

CHAPTER TWO

THE DRIVES

The two hypotheses which we have just discussed are fundamental to any exposition of psychoanalytic theory. They form a groundwork, so to speak, on which all of the remainder rests; or, if one prefers a different metaphor, they are guides which direct and determine our approach in formulating all of our subsequent hypotheses concerning the various parts or elements of the psychic apparatus, and their manner of functioning.

Let us continue our attempt to present the schema of the mind which psychoanalytic theory has to offer us by a discussion of the instinctual forces which are believed to energize it and to impel it to activity.

The psychological theories which Freud developed were always physiologically oriented as far as it was possible for them to be so. Indeed, as we know from some of his correspondence which has been recently published, he made a most ambitious attempt to formulate a neurological psychology in the early 1890's (Freud, 1954). He was forced to abandon the attempt because the facts did not permit a satisfactory correlation between the two disciplines, but Freud certainly shared the belief which is currently held by most psychiatrists and perhaps by most nonmedical psychologists as well, that some day mental phenomena will be describable in terms of brain functioning. As yet it does not seem possible to accomplish this satisfactorily, though some interesting attempts are being made in this direction. When such attempts will be successful,

no one can say, and in the meantime the formal or theoretical links between psychoanalysis and other branches of biology are few. The two chief ones concern the psychic functions which are related to sense perception, and the instinctual forces called "drives," which form the subject matter of this chapter.

First a word about nomenclature. What are here called drives, are often referred to alternatively in the psychoanalytic literature as instincts. This is a more familiar word than "drive" in the present context, to be sure, but in this case the less familiar word seems preferable, for the reason that the aspect of human psychic functioning which it is intended to describe is distinctly different from what are called instincts in the lower animals, although to be sure they are related to them. The distinction to be made is this. An instinct is an innate capacity or necessity to react to a particular set of stimuli in a stereotyped or constant way—a way that is usually thought of as comprising behavior which is considerably more complex than what we speak of as a simple reflex, like the knee jerk, for instance. However, like a simple reflex, an instinct in an animal with a central nervous system presumably is composed of a stimulus, some kind of central excitation, and a motor response which follows a predetermined course. What we call a drive in man, on the other hand, does not include the motor response but only the state of central excitation in response to stimulation. The motor activity which follows this state of excitation is mediated by a highly differentiated part of the mind which is known as the "ego" in psychoanalytic terminology, and which permits the possibility that the response to the state of excitation that constitutes drive or instinctual tension will be modified by experience and reflection, instead of being predetermined, as is the case with the instincts of lower animals (Hartmann, 1948).

This difference between the instinctual life of man and similar manifestations in the lower animals must not be carried

too far. In the adult human, for example, there is obviously an intimate connection between the sexual drive and that innate pattern of response which we call orgasm. We may add that in the case of any instinctual urge or drive in man, the motor response is predetermined by genetic factors in a broad, general way. It still holds true, however, that the degree to which the response is so determined is much less in man than it appears to be in other animals and that the degree to which environmental or experiential factors can change the response is much greater in man. Therefore we prefer to take account of these differences by speaking of "drives" rather than "instincts" in man.

A drive, then, is a genetically determined, psychic constituent which, when operative, produces a state of psychic excitation or, as we often say, of tension. This excitation or tension impels the individual to activity, which is also genetically determined in a general way, but which can be considerably altered by individual experience. This activity should lead to something which we can call either a cessation of excitation or tension, or gratification. The former would be the more objective, the latter, the more subjective terminology. Thus we see that there is a sequence which is characteristic of the operation of the drive. This sequence we may call either tension, motor activity, and cessation of tension, or need, motor activity, and gratification, as we prefer. The former terminology deliberately neglects the elements of subjective experience, while the latter explicitly refers to it.

