

Approaches at Self-Reconstruction

From Freud's Object Dissociation to Rogers' Subject Dissociation

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## Abstract

The construction of personality is a lifelong, central process of self-aware beings. Self-construction may be defined as a constant reinvention spanning the biological, cognitive and social domains. Two fundamental properties of self-definition are its center of attention (subject) and the range of phenomena included into the subject via identification, constituting the different shades of personality. Everything which is not identified with falls in the dissociated realm of objects. Freud's depth psychology and Rogers' person-centered approach both provide ways of tackling dissonances connected with self-construction, but make fundamentally different assumptions about dissociation.

Using scientific evidence from the psychological literature, compare Freud's theory and Rogers's theory and evaluate **whose ideas you think have a greater impact on an individual's personality**. Justify your reasoning.

## Approaches at Self-Reconstruction: From Freud's Object Dissociation to Rogers' Subject Dissociation

### **Introduction**

The construction of personality is a lifelong, central process of self-aware beings. Self-construction may be defined as a constant reinvention spanning the biological, cognitive and social domains. Two fundamental properties of self-definition are its center of attention (subject) and the range of phenomena included into the subject via identification, constituting the different shades of personality. Everything which is not identified with falls in the dissociated realm of objects. Freud's depth psychology and Rogers' person-centered approach both provide ways of tackling dissonances connected with self-construction, but make fundamentally different assumptions about dissociation.

### **Freud's Approach**

Freud's model of the mind is a hierarchy placed dichotomously between human biology and the external world. Similar to John Locke, Freud distinguishes between external perception (sensation) and internal perception (ideas; Locke, 1690, vol. 1, para I.2). Additionally, Freud separates internal content that has been ideated (conscious) from the non-ideated (unconscious). Combining elements are word-presentations. Preconscious content is readily accessible by the ego but currently without active attention.

### **Id, Ego and Superego, Perception and Memory**

Freud distinguishes four compartments. The id is tightly tied to biology and represents everything that is present at birth, and thus initially verbally nondescript (instincts of Eros and destructiveness). The ego operates on the cortical layer on top of the id and has access to the

outside world (perception) and the place of rational (verbal) mediation between the id and superego by suppression of reactivity to internal drives and external stimuli as well as channeling of attention. The superego forms as internalized representation of external ideals or concepts by identification (norms and introjects or sub-personas). Freud's id strives to maximize pleasure and avoid displeasure without consideration of long-term consequences. It is the ego's job to counteract the id's strive for pleasure by anxiety to maintain self-preservation of the organism. Thus, the ego's primary function is inhibition. As a fourth part Freud frequently refers to memory, which acts as a store containing mnemonic (word-presentations) and episodic content (memory traces).

According to Freud, only the ego may perceive the external world, and only what the ego perceives as external world is in turn internalized as abstract object and named. Thus, inborn drives, before becoming content of the conscious, need to be associated with similar memory-traces of external phenomena to become accessible to the shared handle that is necessary for rationalization. These contents then become preconscious, and conscious as soon as attention is turned towards them (Freud, 1961, pp. 4-10).

Freud's theory may be paraphrased as categorically bio-psycho-social. The id represents the body's biology, the ego forms from the cortex and acts as psychological agent between biology and the external world, and the superego represents the social in form of internalized cultural artefacts (conscience). Superficially, from a systemic standpoint, the model appears to lack concepts for recurrence and closure. Similarly, although the ego's force is termed constructive, from a constructivist point of view memories are constructed on a moment-to-moment basis (not stored and retrieved). Then, Freud's unconscious becomes that which can be internally perceived (as a gut-feeling or urge) but currently cannot be put into words, even if verbalization may have been possible at a prior point in time. However, constructive memory (cf. von Foerster, 1969) and recurrent closure (cf. Wiener, 1948) were not part of the scientific paradigm in Freud's era.

## **Libido**

Freud's concept of libido may not be reduced to mere sexual lust. What he terms libido (or sometimes Eros), is a primal force of dynamic, creative attraction that drives human behaviour on the biological level. It is equally responsible for the reproductive drive as it has been for the transformation of dead matter to a living being. In modern terms it may be conceptualized as a creative momentum, an attractor from which the complexities of life emerge. Freud terms as its counterpart a destructive force, Thanatos, or sometimes death, the force that brings life back to the multitude of its single elements. One can find this archetypal dichotomy in other cultures, for example, as Vishnu and Shiva. Being very elaborate on the creative instinct, Freud is sometimes vague about the death instinct. Not knowing anxiety, the id is not capable of conceptualizing a drive that tries to avoid death, which in Freudian terms is the role of the ego. While mostly characterized as a repulsive force, Thanatos sometimes refers to a destructive instinct with *sahate* as its active end and its passive extreme as Entropy that is governing in the absence of Eros (local gain in complexity). (Freud, 1949, pp. 19-22).

