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## **God the Spirit of the Unholy Godless Trinity: Sigmund Freud (1856-1939)**

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“Religion is an illusion, and it derives its strength from the fact that it falls in with our instinctual desires” – Sigmund Freud, *New Introductory Lectures on Psychoanalysis*, 1915

“Religious doctrines .... are all illusions, they do not admit of proof, and no one can be compelled to consider them as true or to believe in them” – Sigmund Freud, *The Future of an Illusion*, 1929

“Religion is an attempt to get control over the sensory world, in which we are placed, by the wish-world, which we have developed inside as a result of biological and psychological necessities. But it cannot achieve its end” – Sigmund Freud, *Moses and Monotheism*, 1939

### **From Neanderthals to Greek Myths: Freud’s Atheism a la Carte**

Powerful atheistic ideational forces largely shaped the content and contours of Freud’s psychoanalytic theory. Freud made it clear that the aim was to construct a theoretical model to overturn established forms of religious thought and morality. The explicit atheistic aim for developing a theoretical model to explain human thought and behavior was to replace the Judeo-Christian concepts of original sin and salvation with psychoanalytic concepts such as ‘libido’ and the ‘Oedipus Complex’. In this way, guilt for having sinned against God’s objective laws suddenly becomes transformed into subjective ‘psychological problems’ that can now be attributed to other secular sources such as childhood traumas, sexual

dysfunctions, and maturation difficulties rather than to sinful human nature. Here Freud adopts Darwin's evolutionary paradigm, as a naturalistic foundation for sin and guilt, not a divine one. The predominant influence of atheism over Freud's psychoanalytic theory is also illustrated and strongly supported by other evidence reviewed here such as the key element of atheism mutually at play in the historical relationship between anthropology and psychology. Regardless of Freud's denials, the underlying atheistic thematic link between Nietzsche, Schopenhauer, and Freud remains solid. This essay shows that many of the ideas that constitute the core of Freud's psychoanalytic theory were, in fact, first set out fully and clearly by the great atheistic German philosopher, Arthur Schopenhauer, way before Freud's own psychoanalytic ruminations. The essay concludes that atheism not only significantly influenced Freud's psychoanalytic system of ideas, but also shaped modern thinking in highly significant ways at least equivalent to the impact of atheism on Darwin and Marx, leaving as legacy an atheistic system of beliefs that literally permeates all aspects of modern culture.

Arguably, Freud's ideas about God and religion have helped to shape modern thinking in highly significant ways at least equivalent to the impact of Darwinism and Marxism, and the overall impact of Freudian thought on modern culture is surely analogous. Freud's system of ideas has been one of the most dominant influences on 20th-century culture, comparable only to Darwin and Marx. Ellenberger (1970, p. 546) claims that the impact of Freud's thought literally permeates all aspects of modern culture, even so far as to have fundamentally altered our way of life and conception of humanity. Given such laudatory commentaries from expert scholars, perhaps it would be unwise to discount Freud's contributions to modern thought and culture compared to Darwin or Marx. Another important way in which Freud's thinking is similar to Darwin and Marx is the extent to which he altered, revised, qualified, revamped, reversed, abandoned, recreated, and withdrew just about all of his statements and views on every aspect of his psychoanalytic theory from the start to the very end of his professional life including ideas about motivation, anxiety, and personality (Hall,

1983). As such, of the three wizards of revision that constitute the core of modern thinking, Freud tops the list as the grand mavin of qualification, far outshining his atheistic counterparts who themselves were not dilettantes in this important consideration by any stretch of the imagination. couching the admission of erroneous foundational theoretical relationships in the nebulous language of necessary steps in the advance of research flirts perilously close to a slippery dishonesty, not proof of Freud's reflexivity. it is literally impossible to prove empirically or scientifically the claims that Freud makes, a problem which plagues all of his writings. Just like it's impossible to refute any of these central arguments in Freud's book, it's also impossible to refute Freud's theses, too (Siegel, 2005). For example, it is ludicrous to believe a wish for death (Thanatos) can be empirically proven. making the sexual impulse in particular the sovereign ruler of mental processes harkens back to Schopenhauer's (1969, p. 514). The uncanny similarities between Freud's and Schopenhauer's theoretical systems have been established in the scholarly literature for nearly half a century. Freud directly extracted Schopenhauer's ideas and just substituted his own vocabulary for them: "Many of the ideas that constitute the core of Freudianism were set out fully and clearly by Schopenhauer" way before Freud's ruminations on the subject of the 'unconscious' (1989, p. 283). Sin and guilt are no longer the result of transgressing some kind of eternal objective moral code hovering over or brooding within every sinful human being by nature. Therefore, sin and guilt have as their basis a naturalistic foundation, not a divine one.

Very much in line with Marx's view of religion, Freud pointedly referred to God as a fantasy based on internal biological and psychological needs existing at the early stages of human development and civilization, adopting an implicit anthropological view of human origins reminiscent of Feuerbach's anthropological atheism noted earlier. The anthropological connection to Freud's thinking is not fortuitous, to be sure, especially when celebrated anthropologists of Freud's time were among the first advocates of Freud's theory. The link between atheism and anthropology, therefore, is not coincidental.

The evolutionist paradigm which characterized anthropology at the time lay at the very heart of psychoanalysis, so it is not surprising at all that Freud (and other early psychoanalysts like Jung) turned to anthropological interest even if only from the armchair. This is especially the case after 1909 when Boas issued his direct challenge to the evolutionist paradigm in his address at the 20th anniversary of the opening of Clarkson University in Worcester, Massachusetts in that year (Boas, 1910).

In any case. Freud's psychoanalytic theory met with considerable applaud and opposition from the very start from just about all corners and academic quarters of society. It was not unusual to see steadfast opponents combine noteworthy statements of respect and praise for a variety of reasons. Even anthropologists who fervently disagreed with all or some aspects of Freud's perspective acknowledged considerable indebtedness.

### **Anthropologists on Freud**

Perhaps a brief story about one of the founding fathers of modern social anthropology, Bronislaw Malinowski (1884-1942), can illustrate this point quite well. Malinowski was the famed Polish-British anthropologist and ethnologist who studied the Trobriand islanders, and who first received his doctorate with honors in mathematics and physics, not anthropology. It was only later after being stricken with tuberculosis that he took up anthropology during his recovery time (Bohannon and Glazer, 1972).

In 1927, he wrote a book based on his Trobriand participant-observer study, *Sex and Repression in Savage Society* (2001), in which he did not mince his words in criticizing Freud's psychoanalytic theory. Among other critical commentaries in that book, he denounced Freud's concept of 'Oedipus complex' as not being universal and psychoanalysis itself as being merely a popular rage of the day. He goes on to say:

“I have never been in any sense a follower of psycho-analytic practice, or ... adherent of psycho-analytic

theory ... impatient of the exorbitant claims of psychoanalysis, of its chaotic arguments and tangled terminology...”

But even at this point in his condemnations, he stops to reconsider and to deliver a modicum of homage to Freud’s theory: “I must yet acknowledge a deep sense of indebtedness to it for stimulation as well as for valuable instruction in some aspects of human psychology.”

