Chapter 1
History of Symptom Psychology

The history of psychological symptom formation as a clinical and scientific subject of interest, is of course, tied to the work of Sigmund Freud. Most of the elements of the entire anatomy of what is considered a symptom—its constituents, structure, and its very foundation—is considered throughout Freud’s collected works, although actually in a fragmentary fashion, located in just about all of his work, either directly or by implication. From his 1894 paper on the defense neuro-psychoses (1894/1962), to the Fragment of an Analysis of a Case of Hysteria, 1905/1953), to his papers on Inhibition, Symptoms, and Anxiety, 1926/1959), wherever one looks, it seems that everything ultimately points toward symptom as psychopathology. Thus, just about all of Freud’s work, in one way or another, can be correlated to almost every facet of the subject of symptoms.

A cursory listing of some of the considerations Freud raised, either having direct relevance to the study of symptoms, or implying important issues in this study, can easily comprise a separate glossary of Freudian terms and concepts. The following is only an illustrative sample of this sort of compendium.

Conflict between ego and id; the function of defenses; the special nature of repression; equilibrium of drives; consciousness versus the unconscious; compromise formations; drive derivatives and fear and guilt; breakthrough of drives; analogy to a manifest dream; similarity of dreams and symptoms; substitute gratifications; repressed wishes; pleasure and unpleasure; ego alien material; anxiety; symptoms as a way of removing the ego from danger; instinctual demand; primary and secondary gain; overdetermination; helplessness; unbearable ideas; conversion; symptom precipitators–grief, despair, depression; sexual wishes and repression; recathexis of object representation; narcissistic satisfaction; castration fear; energy fortification.

Thus, in Freud’s amalgam of variables bearing on the appearance of symptoms, their source, purpose, formation, and structure, the above listing is really only a modest sample of the massive amount of theoretical and clinical material that Freud brought to bear on the study of symptoms and their treatment.

In distilling the essence of his position and particular understanding of symptoms, he proposed that a symptom is part of a solution to a situation that the person deems to be dangerous. Of course, Freud’s position is that such danger originates from the person’s own impulses. In his “Fragment of an Analysis of a
Case of Hysteria” (1905/1953), he indicated that in the process of the solution to this dangerous situation, the symptom will form, thus necessarily producing an impairment of a usual function. In “Inhibition, Symptoms and Anxiety,” (1926/1959) he stated that then a new phenomenon will appear that has arisen out of this impairment. This process, he continued, ends in the symptom that has removed the ego from danger, an end result that has also disguised the person’s wish (a forbidden wish) as the symptom. It is the conflict between these forbidden, (usually sexual) wishes, and corresponding repressive forces, that then, according to Freud, underlies every neurotic or psychological symptom. In fact, according to Freud, all symptoms are derived from childhood sexual disturbance.

Finally, with respect to Freud’s salient dimensions of symptoms and symptom formation, the concept of repression needs to be emphasized. Freud (1936/1961), stated that: “A symptom arises from an instinctual impulse which has been detrimentally affected by repression” (p. 8). The forbidden nature of the impulse that invites repression, concerns the threat of punishment, the agency of which Freud initially proposed, was castration anxiety. Repression also needs constant energy fortification. So, because instincts are continuous, the ego must provide a permanent expenditure of energy to keep these instincts repressed. Then, ultimately, the manifestation and dynamic operation of the phenomenon of resistance, is what is generated to protect this repression.

This idea of the use of resistance to protect repression also establishes the psychoanalytic definition of acting out, distinguishing this psychoanalytic definition from that of psychiatry. The psychiatric focus regarding acting out concerns the behavior of the subject; that is, the person in action. In contrast, the psychoanalytic focus of acting out is not primarily about behavior so much as it is about the attempt the subject makes not to know something. Freud’s observation and discovery was that repression is what keeps the person from being conscious of concealed, dangerous impulses or thoughts that he or she is harboring. Further, Freud’s profound insight with respect to this issue of repression was that the patient’s resistance assured the sustaining of the repression. Therefore, rather than knowing or seeing these impulses or thoughts, the person behaves in ways that motorically symbolize the repressed material. It is in this sense that acting out, in the context of human history, may be the first ubiquitous symptom–doing, rather than knowing–the quintessential psychoanalytic definition of acting out.

Freud, in other words, posits that a compromise takes place that neutralizes the danger of a sexual impulse (the instinct), but then causes the impairment of a usual function, and in its place there arises the formation of a new phenomenon, the symptom. Again, the ego is thus removed from danger and the wish becomes actually gratified as a transformed entity, the symptom. This is an important point, a discovery of major proportion; to wit, that the symptom is really the wish realized, albeit in neurotic or perverse form.

This insight of the relationship between the wish and the symptom leads us inexorably to Freud’s definitive axiom regarding wishes and repression, one that has the unmistakable ring of psychoanalytic truth; that is, no wish will be denied. It may be that the psyche is so pervasively governed, so wired, and even fueled by