

Freud and a political role for psychology

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One of the most noticeable features of a social and political crisis is the way in which it produces in every discipline the desire to give its status as diagnostic a secure foundation, and the temptation to overstep the mark. The fear of irrelevance, while it concentrates the efforts of the human scientist upon what is most practical in his or her field, simultaneously presents the temptation to extend it, to apply that expertise to anything in the field of human experience which seems most dramatically threatened.

The old adage that fear concentrates the mind may be true of individuals but it is certainly not true of the effect it has had on psychologists in South Africa. The range and extent of human suffering which confronts everyone and the wish to turn anything practical in psychology to good use is almost overwhelming, so that the cautious self-examination which would direct and focus this activity seems literally an instance of intellectual fiddling while the country burns. However admirable the wish to act as a committed psychologist might be there is surely reason to delimit the point at which psychological intervention is appropriate and direct energies where they are rationally justifiable and more likely to be efficacious.

In a broad field like psychology it would be almost impossible to assess all the claims to relevance in the political sphere which could be made. However, in South Africa it is clinical psychologists who seem to be most active in the political, perhaps because it is clinical psychology which can most easily make claims to the status of a diagnostic knowledge. And it is

as diagnostic in turn that the political function of any knowledge can best be assessed.

In addition to the general requirement that any discipline delimit its objects, a diagnostic discipline must also formulate, and clearly express, the way in which it can distinguish the normal from the pathological (that is diagnose) and on this basis practise a rationally defensible form of intervention, be it prevention or cure. The task confronting the clinical psychologist is especially difficult in these terms. It often takes all of human experience, be it thought or action, as its legitimate object and confuses the concept of pathology with the more secure and measurable one of abnormality. It then sets out to remedy or prevent that which is not clearly established as warranting a cure at all. The result is that neither the objects nor states which call for intervention nor the method by which it is undertaken can be rationally defended. In other words unless the individuals or the society which calls for committed action can appropriately be described as pathological, it is not the expertise of a psychologist that is called for and it is therefore not as a psychologist that this commitment is acted upon. In order to be assured of a political function at all, clinical psychologists generally assume that South Africa is a pathogenic society and that the incontrovertible human misery it produces amounts to psychopathology. In this apparently commonsensical assumption, much that is of crucial importance lies. In fact, the possibility of a uniquely appropriate psychological intervention turns upon the validity of this position and the way in which it is explained.

The advantage which the clinical wing of the psychological field has in attempting to establish its credentials stems in part from its relatively short history and the clear break which psychoanalysis (its immediate predecessor and the first discipline to have an indigenous concept of pathology in the mental) makes with psychiatry. The early history of psychoanalysis is useful in tracing its emergence as a separate discipline and makes it clear that much that is problematical in psychology today can be clarified by way of a return to Freud.

The first step in this break is Freud's reformulation of hysteria as a psychopathology rather than an organic disease. This in turn occurs at the point at which Freud recognises that the form of the hysterical symptom cannot be explained in medical terms because an organic lesion could not produce paralysis in the parts of the body which are affected in hysteria. In accounting for this discrepancy between the anatomical body and that

beset by hysteria, Freud discovered that the body of the hysterical was that referred to in common speech and that the arm or leg which the paralysis covered therefore extended from shoulder to wrist or from ankle to thigh. What Freud discovered in this was no less than the role of language in the form of the symptom, a discovery that was to be the cornerstone in his understanding of psychopathology. What alerts Freud to the psychological origins of hysteria is the fact that it is a disorder of signification, an event in the wrong language as it were, in which psychic suffering is expressed in physical terms. From this point onwards, the psychological and the medical part company.

The role of representation and the corresponding recognition that interpretation is integral to diagnosis, and crucially to cure, becomes a founding tenet of psychoanalysis. It is only because the mind (which is in a language) is implicated in the symptom that it is possible to envisage a "talking cure" at all. Even at this stage it is clear that with hysteria as the prototype of the symptom, Freud will from now onwards be able to distinguish that form of pathology which is suitable for psychoanalytic intervention and that which is not. Although *aktualneurose*, for instance, shares with hysteria an origin in sexual dissatisfaction, what distinguishes the two is the form of the symptom, the precise nature of the origins of each and most important of all the possibility of cure by way of analysis. The difference between the two lies in the fact that, unlike hysteria which takes the form of the somatized (and hence disguised and partial) satisfaction of a repressed wish (which has been repressed because it fell foul of the hysterical's superego), an "actual" neurosis results from externally caused deprivation of sexual satisfaction. An actual neurosis often occurs later in life where the person is deprived of a satisfaction previously enjoyed by an accidental event, such as the death of a husband. Here, unlike hysteria, the cause of the suffering is clear to the analyst and often to the patient. It neither requires nor is amenable to interpretation or treatment. It simply requires a change in the world for the anxiety to disappear - another love for example.