Another staunch critic of Freudianism is the Jewish born German-American anthropologist, Franz Boas (1858-1942), sometimes regarded as the father of American anthropology. Even though Freud’s armchair ethnological theories were stimulating new branches and schools of anthropological research at the time such as Psychoanalytic Anthropology, he thought that Freud’s ethnological theories were quite untenable. In fact, he thought that Freud’s entire psychoanalytical procedure was so illogical that it would soon fade away like other intellectual fashions. Psychology just cannot do anthropology for what he felt were fairly obvious reasons:

“... the anthropological phenomena, which are in outward appearance alike, are, psychologically speaking, entirely distinct, and that consequentially psychological laws covering all of them cannot be deduced from them.” (Boas, *ibid.*)

For Boas, the primary task of the anthropologist was not to apply universal psychological laws to the great varieties of peoples and races around the world ranked or gradated along a continuum from savage to civilized societies in order to demonstrate the supposed unity of humankind from one evolutionary source. In his mind, anthropology properly understood is not consistent with discovery of an assumed hierarchy of human development from savage to civilized peoples, a perspective totally inapplicable to primitive societies given the particular and distinct geophysical and historical features of such societies.

The great anthropological task was only to try to understand

the complex inner workings, human behaviors and thoughts, and unique histories of particular societies in their own terms. Psychological laws that may or may not operate in civilized societies, but subsequently applied to or imposed upon primitive societies, are unlikely to take into account the particular histories and environments of such societies. Indeed, the very concept of 'primitive societies' itself imposes a foreign hierarchical theoretical viewpoint upon extremely unique societies and distinct cultures formed by particular geographical disparities, climate variations, and divergent psychologies.

Boas's best advice to psychological theorists at the time like Freud (and Jung, for example) was to get out of their armchair theorizing about the psychological processes of the human mind in search of imagined general evolutionary laws or developmental laws of human thought that allegedly apply to all cultures and actually go out to study other cultures and societies. The counsel was to go out to do some real-life, in-depth, and respectful field investigations of these societies without imposing upon them evolutionary stages of gradated human development, mental or otherwise, in order to forge a comparison with modern societies.

In Boas's view, armchair theorizing in the service of applying general universal laws of human origin, thought, behavior, or culture does not constitute empirical evidence. The implication was that such investigations would inevitably lead them to reject the notion of universal laws of psychic processes:

“Freud's comparison of primitive culture and the psychoanalytic interpretations of European behavior seem to lack a scientific background. They appear to me as fancies in which neither the aspect of primitive life nor that of civilized life is sustained by tangible evidence.” (Boas, 2022, p. 176)

A devastating critique of Freud, to be sure. But even here Boas compliments the psychological approach just a few pages earlier in the same book for illuminating how unconscious

experiences often impact upon human thought and behavior. At the end of his critique, he points out “that in many cases diverse (anthropological) phenomena are based on similar psychic processes”, genuflecting to the importance of psychology in understanding primitive culture. For this reason, the investigator cannot rely mainly on outward appearance as an indication of general psychological laws. He states that in his essay, he has simply tried to point out how and why “anthropological data may be used to good advantage by the psychologist” (*ibid.*, p. 384).

Clearly, Boas objected strenuously to the notion of ‘psychological laws’ purported to govern the mind of all human beings and making them applicable to the biological and mental manifestations of human life as they appear everywhere in different societies across the world. For Boas, it was wrong to assume general similarities of mental reaction based on appearances, even in societies similarly structured. Generalized psychological laws determining the forms of human thought in these societies cannot be deduced from such appearances and similarities. The specific histories and environments of cultures compel many variations to occur that may only appear similar to generalized psychological laws when viewed from outside those cultures but, in fact, are not.

Totemism, for example, can express itself in a great variety of ways, but finds its source in incredibly divergent psychological elements even within one culture, let alone across different cultures. The same logic applies to many other ideas and behaviors in primitive cultures such as life after death, the valuation of human life, incest, or even murder. Such ideas express themselves in an incredible variety of ways each of which contains entirely distinct emotional and rational elements. This means that different forms of the idea of life after death, for example, come into existence by different psychological processes that are, in essence, incomparable.

For this reason, identifying common psychological features cannot be dependent upon outward ethnic similarities but, rather, from observed or inferred similarities of psychological

processes. Many key early anthropologists also objected to the application of Freudian psychoanalytic theory to primitive societies on very much the same grounds such as A.R. Ratchliff-Brown and E.E. Evans-Pritchard, both of whom had nothing particularly favorable to say about Freud.

### **Ashley Montagu's Undying Praise**

On the other hand, as intimated above, there were many others who complimented favorably in some way, and this was the common response to Freud's theory. A case in point is the prolific British-American anthropologist, Ashley Montagu (1905-1999), with nearly endless publications on gender, aggression, and human nature. In his introduction to an intended short compilation of Freud's works written in 1947 that was later declined by Freud's family, Montagu writes: "Psychoanalysis is largely the creation of one man, Sigmund Freud ... (an) enormous contribution ... the most insightful contribution to our understanding of human nature in the history of humanity."

Montagu was one of those many anthropologists at the time coming to hold the position that anthropology could be vastly improved by conversing openly and impartially with other academic fields. In line with this belief, many of Montagu's subsequent books abound with references to Freud despite the failure of the planned compilations project to reach printing at the time, and even extended to interests in alternative branches of psychoanalytic theory. Indeed, Montagu played an important role in the widespread introduction of Freudian psychoanalytic concepts and Freud's works to the field of anthropology.

Another celebrated anthropologist and ethnologist who expressed indebtedness to Freud and yet challenged psychoanalytic concepts applied to primitive cultures more often than he praised Freud was the French-Jewish born Claude Levi-Strauss (1908-2009). Although trained early in line with devout religious upbringing, he adopted atheism fairly early in his adult years (Loyer, 2019).

For the most part, he was usually highly respectful in his



references to Freud, despite admitting great skepticism toward psychoanalytic theory in general. In one of his books, *Tristes Tropiques (A World on the Wane)*, an autobiographical memoir, he identifies Freud as one of the three greatest influences on his intellectual development as he was passing through his student years, along with Marx and geology. But in many other books, *La Potiere Jalouse (The Jealous Potter)*, for example, Levi-Strauss challenges Freud's theory of myth and symbolism in myth with his own approach, along with many other Freudian concepts.

One of the great leading American anthropologist and folklorist, and a former student of Boas at Columbia University, Ruth Fulton Benedict (1887-1948), was also indebted to Freud's psychoanalytic ethnological studies in her own work, but with an opposite point of view. She was interested to study the relations between cultural patterns and individual creativity and personalities, championing cultural relativism or the notion that each culture has its own personality, morals, and values.

Along with other culture-personality theorists within anthropology at the time (Margaret Mead, Edward Sapir, Abram Kardiner, and Cora Dubois), Benedict accepted Freud's idea that early childhood experiences strongly influence adult personality. However, adult behavior and personality are culturally patterned by and reflected in the cultural beliefs and social institutions of a society, such as religion. By contrast, Freud began with internal psychic processes shaping external social and cultural environments or the belief that individual psychology causes external social behavior. Even though Benedict largely shied away from explicitly applying psychoanalytic theory in her professional life, she thoroughly embraced it in her private life even to the point of sharing direct mutual psychoanalytic experiences with friends (Groark, 2014).

### **Psychoanalysis as a Precondition for Anthropology**

Our final look at well-known anthropologists who demonstrated great indebtedness to Freudian psychoanalytic theory in their

own work is highly instructive of Freud's impact on the field of anthropology at his time and afterwards (Denham, 2014). The Jewish-born Hungarian-French ethnologist and psychoanalyst, George Devereux (1908-1985), often considered the founder of ethno-psychiatry, was a very early figure in the link between ethnology and psychology. Although he approached Freud's psychoanalytic theory after achieving his degree in anthropology, his core priority lay with Freud to the point where psychoanalysis was a precondition for becoming an anthropologist: "If you want to become anthropologists, you have to undergo psychoanalysis first", he was once quoted as saying (Laplantine, 2014).

