

## Double bind

**Double bind** According to Bateson et al. ('Towards a Theory of Schizophrenia', 1956), the childhood of future **schizophrenics** is characterized by repeated experiences of being put into a double bind by, typically, their **mothers**. This experience consists in being made the object of incompatible, contradictory emotional demands in a situation in which there is no avenue of escape and in which no other member of the family rescues the child from the bind by either compensating for or correcting the mother's behaviour or by elucidating it to the child. The schizophrenic's response to a double bind is to lose the capacity to distinguish the logical status of thoughts. In other words, his **defence** against confusion, and his own and his mother's **ambivalence**, is to lose the capacity to understand those nuances which enable one to have **insight** into motives and to appreciate discrepancies between overt and concealed meanings. In lay language, a double bind is an 'impossible' position. Strictly speaking, the double bind is not a psychoanalytical concept, since it refers to an **interpersonal** situation and not to an internal **conflict** or developmental process. Although originally formulated as a theory of schizophrenia, it has been adduced as an explanation of **neurotic** behaviour. The possibility that an analyst may put a patient into a double bind has also been envisaged. See *Family Process* (American journal), Laing (1961), Lidz (1964).

**Dream, dreaming** Mental activity occurring in **sleep**; a series of pictures or events imagined during sleep. **Psychoanalysis** assumes that dreams have psychological **meaning** which can be arrived at by **interpretation**. According to Freud's original formulations, dreams have (a) a *manifest content*, which is the dream as experienced, reported, or remembered (see also **manifest**), and (b) a *latent content*, which is discovered by interpretation (see also **latent**). He also held that the dreamer performs work (the *dream-work*) in translating the latent into the manifest content, and that, therefore, dream-interpretation is the reverse of dream-work. According to his **wish-fulfilment** theory of dreams, the latent content is a wish, which is fulfilled in the dream in hallucinatory form (see **hallucina-**

tion), the translation into the manifest content being necessitated by two factors: (a) the physiological conditions of sleep which determine that dreaming is, in the main, a visual not a verbal process, and (b) that the wish is unacceptable to the waking ego; it has therefore to be disguised in order to pass the **sensor**. **Nightmares** and anxiety dreams constitute failures in the dream-work; traumatic dreams (see **trauma**), in which the dream merely repeats the traumatic experience, are exceptions to the theory.

Freud's interest in dreams derived from the fact that they are normal processes, with which everyone is familiar, but which none the less exemplify the processes at work in the formation of neurotic symptoms. These processes — **condensation, displacement, symbolization**, obliviousness to the categories of space and **time**, and toleration of contradictions — Freud called the *primary processes* in contrast to the *secondary processes* of waking thought. Dream interpretation is, therefore, largely a matter of translating primary-process thinking into secondary-process thinking, of expanding the condensed, non-discursive, mainly visual imagery of the dream into the discursive symbolism of language. See **processes, primary and secondary**.

According to Freud (1900, 1902), the function of dreams is to preserve sleep by representing wishes as fulfilled which would otherwise awaken the dreamer. Recent physiological research suggests, however, that sleep is of two kinds, *dreamless* and *dream sleep* (the paradoxical phase of sleep), that phases of the latter occur recurrently in all extended periods of sleep, and that the function of dream sleep is to process the sensory intake of previous periods of wakefulness. For a rather different view of dreams, see Rycroft (1991).

## Ego boundary

**Ego boundary** **Topographical** concept by which the distinction between **self** and not-self is imagined to be delineated. A patient is said to lack ego boundaries if he identifies (see **identification**) readily with others and does so at the expense of his own sense of **identity**. Analysts who hold that the **infant** lives in a state of primary identification with his **mother**, postulate the gradual development of an ego boundary, i.e. the discovery that objects are not parts of itself.

**Ego defect** The absence of an **ego function**.

**Ego development** **Psychoanalysis's** assumption that the psyche is divisible into an **id** and an **ego** compels it to make a distinction between libidinal and ego development, the former being the progress through various libidinal stages, in which the sources and forms of sexual pleasure change (see **libido**), and the latter being the growth and acquisition of functions which enable the individual increasingly to master his **impulses**, to operate independently of parental figures, and to control his **environment**. Attempts have been made to correlate phases of libidinal and ego development and to describe an **oral** ego, which is entirely pleasure-seeking and dependent on the **mother**, an **anal** ego, which is concerned with control and mastery of impulses, etc. The most ambitious of these is Erikson's **stages of man**, which divides the whole of life from birth to death into eight stages of ego development.

