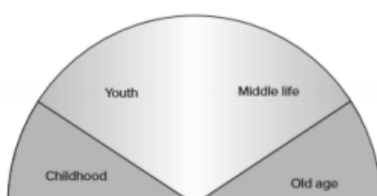
Psychological Types

Besides the levels of the psyche and the dynamics of personality, Jung recognized various psychological types

that grow out of a union of two basic attitudes— introversion and extraversion—and four separate functions— thinking, feeling, sensing, and intuiting.

Functions	Attitudes	
	Introversion	Extraversion
Thinking	Philosophers, theoretical scientists, some inventors	Research scientists, accountants, mathematicians
Feeling	Subjective movie critics, art appraisers	Real estate appraisers, objective movie critics
Sensation	Artists, classical musicians	Wine tasters, proofreaders, popular musicians, house painters
Intuition	Prophets, mystics, religious fanatics	Some inventors, religious reformers

Stages of Development



Self-Realization

Psychological rebirth, also called self-realization or individuation, is the process of becoming an individual or whole person (Jung, 1939/1959, 1945/1953). Analytical psychology is essentially a psychology of opposites, and self-realization is the process of integrating the opposite poles into a single homogeneous individual.

Application of Jung's Theory

Word Association Test

Dream Analysis

Active Imagination

WEEK 3:

Klein's Theory

Melanie Klein's theory provides an integrative link between the conflict theory of Freud and the process theory of the British school of object relations, with its emphasis on relational yearnings as the primary motivational force that dominates our psyches. Klein's theory provides an integrative framework for both the conflict and process aspects of the human psyche, which makes it fundamental and unique.

Conflict

Drive truly becomes passion as the churning confusion of love and hate comes to dominate the texture of human psychic experience (see Greenberg and Mitchell, 1983). The primary desire for loving, featured as the major characteristic of human strivings within the theory of all the British object relations theories—being called a drive toward connection by Fairbairn, and "primary love" by Balint—resonates through Klein's theory as the

craving for reparative reunion with our primary love in the face of poignantly tormenting thrusts toward hostile aggression that emanate from within us. We fear both that our aggression will annihilate the maternal giver who is the very centre of our longings for nurturing and deep modes of sensual care, and that our aggression will meet with retaliation from the mother who can be imagined to be as murderous as our own destructive and combative impulses.

In fantasy, her body is the source of all our deepest wishes for comfort, love, and sexual satiation, yet her power to give from within this body, or from within the rich resources of her breast, can stir such envy within us that anguish and despair must be tolerated in the face of our helplessness to consciously control that which threatens like a tiger within to lunge forth and spoil the source of all goodness. We tear her apart with criticism inside our head, devaluing all that she gives in order to lessen our envy. More viscerally, such criticism might take the fantasy image form of pissing and shitting all over her, common fantasies discovered by Klein in innovative work with children. Such hostile intent only heightens our envy as we deprive ourselves of taking in and digesting the food of loving contact that she offers us. Cycles of such envy, its attitude of contempt, and its self-depleting anguish, can be our only fate if we can't tolerate consciousness of our guilt so that we might mourn and grieve within our anguish.

This is a theory of conflict, and of the renewal of love in the face of hate through the tolerance of grieving our aggression and mourning our loss.

The centre of agency is within the self, although it is only as we bypass the projective modes of disowning our impulses in the paranoid-schizoid position that we come to tolerate knowing this.

Process

The reparative process of mourning is our main and continuing hope. Entering the depressive position, in which we own our desires, the rage, loss, and grief of mourning allow us to integrate ourselves, as we painfully, but therefore consciously, own our deepest desires, and gain the potency of our internal life as a separate but related being. The progressive moves forward from the paranoid-schizoid position to the depressive position, with the back-and-forth shifts, form part of the process aspect of Klein's theory. The other major process modality is

seen within the progressive reparation, which can be viewed in a developmental affect progression within the mourning and self-integration of the depressive position mode of functioning.

Biography and Theory

Melanie Klein was born in Austria in 1882 and died in England, in London, in 1960. Her father was a doctor, who was already fifty when she was born. He was distant from her. Her mother was much younger than her father and was the main parent in her life.

In her early life. Melanie Reize actually became Melanie Klein by marrying Arthur Klein, with whom she had three children and later divorced. Her mother lived in their household, dominating the household, according to Phyllis Grosskurth's (1986) biography, taking over the mothering of Melanie's children when

Melanie developed depressions that were dealt with by trips to health spas. Her daughter, Melitta, particularly resented her absences, but Melanie's mother encouraged them.

Melanie Klein's professional life began when she entered her own analysis with Sandor Ferenczi in 1913.

Klein's Theory as Process Theory

Kleinian theory provides a whole framework for developmental growth that extends beyond insight into psychic conflict and incorporates a model of self-integration. Since self-integration promotes self-differentiation and self-individuation, Kleinian theory can be seen as providing increments of developmental growth along an axis of movements from the paranoid-schizoid position through the working through of depressive position conflict. That which is disowned and split off in the frame of mind of the paranoid-schizoid position is renowned as one enters the depressive position. With each element of the self renowned in the depressive position, there is an affective mourning process that allows psychophysical integration to occur. The affect of loss becomes the key to successful increments of psychic assimilation.