The attribute which drives possess of impelling the individual to activity impressed Freud as being analogous to the concept of physical energy, which is of course defined as the capacity to do work. Consequently Freud assumed that there is a psychic energy which is a part of the drives, or which somehow derives from them. This psychic energy is not to be conceived of as the same as physical energy in any way. It is merely analogous to it in the respects we have already men-

tioned. No one has ever seen psychic energy and no one ever will, any more than anyone has ever seen any of the forms of physical energy. The concept of psychic energy, like the concept of physical energy, is a hypothesis which is intended to serve the purpose of simplifying and facilitating our understanding of the facts of mental life which we can observe.

Freud continued the analogy between his psychological hypotheses and those of physics by speaking of the quantum of psychic energy with which a particular object or person was invested. For this concept Freud used the German word *Besetzung*, which has been translated into English by the word "cathexis." The accurate definition of "cathexis" is the amount of psychic energy which is directed toward or attached to the mental representative of a person or thing. That is to say, the drive and its energy are considered to be purely intrapsychic phenomena. The energy cannot flow out through space and cathect or attach itself to the external object directly. What are cathected of course are the various memories, thoughts, and fantasies of the object which comprise what we call its mental or psychic representatives. The greater the cathexis, the more "important" the object is, psychologically speaking, and vice versa.

We may illustrate our definition of cathexis by the example of a small child whose mother is the source of many important, instinctual gratifications, as we should naturally expect to be the case. We express this fact in our new terminology by saying that the child's mother is an important object of its drives, and that this object is highly cathected with psychic energy. By this we mean that the child's thoughts, images and fantasies which concern its mother, that is her mental representative in the child's mind, are highly cathected.

Let us now turn to the question of the classification and nature of the drives. Freud's hypotheses about their classification changed and developed over the course of some three decades, that is from about 1890 to 1920 (Bibring, 1941), and

there have been some significant additions to his ideas by others in the past ten years. In his first formulation he proposed to divide the drives into the sexual and the self-preservative ones. He soon abandoned the idea of a self-preservative drive, since he considered it to be an unsatisfactory hypothesis, and for many years all instinctual manifestations were considered to be part of, or derived from, the sexual drive. The study of various psychic phenomena, however, and in particular those of sadism and masochism, eventually led Freud to revise his theories once more, and in *Beyond the Pleasure Principle* (Freud, 1920) he formulated the theory of drives which is generally accepted by analysts today, although as we shall see, not all analysts accept it entirely in the form in which Freud presented it originally.

In this latest formulation, Freud proposed to account for the instinctual aspects of our mental lives by assuming the existence of two drives, the sexual and the aggressive. As their names suggest, this dualism is related in a very rough way to what we mean when we speak of sex and aggression, but in fact a concise definition of the two drives is not possible. We can come somewhat closer to what we mean, if we say that the one drive gives rise to the erotic component of mental activities, while the other gives rise to the purely destructive component.

Such cautious, meticulous phrasing is necessary because Freud's theory assumes, and this is a most important thing to remember about the dual theory of drives, that in all of the instinctual manifestations which we can observe, whether normal or pathological, both the sexual and the aggressive drives participate. To use Freud's terminology, the two drives are regularly "fused" though not necessarily in equal amounts.

Thus even the most callous act of intentional cruelty, that seems on the surface to satisfy nothing but some aspect of the aggressive drive, still has some unconscious sexual meaning to its author and provides him with a degree of unconscious

sexual gratification. In the same way there is no act of love, however tender, which does not simultaneously provide an unconscious means of discharge to the aggressive drive.

In other words, the drives which we postulate are not observable as such in human behavior in pure or unmixed form. They are abstractions from the data of experience. They are hypotheses—operational concepts, to use the term which is becoming fashionable nowadays—which we believe enable us to understand and explain our data in as simple and systematic a way as possible. So we must never expect or look for a clinical example in which the aggressive drive appears isolated from the sexual one, or vice versa. The aggressive drive is no more synonymous with what we ordinarily speak of as aggression than is the sexual drive with a desire for sexual intercourse.