Ego development may also refer to the process by which the ego differentiates out of the id. According to Glover (1939) this occurs by the fusion of a number of originally disparate *ego-nuclei*. On the other hand, according to Fairbairn (1952) the infant starts with a 'unitary, dynamic ego' which reacts to **frustration** by **splitting** into three parts: the *central ego*, the *libidinal ego*, and the *anti-libidinal ego* or **internal saboteur**; the first corresponding roughly to Freud's ego, the second to the id, and the third to the **super-ego** (see **Fairbairn's revised psychopathology**). According to Klein, ego development is a process of **introjection** of objects (see **Kleinian**).

**Ego-dystonic** Behaviour and wishes are said to be ego-dystonic if they are incompatible with the **subject's** ideals or conception of himself; i.e. they refer to a value-judgement made by the subject himself.

**Ego function** Since **psychoanalysis** ascribes all functions to the **ego**, anything which the subject can do is an ego function.

**Ego ideal** The **self's** conception of how he wishes to be. Sometimes used synonymously with the **super-ego**, but more often the distinction is made that behaviour which is in conflict with the super-ego evokes **guilt**, while that which conflicts with the ego ideal evokes **shame**.

**Ego instinct** In Freud's formulations prior to 1920 there were two groups of **instincts**: the self-preservative or ego instincts (see **self-preservation**) and the reproductive or sexual instincts (see **sex**).

**Ego-integrity** The last of Erikson's eight **stages of man** is ego-integrity v. **despair**. Although Erikson does not use the phrase, 'ego-integrity' seems to mean 'the serenity of old age' and the acceptance of one's own death as natural and as part of the order of things.

**Ego libido** **Libido** which is invested in the **ego**. It is not always clear whether this refers to the energy available for **ego functions** or to **self-love**.

**Ego psychology** Either 'the psychology of the ego', or, more frequently, that variety of psychoanalytical theory which has developed from Freud's *The Ego and the Id* (1923) and Anna Freud's *The Ego and the Mechanisms of Defence* (1937). In this latter sense there is an explicit or implicit contrast with either **instinct theory**, which preceded it, or **object theory**, which has developed contemporaneously with it. Key concepts of psychoanalytical ego psychology are '**autonomous functions of the ego**', '**the conflict-free area of the ego**', '**desexualization**', '**deaggressification**'. See Hartmann (1958) for a definitive statement.

**Ego-syntonic** Behaviour and wishes are said to be ego-syntonic if they are compatible with the **subject's** ideals and conception of himself.

**Egotization** The process by which a mental process or function becomes part of the **self**, structured or deaggressified and desexualized (see **structural**; **deaggressification**; **desexualization**).

## Memory

**Memory** Memory fulfils the biological function of enabling organisms to respond to present circumstances in the light of past experience and thereby to replace simple, automatic, 'instinctual' reactions by complex, selective, learned responses. Freud's theory of memory is in reality a theory of **forgetting**. It assumes that all experiences, or at least all significant experiences, are recorded, but that some cease to be available to **consciousness** as a result of **repression**, this mechanism being activated by the need to diminish **anxiety**. Although this theory explains those instances of forgetting that can be demonstrated to be related to neurotic **conflict**, other factors presumably contribute to the fact that **amnesia** for infancy and very early childhood is universal and is not decreased by even the 'deepest' analysis.

**Menarche** The onset of menstruation in puberty.

**Mental illness** This term embraces the **psychoses**, the **psychoneuroses**, and the **behaviour disorders**, three clinical entities which differ in kind. Some at least of the psychoses are illnesses similar in kind to physical illnesses; they have demonstrable physical **causes** which explain the **symptoms** without reference to either the patient's personality or to any motives which he might have for wishing to be ill. The neuroses resemble physical illnesses in that they have symptoms of which the patient complains, but they are inexplicable without reference to the patient's personality and motives, i.e. they are creations of the patient himself and not simply the effects of causes operating on him. The behaviour disorders are conditions in which there are no symptoms in the sense of phenomena of which the 'patient' himself complains; it is society not the patient who objects to the disordered behaviour. The idea that the neuroses - and, *a fortiori*, the behaviour disorders - are illnesses is a useful social fiction since it enables neurotic phenomena to be dealt with therapeutically, but it is based on a confusion of thought, viz. the equation of **unconscious** motives with causes. See Szasz (1961), Home (1966), Rycroft (1966).

**Metaphor** The figure of speech by which one thing or process is described in terms of some other thing or process. The ability to use metaphor depends on the capacity to see a similarity between things

that are otherwise dissimilar. 'A good metaphor implies an intuitive perception of the similarity in dissimilars' - Aristotle. The **primary processes, condensation, displacement, and symbolization** can all be regarded as examples of (or analogous to) metaphorical expression. See Sharpe (1937), Rycroft (1991).