He engaged in fieldwork beginning in the early 1930s on the Mohave Indians and other native American Indian groups in California, Nevada, and Arizona. It is through this fieldwork that he comes to appreciate the importance of Freud's theory. He credited the Mohave for showing him the key significance of Freud in coming to understand primitive culture when he learned by living among them how they used interpretation to gain aid from their dreams (Gaillard, 2004). Like for many other anthropologists and psychoanalysts at this time, Devereux considered religion to be a psychotic illusion, a kind of addiction, and he wanted nothing to do with it (Laplantine, *ibid.*).

### **Atheism at Play in Anthropology and Psychology**

We see here perhaps more clearly in the historical relationship between anthropology and psychology the key element of atheism mutually at play, that is, the atheism in anthropology interacting and reinforcing the atheism in psychoanalytic theory, and vice versa. Freud claimed the idea of God was founded upon a deeply-ingrained infantile need for safety and security through a dominant father figure. Human beings as a species have violent impulses and religion can help to restrain these impulses until science and reason emerge as human beings and civilization develop (Armstrong, 1993, p. 357).

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equivalent to the impact of Darwinism and Marxism, and the overall impact of Freudian thought on modern culture is surely analogous. Frosh (1987, p. 1) points out that Freud's system of ideas have been one of the most dominant influences on 20th-century culture, comparable only to Darwin and Marx. Ellenberger (1970, p. 546) claims that the impact of Freud's thought literally permeates all aspects of modern culture, even so far as to have fundamentally altered our way of life and conception of humanity. Given such laudatory commentaries from expert scholars, perhaps it would be unwise to discount Freud's contributions to modern thought and culture compared to Darwin or Marx.

### **Grand Mavin of Revision**

Another important way in which Freud's thinking is similar to Darwin and Marx is the extent to which he altered, revised, qualified, revamped, reversed, abandoned, recreated, and withdrew just about all of his statements and views on every aspect of his psychoanalytic theory from the start to the very end of his professional life including ideas about motivation, anxiety, and personality (Hall, 1983). As such, of the three wizards of revision that constitute the core of modern thinking, Freud tops the list as the grand mavin of qualification, far outshining his atheistic counterparts who themselves were not dilettantes in this important consideration by any stretch of the imagination.

Of the endless reversals, withdrawals, and revisions that Freud artfully tottered through during his career, more than a few of them hold significant import in terms of the present study. In proclaiming the central role of dream interpretation in curing neuroses, for example, Freud steadfastly discounted the potential genetic link even when its importance was underlined by fellow psychologists such as the pioneering French psychologist, physician, philosopher, and psychotherapist, Pierre Janet (1859-1947).

At least early on, both Freud and Jung had other ideas about the causes and nature of neurosis. Jung argued it was caused

by unresolved tensions between opposing attitudes located in the ego and the unconscious part of the human psyche. To Freud, neurosis occurs mainly when the ego attempts to manage its desires through unhealthy means such as repression or displacement: “A person only falls ill of a neurosis if his ego has lost the capacity to allocate his libido in some way” (Freud, 1953-74, p. 387).

In neither case, not only is hereditary not given any degree of prime consideration for explaining neuroses, but also anything else even remotely related to physiological processes. In fact, in 1923 when Freud published his book, “The Ego and the Id”, he suggested that he had finally unloosened the chains of physiology that had imprisoned the field of psychiatry for so long (Freud, 1990). Yet, the connoisseur of qualification adopts a different view for explaining the nature of neuroses in the revised edition of his New Introductory Lectures in 1932. There he seems to champion the idea that physiology will one day explain neurosis and become the foundation for psychoanalysis. In one moment, physiological factors such as genes and heredity, are discounted, while in the next moment physiology is championed as foundational for psychoanalysis.

Later, we even see the same kind of subtle, finetuned, and cleverly-worded reversal from original positions and statements when it comes to the foundational psychic bases of psychoanalytic theory itself. Generally, Freud had originally based psychoanalysis upon the battle between the unconscious and conscious elements of the human psyche, as it is still very much viewed in a lot of contemporary psychoanalytic therapy (Pick, 2015). Then in a paragraph tucked away deeply in one of his later publications, *Civilization and Its Discontents* (2010, pp. 95-96), he appears to suggest that the entire psychoanalytic enterprise is fallacious:

“Neurosis appeared as the outcome of a struggle between the instinct of self-preservation and the claim of the libido, a struggle in which the ego was victorious but at a price of great renunciation and suffering. Every analyst will admit that none of this

even now reads like a statement long since recognized as erroneous. All the same, modifications had to be made as our researches advanced...”

While Freud seems to admit error in early formulation of his psychoanalytic theory and to suggest that this error has long been recognized and corrected, even present-day psychoanalytic theory and practice applies the same identifiable psychic conflicts and various other original psychoanalytic ideas to treat patients and as a guide to engage in scholarly research and other activities. In other words, the official recognition of error located in the foundation of the theory itself cited in the above quote has yet to come forth.

To some people, couching the admission of erroneous foundational theoretical relationships in the nebulous language of necessary steps in the advance of research flirts perilously close to a slippery dishonesty, not proof of Freud’s reflexivity. When broad-based theories about the functioning of the human mind are not based on hardcore empirical observation and research, interpretation and analysis often become speculative exercises highly prone to error which likely indicates serious theoretical defect.

Although many aspects of Freud’s theory have been criticized by contemporary psychologists and psychotherapists especially in the field of child psychosexual development, Freud’s writings and ideas about dreams, defense mechanisms, and the unconscious element of the human psyche continues to provide a great deal of inspiration and guidance in research on why people behave as they do. Veazey (2023) boldly claims: “Freud’s theory of the unconscious remains a cornerstone of modern psychology ... Modern psychotherapy approaches ... draw heavily from Freud’s foundational work...”

### **Impossible to Prove Empirically**

Circuitously admitting the erroneous foundations of psychoanalytic theory is one thing, proving them when they are applied to interpreting and explaining human events, behavior, or thought is quite another story altogether. Even in Freud’s

Civilization and Its Discontents cited above, it is literally impossible to prove empirically or scientifically the claims that Freud makes, a problem which plagues all of his writings.

That book rests on three core arguments none of which can be scientifically proven: civilizational development mimics or reflects individual development; the primary purpose of civilization is to repress the natural aggressive instincts of human beings but at the cost of great suffering to them; and an ongoing struggle occurs within each human being between the desire to live (Eros) and the wish for death (Thanatos). Just like it's impossible to refute any of these central arguments in Freud's book, it's also impossible to refute Freud's theses, too (Siegel, 2005). For example, it is ludicrous to believe a wish for death (Thanatos) can be empirically proven.

### **Traditional vs. Modern Psychology**

As well, it's no doubt important to remind ourselves that psychologists during Freud's time in significant regards operated on the basis of foundational assumptions substantially different than psychiatrists nowadays. At that time, the primary assumption of psychoanalysts was the fervent belief that the behavior of all human beings is significantly influenced if not determined by unconscious memories, thoughts, and urges. They argued that human behavior is not always governed by conscious rational thought but also often shaped by unconscious desires and urges. In other words, the cause of an individual's behavior originates in their unconscious mind. Notably, this key assumption is based on the belief that there are in all instances identifiable underlying causes to all human behavior. The task is to apply interpretation to uncover what are those underlying unconscious causes.

By contrast, modern psychologists tend to focus less on the interpretative features of Freud's theory and more on the empirical or observable behavioral evidence of psychic processes. Since Freud believed that internal unconscious motivation influences and directs outward human behavior, he

believed that interpretation was curative. Since modern psychotherapists don't believe that knowledge in and of itself is curative, many of them tend not to focus so heavily on the interpretative features but, rather, on the mutual assistance in the relational features between patient and therapist. In a word, patient and therapist help each other to cure the patient.