In our present theory, therefore, we distinguish two drives. One of these we call the sexual or erotic one and the other, the aggressive or destructive one. In keeping with this distinction we also assume that there are two kinds of psychic energy, that which is associated with the sexual drive, and that which is associated with the aggressive one. The former has a special name, "libido." The latter has no such name, though at one time it was suggested that it be called "destrudo," by analogy from "destroy." It is ordinarily referred to simply as aggressive energy, though sometimes it is called "aggression." The latter usage is unfortunate, since, as we have just said, the meaning of aggressive energy and of the aggressive drive is not the same as the behavior which we refer to ordinarily as aggression, and to use the same word for both can only lead to unnecessary confusion by tending to blur the important distinction that should be made between them.

It is also important to realize that the division of drives into sexual and aggressive in our present theory is based on psychological evidence. In his original formulation Freud attempted to relate the psychological theory of the drives to

more fundamental biological concepts, and proposed that the drives be called life and death drives respectively. These drives would correspond approximately to the processes of anabolism and catabolism, and would have much more than psychological significance. They would be instinctual characteristics of all living matter—instincts of protoplasm itself, as it were.

However correct or incorrect these biological speculations of Freud may be, it is certain that they have led to a great deal of misunderstanding. It cannot be emphasized too strongly that the division of drives that we use is based on clinical grounds and will stand or fall on those grounds alone. Whether Freud was right or wrong in his ideas about life and death drives has nothing to do with the case. In fact there are some analysts who accept the concept of a death drive and some (perhaps the majority at present) who do not; but those who do not, as well as those who do, are in general persuaded of the value on the clinical level of considering instinctual manifestations to be composed of admixtures of sexual and aggressive drives.

Freud first defined a drive as a stimulus of the mind which came from the body (Freud, 1905b). Since at that time he was concerned only with the sexual drives, such a definition appeared to fit the facts very well. Not only are sexual excitement and gratification obviously related to stimulation of and physical changes in various parts of the body, but also the hormones liberated by various endocrine glands have a profound effect on the entire sexual life and behavior. However, in the case of the aggressive drive the evidence for a somatic basis is not at all clear. At first the suggestion was made that the skeletal musculature bore very much the same relationship to this drive as did the sexually excitable parts of the body to the sexual drive. Since we know at present of no evidence, whether physiological, chemical, or psychological to support this hypothesis, it has been largely abandoned. It appears to be tacitly assumed that the somatic substrate for the aggres-

sive drive is furnished by the form and function of the nervous system. Perhaps some analysts would prefer not to go even that far, and to leave the question of the somatic basis of the aggressive drive to one side as unanswerable for now.

Rather than go further with such theoretical questions as these, it will probably be more rewarding to turn to aspects of the drives which are closely related to observable facts. There are many ways in which one might do this, but perhaps as good a way as any is to discuss an aspect of the drives which has proved to be particularly significant for both theory and practice, that is, their genetic development.

• For simplicity's sake let us start with the sexual or erotic drive, since we are more familiar with its development and vicissitudes than we are with those of its sometime partner and sometime rival, the aggressive drive. Psychoanalytic theory postulates that those instinctual forces are already at work in the infant, influencing behavior and clamoring for gratification, which later produce the sexual desires of the adult, with all of their pain and bliss. Indeed the word "postulates" is an inadequate one in this connection. It would be better to say that this proposition is considered to have been amply proved.

The proofs which are available come from at least three sources. The first of these is the direct observation of children. It is truly remarkable how obvious are the evidences of sexual desires and behavior in small children, if one will observe them and talk with them with an unbiased and objective mind. Unfortunately, "there's the rub," because it is precisely on account of each person's own need to forget and deny the sexual wishes and conflicts of his own early childhood that before Freud's investigations almost no one was able to recognize the obvious presence of sexual wishes in the children whom he observed. The other sources of evidence on this point come from the analyses of children and of adults. In the former one can see directly, and in the latter infer recon-

structively, the great significance of infantile sexual desires as well as their nature.