Thus, libido, in Freudian terms, may not be seen as sexual energy alone, but as an uninstantiated, driving principle that may take on many forms, but most fundamentally is occupied by the human reproductive drive (if driven by the id) or striving for survival (if operating on the ego). This instinct may take on many other forms by sublimation, for example, mastery (sadism), gazing (skotophilia) and curiosity. The reproductive drive, arising from the biology (id), satisfies instinctual needs on an emotional axis of pleasure and unpleasure. The ego, not only being conscious of the real-world sensations, but also the inner complexities of the instincts at work, attempts to overrule instincts of the id by inducing anxiety in order to maintain long-term survival of the organism. The ego does this not by maximizing pleasure (as does the id), but by avoiding extremes, operating at a balance-point

between anxiety and pride, a concept also propagated by Buddhism. Freud names the “extinction, of tension of the instinctual needs [...] a state of Nirvana” (that may be achieved by the ego), highlighting the cultural depth of his philosophical thinking (Freud, 1949, pp. 14-123). Similarly, Freud terms the ego’s function as constructive interposition between instinct, perception and action, integrating Eastern philosophies dating back to the classical Samkhya model. Thus, Freud’s theory-building may be seen as an ontological attempt. Thus, the ego may be seen as multi-level environmental (outside) and internal closure (towards the id). A modern extension of this theory may be found in self-discrepancy theory and its successors regulatory focus and regulatory fit, transducing the equilibrating process from personal trait to context-sensitivity. (Higgins, 1987, 1997, 2000).

For Freud, life is a borderline phenomenon on the boundary of the two domains of Eros and Thanatos, irregularly oscillating up and down and thus producing the complexity of life. Astoundingly, this view may also be constructed from current-day chaos theory which identified this boundary as the source for emergent complexity (Freud, 1962, pp. 30-35).

### **Psychopathology**

Freud’s definition of healthy or normal is thus characterized by the absence of (emotional or behavioral) extremes, where a person subsequently improves at bringing instincts under conscious control and emancipating from its respective environment. Thus, persons start at maximum arbitrary behaviour and stabilizes by reduction of ambiguity via the conscious processing of the ego during their lifetimes.

Psychopathology arises from a variety of reasons. Developmentally, psychological strain arises from the mental effort required by the ego to fend off the psychosexual energy transitioning through oral, anal, phallic, latent, and genital stages from their respective environments (penis envy and Oedipus complex). Neurosis designates an id/ego conflict, and psychosis an ego/environment conflict (perceptive distortion), and narcissistic neurosis an

ego/superego conflict. Seeing the ego as primarily potent, Freud seeks its hindrances in the not-readily accessible content of the unconscious. In repression, as a central concept, the ego creates resistance against an inner urge as a self-sustaining loop, consciously dissociating from the repressed content, but subconsciously maintaining it by the act of repression. Similarly, narcissistic neurosis may emerge from ego/superego conflict opposing internalized content instead of simply turning attention to other content.

The defence mechanisms of the ego identified by Freud, which may also give rise to pathological processes, are resistance with subsequent repression, fixation (lack of development) and regression (to an earlier stage), frustration (missing satisfaction) and sublimation (replacement of sexual impulses), undoing (post-incident ritual counteraction) and isolation (perceptive evasion), identification (be like an object of perception) and projection (transferring own assumptions on others). Defensive actions change the free flow of perception and may thus lead to unconscious dissociation that disturbs the integration of the individual as a whole (Freud, 1935, pp. 253-262, 298-303; Freud, 1952, pp. 118-22; Freud, 1933, pp. 90-92; Freud, 1959, pp. 232-234).

Freud classifies anxiety as objective (external stimulus), neurotic (id-directed) or moral (superego-directed). Anxiety may be either free-floating or symptom-associated without external justification for perceived danger (surplus excitation), and the driver that creates repression when a person tries to avoid anxiety. Undischarged excitation forms a central motive for the formation of several psychopathological states, particularly when trauma originates during hypnoid states (dispositional or acquired). The Oedipus-complex produces pathological states when not yet organized behaviour violates norms during emancipation from one's parents or family and thus produces a sense of guilt that persons seek to avoid (in Freud's phrasing, for example, homoerotic drives).

### **Therapeutic Approach**

Freud's therapeutic approach consists of creating a relaxed atmosphere, where the client should loosely verbalize the flow of associations that come to mind to subsequently enlarge the preconscious content and make more and more parts of the unconscious accessible to processing of the ego. The evaluation of these loose associations, according to Freud, has to be done by an experienced professional in analogy to the interpretation of dreams. As the underlying triggers may not be consciously accessible, either because they were experienced in a state of dissociation (predisposed or forced) or have been forgotten, Freud uses hypnosis to shut off the conscious repressive processes and gain access to unrestricted underlying associations and memories. Freud claims a cessation of symptoms once the causes and triggers are brought back into conscious comprehension, and thus enable individual reconstruction of the mental processes, and opposes direct suggestions that fail to touch the nature of the problems. (cf. Freud, 1913).