### **Freud's Intellectual Environment**

The fact that Freud desired to focus his attention upon what he believed to be the unconscious operations of the human mind that pull the levers and turn on the switches of human behavior is very much in line with beliefs contained within the intellectual environment of his time and before. Freud had inherited the Enlightenment belief that everything is knowable through human reason and science, and that the truths learned in this way can be used to improve the lives of human beings.

Reason and natural science lead to human progress, not the dictates of religious doctrines and authorities. The thought and behavior of human beings are to be studied, tested, and subjected to rational critical analysis just like plants and animals in the natural world. Conscious rational thought is not always in control at the levers of human thought and behavior; there are also drives and forces in the human unconscious that inform human activities. However, even in regards to the assumed power of unconscious forces to govern human behavior, other thinkers before Freud had ventured into the territory of the unconscious to make similar claims. A few notable examples of such thinkers can illustrate this point rather well.

### **Some Pre-Freudian Thinkers of the 'Unconscious'**

Since Arthur Schopenhauer (1788-1860) believed that the human condition is filled with endless pain, strife, and frustration, natural desires should be minimized in order to achieve a tranquil state of mind and positive outlook toward the world. Everything in the phenomenal world is simply a manifestation of a blind, irrational, unconscious will. The implication, of course, is that most of human thought and

feeling is unknown to human beings themselves due to repressed sentiments within the unconscious mind.

Therefore, Schopenhauer was the first to admit the existence of unconscious thought as a possibility. There is vastly more of the unconscious contained in the human psyche than what is conscious. It was not by coincidence that Freud himself credited Schopenhauer with having discovered the unconscious (Magee, 1997):

“The large extent to which psychoanalysis coincides with the philosophy of Schopenhauer – not only did he assert the dominance of the emotions and the supreme importance of sexuality but he was even aware of the mechanism of repression...” (Freud, 1950)

Needless to say, Schopenhauer’s ideas were driven by a strong metaphysical atheism that proclaimed the world has no need for an intelligent beneficent Creator God because the world is fundamentally just the blind eternal will to live (Schopenhauer, 2021). The phenomenal world is simply a reflection and representation of this blind striving or will to life existing outside of space and time and devoid of all knowledge (Berman, 2014). The mind and body of all human beings are in veritable servitude to this unyielding blind unconscious will to life, and this is the root of all human suffering.

Since there is no God in Schopenhauer’s human world conceived as will and representation, earthly existence is by no means a bridge to an omniscient transcendent divine being called ‘God’. It is a kind of metaphysical and ethical system of ideas which rejects religious notions about Creation and God. This is why the consummate atheist Nietzsche himself initially exhibited such high respect for and paid homage to Schopenhauer as an able ‘educator’ despite later disagreeing with him on fundamental philosophical principles (Nietzsche, 2014).

Whereas Schopenhauer attached an irrational will-to-exist to the unconscious realm of the human psyche, Nietzsche



attributed will-to-power to the unconscious part of the human mind. He believed that the main driving force of human beings is for individuals to feel pleasure by projecting or actualizing their own will onto themselves and their surrounding environments. It represents pleasure that is experienced as a feeling of power and a hunger for more pleasure as power.

For Nietzsche, the desire for this pleasure as power or the desire for power is what distinguishes human beings from the majority of other organisms (Nietzsche, 1974). Later, Nietzsche applied will-to-power to all of life itself and it becomes stronger than Schopenhauer's will to life or to survive. In fact, he believed it explained more human events and behaviors than all other notions. The physical universe is simply the will to power expressed in an endless series of inner struggles and forces that repeat themselves over and over again cyclically over time. In this way, Nietzsche's will to power is best understood as his own philosophical response to accepting atheism and the difference kinds of nihilism that follow from that philosophical acceptance. His notion of 'will' does not include biblical ethics or the Christian notion of God whatsoever, so he is left with surmising only secular counterparts.

The English philosopher, Thomas Hobbes (1588-1679) is yet another great thinker before Freud who delved into the morass of the human unconscious to explain human thought and behavior. Hobbes had witnessed the utter destruction and horrid brutality of the English Civil War (1642-1651), leading him to reflect upon ways to control the crucial unconscious capacities deposited in human nature in the form of a war of all against all. These unconscious forces operate as laws of nature and lead to human conflict and societal breakdown. Hobbes posited that society cannot be safe and secure unless it is ruled by an absolute sovereign, a biblically-derived Leviathan, with whom all individuals or subjects make a social contract to give up all rights in their natural state of nature in exchange for protection, security, and social order.

For the Hobbes who had personally seen the horrors and atrocities that human beings could commit against other

human beings, it was clear that there were powerful forces at work in the human unconscious that strongly influenced and even directed human behavior. In a 'state of nature', human beings are instinctively vainglorious, and they seek to dominate other human beings and command their respect. In other words, Hobbes believed that the natural condition of humanity is a state of war of all against all. In this state of war, notions about Right and Wrong, Justice and Injustice, does not exist. Therefore, reason tells human beings that a sovereign is needed to establish peace and protection against the unbridled laws of nature (Shulman, 1988).

Clearly, both Freud and Hobbes share a great deal about human nature and the role of unconscious forces in shaping human behavior. Both acknowledge that innate motives and instinctive drives play on significant role in human thought and conduct. Instincts of self-preservation and self-interests orient human activities, Hobbes recognized, lying deep in the unconscious part of human nature. For his part, Freud also worried about the influence of hidden desires and motives upon human behavior, and underlined the importance of social norms in guiding the unconscious mind. Both Hobbes and Freud assume a relatively invariable human nature, a human nature that is limited within certain parameters of instincts aggression, self-preservation, and self-interest to be held in check by a strong sovereign and cooperation (Gray, 1994).

William James is another seminal social thinker and philosopher who ruminated a great deal on the existence and workings of the unconscious part of the human psyche. Although it was up for the debate for the longest time whether James believed in the existence of unconscious processes, his writings and reactions to others who opposed it reveal a supporter even to the point of contributing concepts such as 'fringe' and 'subconscious incubation' (Weinberger, 2000). To James, the expression subconscious incubation simply means the subconscious processing of an idea, a solution, or a problem before it appears in the conscious mind. Incubating an idea often happens to creators when they are involved in different phases of creative thinking for a period of time even while

sleeping or partaking in other activities (Wallas, 2018).

Although he did criticize many shallow arguments typically employed to support the existence of an 'unconscious' in the human mind, sometimes this critique has been employed to label him as an opponent. In his *Principles of Psychology*, first published in 1890 or 25 years before Freud published *The Unconscious*, James outlines and refutes ten arguments typically put forward to justify the existence of the unconscious in the human mind. Interestingly enough, 25 years later Freud develops many of those same arguments as a proponent of the unconscious but without referring whatsoever to James's earlier critiques of those very same arguments (Weber, 2012). Most scholars today believe that James did not oppose postulating unconscious processes of the human psyche (Weinberger, *ibid.*).

### **The Unconscious: the Vedas, Paracelsus, Shakespeare....**

Still, even before all of these pre-Freudian predecessors, the notion that there are forces beyond conscious awareness located within the human mind that significantly impact upon thought and behavior had existed for thousands of years. Some claim that unconscious aspects of mentality were mentioned in Hindu texts known as the Vedas between 2,500 and 600 BC, a large body of religious texts originating in ancient India, and exist today in Ayurvedic medicine still heavily practiced throughout India, Nepal, Bangladesh, Pakistan, and Sri Lanka (Alexander, 1990).