One more point should be made clear. The similarity between the sexual wishes of the child of from three to five years and those of the adult is so striking, when the facts are known, that one has no hesitation in calling those of the child by the same name as those of the adult. But how are we to identify the derivatives or manifestations of the sexual drive at a still earlier age? We can do so by observing: (1) that in the course of normal development they become a part of adult sexual behavior which is subordinated under and contributes to genital excitement and gratification, as ordinarily happens in the case of kissing, looking, fondling, exhibiting, and the like; and (2) that in certain cases of abnormal sexual development (sexual perversions) one or another of these infantile interests or actions becomes the chief source of adult sexual gratification (Freud, 1905b).

We are now in a position to describe in a schematic way what is known of the typical sequence of the manifestations of the sexual drive from infancy on, a sequence which Freud described in all its essentials as early as 1905, in the *Three Essays on Sexuality*.

The reader must understand that the stages to be described are not as distinct from one another as our schematic presentation would imply. In reality one stage merges with the next and the two overlap, so that the transition from one to the other is a very gradual one. By the same token the times given for the duration of each stage are to be taken as very approximate and average ones.

* For the first year and a half of life, approximately, the mouth, lips and tongue are the chief sexual organs of the infant. By this we mean that its desires as well as its gratifications are primarily oral ones. The evidence for this is to a large extent reconstructive, that is, it is based on the analyses of older children and of adults, but it is also possible to ob-

serve quite directly the importance to children of this age, and even older, of sucking, mouthing and biting as sources of pleasure.

In the next year and a half, the other end of the alimentary canal, that is the anus, comes to be the most important site of sexual tensions and gratifications. These pleasure-unpleasure sensations are associated with both the expulsion and the retention of feces, and these bodily processes as well as feces themselves are the objects of the child's most intense interest.

Toward the close of the third year of life the leading sexual role begins to be assumed by the genitals, and it is normally maintained by them thereafter. This phase of sexual development is referred to as the phallic one for two reasons. In the first place the penis is the principal object of interest to the child of either sex. In the second, we believe that the little girl's organ of sexual excitement and pleasure during this period is the clitoris, which of course is embryologically the female analogue of the penis. To be sure, this may continue to be true throughout later life, although usually the vagina replaces the clitoris in this respect.

These then are the three stages of psychosexual development in the child—oral, anal, and phallic—the last of which merges into the stage of adult sexual organization at puberty. This adult stage is known as the genital one, and if proper usage is observed, the phrase “genital phase” will be reserved for it. We may interpolate that the distinction between the phallic and the genital phases is one of substance and not just of name, since the capacity for orgasm is usually only acquired at puberty. However, proper usage is not always observed in this respect in the psychoanalytic literature, and the word “genital” is frequently used instead of the correct “phallic.” In particular, the oral and anal phases are usually called *pre-genital* rather than *prephallic*.

In addition to the three main modalities of sexuality in the child which give their names to the principal phases we have

been discussing, there are other manifestations of the sexual drive which deserve mention. One of these is the desire to look, which is usually most marked in the phallic phase, and its counterpart, the wish to exhibit. The child wishes to see the genitals of others as well as to show its own. Of course its curiosity and exhibitionism include other parts of the body and other bodily functions as well.

Another component of sexuality which is regularly present in the child is that which is connected with the urethra and urination. It is called urethral erotism. Cutaneous sensations also contribute their share, and so do hearing and smelling, so that there is room for considerable individual variation from one child to another on this score alone. Whether the variations that do occur in the relative importance of the different sexual modalities are due to constitutional differences between one child and another, or whether they are due to the influence on the child of the environment, with its frustrations and seductions, is a moot question. Analysts tend to assume, with Freud, that in some cases constitutional factors are the more important, in others, environmental ones, while in most instances each set of factors contributes its share to the final result (Freud, 1905b).