The result is that while Freud does allow for a purely external cause of neurosis, he has, in differentiating hysteria (a psychoneurosis) from an actual neurosis, excluded one form of pathology from psychoanalytic intervention. In this, he has limited psychoanalytic practice to those conditions which implicate interagency conflict. The world alone may cause neurosis but, if so, it alone may cure it.

In fact in strict terms an actual neurosis is not a neurosis at all. It is a form of extraordinary human unhappiness, one which if an expert were called upon to produce a cure that expertise would have to be one directed at changing the world not people, that of the politician or social worker not of the psychologist. In making this important distinction Freud gains insight into the problem but also adds to the already difficult task of formulating a concept of psychopathology.

If the more or less regular characterization of a disease, its description and identification in observational terms, is what is meant by a pathology, and that which causes disease is thought of in similar terms, then the psychoanalytic concept of psychopathology will have to abandon the medical model. As might be expected, confronting the loss of a regular and visible evidential field on which to demonstrate the presence of psychopathology, it is tempting for Freud and those after him to re-invent a parallel account. This is certainly true of Freud's initial response when having moved from his work on hysteria to an understanding of the theory of repression and of the crucial role of the sexual in the aetiology of neurosis, puts forward the seduction theory. Part of the reason for the difficulty Freud clearly had in abandoning the seduction theory stems from the reassuringly regular explanatory work which it could do.

Ironically, it is the difficult and certainly not scientifically consoling conclusion that not all neurosis may be traced to real sexual events which enables Freud to make what is arguably the second most important conceptual advance in the history of psychoanalysis. In abandoning the seduction theory and replacing it with the notion of the pathogenic consequences of a wish or fantasy, psychoanalysis makes a definitive break with both the regular and the naively realist view of the origins of psychopathology.

In recognising that guilt alone, that wishes in the form of propositions formulated but never actualised, may cause neurotic suffering, Freud recognises something of extreme importance about the nature of the psychic apparatus, one which also forces him to confront the role of contingency in psychoanalytic explanations. For it is important to realise that Freud does not replace a realism or regularity in history with a realism or regularity of the wish. Neither particular kinds of wishes nor particular kinds of events are in themselves pathogenic.

Certainly the Oedipal theory which suggests that wishes of the kind always subject to superego injunctions are part of the experience of every child, would not allow such a step. If this were the case, then the abandonment of the seduction theory would lead to an unproductive substitution of the kind that would make pathology an even more dubious, because universal and inevitable, category. Instead, Freud recognises that it is the often contingent conjunction of actual events and fantasies which play a crucial role in the development of a neurosis. The child who, on wishing his father dead in the inevitable and quite normal grip of Oedipus, finds himself without one for reasons quite separable from that wish, may well become neurotic. Should his father survive to foster an identification, or even the libidinal impulse of negative Oedipus, neurosis is less likely to result. At this stage, all that can be said about the role of real events (loss, violence or seduction) in as causes of neuroses is that the more of them there are, the greater the statistical chances that pathology may result. The context in which this is most likely to occur with the greatest regularity is war. What is important about this is that like organic disease or actual sexual trauma, war represents a possibly regular or predictable cause of neurosis. In his short *Introduction to Psychoanalysis and the War Neuroses* (1919, Trans.1947), Freud reflects upon psychoanalysis' relation to these puzzling "disorders" (1947, p207). At the outset he makes it clear that war neuroses reveal many of the features that had already been recognised and described by psychoanalysis as present in ordinary (that is peacetime) neuroses. He refers to the essentially psychological, (in contrast to medical or lesional) origins of the symptoms, the importance of unconscious instinctual impulses and the part played by the flight into illness. What remains as controversial about the possible suitability of psychoanalysis to the war neuroses turns on the apparent absence of the key psychoanalytic concept of sexuality in their genesis.

Freud, while pointing out that sexuality may yet be shown to play a part in the psychoanalytic understanding of the war neuroses, goes on to make the important point that the war neuroses are to be distinguished from those of peacetime by special characteristics stemming from their status as neuroses made possible by conflict in the ego. This conflict is one between the old peaceful ego and the new warlike one, which becomes acute when the old ego realises what danger it is in as a result of the rashness of its "parasitic double" (Freud, 1921, p209). Subsequently he describes the conflict in terms suggestive of the superego, pointing out that motives such as ambition, self-esteem, patriotism and obedience justify the warlike ego's actions. This conflict is as his discussion of the unjust treatment of

the war neurotic as a malingerer makes clear an essentially unconscious one.