In this aspect, Freud's transcendence from causal thinking to recurrent trajectories goes as far as suggesting, "we may reverse the dictum 'cessante causa cessat effectus' ['when the cause ceases the effect ceases'] and conclude from these observations that the determining process continues to operate in some way or other for years - not indirectly, through a chain of intermediate causal links, but as a directly releasing cause" (Breuer, & Freud, 1955, p. 5-17).

### **Criticism**

For most mammals, brain structures that operate basic drives appear to be connected to the outside world and operate on sense-perception. Humans, although born early, possess an inborn oral suckling reflex. Thus, there appears to be a sensing closure of the id to the outside world that may account for some behaviour that Freud tries to explain with repressed content that was once conscious and may instead be inborn wiring that has yet to become conscious.

Freud's definition of a healthy person is defined by the absence of emotional and instinctual extremes, embedded in a lifelong progression of conscious dominance. This corresponds to a normalized distribution on emotional axes paired with a lifetime trajectory for the development of consciousness. His model does not cherish interpersonal differences as equally valid, individual steady-states that, for example, only require treatment when they are socially inhibitive. His approach instead claims ontological validity for the underlying phenomenology.

Instead of leaving room for arbitrary behaviour that slips from conscious control (lack of focus), Freud tries to rationalize even the smallest behavioural slip by personal or clinical explanatory principles involving the unconscious rather than empirical validation (Freud, 1960, pp. 167-179). Therapeutically, the psychoanalysis yields no results if associative recombination does not lead to positive recontextualization, but a failure or fear of failure turns into a self-fulfilling prophecy by remembering previous, failed outcomes. In this case, cognitive-behavioural re-habitation appears necessary.

Memory cannot be as sophisticated as it would have to be for Freudian repression of it. All utterances need to be interpreted respective to their context including the developmental trajectories of those contexts. It is questionable to which degree that Freud's recollected memories really correspond to earlier events or are profoundly new constructions that in turn serve a function in rationalizing the observed tension and nonetheless leading to reintegration and reduction in dissonance. Freud's theory may partially be backed from research on post-traumatic stress disorder. The hippocampus, managing contextual fear, may be activated by the prefrontal cortex for situations that are associatively close to the original stressful event, even if the event is neither present nor remembered (cf. Lopresto, Schipper, & Homberg, 2016). It may also be plausible that a previous capacity to reproduce memory that had faded may be reactivated by reinforcement of sufficiently close material from a constructivist point

of view. Additionally rewiring of the cerebellum in response to stressful events may play a role in motor hyperactivation and subsequent sustenance of anxiety-induced behavior via cerebellar-cortico-striatal-limbic networks (Miquel et al., 2016). Different systems in the brain from ancient to more sophisticated start firing upon presentation of an external stimulus, e.g. in danger. The more ancient, the faster they are. The fear reaction follows the initial reflex and may also play a role in the formation of associative memory and future avoidance of behaviour that led to the exposition of danger.

Freud's model is a rudimentary approach that cherishes biological, psychological and sociocultural influences, developmental trajectories together with items that float in and out of focus, in the same way that Locke distinguished external perception from internal ideas. Subsequently, both thinkers came up with explanatory principles that rather tried to fit into the available cultural and philosophical paradigms rather than undergo empirical scrutiny.

### **The Person-Centered Approach of Carl Rogers**

Rogers' person-centered approach technically focuses on three conditions for the generation of a therapeutic process in the client: proper climate, proper relationship and proper conditions. As guiding principles to achieve these conditions, Rogers focuses on a) being non-dissociated, i.e. establishing a truthful, transparent and genuine relationship with the client with a high degree of openness where emotional experience and verbal utterances concur, b) non-conditional praising of the client instead of direction or influencing, and c) empathically tuning into the inner world of a client to establish a contact underneath the mnemonic layer.

Rogers' premises are based on clinical experience rather than rigorous scientific validation. Rogers claims that under the above conditions clients will be able to assess their emotions in greater detail, bring hidden aspects into awareness, increase their self-esteem by translating praise by the therapist to self-praise, better tune into themselves by feeling

understood by the therapist, mirror the therapists' realness with themselves and refocus from judging themselves based on their internalized norms and introjects to being more open with themselves from a centered perspective (Three Approaches to Psychotherapy, 1965, vol. 1, Introduction).