Affective Phenomenology within the Process Theory

Melanie Klein's psychoanalytic theory is a theory of affective phenomenology. In the paranoid-schizoid position there is the terror of persecutory attack and retaliatory assault. In the depressive position there is the pain of guilt that accompanies the dysphoric effects of loss.

An inability to tolerate the dysphoria of owning one's own aggression will result in a regression to the paranoid terror of the paranoid-schizoid position. If guilt cannot be tolerated, because it is experienced as being all bad without the acceptance of reparation from the other, then guilt cannot be modified into tolerated grief.

Cognitive Change within Process Theory

The route forward is charted by affect process in Kleinian theory, but distinct cognitive shifts take place as the affects progress from rage and guilt pain to dysphoria, and then to love within loss. Ogden (1986) has articulated the cognitive shifts most clearly. In the paranoid-schizoid position, there is no subjective sense of self. The self is a self as object or "it." In the paranoid-schizoid mentality of the borderline, the person sees himself as a victim. All is being done to him. There is no sense of self-agency or self-initiation of self-impulse. Also, when there is no sense of subjectivity, there is no sense that one is an interpreting subject. There is no sense that one creates meaning with one's interpretations and that interpretations can be altered to change one's perspective on what is.

Depressive Position within Process Theory

Entering the depressive position, the toddler,¹ or the adult, begins to feel a sense of sorrowful grief, which can alternate with rage derived from the former era of persecutory terror. This sorrowful grief, which manifests as feelings of guilt, pain, and the loving sadness of loss, involves a new subjective sense of self, as a conscious sensing of regret and remorse toward the parental object emerges through

the mourning process. Mother is now seen as vulnerable to the infant's own aggression. Because she is not split into a hated object and a good object, the infant can't escape experiencing that now his good mother is also the mother toward whom he directs his hate. He is hurting the mother he loves. The infant becomes preoccupied with his own hate and tries to moderate it and control it through loving affection toward the mother. If love is greater than hate, guilt related to perceived or fantasized injuries against the mother can yield to the mournful sorrow of loss.

Opposition to Klein's Theory

Klein's theories have met with opposition chiefly due to her belief that aggression is not only innate but also is a part of a death instinct that we are born with, and that must be deflected outward through various projective means by these infants for primary survival. This theory presents the infant in a paranoid stance in relation to the world. The theory makes the infant a victim of his own projected aggression, and dismisses any negative influence of the real mother with whom he seeks intense bonding as his reparative strivings emerge.

Melanie Klein's Contributions

Whether or not one buys the death instinct, or the early timetable of development, neither are central to Melanie Klein's theory. The psychic dynamics that Klein sees operating are basic object-related dynamics of conflict in reference to love and hate, as they form interactive influences within the self-structure and define that self-structure. Klein speaks of the "paranoid-schizoid" and "depressive" positions, because she is

pinpointing states of mind that can be seen alternating with one another throughout life, not merely superseding each other as developmental stages. Klein highlights the phenomenology of emotional and developmental experience, and she does so by designating a continuum of alternating progressive, retrogressive, and modified progressive processes. Hers is truly a process theory of the self.²Winnicott, although differing with Klein on so many counts, wrote in his paper on "The Kleinian Contribution" (1962) that he credits Melanie Klein with helping us understand the great importance of innate instinctual aggression, which he responds to with his ideas on "object survival" and "the use of the object."

Klein's work with borderline and schizophrenic patients has helped us understand primitive states of mind that were formerly thought untreatable. Her ideas on object splitting and projective identification within the paranoid schizoid position have helped us understand the "negative therapeutic reaction" in borderline patients, just as has her study of primitive envy. Allowing ourselves to be the bad object for the patient has become an important mode of work with borderlines, just as has using the induced feelings from those so engaged in projective defense mechanisms due to the intolerance of an overwhelming sense of badness.

Summary

This article depicts the theory of Melanie Klein in both its conflict and process dimensions. In addition, it outlines Klein's strategic place in psychoanalytic history and in psychoanalytic theory formation.

Her major contributions are seen in light of their clinical imperatives, and aspects of her metapsychology that seem negligible are differentiated from these clinical imperatives. Klein's role as a dialectical fulcrum between drive and object relations theories is explicated. Within the conflict theory, drive derivatives of sex and aggression are reformulated as object-related passions of love and hate. The process dimensions of Klein's theory are outlined in terms of dialectical increments of depressive position process as it alternates with regressive paranoid-schizoid-position mental phenomenology. The mourning process as a developmental process is particularly highlighted in terms of self-integrative progression within the working through of the depressive position.

Notes

1. Although Klein writes of an infant entering the depressive position at six months old, I would place the developmental phenomenon of the depressive position in the second year of life, particularly within the rapprochement era of the separation-individuation period (18 to 36 months). This is the period in which Margaret Mahler's studies report toddlers experiencing the sadness of "low-keyedness," first beginning to be able to tolerate loss, if ego development has proceeded well.
2. According to Coltrera (1991, p. 33), Freud had resisted the idea of a process self until quite late, because he viewed such experiential phenomenology to be too much in the domain of the conscious mind, a domain Freud saw as outside the purview of psychoanalysis.