While own Freud's discussion of the war neuroses finally takes the form of an explanation of how they too allow for a form of sexual energy attached to the ego itself, what is significant here is that the war neuroses are accurately described as neuroses in psychoanalytic terms because they comply with its main defining criteria. Firstly, they are the product of unconscious conflict. Secondly, they implicate repression. Finally, the source of the conflict stems from that between libido and superego, that is between Eros and Thanatos. In concrete terms, this account suggests that the precondition of the war neuroses is that the soldier should suffer conflict, and is verified by the fact that it is only in a conscript or national army, and not in an army of professional soldiers that the war neuroses are encountered. In local terms, political conflict which engenders war and advocates violence would not produce conflict in those consciously and explicitly committed to armed struggle.

Freud's account of the war neuroses then once more demonstrates that pathology cannot be described as the necessary consequence of some predetermined and specifiable class of events in the world. Even where commonsense would suggest that of all the events in the world war is most likely to be pathogenic, Freud's discussion of the war neuroses re-iterates that it is only under specific conditions, those of conflict in the ego, that neurosis results. What Freud does suggest, however, is that one precondition for the neuroses caused by war does exist on a general level. Certainly, in the account of the war neurosis it is clear that war, in so far as it is threatening, embodies as it were an external context or dramatisation of the essential conflict between the impulse towards life and that towards death upon which the psyche itself is founded. War also represents the prototype of all those events in human experience which bring with them not just the threat but the actual realisation of frustration, deprivation and loss.

In Mourning and Melancholia (1917) Freud addresses the question of the consequences of loss in somewhat different terms. In comparing two responses to loss, of loved person or even of some abstraction as of an ideal, a country, or a loss of liberty, Freud once more emphasises that the form of the event itself does not pre-determine the form of the reaction. Both the normal response of mourning and the pathological response of melancholia may be precipitated by the same kind of event and both

present themselves in approximately similar terms. Both the mourner and the melancholic experience a profoundly painful dejection, cease to have any interest in the outside world, lose the capacity to love and are inhibited in all their actions. However, the key distinction between the two conditions is indicated by the presence of one different ingredient, an absence of self-regard noticeable in the melancholic but not in the mourner.

The difference, Freud argues, is that whereas the mourner has lost an object, an ideal or another person, the melancholic is suffering primarily from a loss of him or herself. The self denigration of the melancholic, however, is of an essentially paradoxical kind.

In examining the clinical picture, those suffering from extreme self reproach, reveal that what has happened is that a reproach appropriately directed against a love object has been shifted, under the pressure of guilt onto the person's own ego. Melancholia must be understood, then, as the product of a process of identification by the melancholic ego with the lost object. An object loss is transformed into an ego loss and past conflict between the melancholic and the lost object results in a cleavage between the critical activity of the ego (in the past) and the present ego transformed on the basis of identification (Freud, 1919, p258).

What is important here is not just the subtlety of this explanatory account and the ways in which it enables mourning and melancholia to be distinguished in practice, but its re-iteration of the essential point that the form of an event alone, its position, intensity or nature does not guarantee its pathogenic status. In describing an event as pathogenic then, Freud is not referring to some feature or property of that event but to an effect, a consequence only identifiable *post hoc* and crucially only in particular cases.

A revealing and typical example of the difficulty which psychologists by contrast have with the psychoanalytic concept of pathology is to be seen in a recent semi-popular article in *Scientific American* (April 1989) which reports on the findings of a study entitled **Vulnerable but invincible: A longitudinal study of children and youth**. The author refers with some surprise to the results of a thirty year enquiry into the lives of a group of children. What is surprising she suggests is that neither factors described as risky nor stressful in the environments of those studied lead inevitably to poor adaptation, let alone pathology. Instead it appears that at each stage in an individual's development from birth to maturity there is a shifting

balance between stressful events which heighten vulnerability and protective factors which enhance resilience. The startling inanity of such a conclusion hides something more insidious. After all, if the concept of pathology and therefore an account of what is pathogenic is not distinguished from that of stress or that which produces unhappiness, then the odd explanation, the identifying of an entity called resilience or a buffer, need not have occurred and the strange protective something, be it a feature of an individual or a class of outside events, need not have been so fruitlessly pursued.

Unbeknown no doubt to the authors, and probably undesirable to them, is the recognition that unless the psychological field can think the difference between what is abnormal and what is pathological, that is between neurotic misery and extraordinary human unhappiness, confusion is sowed on all sides.