Allegedly, the first person to make explicit mention of 'unconscious' features of cognition was the Swiss physician, alchemist, lay theologian, and philosopher of the German Renaissance, Paracelsus, in 1567 in his work called, *About Illnesses*. In this writing, he outlined his clinical methodology regarded by many scholars as the beginning of modern scientific psychology (Harms, 1967).

Of course, most modern scholars agree wholeheartedly that Shakespeare relentlessly explored the role of the unconscious in many if not most of his plays without ever explicitly calling it

as such (Faber, 1970). Other scholars claim that the term itself was first coined in contemporary times by the philosopher Friedrich Schelling (1775-1854) in the late 18th century and later translated into English by the poet Samuel Taylor Coleridge (Ffytche, 2011).

### **The Unconscious: Western Philosophers**

Still many more scholars claim that a veritable host of Western philosophers actually used the term 'unconscious' in their writings such as Schopenhauer, Spinoza, Leibniz, Fichte, Hegel, Kierkegaard, Nietzsche, Carlyle, and more (Staupe, 1976). Staupe's basic point is that, at the very least, Freud was nowhere near the discoverer not the specifier of the theory of the unconscious he is often made out to be. The theory of the 'unconscious' was already out there outlined as an available system of ideas from the start of the 19th century, at the very latest, in a panoply of philosophical writings.

Despite its long-historical running use as an idea and concept from ancient to early modern times, the notion of the existence of the 'unconscious' is not without its detractors and criticisms. In particular, the Freudian notion that there is a part of the human mind to which conscious individuals are unaware but nevertheless influences or shapes human thought and conduct is highly disputed (Callender, 1996; Honderich, 1995; Karbelnig, 2020; Stannard, 1980).

### **Some Early Major Critiques of the 'Unconscious'**

In his 1874 magnum opus, *Psychology from an Empirical Standpoint*, the German philosopher and psychologist, Franz Josef Brentano (1838-1917), argued that psychology proper can only speak about observable conscious (or phenomenal) behavioral intentionality, the relationship between mental acts and the external world. He provides four convincing arguments against the existence of unconscious mental phenomena (Prata, 2023).

In his seminal philosophical work titled, *Being and Nothingness*, the highly celebrated Jean-Paul Sartre (1905-1980) provided a

penetrating critique of Freud's view of the unconscious. Essentially, Sartre defined Freud's theory as malarkey because he thought that consciousness itself is, in fact, nothing but self-consciousness. For the same reason, Sartre also took the position that Freud's theory of repression is internally incoherent and flawed although some scholars disagree with Sartre on this last point (Baldwin, 1995). In terms of God, Sartre's atheism was even more stringent in his views. Before their existence, Sartre claims, human beings have no essence because there is no almighty Creator. Therefore, Freud's concept of the unconscious is simply a reified object-like entity very similar in form to the ego (Trotter, 2018).

Following the reification theme Sartre underscored, the illustrious Jewish-born German-American social psychologist, psychoanalyst, sociologist, humanistic philosopher, and democratic socialist Erich Fromm (1900-1980) claimed flatly that the so-called 'unconscious' is nothing but a mystification. In reality, there is no such entity equating to the unconscious. In the human mind, there are only experiences of which individuals are consciously aware, and others of which we are not aware or unconscious about. For example, he posited, if I hate someone because I am afraid of them, and if I am consciously aware of my hate but not my fear, then my hate is conscious and my fear is not. But that doesn't mean that my fear lies in that mysterious region of the mind called the 'unconscious'. In effect, there is no such mysterious place in the human psyche called the 'unconscious' (Funk, 2003).

The eminent American Oxford-trained Berkeley professor emeritus of the Philosophy of Mind and Language, John Rogers Searle, is another scholar who has offered a persuasive critique of Freud's unconscious (Searle, 1994, pp. 151-173). He argues that consciously held states of mind are situated in the shallow regions of the human psyche and, as such, they are best characterized as repressed forms of consciousness. But the notion that there are states of mind held in deeper regions of the human psyche is more problematic.

Essentially, he claims, such a notion is incoherent in principle

because the very idea of the existence of a collection of thoughts (as opposed to one or two ‘thoughts’) situated in some kind of privileged region of the mind inaccessible to an individual’s conscious awareness, at least not without professional help, is ludicrous. It sounds like the purposeful creation of a concept to justify the existence and necessity of a professional occupational group rather than an objective analysis of reality. Positing a ‘thought’ about which an individual cannot ‘think’ is inherently incoherent. To talk about something as a ‘thought’ itself logically implies it is being thought about by an individual thinker or that it could be done by that particular thinker.

There are many other critics of Freud’s view of the unconscious such as David Stannard (1980), Richard Webster (2005), Ethan Watters (1999), Richard Ofshe (see Watters, *ibid.*), and Eric Thomas Weber (2012). Basically, the gist of these critiques is that the ‘unconscious’ concept itself is a myth or mystification. In the end, that myth functions to legitimize the existence and necessity of psychoanalysts as a professional occupational group. If the point here is to underline significant disagreement with Freud’s theory, then the extensive list of different criticisms need not be exhaustively reviewed.

What surely has to be one of the most condemnatory treatments of Freud’s theory in contemporary times is the massive critical-historical work done by the illustrious Hungarian-American academic and psychiatrist Thomas Szasz (1920-2012), a highly distinguished fellow of the American Psychoanalytic Association. Needless to emphasize, then, that Szasz’s devastating criticisms emanate from the dominant insider position of an authority within the psychiatric profession itself. Szasz is perhaps best known as the most trenchant social critic of the moral and scientific foundational pretensions of psychiatry and scientism, the former of which he viewed as the social control aims of modern society.

Although he had written against psychiatric definitions of mental illness and madness since the late 1950s and early 1960s, it was really his work re-titled from ‘Karl Kraus and the Soul Doctors’ (1976) to ‘Anti-Freud’ (1977) in later editions that

firmly established his international reputation against the psychiatric and psychological establishment. In this work, Szasz as a higher-rank authority within the psychiatric establishment critically evaluates Karl Kraus's early critiques of psychoanalysis and psychiatry, and ends up agreeing.

Szasz wholeheartedly sides with Kraus on each of the central themes he discussed: the power of language, its abuse by psychiatrists, psychoanalysts, and journalists, and the catastrophic effects of this abuse. Szasz sums up Kraus's critique by claiming that Kraus saw clearly through the rhetoric of psychoanalysis and labeled its practitioners as enemies of human dignity.

Significantly, Szasz's critique is one of very few that attempt a psychology-religion connection. His main argument is that medicine in modern society represented the secularization of religion's hold on humanity. Given the decline of religion's influence upon human thought and conduct since the Reformation, modern power structures called upon medicine to fill the social control gap. Medicine in modern societies had amassed a great deal of political influence by association with the rising faith in science, so it was a logical substitute, to be sure. Therefore, claims, Szasz, it is necessary to separate psychiatry from the social control functions of the civil state.

There were other critiques and defenders of the psychiatric establishment that emerged after Szasz, but they failed to command similar levels of notoriety and respected recognition. For example, much later (2010) the French philosopher and writer Michel Onfray published his own Anti-Freud book, but focused his criticism upon the insistence that Freud was a philosopher, not as a scientist. Consequently, it is essentially a philosophical critique rather than an empirical one grounded in the profession itself. By the same token, as noted, Freud also enjoys the benefits of defenders in modern times, not simply detractors. Curiously enough, however, none of them have seriously and systematically challenged Szasz's exhaustive and detailed comprehensive insider critique (Robinson, 2024).