WEEK 4:

PSYCHOANALYTIC SOCIAL THEORY

Biography of Karen Horney

Karen Danielsen Horney was born in Eilbek, a small town near Hamburg, Germany, on September 15, 1885. She was the only daughter of Berndt (Wackels) Danielsen, a sea captain, and Clothilda van Ronzelen Danielsen, a woman nearly 18 years younger than her husband. The only other child of this marriage was a son, about 4 years older than Karen. However, the old sea captain had been married earlier and had four other children, most of whom were adults by the time Horney was born. The Danielsen family was an unhappy one, in part because Karen's older half-siblings turned their father against his second wife. Karen felt great hostility toward her stern, devoutly religious father and regarded him as a religious hypocrite. However, she idolized her mother, who both supported and protected her against the stern old sea captain. Nevertheless, Karen was not a happy child. She resented the favored treatment given to her older brother, and in addition, she worried about the bitterness and discord between her parents.

When she was 13, Horney decided to become a physician, but at that time no university in Germany admitted women. By the time she was 16, this situation had changed. So, Horney—over the objections of her father, who wanted her to stay home and take care of the household—entered the gymnasium, a school that would lead to a university and then to medical school. On her own for the first

time, Karen was to remain independent for the rest of her life. According to Paris (1994), however, Horney's independence was mostly superficial. On a deeper level, she retained a compulsive need to merge with a great man. This morbid dependency, which typically included idealization and fear of inciting angry rejection, haunted Horney during her relationships with a series of men.

In 1906, she entered the University of Freiburg, becoming one of the first women in Germany to study medicine. There she met Oskar Horney, a political science student. Their relationship began as a friendship, but it eventually became a romantic one. After their marriage in 1909, the couple settled in Berlin, where Oskar, now with a PhD, worked for a coal company and Karen, not yet with an MD, specialized in psychiatry.

By this time, Freudian psychoanalysis was becoming well established, and Karen Horney became familiar with Freud's writings. Early in 1910, she began an analysis with Karl Abraham, one of Freud's close associates and a man who later analyzed Melanie Klein. After Horney's analysis was terminated, she attended Abraham's evening seminars, where she became acquainted with other psychoanalysts. By 1917, she had written her first paper on psychoanalysis, "The Technique of Psychoanalytic Therapy" (Horney, 1917/1968), which reflected the orthodox Freudian view and gave little indication of Horney's subsequent independent thinking.

The early years of her marriage were filled with many notable personal experiences for Horney.

Her father and mother, who were now separated, died within less than a year of each other; she gave birth to three daughters in 5 years; she received her MD degree in 1915 after 5 years of psychoanalysis; and, in her quest for the right man, she had several love affairs

After World War I, the Horney's lived a prosperous, suburban lifestyle with several servants and a chauffeur. Oskar did well financially while Karen enjoyed a thriving psychiatric practice. This idyllic scene, however, soon ended. The inflation and economic disorder of 1923 cost Oskar his job, and the family was forced to move back to an apartment in Berlin. In 1926, Karen and Oskar separated but did not officially divorce until 1938 (Paris, 1994).

The early years following her separation from Oskar were the most productive of Horney's life. In addition to seeing patients and caring for her three daughters, she became more involved with writing, teaching, traveling, and lecturing. Her papers now showed important differences with Freudian theory. She believed that culture, not anatomy, was responsible for psychic differences between men and women. When Freud reacted negatively to Horney's position, she became even more outspoken in her opposition.

In 1932, Horney left Germany for a position as associate director of the newly established Chicago Psychoanalytic Institute. Several factors contributed to her decision to immigrate—the anti-Jewish political climate in Germany (although Horney was not Jewish), increasing opposition to her unorthodox views, and an opportunity to extend her influence beyond Berlin.

During the 2 years she spent in Chicago, she met Margaret Mead and John Dollard. In addition, she renewed acquaintances with Erich Fromm and his wife, Frieda Fromm Reichmann, whom she had known in Berlin. During the next 10 years, Horney and Fromm were close friends, greatly influencing one another and eventually becoming lovers (Hornstein, 2000).

After 2 years in Chicago, Horney moved to New York, where she taught at the New School for Social Research. While in New York, she became a member of the Zodiac group that included Fromm, Fromm-Reichmann, and others. Although Horney was a member of the New York Psychoanalytic Institute, she seldom agreed with the established members. Moreover, her book *New Ways in Psychoanalysis* (1939) made her the leader of an opposition group. In this book, Horney called for abandoning the instinct theory and placing more emphasis on ego and social influences. In 1941, she resigned from the institute over issues of dogma and orthodoxy and helped form a rival organization—the Association for the Advancement of Psychoanalysis (AAP). This new group, however, also quickly suffered from internal strife. In 1943, Fromm (whose intimate relationship with Horney had recently ended) and several others resigned from the AAP, leaving that organization without its strongest members. Despite this rift, the association continued, but under a new name—the Karen Horney Psychoanalytic Institute. In 1952, Horney established the Karen Horney Clinic.

In 1950, Horney published her most important work, *Neurosis and Human Growth*.

This book sets forth theories that were no longer merely a reaction to Freud but rather were an expression of her own creative and independent thinking. After a short illness, Horney died of cancer on December 4, 1952. She was 65 years old.

PSYCHOANALYTIC SOCIAL THEORY

The Impact of Culture

“Everyone is a real or potential competitor of everyone else” (Horney, 1937, p. 284).