We have described the sequence of phases which normally occurs in childhood in the manifestations of the sexual drive. This sequence naturally involves changes in the degree of interest and importance which attaches in the child's psychic life to the various objects and modes of gratification of the sexual drive. For example the nipple or breast is of far greater psychic importance during the oral than during the anal or the phallic phase, and the same is true of sucking, a mode of gratification which is of course characteristic for the earliest oral phase. We have also seen that these changes come about gradually rather than abruptly, and that the old objects and modes of gratification are only gradually given up even after

the new ones have been established for some time in the leading role.

If we describe these facts in terms of our newly defined concepts, we say that the libidinal cathexis of an object of an earlier phase diminishes as the next phase is reached and we add that, though diminished, the cathexis persists for some time after the later phase has become established and the objects appropriate to it have become the principal objects of libidinal cathexis.

The theory of psychic energy affords us an explanation of what happens in these changes which is both simple and consonant with the facts as we know them. We assume that the libido which cathected the object or mode of gratification of the earlier phase gradually becomes detached from them and instead cathects an object or mode of gratification of the next phase. Thus libido which first cathected the breast, or, to be more precise, the psychic representative of the breast, later cathects feces, and still later, the penis. According to our theories there is a flow of libido from object to object and from one to another mode of gratification during the course of psychosexual development, a flow which proceeds along a course which is probably genetically prescribed in broadest outline, but which can vary considerably from person to person.

We have good reason to believe, however, that no really strong libidinal cathexis is ever completely abandoned. Most of the libido may flow on to other objects, but some at least normally remains bound to the original one. This phenomenon, that is, the persistence of the libidinal cathexis of an object of infancy or childhood into later life, we speak of as a "fixation" of the libido. For example, a boy may remain fixated to his mother and thus be unable in adult life to transfer his affections to another woman as he should normally be able to do. In addition, the word "fixation" may refer to a mode

of gratification. Thus we speak of persons who are fixated to oral or anal modes of gratification.

The use of the word "fixation" ordinarily indicates or implies psychopathology. This is because the persistence of early cathexes was first recognized and described by Freud and those who followed him in neurotic patients. It is likely, as we have said above, that it is a general characteristic of psychic development. Perhaps when excessive in degree it is more likely to result in a pathological outcome; perhaps other factors, as yet unknown, determine whether a fixation will be associated with mental illness or not.

● A fixation, whether to an object or to a mode of gratification, is usually unconscious, either wholly or in part. It might be supposed on first thought that a strong fixation, that is the persistence of a strong cathexis, would be conscious, while a weak one would be unconscious. Actually, our best evidence is that there is no relation between the strength of the persistent cathexis and its accessibility to consciousness. For example, despite the very great strength of their cathexes, the sexual interests of our childhood are regularly forgotten in large part as we grow out of early childhood, as we have remarked earlier in this chapter. In fact, the word "forgotten" is too weak and pallid a one to be properly descriptive of what happens. It is more accurate to say that the memories of these interests are energetically barred from becoming conscious, and of course the same thing may be true of fixations in general.

In addition to what we have described as the forward flow of libido in the course of psychosexual development, an ebb may also occur. For this ebb we have a particular name, "regression." When we use the word specifically in connection with a drive, as we are doing here, we speak of instinctual regression. This term designates the return to an earlier mode or object of gratification.

Instinctual regression is closely related to fixation, since in

fact when regression occurs, it is usually to an object or mode of gratification to which the individual was already fixated. If a new pleasure proves unsatisfactory and is given up, the individual naturally tends to revert to one that is tried and true.

An example of such a regression would be the response of a small child to the birth of a sibling, with whom he had naturally to share his mother's love and attention. Although he had given up thumb-sucking several months before his sibling's arrival, he reverted to it after the sibling was born. In this case, the earlier object of libidinal gratification to which the child regressed was its thumb, while the earlier mode of gratification was sucking.