## **Last-ditch Efforts to Save the ‘Unconscious’**

In perhaps what seems like last-ditch efforts by concerned scholars to save the concept from potential extinction, some scientific researchers have proposed the existence of unconscious mental mechanisms quite different from Freud’s theory and proffered it under different nomenclatures such as John Kihlstrom’s ‘cognitive unconscious’ (2002), Timothy Wilson’s ‘adaptive unconscious’ (2002), Loftus and Klinger’s ‘dumb unconscious’ (1992), or Robert Langs’s ‘deep unconscious system’ (2004a, 2004b).

The modern cognitive psychology movement completely divorces the unconscious concept from its Freudian intellectual baggage by suggesting terms such as ‘implicit’ or ‘automatic’ to describe cognitive processing that goes on above and beyond cognitive awareness. The argument seems to remain the same, namely, that thoughts individuals may be unaware of can significantly influence behavior as well as other cognitive processes (Greenwald et al, 1996).

## **Freud’s Initial Physiological Stance**

Like others of his time due to strong scientific and Darwinian influences rampant in Victorian society particularly in highly-educated elite culture, Freud was also highly receptive to the potential physiological grounding of human thought and mental disorders. The pressure to make everything reducible to physiological processes was surely a heightened feature of the intellectual environment of the times. In fact, a famed American psychologist and historian of science has argued in his work, *Freud: Biologist of the Mind: Beyond the Psychoanalytic Legend*, that Freud’s biological theories and concepts like ‘libido’ were firmly rooted in the biological theories contained in Darwin’s work which strongly influenced Freud such as theories by Kraft-Ebing, Molland, Havelock Ellis, Haeckel, and Wilhelm Fliess (Sulloway, 1992).

Contrary to the emphasis upon identifying ‘unconscious’ processes of the human psyche, psychiatrists at that time dealing directly with a variety of mental defects during this time,



such as schizophrenia, paranoia, bipolar depression, and obsessive-compulsive disorders, were especially sensitive to the possibility that mental disorders could be explained by specific physiological dysfunctions in the human brain. Perhaps they, too, were as subject to strong Darwinian influences as were Freud and his followers at the time.

Initially, Freud himself was no less pulled in a similar direction. After all, Freud was a practicing neurologist, and as such, and intrinsically viewed mental disorders as dysfunctions of the human nervous system that regulates and coordinates bodily activities. At that time, it was known that the two major divisions of the central nervous system were the brain and the spinal cord. Therefore, medical knowledge and training predisposed Freud to look for or at least be receptive to the possibility of physical symptoms and causes of brain disorders.

Perhaps this explains why Freud initially sided with the physiological view of mental disorders until a breakthrough hysteria case with patient 'Anna O' occurred in medical practice in the mid-1880s to change his mind. At that time, the Austrian physician Josef Breuer (1842-1925) was well known as a friend and mentor to Freud who advised him on his career, regularly sent him patients, and collaborated with him in investigating the nature of hysteria, identified as a nervous ailment afflicting upper-middle class Jewish female patients.

Breuer was a doctor to one of these patients, Bertha Pappenheim ('Anna O'). Breuer developed a talking cure or what he called a cathartic method which successfully treated and relieved Anna O's hysteria with associated symptoms of limb paralysis as well as vision and speech disturbances. Breuer noticed that her symptoms drastically reduced or ended after he had put her under hypnosis and asked her to describe them for him. After Breuer described the success of this treatment to Freud, his talking method was employed and developed by Freud as a foundation for psychoanalysis.

Later, Breuer and Freud documented the success and discussions about Anna O and other case studies in their 1895

book, *Studies in Hysteria* (Breuer and Freud, 1950). Unlike Freud the neurologist, however, Breuer's experience as a physician led him to be open to many different causal ways of explaining and treating hysteria and its symptoms. So, consequently, over time the two men became increasingly estranged. Freud was always looking for a monocausal explanation of mental disorders, whereas Breuer's experience pushed him in the opposite direction (Zangwill, 1987). When Freud found his monocausal approach in unconscious mental processes, that's when he declared that he had finally freed psychiatry from its physiological prison, more or less (Freud, 1966, p. 21).

### **Mental Processes are Essentially Unconscious**

Freud's general monocausal approach to social and cognitive phenomena noted earlier is well expressed in a sweeping statement he made about the human mind in his work, *A General Introduction to Psychoanalysis* (2018), originally published in 1917, consisting of a series of 28 introductory lectures given by Freud on the topic in 1915-1917. In this work, Freud summarizes his thoughts on the unconscious, dreams, and neuroses, and offers new technical material to advanced readers.

He begins Lecture 1 by proclaiming that there are "two tenets of psycho-analysis which offend the whole world and excite its resentment" because they conflict with its intellectual, moral, and aesthetic prejudices. These prejudices should not be underestimated because they are "powerful... residues of valuable, even necessary stages in human evolution. They are maintained by emotional forces..." Then Freud proceeds to specify the two displeasing tenets in question:

"The first of these displeasing propositions is this: that mental processes are essentially unconscious, and that those that are conscious are merely isolated acts and parts of the whole psychic entity.... (The) next proposition... consists in the assertion that impulses, which can only be described as sexual..., play a particularly large part... in the causation of

nervous and mental disorders...”

### **Physiological Impulses Sneak Back In**

Here Freud appears to be self-contradictory and incoherent. As noted above, he proclaimed to have liberated psychiatry from the chains of physiology largely due to adopting Breuer’s cathartic or talking method of treating mental disorders. Defining all mental processes as “essentially unconscious” would seem to support this claim since it was believed that this talking method of treatment could provide unprecedented direct access to this hidden “unconscious” region of the human brain in order to reveal perceivable defects.

However, the freed-from-physiology proclamation and assumption quickly disappears when Freud introduces his second ‘displeasing proposition’ on sexual impulses, or perhaps it never left. Always on the lookout for a monocausal source to mental disorders, and perfectly in sync with physiological doctrine, Freud moves forward to fully sexualize his ‘unconscious’ and to ground it in physiological impulses viewed neurologically. In other words, Freud the neurologist comprehensively trained in the dominant physiological doctrine of the time firmly grounds conscious and unconscious mental activity within the physiological processes of ‘impulse’, mainly ‘sexual impulse’. Evidently, the term ‘unconscious’ to a neurologist means something quite different than it does to a bonafide psychologist; that is, unconscious at the neurological level of human existence. From this point of view, no one would be capable of being aware of the transmission of electrical messages through neurotransmitters at the neurotransmitter level.

From a neurological point of view, even back then mental processes were conceived as unpremeditated waves of excitation transmitted through tissues, nerve fibers, and muscles that result in either physiological activity or inhibition. There is no deliberation, no premeditation, no decisive conscious activity per se; just a sudden and compelling urge, incitement, or inclination to act or not act. Freud’s neurological

view of mental processes appears to simply define it as electrical signals travelling along nerve fibers in response to a stimulus, signals serving to transmit a record of sensation from a receptor or an instruction to act, very much in robotic or animal-like fashion.

Clearly, then, it seems that the potential determining influence of Freud's professional training and status as a practicing neurologist upon his conception of mental processes has been seriously neglected or underestimated by many critical scholars investigating and assessing the merits of Freud's conceptual system. When the neurological view of 'impulse' dominant at that time is taken into consideration, the initial claim about freeing psychiatry from physiology is rather laughable if not ludicrous. It was much more rhetorical posturing than factual assertion, if not downright dishonesty, because Freud knew exactly what he meant.