Competitiveness and the basic hostility it spawns result in feelings of isolation. These feelings of being alone in a potentially hostile world led to intensified needs for affection, which, in turn, cause people to overvalue love. As a result, many people see love and affection as the solution for all their problems. Genuine love, of course, can be a healthy, growth-producing experience; but the desperate need for love (such as that shown by Horney herself) provides a fertile ground for the development of neuroses. Rather than benefiting from the need for love, neurotics strive in pathological ways to find it. Their self-defeating attempts result in low self-esteem, increased hostility, basic anxiety, more competitiveness, and a continuous excessive need for love and affection

The Importance of Childhood Experiences

Horney believed that neurotic conflict can stem from almost any developmental stage, but childhood is the age from which the vast majority of problems arise. A variety of traumatic events, such as sexual abuse, beatings, open rejection, or pervasive neglect, may leave their impressions on a child’s future development; but

Horney (1937) insisted that these debilitating experiences can almost invariably be traced to lack of genuine warmth and affection. Horney's own lack of love from her father and her close relationship with her mother must have had a powerful effect on her personal development as well as on her theoretical ideas.

Horney (1939) hypothesized that a difficult childhood is primarily responsible for neurotic needs. These needs become powerful because they are the child's only means of gaining feelings of safety. Nevertheless, no single early experience is responsible for later personality. Horney cautioned that "the sum total of childhood experiences brings about a certain character structure, or rather, starts its development" (p. 152). In other words, the totality of early relationships molds personality development. "Later attitudes to others, then, are not repetitions of infantile ones but emanate from the character structure, the basis of which is laid in childhood" (p. 87).

Although later experiences can have an important effect, especially in normal individuals, childhood experiences are primarily responsible for personality development. People who rigidly repeat patterns of behavior do so because they interpret new experiences in a manner consistent with those established patterns.

Basic Hostility and Basic Anxiety

If parents do not satisfy the child's needs for safety and satisfaction, the child develops feelings of basic hostility toward the parents. However, children seldom overtly express this hostility as rage; instead, they repress their hostility toward their parents and have no awareness of it.

Repressed hostility then leads to profound feelings of insecurity and a vague sense of apprehension. This condition is called basic anxiety, which

Horney (1950) defined as "a feeling of being isolated and helpless in a world conceived as potentially hostile" (p. 18). Earlier, she gave a more graphic description, calling basic anxiety "a feeling of being small, insignificant, helpless, deserted, endangered, in a world that is out to abuse, cheat, attack, humiliate, betray, envy".

Horney believed that basic hostility and basic anxiety are "inextricably interwoven." Hostile impulses are the principal source of basic anxiety, but basic anxiety can also contribute to feelings of hostility. As an example of how basic hostility can lead to anxiety, Horney (1937) wrote about a young man with repressed hostility who went on a hiking trip in the mountains with a young woman with whom he was deeply in love. His repressed hostility, however, also led him to become jealous of the woman. While walking on a dangerous mountain pass, the young man suddenly suffered a severe "anxiety attack" in the form of rapid heart rate and heavy breathing. The anxiety resulted from a seemingly inappropriate but conscious impulse to push the young woman over the edge of the mountain pass.

Basic anxiety itself is not a neurosis, but "it is the nutritive soil out of which a definite neurosis may develop at any time" (Horney, 1937, p. 89). Basic anxiety is constant and unrelenting, needing no particular stimulus such as taking a test in school or giving a speech.

It permeates all relationships with others and leads to unhealthy ways of trying to cope with people.

Compulsive Drives

Neurotic individuals have the same problems that affect normal people, except neurotics experience them to a greater degree. Everyone uses the various protective devices to guard against the rejection, hostility, and competitiveness of others. But whereas normal individuals are able to use a variety of defensive maneuvers in a somewhat useful way, neurotics compulsively repeat the same strategy in an essentially unproductive manner.

Neurotic Needs

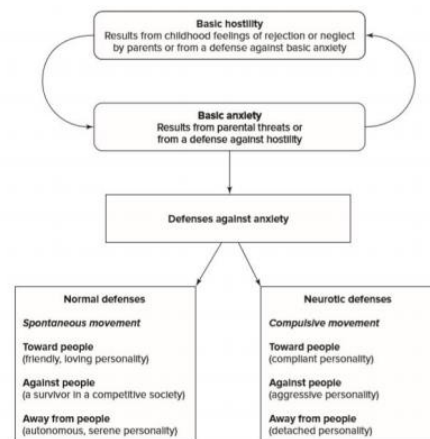
Horney tentatively identified 10 categories of neurotic needs that characterize neurotics in their attempts to combat basic anxiety. These needs were more specific than the four protective devices discussed earlier, but they describe the same basic defensive strategies. The 10 categories of neurotic needs overlapped one another, and a single person might employ more than one. Each of the following neurotic needs relates in some way or another to other people.

1. The neurotic need for affection and approval
2. The neurotic need for a powerful partner
3. The neurotic need to restrict one's life within narrow borders
4. The neurotic need for power
5. The neurotic need to exploit others
6. The neurotic need for social recognition or prestige

7. The neurotic need for personal admiration
8. The neurotic need for ambition and personal achievement
9. The neurotic need for self-sufficiency and independence
10. The neurotic need for perfection and unassailability

Neurotic Trends

As her theory evolved, Horney began to see that the list of 10 neurotic needs could be grouped into three general categories, each relating to a person's basic attitude toward self and others. In 1945, she identified the three basic attitudes, or neurotic trends, as (1) moving toward people, (2) moving against people, and (3) moving away from people.