What makes Freud's contribution to an understanding of psychopathology so important and what no doubt accounts for its lack of popularity is the fact that it is neither easy nor consoling. Leaving psychiatry and a lesional or medically based model of psychopathology without entering into the human science position, Freud recognises that distinguishing the normal from the abnormal and the abnormal in turn from the pathological, is neither a purely quantitative operation, an extension of a set of similar features, nor the introduction of separate pathological ingredients. It requires instead that pathology be explained in terms of the same components in a different relation to each other.

While a norm can, by definition, be specified and its variations therefore measured, to attribute pathology to a person, and the attribute pathogenic, to a set of circumstances cannot be done on the same grounds. Unlike the abnormal which remains a way of redescribing extreme variation, the attribution "pathology" is of a different kind. While it is tempting to stick to abnormality, because it is more easily specified (and less pejorative to boot) the consequences are not worth the price. For in so doing the knowledge is robbed of its status as diagnostic and thus of rational grounds for intervention.

After all, variation alone, however extreme it might be, remains a purely descriptive category. It does not call for remedy and it is hard to see how it could form the basis for an expertise, certainly not one which wishes to make an intervention. While medicine may have produced both

observable and statistical forms as a basis for clearly marking the point at which abnormality (or the limits of variation) becomes pathology, and while religion may justifiably have ethical criteria for redescribing deviant action as sinful, Freud took neither route. Unlike the clinical psychologist who has come to play the role of confessor or friend and the psychiatrist who remains within the medical model and where psychopathology is finally always thought in organic terms, Freud continues to preserve an indigenous domain for psychoanalysis. For all but the analyst the illness is either no longer mental but is organic, or not illness at all but moral error.

What compels a return to Freud is that he resolved this dilemma. It is what was forgotten about psychoanalysis rather than what is inherited from it which precipitated the problem in the first place. What is unique in Freud's account of pathology is that it is not based upon some special or additional ingredient, something unique to pathology and separate from normality, but is defined structurally as the re-emergence (or relocation) of ingredients which would, at some prior stage or in another position, be quite normal. It is not the content of the repressed wish which makes it pathological nor the fact that it is repressed, but rather the coming undone of that repression and the indirect and disguised route to satisfaction which it takes.

It is not that children in being polymorphously so are literally, rather than metaphorically or from hindsight, perverse but that adults, who return to that position are. Nor is the dream, the hallucinatory satisfaction of a wish, a symptom, despite the fact that it is prototypically symptomatic in form. To dream awake but not asleep is to enter psychosis. The upshot is that neither neurotic speech (hysteria) nor neurotic action (obsession) wears its pathological status on its face. It is only to the extent that an action does not comply with the structural and formal requirements for the definition of action (that is, has a reason which determines its form, and therefore acts as its cause) or the structural requirements of a communicative event, (that is the form of an intelligible and grammatical utterance) which determines whether we are dealing with pathology or not. Neither events in the world, then, nor particular forms of human action or thought are pathological but crucially the psychic apparatus is inherently pathogenic. It, and this is Freud's genius, represents both pathology and normality's preconditions.

The ego is necessarily slave to three non-reconcilable masters (the Id, the Superego and the Real) and civilization is therefore structurally

discontented. In being a member of the group and in having an ego (that is being capable of rational thought and action), the individual is always potentially pathological. The point remains as to whether anything about that ego, the contents of the superego, the nature of the real world or the means by which any of these was acquired, acts not merely as the precondition for, but as predisposing to, pathology.

If South Africa is pathogenic in ways that a psychological knowledge can explain and a psychological practice theoretically at least can cure, then the question of its pathology must be explained at the level of its preconditions, and not on the level of its positive contents. To return to the original question, if South Africa is pathogenic the psychologist is apparently assured of a political function. But this demonstration by way of Freud suggests so far that this is not a safe assumption. While it is clear that South Africa generates an unusually high amount of both ordinary and extraordinary human unhappiness neither of these can be equated with neurosis and are therefore not the legitimate province of the psychologist. And it is also clear that where neurosis does occur, it does so for reasons not wholly attributable to the social.

But, and this is the crux of the matter, Freud's account of the form of psychopathology is not confined to neurosis. Most significantly, for our purposes, it also includes that of psychosis. In the case of neurosis the occasions for the extraordinary human unhappiness which South Africa provides so often are only statistically likely to be neurotogenic. If fathers and mothers are more likely to suffer violence, frustration, humiliation and poverty, then their children are more likely, in inevitably wishing them ill in Oedipus, to suffer the guilt of finding their wish come true. What results is the ominous and disconcerting experience of having one's worst wishes materialise without one having to do any more than wish them. It is literally a question of an increased chance of unhappy accidents.