As our example suggests, regression is usually thought of as appearing under unfavorable circumstances and although it is not necessarily pathological per se, it is frequently associated with pathological manifestations.

A characteristic of infantile sexuality that is of special importance should be mentioned at this point. It concerns the relationship of the child to the objects (principally persons) of his sexual longings. To take a very simple case, if the infant cannot always have its mother's breast, it soon learns to pacify itself by sucking its own fingers or toes. This capacity to gratify its own sexual needs by itself is referred to as autoerotism. It gives the child a certain independence from the environment as far as obtaining gratification goes and also leaves the way open for what may be a fateful turning away from the world of outer reality altogether to an excessive, or even an exclusive interest in the self, such as one finds in serious pathological conditions like schizophrenia.

If we turn now to a consideration of the aggressive drive, we must confess that much less has been written about its vicissitudes than about those of the sexual drive. This is of course due to the fact that it was not until 1920 that Freud considered the aggressive drive to be an independent, instinc-

tual component of mental life which was comparable to the sexual component that had been long since recognized and made the object of special study.

The manifestations of the aggressive drive show the same capacity for fixation and regression and the same transition from oral to anal to phallic that we have described for the manifestations of the sexual drive. That is to say, aggressive impulses in the very young infant are apt to be discharged by oral activity such as biting. Somewhat later soiling, or retention of feces become important outlets for the aggressive drive, while to the slightly older child the penis and its activity are used, or at least conceived of (used in fantasy) as a weapon and a means of destruction respectively.

However, it is clear that the relationship between the aggressive drive and the various parts of the body which we have just mentioned is not nearly as close as is the relationship in the case of the sexual drive. The child of five or six years, for example, does not actually use his penis as a weapon to any great extent; ordinarily he uses his hands, his teeth, his feet, and words. What is true, however, is that the weapons he uses in his games and fantasies, such as spears, arrows, guns, etc., can be shown by analysis to represent his penis in his unconscious thought. It appears, therefore, that in his fantasies he is unconsciously destroying his enemies with his powerful and dangerous penis. Despite this, we must conclude that the sexual drive is much more intimately related to its erogenous body zones than is the aggressive drive either to the same or to any similar part of the body. Perhaps this distinction does not hold true for the earliest, oral phase. There is little that an infant of a few months does use except its mouth, and we may well assume that oral activities are the chief outlet for its aggressive drive (biting) as well as for its sexual one (sucking, mouthing).

It is interesting that the question of the relation of the aggressive drive to pleasure is likewise still doubtful. We have

no hesitation about the connection between the sexual drive and pleasure. Gratification of the sexual drive means not just an indifferent discharge of tension, but a pleasurable one. The fact that the pleasure can be interfered with or even replaced by guilt, shame, or disgust in certain instances, does not alter our view concerning the original relationship between sexuality and pleasure. But does gratification of the aggressive drive (or to put it in other words: discharge of aggressive tension) also bring pleasure? Freud thought not (Freud, 1920). Other, more recent writers assume that it does (Hartmann, Kris, Loewenstein, 1949). Which is the right answer, we have no way of deciding as yet.

Incidentally, a word of warning may be helpful concerning the frequent misuse of the words "libido" or "libidinal" in the psychoanalytic literature. They must often be understood to refer not only to the energy of the sexual drive, but also to that of the aggressive one. It is understandable that this should be so for the literature before the time when the concept of the aggressive drive was formulated. At that time "libidinal" was synonymous with "instinctual." But the effect of the original usage is so strong that even now one must often understand that "libido" is being used to include aggressive as well as sexual energy.

SUGGESTED READING

FREUD, s. Three Essays on Sexuality. *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol. 7. London: Hogarth Press, 1953.

FREUD, s. Chapter 4, Lecture XXXII, *New Introductory Lectures on Psychoanalysis*. New York: W. W. Norton & Co., Inc., 1933.