Although these neurotic trends constitute Horney's theory of neurosis, they also apply to normal individuals. There are, of course, important differences between normal and neurotic attitudes. Whereas normal people are mostly or completely conscious of their strategies toward other people, neurotics are unaware of their basic attitude; although normal are free to choose their actions, neurotics are forced

to act; whereas normal experience mild conflict, neurotics experience severe and insoluble conflict; and whereas normals can choose from a variety of strategies, neurotics are limited to a single trend.

People can use each of the neurotic trends to solve basic conflict, but unfortunately, these solutions are essentially non-productive or neurotic. Horney (1950) used the term basic conflict because very young children are driven in all three directions—toward, against, and away from people.

Summary of Horney's Neurotic Trends

	Neurotic Trends		
	Toward People The Compliant Personality	Against People The Aggressive Personality	Away from People The Detached Personality
<i>Basic conflict or source of neurotic trend</i>	Feelings of helplessness	Protection against hostility of others	Feelings of isolation
<i>Neurotic needs</i>	1. Affection and approval 2. Powerful partner 3. Narrow limits to life	4. Power 5. Exploitation 6. Recognition and unassailability 7. Personal admiration 8. Personal achievement	9. Self-sufficiency and independence 10. Perfection and prestige
<i>Normal analog</i>	Friendly, loving	Ability to survive in a competitive society	Autonomous and serene

Intrapsychic Conflicts

The neurotic trends flow from basic anxiety, which in turn, stems from a child's relationships with other people. To this point, our emphasis has been on culture and interpersonal conflict. However, Horney did not neglect the impact of intrapsychic factors in the development of personality. As her theory evolved, she began to place greater emphasis on the inner conflicts that both normal and neurotic individuals experience. Intrapsychic processes originate from interpersonal experiences; but as they become part of a person's belief system, they develop a life of their own—

An existence separates from the interpersonal conflicts that gave them life.

Briefly, the idealized self-image is an attempt to solve conflicts by painting a godlike picture of oneself. Self-hatred is an interrelated yet equally irrational and powerful tendency to despise one's real self. As people build an idealized image of their self, their real self-lags farther and farther behind. This gap creates a growing alienation between the real self and the idealized self and leads neurotics to hate and despise their actual self because it falls so short in matching the glorified self-image (Horney, 1950).

The Neurotic Search for Glory

As neurotics come to believe in the reality of their idealized self, they begin to incorporate it into all aspects of their lives—their goals, their self-concept, and their relations with others. Horney (1950) referred to this comprehensive drive toward actualizing the ideal self as the neurotic search for glory.

In addition to self-idealization, the neurotic search for glory includes three other elements: the need for perfection, neurotic ambition, and the drive toward a vindictive triumph.

The need for perfection refers to the drive to mold the whole personality into the idealized self. Neurotics are not content to merely make a few alterations; nothing short of complete perfection is acceptable. They try to achieve perfection by erecting a complex set of "shoulds" and "should nots." Horney (1950) referred to this drive as the tyranny of the should. Striving toward an imaginary picture of perfection, neurotics unconsciously tell themselves:

“Forget about the disgraceful creature you actually are; this is how you should be”

A second key element in the neurotic search for glory is neurotic ambition, that is, the compulsive drive toward superiority. Although neurotics have an exaggerated need to excel in everything, they ordinarily channel their energies into those activities that are most likely to bring success. This drive, therefore, may take several different forms during a person’s lifetime. For example, while still in school, a girl may direct her neurotic ambition toward being the best student in school. Later, she may be driven to excel in business or to raise the very best show dogs. Neurotic ambition may also take a less materialistic form, such as being the saintliest or most charitable person in the community.

The third aspect of the neurotic search for glory is the drive toward a vindictive triumph, the most destructive element of all. The need for a vindictive triumph may be disguised as a drive for achievement or success, but “its chief aim is to put others to shame or defeat them through one’s very success; or to attain the power to inflict suffering on them—mostly of a humiliating kind” Interestingly, in Horney’s personal relationship with men, she seemed to take pleasure in causing them to feel ashamed and humiliated

Neurotic Claims

A second aspect of the idealized image is neurotic claims. In their search for glory, neurotics build a fantasy world—a world that is out of sync with the real world. Believing that something is wrong with the outside world, they proclaim that they are special and therefore entitled to be treated in accordance with their idealized

view of themselves. Because these demands are very much in accord with their idealized self-image, they fail to see that their claims of special privilege are unreasonable.

Neurotic Pride

The third aspect of an idealized image is neurotic pride, a false pride based not on a realistic view of the true self but on a spurious image of the idealized self.

Self – Hatred

People with a neurotic search for glory can never be happy with themselves because when they realize that their real self does not match the insatiable demands of their idealized self, they will begin to hate and despise themselves:

The glorified self becomes not only a phantom to be pursued; it also becomes a measuring rod with which to measure his actual being. And this actual being is such an embarrassing sight when viewed from the perspective of a godlike perfection that he cannot but despise it.