The case for psychosis is of a different, more revealing kind. If neurosis is a result of a compromise formation occurring at the site of interagency conflict and psychosis is the collapse or the absence of those three agencies, then the question arises as to whether there can be regular conditions under which the psychic apparatus is necessarily psychotic? Freud's account of the resolution of Oedipus as the precondition for a functional relation between the agencies goes some way towards answering the question. The child in pre-Oedipus resembles the psychotic in essential respects, not only because of the infantile position of the drive but also

because of the absence of a superego in the internal position. An internal superego is in turn the necessary pre-requisite for rationality at least in its modern form. And according to Freud the superego is necessarily heir to Oedipus.

The conditions, then, under which a society may be described as pathogenic (that is in which the conditions for the establishment of all three agencies in an appropriate relation to each other) could be one in which its members are not provided with the means to resolve Oedipus. This structural precondition should not it is important to remember be seen as equivalent to the accidents which Oedipus is necessarily heir to. The point is not to redescribe neurosis or simply to refer to the fact that in the normal vicissitudes of the history of the drive much can go awry. Nor does it add very much more to say that certain quantities of libido, certain kinds of fathers or mothers may make Oedipus more difficult to traverse successfully. What counts is whether something above and beyond particular individuals and particular families stands in their way.

The logic of Oedipus may be useful here. Oedipus, in Freud, is a mechanism by means of which identification and desire are separated. The boy child is called upon to give up the first object (the mother) and to substitute her with another object of the same gender. A prerequisite for the substitution is that he should identify in this with the father - be like him in order to have someone like her. Identification is essential in this because, as we know from Freud, it is only on the basis of an identification that the child not only achieves a stable gender identity but also a superego. This identification in turn presupposes that the child is given someone who can sustain that identification to provide him or her with a means by which the form of wishes may be related to the form of actions. In other words in which the child not only recognises what the parent wants but sees the form of action necessary in order to realise those wishes. The parent as the model then must literally embody the way in which wishes, themselves invisible, may be coordinated upon the visible field of actions.

What is important in determining whether a society can be pathogenic or, to be more specific psychotogenic, then turns on whether anything on the political or social level affects the possibility of making the necessary identification. This is a difficult question, in turn dependant upon a detailed account of the mechanisms involved in identification. However one thing is clear - where a group of people who must act as models are

regularly in a position in which it is almost impossible to act upon their wishes, the continuity between wish and action which is required of the object of an identification is absent. And it is equally true that this is precisely the position in which black people find themselves in South Africa.

Perhaps the point turns on the question as to whether it is possible to conceive of inalienable rights in psychological terms and if so what they might be. The most obvious and I suspect the only possible inalienable psychological right would be the right to sanity. An understandable scepticism about so bald a formulation inevitably arises. This difficulty is partially resolved by resisting the temptation to fill the right to sanity in terms at once too general and too particular. It is not that what counts as sanity remains the same in all societies or even within one society at different times. Rather any society can at any time be described as psychotogenic to the extent that it is internally contradictory, that is does not allow those who must function within it to fulfil its own requirements for rationality or majority.

The unjust society carries just such a possibility. In depriving black South Africans of the right to love, live, and work where they choose the apartheid regime places them in a position which is not merely frustrating or even extraordinarily so. There is surely reason to believe that where the very continuity of the relation of wish to action is systematically undercut on so broad a front the capacity for rational action is itself seriously threatened. Political repression of the magnitude of that metered out in South Africa robs the oppressed not just of liberties but of the form of rationality which has in the West for the last two hundred years at least, been a perquisite for the stable relation between the individual and the group as well as for the status of legal majority.

If black South Africans have been infantalized in the strict sense of the term, then in the light of Freud, it is quite possible to suggest they have in this also been subject to processes which are in essential respects psychotogenic. In the face of a consequence of this magnitude that for psychologists however committed they might be, seems of minor importance. But this is the question asked here. And the conclusions are not consoling.

The neuroses South Africa generates may be more prevalent than elsewhere but as neuroses they are not different from and certainly no

more tractable or less miserable than any others. And as for ordinary human unhappiness however extraordinary it may appear to be no one except perhaps a social worker can hope to be any better at ameliorating it than anyone else.

The case for psychosis is if anything more disturbing. The psychologist may be able to identify and even explain its likely origins on either the individual level or on that of the group. But psychosis is by definition not amenable to cure. The psychologist is no less than those who reveal the damage so vividly at the mercy of the political, and politicians, as all South Africans know have yet to prove rich in either mercy or wisdom.

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