**Metapsychology** Term invented by Freud to describe what other sciences call 'general theory', i.e. statements at the highest level of abstraction. Metapsychological formulations describe mental phenomena in terms of the fictive **psychic apparatus** (see **fiction**) and ideally contain references to the **topographical, dynamic, and economic** aspects of the phenomenon in question; the topographical referring to its location within the psychic apparatus, i.e. whether in the **id, ego, or super-ego**, the dynamic to the **instincts** involved, and the economic to the distribution of **energy** within the apparatus. Metapsychology is part of **classical theory** and is not used by object theorists (see **object (relations) theory**).

**Migraine** Correctly, severe one-sided headache with *photophobia* (painful sensitivity to light) and *castellations* (visual images resembling the battlements of a castle).

**Mind** In Strachey's translation of Freud, 'mind' translates *Seele* and 'psyche' translates *Psyche*. The two terms are, however, synonymous, as are also 'psychical' and 'mental'. As Brierley has pointed out, **psychoanalysis** regards mind as a process and not a thing, despite Freud's habit of relating mental phenomena to a **psychical apparatus**. 'The general theory of psycho-analysis, in its most abstract definition, is a psychology of mental processes and their organization. For such a psychology, mind has ceased to be a static structure or a substantial thing and has become a dynamic entity, a nexus of activities and a sequence of adaptive responses' - Brierley (1951). Psychoanalysis also regards mind (mental processes) as being in some way intrinsically connected with body (bodily processes). Despite conforming to the linguistic conventions which compel one to talk of a body and a mind which are different and yet interact, it contains a number of concepts which tie its psychology to physiology and biology. Among these are **instinct, id, unconscious, affect, sexuality** (see **sex**), **erotogenic zones**, and **symbolism**. In

## Mirror

his *Freud and Man's Soul* (1983), Bruno Bettelheim criticized Strachey for translating *Seele* as 'mind', asserting that he would have been truer to the spirit of Freud if he had translated it 'soul'.

**Mirror** According to Lacan (see **Lacanian psychoanalysis**), the human infant is captivated by its first sight of its own reflection in a mirror. According to Winnicott (see **Winnicottian**) the infant finds itself reflected in its **mother's** face.

**Mneme Memory.** Hence *mnemic image*, the psychological equivalent of a memory-trace.

**Model** When analysts talk of constructing models, they are referring to the formulation of a system of concepts which can be expressed diagrammatically. The classic example of a psychoanalytical model is Freud's **psychic apparatus**, in which the relations between the **id**, **ego**, **super-ego**, and the **environment** are represented topographically (see **topographical**). The danger of models is that they may be taken too seriously; the fact that mental activity and conflict *can* be conceived of in terms of a visible diagram, parts of which are labelled id, ego, and super-ego, leads all too readily to the conviction that there really are things called the id, ego, and super-ego. See **reification**.

**Mood Psychiatry** only recognizes two moods - **elation** and **depression**. Disturbances of mood characterize the **affective disorders**. See **mania**; **manic-depressive psychosis**.

**Mortido** Term coined by Federn (1952) to describe a form of **energy** belonging to the **death instinct** and analogous to **libido**. Although such a concept is logically necessary for analysts who believe in the **life** and death instincts, no one, not even Federn himself, has had the nerve to work out the implications of conceiving of a **psychic apparatus** in which two opposed instincts are simultaneously at work, and two different forms of energy circulate.

**Mother** Since psychoanalytical theory is formulated in terms of what anthropologists call the *nuclear family*, consisting of **father**, mother, and children, it assumes that the person who mothers a child and the person who gave it birth are identical. Hence formula-

tions about mothering are stated in terms of 'the relationship to the mother', the real-life complications arising from the contributions of grandmothers, aunts, nurses, elder sisters, and *an pair* girls being dealt with, if at all, by calling them 'mother-figures'. Even fathers may on occasion be mother-figures.