### **Freud's Debt to Schopenhauer**

What's more, making the sexual impulse in particular the sovereign ruler of mental processes harkens back to Schopenhauer's (1969, p. 514) proclamations about sexual impulse at the time, sexual desire being:

“... The invisible central point of all action and conduct (which) peeps up everywhere, in spite of all the veils thrown over it. The sexual impulse is the most vehement of all cravings, the desire of desires, the concentration of all our willing. It constitutes even the very nature of man”.

In the same book, Schopenhauer claims sexual impulse as a manifestation of the malevolent and hungry human 'will' that is the fundamental basis of all life, the source of all suffering, the underlying essence of everything.

Here Schopenhauer's atheism shines through bright and clear. That's why one of the consummate kings of atheism himself, Nietzsche (1974, p. 357), described him as “the first admitted and uncompromising atheist among us Germans ... the

ungodliness of existence counted for him as something given, palpable, indisputable". Being a highly educated and well-read atheist himself, Freud would have been intimately familiar with the atheistic sexual philosophies of these thinkers, despite his occasional denials and references to coincidences.

The allegations tend to reach much further than such claims, however. The uncanny similarities between Freud's and Schopenhauer's theoretical systems have been established in the scholarly literature for nearly half a century. Going as far back as 1819 where Schopenhauer declared that the human "will manifests itself in sexual desire" (2021, p. 514), many scholars have noted the near equivalence of Freud's 'id' with Schopenhauer's 'will' and the centrality of sexuality to both thinkers.

The similarity in the doctrine of sexuality between them had been noted since Gardiner's work in 1963, Schopenhauer. Five years later, Mann is much more emphatic in underlining the similarity between Freud's and Schopenhauer's thought linking both to the altar of atheism: "From Schopenhauer the line runs from the psychological radicalism of Nietzsche straight to Freud and the men who built up his psychology of the unconscious" (1968, p. 408).

Two years later, Ellenberger outlines the centrality of the sexuality doctrine and many other identical features between Schopenhauer's and Freud's thinking. He begins by stating that there were many philosophers of the 'unconscious' during the 19th century, so Freud was by no means alone in the endeavor. "There cannot be the slightest doubt", he surmises, "that Freud's thought echoes theirs." But out of them all, he asserts resolutely, Schopenhauer is the most important (1970, p. 542). Ten years later, Gupta is even more firm in linking Schopenhauer to Freud's main ideas and concepts: "In Schopenhauer's writings are to be found many of the piercing insights which were later developed and elaborated by Freud" (1980, p. 226).

Almost a decade later, Magee is much more forceful in making

Freud's system of thought dependent upon Schopenhauer, even to the point of suggesting that Freud directly extracted Schopenhauer's ideas and just substituted his own vocabulary for them: "Many of the ideas that constitute the core of Freudianism were set out fully and clearly by Schopenhauer" way before Freud's ruminations on the subject of the 'unconscious' (1989, p. 283). Five years later, in a summary of the scholarly literature examining the links between Freud and Schopenhauer, Young and Brook (1994) claim categorically that Schopenhauer anticipated most if not all of Freud's core theoretical ideas and at least a few of his clinical discoveries. In fact, they discovered so many parallels between Freud's work and Schopenhauer's thoughts it led them to openly suspect that such parallels were unlikely to be accounted for by coincidence alone.

Schopenhauer presented a detailed theory of dreams well before Freud. Further, they insist that Schopenhauer displays an absolutely astounding knowledge and expertise in neurophysiology for his time and professional discipline. Other parallels pertaining to death, insanity, and repression abound, as well as to many other concepts, expressions, and ideas. There were so many parallels on repression that it led another scholar to state quite flatly that they were far from being mere coincidences even given Freud's insistence that he read Schopenhauer late in life (1986, p. 148).

Regardless of Freud's denials, the underlying atheistic thematic link between Nietzsche, Schopenhauer, and Freud remains solid. Moreover, beyond the connection to Freud, the indebtedness of Darwin's theory to Schopenhauer's theory of sexuality had already been suggested as far back as 1870 (Asher). Schopenhauer, it turns out, had a magnanimous influence on a great variety of thinkers during and after his time quite beyond the assumed impact upon Freud or Darwin such as Ludwig Wittgenstein and, of course, Nietzsche, who was deeply inspired by Schopenhauer's atheistic notion of the world and life itself as a tragic form of suffering. A large number of eminent artists and writers have expressed recognition of Schopenhauer's influence especially Richard Wagner, George

Santayana, Thomas Hardy, Marcel Proust, Thomas Mann, Samuel Beckett, as well as many others (Magee, *ibid.*).

### **From Local to International**

Notwithstanding Freud's physiological sexualization of the unconscious, itself representing a reversal of sorts from an earlier position *vis-à-vis* physiology, combined with notable publications by Freud, the psychoanalytic doctrine began to ignite considerable interest especially among the professional and educated elite already well immersed within the atheistic petri dish of British culture. Combined with the apparent success of Breuer's talking method of treating mental disorders also subsequently claimed by Freud and his disciples in the treatment of their patients, a modest international movement ensued.

By 1902, Freud felt the need to start weekly meetings with psychoanalytic colleagues to discuss his views, meetings which became known as the Psychological Wednesday Society. Soon this Society consisted of 14 regular members but also included renowned guests such as Carl Jung, Ernest Jones, Karl Abraham, and Max Eitingon. At one of these Wednesday meetings in 1907, Jones suggested to Jung that an international meeting of psychoanalysts should take place to supplement the local Society meetings. Jung passed the suggestion to Freud, who greatly welcomed the idea.

That international meeting took place in Salsburg on April 27, 1908, and Jung called it the First Congress for Freudian Psychology in deference to Freud. Later, it was changed to the First International Psychoanalytical Congress. At the Second Congress at Nuremberg in March 1910, the International Psychoanalytical Association (IPA) was established, with Carl Jung as its first President and Otto Rank as its first Secretary. The IPA also became essential for accrediting and regulating individual and organizational members, creating new psychoanalytic groups, formulating training policies, and maintaining links with other interested organizational bodies and agencies (Loewenberg and Thompson, 2011).

Never too shy nor too modest, Freud had always considered an international organization was pivotal for advancing his psychoanalytical ideas. After the IPA was founded, he devoted a great deal of his time and energies promoting the development of this international movement as a prime means of spreading his psychoanalytical doctrine. Indeed, it became a forum from which he could announce doctrinal revisions if not reversals, elaborate traditional and new ideas to the uninformed or uninitiated, manage internal quarrels, and even denounce psychoanalytical heretics who strayed too far from his doctrine (Jones, 1960).

### **Enter Stage Right: Id, Ego, Superego**

As noted previously, a core feature of Freud's local psychoanalytical doctrine but now distributed worldwide through psychoanalytical congresses and the IPA was the reduction of all mental processes to unconscious bodily instincts that function as impulses directing conscious action or inhibition. Not all impulses are equally powerful, however, since the dominant impulse driving constructive human activity is sexual or what Freud labeled as the 'libido', the instinctual physiological craving for pleasure. Freud appropriated the term from its Latin roots where it meant sexual energy or drive and also other forms of desire, but preferred to employ it to denote sexual desire. Frankly, it's difficult to conceive of a more robotic neurophysiological foundation for the human mind than this particular view.

Constituting the largest part of the human mind, Freud's unconscious has no genuine independence to speak of because the sexually driven physiological instinct (the 'libido') is firmly rooted inside of it guiding or orienting activity and reaching consciousness only through felt impulses or urges. So-called 'conscious' human actions are simply physiologically-grounded instincts that individual human beings become aware of as nerve impulses or urges to act, much like a computerized robot might react to (but not be 'aware' of in any genuine reflexive sense) a specific coded instruction specified in its program.