### **Psychopathology**

Roger's definition of health is more superficial than Freud's, but at the same time more holistic. Where Freud looks for the underlying drivers that explain emotional experience, for Rogers it is most important to get aware and be in touch with one's own emotional states undistortedly (both in internal awareness and free from external direction).

### **Discussion**

Both therapists emphasize the need to create a suitable environment for the client. Freud's clients thrive in an atmosphere where they can overcome their usual avoidances and repressions to enter free association. By the process of association previously unconscious content may become conscious, and new associations may transfer their emotional connotations to their linked content, with equalizing effect on particularly stressful emotional content. Hypnosis may be used to deepen the associative flow, but the solution is always found in the rational space and expert knowledge (either as self-expertise or that of the therapist), of which emotion is only a connotation.

Rogers highlights an atmosphere of emotional authenticity and empathy. By mirroring the authenticity of the therapist, clients may experience a similar truthfulness to themselves which turns their attention from internalized norms towards the center of their experience where tensions arises. From this position, they may explore disturbing influences on their own account within the safe space and reaffirmation that is being created by the therapist, and

reconstruct a centered, holistic view on themselves. The technique of presence has a long tradition in many schools of meditation, goes beyond the mnemonic realm for a solution in immediate awareness of the current moment, and is therefore spiritually and mystically connotated (Crisp, 2016, p. 60). From a rational perspective, this approach attempts to step outside of the functional paradigm that is deemed causative for distress to take on a holistic perspective on causation, and to silence thought processes in the therapist that may stir up emotions that are perceived by the client as an attitude. Attitudes likely aggravate the therapeutic relationship, particularly if caused by countertransference. An example of interfering attitude may be observed in Albert Ellis' (1965) session based on a Gestalt psychological approach: the client feels set back by the therapist's authority but strives towards emancipation in her own thinking. Ellis aggravates the situation by handing the blame to the client in attempts at meta-communication (Three Approaches at Psychotherapy, 1965, vol. 2).

Rogers' person-centered approach honors the fact, that any kind of directive behavior (verbal or nonverbal), must be issued within the client's prevailing epistemological model, and successfully dock to familiar concepts that the client has constructed within that epistemology. To successfully nudge people the therapist has to become aware of the client's epistemology, emotional connotations and response strengths to come up with suitable cognitive interventions. An epistemological taxonomy may be found in Maruyama's hierarchical, independent-event, homeostatic and morphogenetic mindscapes. A predominantly hierarchic thinker may respond well to authority and establish rapport, whereas an independent-event thinker may contextualize emotional repulsion with the same attempt. To provide for a wide variety of clients, the therapist needs to be able to act authentically within those different epistemological models. Thus, interventional approaches require therapists to have transcended the identification with these epistemologies to be able to use them as mere tools from a centered superposition. This superposition is the same center that

Rogers uses when speaking of his position of authenticity and presence, letting clients report within their own epistemologies, guiding by questions, careful not to stir up unnecessary disturbances, and establishing unconditional rapport at the same time: “being with the client is preferred to doing something to the client” (Crisp, 2014, p. 58, his italics).

### Conclusion

Freud and Roger’s approaches are similar in that healing is attributed to the client gaining an additional insight in the richness of their inner processes which aims at a reduction in dissonance and dissociation. Where Freud’s therapist uses tools, Rogers’ therapist is the tool.

In Freudian theory, something previously unconscious enters the light of consciousness. By becoming aware, the emotionality that is attached to the previously repressed or otherwise unconscious thought emanates from the person to relieve emotional tension and thus somatic symptoms. As a health ideal, the ego thus subsequently gains more control over the unconscious id or internalized sub-personas of the superego to integrate. In the Rogerian approach, an explanatory principle that had previously been internalized or not better known is being challenged and replaced by the profound underlying details both in insight and emotional experience. As a consequence, the person becomes more fully integrated, and in this integration lies the experience of dissonance reduction. The ideally healthy person thus becomes more self-centered to achieve a higher degree of integration.

Whereas Freud locates the center of experience always in the ego, from whose perspective unwanted parts are split off that need to be reintegrated (object dissociation), Rogers takes on a dynamic stance where the center of attention may shift to some part of the experience, losing its intermediary position between affect and thoughts and creating new sub-centers for temporarily steady, more or less dysfunctional sub-personas by subject dissociation. Freudian reintegration and Rogerian re-centering both strive towards a

holistically integrated archetype of a fully functioning person, both in the client and the therapist (Crisp, 2014, p. 56).

None of these approaches may ultimately be termed right or wrong. Both constantly need to be updated to current scientific paradigms. In the quest for truth about oneself, Francis of Assisi is attributed the advice that “what we are looking for is what is looking,” hinting that this subject-object shift in self-construction (or dissociation) is an integral feature of cognitive striving. Both perspectives serve their purpose when either trying to find solutions in conventional terminology or experientially beyond conceptual argument.

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