Horney recognized six major ways in which people express self-hatred:

1. Relentless demands on the self
2. Merciless self – accusation
3. Self – contempt
4. Self – frustration
5. Self – torment
6. Self – destructive actions and impulses

Applications of Horney’s Theory

1. Feminine Psychology
2. Dream Interpretation
3. Free Association

WEEK 4: (ADDITIONAL READING)

Erich Fromm's Theory: The Nature of Human Soul, Alienation and Escape from Freedom

The article analyzes the philosophy of Erich Fromm, the human heart, goodness and evil inclinations, sadism, the problems of freedom of worship, human destructiveness, various forms of aggression, contradictory necrophilia and biophilia. In the philosophy of Erich Fromm, the heart of the human soul is shown by the desire for destructive desires and the uplifting desires - love for humanity and freedom. Our goal is to analyze the souls of human minds based on the works of the intellectuals. From the Erich Fromm heart concept, the robotic personality and the character of the stranger are disclosed.

The indifferent attitude to life in the age of technological advancement forms the question of studying the human heart in the philosophy of Erich Fromm, the well-known 20th-century thinker. In today's world, people are becoming more and more interested in learning the human heart while increasing their hatred for life. Therefore, it is necessary to understand the essence of human beings.

Capitalism has also changed the rules existing in the traditional society. In the general psychology of society, egoism and interest are intensified.

Erich Fromm examines the dangerous forms of human failure. As a result of violence, violence, jeopardy, intoxication, rebellious violence, and thirst for blood. Erich Fromm explores the possibility of corruption in the human heart, describing corruption as a means of escaping a sense

of imperfection. An analysis of Fromm's biophilia and necrophilia concepts suggests that Freud has similar and different aspects of life and death instinct. Fromm, in his own eyes, attaches great importance to "narcissism" (self esteem). Fromm suggested that the essence of any neurosis, as well as normal development, is a struggle for freedom and independence.

WEEK 5:

ERIKSON'S POST –

FREUDIAN THEORY

Biography of Erik Erikson

Born June 15, 1902, in southern Germany, Erikson was brought up by his mother and stepfather, but he remained uncertain of the true identity of his biological father. To discover his niche in life, Erikson ventured away from home during late adolescence, adopting the life of a wandering artist and poet. After nearly 7 years of drifting and searching, he returned home confused, exhausted, depressed, and unable to sketch or paint. At this time, a fortuitous event changed his life: He received a letter from his friend Peter Blos inviting him to teach children in a new school in Vienna. One of the founders of the school was Anna Freud, who became not only Erikson's employer, but his psychoanalyst as well.

While undergoing analytic treatment, he stressed to Anna Freud that his most difficult problem was searching for the identity of his biological father. However, Ms. Freud was less than empathic and told Erikson that he should stop fantasizing about his absent father. Although Erikson usually obeyed his psychoanalyst, he could

not take Freud's advice to stop trying to learn his father's name.

While in Vienna, Erikson met and, with Anna Freud's permission, married Joan Serson, a Canadian-born dancer, artist, and teacher who had also undergone psychoanalysis. With her psychoanalytic background and her facility with the English language, she became a valuable editor and occasional coauthor of Erikson's books.

The Eriksons had four children: sons Kai, Jon, and Neil, and daughter Sue. Kai and Sue pursued important professional careers, but Jon, who shared his father's experience as a wandering artist, worked as a laborer and never felt emotionally close to his parents.

Erikson's search for identity took him through some difficult experiences during his adult developmental stage (Friedman, 1999). According to Erikson, this stage requires a person to take care of children, products, and ideas that he or she has generated. On this issue, Erikson was deficient in meeting his own standards. He failed to take good care of his son Neil, who was born with Down syndrome. At the hospital while Joan was still under sedation, Erik agreed to place Neil in an institution. Then he went home and told his three older children that their brother had died at birth. He lied to them much as his mother had lied to him about the identity of his biological father. Later, he told his oldest son, Kai, the truth, but he continued to deceive the two younger children, Jon and Sue. Although his mother's lie had distressed him greatly, he failed to understand that his lie about Neil might later distress his other children. In deceiving his children the way he did,

Erikson violated two of his own principles: "Don't lie to people you should care for," and "Don't pit one family member against another." To compound the situation, when Neil died at about age 20, the Eriksons, who were in Europe at the time, called Sue and Jon and instructed them to handle all the funeral arrangements for a brother they had never met and who they only recently knew existed (Friedman, 1999).

Erikson also sought his identity through the myriad changes of jobs and places of residence. Lacking any academic credentials, he had no specific professional identity and was variously known as an artist, a psychologist, a psychoanalyst, a clinician, a professor, a cultural anthropologist, an existentialist, a psychobiographer, and a public intellectual.

In 1933, with fascism on the rise in Europe, Erikson and his family left Vienna for Denmark, hoping to gain Danish citizenship. When Danish officials refused his request, he left Copenhagen and immigrated to the United States.

In America, he changed his name from Homburger to Erikson. This change was a crucial turning point in his life because it represented a retreat from his earlier Jewish identification. Originally, Erikson resented any implication that he was abandoning his Jewish identity by changing his name. He countered these charges by pointing out that he used his full name—Erik Homburger Erikson—in his books and essays. However, as time passed, he dropped his middle name and replaced it with the initial H. Thus, this person who at the end of life was known as Erik H. Erikson had previously been

called Erik Salomonsen, Erik Homburger, and Erik Homburger Erikson.

In America, Erikson continued his pattern of moving from place to place. He first settled in the Boston area where he set up a modified psychoanalytic practice. With neither medical credentials nor any kind of college degree, he accepted research positions at Massachusetts General Hospital, Harvard Medical School, and the Harvard Psychological Clinic.