According to most formulations, the mother is the central person in the child's life throughout the **pre-oedipal** phases of **development**, though Melanie Klein (see under **Kleinian**) dates the onset of the **Oedipus complex** in the first year of life, i.e. during what **classical theory** holds to be the **oral phase**. Again according to most, but not all, formulations, the mother is a **need-satisfying** or **part object** during the first few months of life, i.e. she is 'loved' solely for her capacity to provide **satisfaction** and only later does she become a **whole object**, whose own personality and needs are in any way recognized by the infant. The phrases '*the good mother*' (see also **good**), '*the bad mother*' (see also **bad**), '*the ideal mother*', and '*the persecuting mother*' all refer to conceptions of the mother existing in the infant's mind formed by **splitting** of the mother image. The *phallic mother* (see **phallic woman**) is also, strictly speaking, a conception in the infant's mind, though the term is sometimes also applied to women whose personality encourages such a conception. '*The rejecting mother*' and '*over-protective*' and *schizophrenogenic mothers* are actual mothers, so described by psychiatrists and analysts who attribute to them pathogenic effects on their offspring (see entries under **over-** and **schizophrenogenic**). The *ordinary devoted mother* is Winnicott's (1958) term (see **Winnicottian**) for the mother who provides her child with mothering adequate for his development and who is capable of *primary maternal preoccupation*. For the effects of maternal deprivation and of separation from the mother, see **deprivation; separation, mother—child**.

**Motive** That which drives a person towards an end or goal. The concept does not distinguish between 'internal' factors, such as **instincts**, and 'external' ones, such as incentives. See **will**.

## Obsessional thinking

**Obsessional thinking** This term refers *not* to obsessional thoughts (see above) but to a form of thinking displayed typically by **obsessional characters** and accepted by them as a valid form of mental activity. Its function is to reconcile ambivalent attitudes (see **ambivalence**), and it tends therefore to consist of highly abstract formulations designed to reconcile contradictions or of statements, typically linked by 'buts', which tend to cancel one another out. Alternatively, all assertions may be so qualified by references to exceptions, conditions, or hints as to the possibility of another and better formulation that the subject in fact avoids committing himself to them.

**Oceanic feeling** Phrase used by Romain Rolland in a letter to Freud to describe the mystical, cosmic emotion which (according to Rolland) is the true source of religious sentiments (see **religion**). Freud could not discover this feeling in himself. See Freud (1930), where he offers an interpretation of it, viz. that it is a **regression** 'to an early phase of **ego-feeling**', and revives the experience of the infant at the **breast** before he has learnt to distinguish his ego from the external world.

**Oedipus complex** Group of largely **unconscious** ideas and feelings centring round the wish to possess the parent of the opposite sex and eliminate that of the same sex. The complex emerges, according to **classical theory**, during the *oedipal phase* of **libidinal** and **ego development**, i.e. between the ages of three and five, though oedipal manifestations may be present earlier - even, according to Melanie Klein (see **Kleinian**), during the first year of life. The complex is named after the mythical Oedipus, who killed his father and married his mother without knowing that they were his parents. According to Freud, the Oedipus complex is a universal phenomenon, built in phylogenetically (see **phylogenetic**), and is responsible for much unconscious **guilt**. *Resolution of the Oedipus complex* is achieved typically by **identification** with the parent of the same sex and (partial) temporary renunciation of the parent of

the opposite sex, who is 'rediscovered' in his (her) adult sexual object. Persons who are fixated at the *oedipal level* are *mother-fixated* or *father-fixated*, and reveal this by choosing sexual partners with obvious resemblances to their parent(s). Oedipal rivalry with the **father** is a cause of **castration anxiety**.

Freud first mentioned the Oedipus complex in a letter to his friend Fliess in 1897, and the idea arose out of the self-analysis which he conducted after the death of his father. Its first published appearance was in *The Interpretation of Dreams* (1900). It remained a cornerstone of psychoanalytical theory up to, say, 1930, but since then **psychoanalysis** has become increasingly mother-orientated and concerned with the *pre-oedipal relationship to the mother*, and the modern tendency is to regard the Oedipus complex as a psychic structure itself requiring interpretation in terms of earlier conflicts rather than as a primary source of **neurosis** itself. However, even the most enthusiastic supporters of psychopathological systems (see **psychopathology**) centring round the **mother** have to take account of the fact that children have two parents, that in our society at least they grow up in close proximity to both and are confronted with intimations of their sexual life together and their own exclusion from it.

**Omnipotence** *Omnipotent phantasies* are **phantasies** that the subject is omnipotent. *Omnipotence of thought* refers to the belief that thoughts can of themselves alter the external world. According to some accounts, all infants believe in the omnipotence of thought and learn by their experience of **frustration** to accept the **reality principle**. According to others, it is a symptom of **alienation** and the **dissociation** of phantasy from any contact with the external world. According to Freud (1912), belief in the omnipotence of thought underlies animism, **magic**, religious practices (see **religion**), and **obsessional neurosis**, the **rituals** of the latter two being attempts to *control* the omnipotence of, in the one case, God, in the other, the **subject** himself (i.e. of the alienated part of himself, see **alienation**). Omnipotence of thought is also invoked as an explanation of the fact that wishes can arouse as much **guilt** as actions.