Wanting to write but needing more time than his busy schedule in Boston and Cambridge allowed, Erikson took a position at Yale in 1936, but after 21/2 years, he moved to the University of California at Berkeley, but not before living among and studying people of the Sioux nation on the Pine Ridge reservation in South Dakota. He later lived with people of the Yurok nation in northern California, and these experiences in cultural anthropology added to the richness and completeness of his concept of humanity.

During his California period, Erikson gradually evolved a theory of personality, separate from but not incompatible with Freud's. In 1950, Erikson published *Childhood and Society*, a book that at first glance appears to be a hodgepodge of unrelated chapters. Erikson himself originally had some difficulty finding a common theme underlying such topics as childhood in two Native American tribes, the growth of the ego, the eight stages of human development, and Hitler's childhood. Eventually, however, he recognized that the influence of psychological, cultural, and historical factors on identity was the underlying element that held the various chapters together. *Childhood and Society*, which

became a classic and gave Erikson an international reputation as an imaginative thinker, remains the finest introduction to his post-Freudian personality theory.

In 1949, the University of California officials demanded that faculty members sign an oath pledging loyalty to the United States. Such a demand was not uncommon during those days when Senator Joseph McCarthy convinced many Americans that Communists and Communist sympathizers were poised to overthrow the U.S. government. Erikson was not a Communist, but as a matter of principle he refused to sign the oath. Although the Committee on Privilege and Tenure recommended that he retain his position, Erikson left California and returned to Massachusetts, where he worked as a therapist at Austen Riggs, a treatment center for psychoanalytic training and research located in Stockbridge. In 1960, he returned to Harvard and, for the next 10 years, held the position of professor of human development. After retirement, Erikson continued an active career—writing, lecturing, and seeing a few patients. During the early years of his retirement, he lived in Marin County, California; Cambridge, Massachusetts; and Cape Cod. Through all these changes, Erikson continued to seek his father's name. He died May 12, 1994, at the age of 91.

Post – Freudian Theory

- Ego
- Erikson held that our ego is a positive force that creates a self-identity, a sense of "I." As the center of our personality, our ego helps us adapt to the various conflicts and crises of life and keeps us from losing our individuality to the leveling forces of

society. During childhood, the ego is weak, pliable, and fragile; but by adolescence it should begin to take form and gain strength. Throughout our life, it unifies personality and guards against indivisibility. Erikson saw the ego as a partially unconscious organizing agency that synthesizes our present experiences with past self-identities and also with anticipated images of self. He defined the ego as a person's ability to unify experiences and actions in an adaptive manner.

- Body ego
- Ego ideal
- Ego identity

• **Society's Influence**

· To Erikson, the ego exists as potential at birth, but it must emerge from within a cultural environment. Different societies, with their variations in child-rearing practices, tend to shape personalities that fit the needs and values of their culture.

· Erikson (1968, 1974) argued that historically all tribes or nations, including the United States, have developed what he called a pseudo species: that is, an illusion perpetrated and perpetuated by a particular society that it is somehow chosen to be the human species. In past centuries, this belief has aided the survival of the tribe, but with modern means of world annihilation, such a prejudiced perception (as demonstrated by Nazi Germany) threatens the survival of every nation.

Epigenetic Principle

· Epigenetic development implies a step-by-step growth of fetal organs. The embryo does not begin as a completely

formed little person, waiting to merely expand its structure and form. Rather, it develops, or should develop, according to a predetermined rate and in a fixed sequence. If the eyes, liver, or other organs do not develop during that critical period for their development, then they will never attain proper maturity

Stages of Psychosocial Development

• **Basic Points**

- Growth takes place according to the epigenetic principle.
- In every stage of life there is an interaction of opposites.
 - Conflict between syntonic and dystonic elements.
 - The conflict between the dystonic and syntonic elements produces an ego quality or ego strength.
 - Basic strength
 - Too little basic strength at any one stage results in a core pathology for that stage
 - The biological aspect of development is important.
 - Events in earlier stages do not cause later personality development.
 - Personality development is characterized by identity crisis.

First Stage: Infancy

· Approximately the first year of life

• **Psychosexual Adjustment: Oral – sensory mode**

• **Basic Trust vs. Mistrust**

· Infants' most significant interpersonal relations are with their primary caregiver, ordinarily their mother.

If they realize that their mother will provide food regularly, then they begin to learn basic trust; if they consistently hear the pleasant, rhythmic voice of their mother, then they develop more basic trust; if they can rely on an exciting visual environment, then they solidify basic trust even more. In other words, if their pattern of accepting things corresponds with culture's way of giving things, then infants learn basic trust. In contrast, they learn basic mistrust if they find no correspondence between their oral-sensory needs and their environment.

· **Basic Strength: Hope**

▪ Hope emerges from the conflict between basic trust and basic mistrust. Without the antithetical relationship between trust and mistrust, people cannot develop hope. Infants must experience hunger, pain, and discomfort as well as the alleviation of these unpleasant conditions. By having both painful and pleasurable experiences, infants learn to expect that future distresses will meet with satisfactory outcomes.

· **Core Pathology: Withdrawal**

Second Stage: Early Childhood

· Approximately the 2nd and 3rd years of life

· **Psychosexual Adjustment: Anal – Urethral – Muscular Mode**

· **Autonomy vs. Shame and Doubt**

· If early childhood is a time for self-expression and autonomy, then it is also a time for shame and doubt. As children stubbornly express their anal-urethral-muscular mode, they are likely to find a culture that attempts to inhibit some of their self-expression.

Parents may shame their children for soiling their pants or for making a mess with their food. They may also instill doubt by questioning their children's ability to meet their standards. The conflict between autonomy and shame and doubt becomes the major psychosocial crisis of early childhood.

· Basic Strength: Will

· Core Pathology: Compulsion

Third Stage: Play Age

· Approximately 3 to 5 years

· **Psychosexual Adjustment: Genital – Locomotor Mode**

· **Initiative vs. Guilt**

· As children begin to move around more easily and vigorously and as their genital interest awakens, they adopt an intrusive head-on mode of approaching the world. Although they begin to adopt initiative in their selection and pursuit of goals, many goals, such as marrying their mother or father or leaving home, must be either repressed or delayed. The consequence of these taboo and inhibited goals is guilt.

· Basic Strength: Purpose

· Core Pathology: Lack of moral principles or Overly inhibited

Fourth Stage: School Age

· Age 6 to 12/13 years old

· **Psychosexual Adjustment: Latency**

· **Industry vs. Inferiority**

· Although school age is a period of little sexual development, it is a time of tremendous social growth. The psychosocial crisis of this stage is industry versus inferiority.

Industry, a syntonetic quality, means industriousness, a willingness to remain busy with something and to finish a job. School-age children learn to work and play at activities directed toward acquiring job skills and toward learning the rules of cooperation

- Basic Strength: Competence
- Core Pathology: Inertia

Fifth Stage: Adolescence

- Puberty to young adulthood

· Psychosexual adjustment: Puberty

· Identity vs. Identity Confusion

· The search for ego identity reaches a climax during adolescence as young people strive to find out who they are and who they are not. With the advent of puberty, adolescents look for new roles to help them discover their sexual, ideological, and occupational identities. In this search, young people draw from a variety of earlier self-images that have been accepted or rejected. Thus, the seeds of identity begin to sprout during infancy and continue to grow through childhood, the play age, and the school age. Then during adolescence, identity strengthens into a crisis as young people learn to cope with the psychosocial conflict of identity versus identity confusion.

- Basic Strength: Fidelity
- Core Pathology: Role repudiation

Sixth Stage: Young Adulthood

- 19 to 30 years old
- **Psychosexual Adjustment: Genitality**
- **Intimacy vs. Isolation**

· Young adulthood is marked by the psychosocial crisis of intimacy versus isolation. Intimacy is the ability to fuse one's identity with that of another person without fear of losing it. Because intimacy can be achieved only after people have formed a stable ego, the infatuations often found in young adolescents are not true intimacy. People who are unsure of their identity may either shy away from psychosocial intimacy or desperately seek intimacy through meaningless sexual encounters.

· In contrast, mature intimacy means an ability and willingness to share a mutual trust. It involves sacrifice, compromise, and commitment within a relationship of two equals. It should be a requirement for marriage, but many marriages lack intimacy because some young people marry as part of their search for the identity that they failed to establish during adolescence.

· The psychosocial counterpart to intimacy is isolation, defined as "the incapacity to take chances with one's identity by sharing true intimacy" (Erikson, 1968, p. 137). Some people become financially or socially successful, yet retain a sense of isolation because they are unable to accept the adult responsibilities of productive work, procreation, and mature love.

- Basic Strength: Love
- Core Pathology: Exclusivity

Seventh Stage: Adulthood

- 31 to 60 years old
- **Psychosexual Adjustment: Procreativity**
- **Generativity vs. Stagnation**

- The syntonic quality of adulthood is generativity, defined as “the generation of new beings as well as new products and new ideas” (Erikson, 1982, p. 67).

Generativity, which is concerned with establishing and guiding the next generation, includes the procreation of children, the production of work, and the creation of new things and ideas that contribute to the building of a better world.

- The antithesis of generativity is self-absorption and stagnation. The generational cycle of productivity and creativity is crippled when people become too absorbed in themselves, too self-indulgent. Such an attitude fosters a pervading sense of stagnation.

- Basic Strength: Care

- Core Pathology: Rejection

Eight Stage: Old Age

- 60 years old to the end of life

- **Psychosexual Adjustment: Generalized sensuality**

- **Integrity vs. Despair**

- A person’s final identity crisis is integrity versus despair. At the end of life, the dystonic quality of despair may prevail, but for people with a strong ego identity who have learned intimacy and who have taken care of both people and things, the syntonic quality of integrity will predominate. Integrity means a feeling of wholeness and coherence, an ability to hold together one’s sense of “I-ness” despite diminishing physical and intellectual powers.

- Ego integrity is sometimes difficult to maintain when people see that they are losing familiar aspects of their existence: for example, spouse, friends, physical health, body strength, mental alertness, independence, and social usefulness. Under such pressure, people often feel a pervading sense of despair, which they may express as disgust, depression, contempt for others, or any other attitude that reveals a nonacceptance of the finite boundaries of life.

- Despair literally means to be without hope. A re-examination of Figure 7.2 reveals that despair, the last dystonic quality of the life cycle, is in the opposite corner from hope, a person’s first basic strength. From infancy to old age, hope can exist. Once hope is lost, despair follows and life ceases to have meaning.

- Basic Strength: Wisdom

- Core Pathology: Disdain

Erikson’s Methods of Investigation

1. Anthropological Studies

2. Psychohistory