Freud believed that left to its pure unbridled physiological forces, the libido's unceasing appetite for pleasure would lead individual human beings into dangerous territories of activity in the real world characterized by extreme forms of conflict, aggression, and violence. Consequently, civilization and society would be under constant duress and existentially threatened, and social order and stability could not be established with any kind of meaningful duration. For Freud, problematic psychiatric symptomatology resulted from misdirected or inadequate sexual energy, not conscious awareness nor intention.

According to Freud, that's when the other part of the human mind, the 'ego', steps in to mediate between the pleasure-craving 'id' and the concrete external world. In effect, the mature judicious 'ego' shepherds the immature pleasure-craving 'id' away from the ravenous fangs of real-world dangers. The last part of Freud's theory of the structure of human mental life is the 'superego' or the critical and moralizing agent within the human psyche that has internalized all the cultural rules acquired from parents, other authority figures, and the general cultural ethos. Conscience, spiritual goals, and the ego's idealistic preferences are seated in the superego as it works to restrict the organized, realistic ego only to the range of socially acceptable behavior. The Latin 'ego' or the 'I' of the psyche mediates between the lawless desires of the 'id' and the critical demands of the 'superego' (Schacter, 2009, p. 481).

### **Eros and Thanatos**

Just like Freud developed a concept to signify instinctual physiological or psychic energy emanating largely from sexual impulses associated with all constructive human activity that were guided by a life instinct or 'eros', he also proclaimed that this life instinct within human beings was opposed by destructive urges within them, a death instinct or 'Thanatos'. Although dominated by sexual impulses, the life instinct also included more fundamental physiological impulses like thirst and hunger.

By contrast, the death instinct or 'Thanatos' included destructive impulses like hate, anger, and aggression. All variations of human behavior were largely due to the push and pull of these two opposing physiological impulses within all human beings as a constitutive part of human nature. Freud first introduced the idea of 'Thanatos' in his book, *Beyond the Pleasure Principle*. Taken from Greek mythology, 'Thanatos' was the son of Nyx, the night goddess, and the twin brother of 'Hypnos', the god of sleep. Thanatos was death personified whose sole function it was to carry people to the underworld after life expired.

Since Freud is imposing upon human nature a view devoid of God as explicated in Genesis of the Judeo-Christian Bible, it's important to be clear here what exactly Freud is saying about death. The assumption is that the human organism by nature seeks to partake in activities which cause its demise. The human organism is programmed by nature by a physiologically grounded death drive or instinct, not just a life instinct. Since Freud could not attribute conscious awareness to human beings as the dominant feature of the human mind, he found it very difficult to explain harmful human conduct, and Freud was looking for opposites because he was fond of employing dialectical forces or pressures to explain human thought and conduct.

Supposedly, a pleasure principle was not consistently capable of explaining behavior that harmed others and or human beings harming themselves. The possibility that harm could be rendered to others and to one's self strictly through the agency of a 'pleasure' principle is certainly not out of the realm of practical reality. Human beings seeking to maximize pleasure at any expense to others are certainly capable of harming others in doing so. Moreover, since he rejected the notion of human behavior motivated or caused by a deep-seated sinful component of human nature, he was compelled to look for alternative explanations to fit a purely secular theoretical model (Gay, 2006, pp. 523-587).

Maintaining a solid, unyielding, and critically unreflective

neurophysiological view of human beings presented Freud with a restricted range of possibilities particularly for explaining aggressive human behavior. After all, Freud was more interested in building a secular theoretical model in line with his militant atheistic views (Gay, *ibid.*, p. 525-7) than he was in providing an authentic scientifically reliable explanation of human thought and behavior. Thus, he employed ‘Thanatos’ or a death instinct to explain why people engage in aggressive or harmful behaviors. Like all other parts of Freud’s psychoanalytic theory, there is a great deal of controversy surrounding his application of Greek mythology to explain any kind of human thought and behavior (Ackerman et al, 2023; Gay, *ibid.*, pp. 401-11; Meisner, 2018, 2009).

For Freud, however, there was more involved in the maturation process than the mere appearance and flowering of the id, ego, and superego components of the human psyche working through the opposing forces of life and death instincts. It is virtually impossible to properly understand Freud’s view of human development without taking into prime consideration Freud’s view of religion in general and the Judeo-Christian God in particular. Before we review what Freud perceived to be the different phases of human maturation, we need to take a slight detour to address Freud’s central atheistic aim for developing a theoretical model to explain human thought and behavior, and how Darwin fits into those efforts.

### **Overturn Religious Thought**

Freud made it clear in talks and writings from the beginning and throughout the development of his psychoanalytic theory that the aim was to construct a theoretical model that would overturn established forms of religious thought and morality. For example, he fiercely opposed the Christian concept of the atonement, positing that sin and guilt are nothing but societal constructs. Briefly, in Christianity sin and guilt prevent reconciliation with God, and atonement is the process by which individuals employ particular means to remove these obstacles and reestablish or strengthen their relationship to a divine biblical God. They adopt this view because they believe that

Jesus Christ's death and salvation made it possible for human beings to participate in the process of atonement and also achieve salvation.

Before Jesus, salvation was achieved by compliance with the laws given to Moses by God on Mt. Sinai and later set down in the Jewish Torah (the first five books of the Hebrew Bible). For Christians, salvation is the essential part of maintaining a relationship with God while on Earth and in the afterlife in Heaven. This is because Christ's death on the cross acted as a sort of payment in full for the sins committed by all of humanity due to violation of God's laws. Faith in Christ for Christians means receiving God's grace and blessing, enabling them to live a good Christian life while on Earth and to live in Heaven with God in the afterlife (Cross, 2005).

What Freud was attempting to do intentionally was to replace the Judeo-Christian concepts of original sin and salvation with the 'libido' and the 'Oedipus Complex' or the young boy's reaction against his father over love for his mother, to be discussed in more detail below. This is why Freud argues in his work, *Totem and Taboo*, that this Oedipus Complex is where religion, morals, society, and art converge to establish moral codes of behavior in the very beginning of the maturation process. The implication here is that moral codes do not derive at all from a divine being but, rather, from socialization processes and cultural indoctrination. In other words, they are social constructs.

If moral rules are socially created, they are not divinely created. If morality is acquired through socialization processes and cultural indoctrination, and if human nature does not have a divine origin, as Freud certainly claimed, then it stands to reason that there can be no objective standards of Right and Wrong thought and behavior. That means that Freud's psychoanalytic theory and analysis can step in to fill the need for curing human guilt according to its own standards.

Guilt for having sinned against God's laws suddenly becomes transformed into 'psychological problems' that can now be

attributed to other sources such as childhood traumas, sexual dysfunctions, and maturation difficulties. Sin and guilt are no longer the result of transgressing some kind of eternal objective moral code hovering over or brooding within every sinful human being by nature. Therefore, sin and guilt have as their basis a naturalistic foundation, not a divine one. What's interesting at this point in Freud's argument is how Darwin comes into the psychoanalytic focus.

### **Darwin's View of Human Emotions Revisited**

In Freud's view, each one of these psychological problems have to be investigated within a Darwinian theoretical framework. Why Freud adopted this position will become clear after a brief review of Darwin's 1872 book, *Expression of the Emotions in Man and Animals*. In that book, Darwin tries to interpret emotional expression on strictly physiological grounds especially the expression of rage. Darwin claims that the expression of rage in human beings can be intensified or worsened merely by its free or unrestricted outward expression.

The opposite happens when the outward signs are limited or repressed, that is, limiting the outward signs of rage reduces or softens the intensity. The same principle applies to other emotions. For example, controlling or limiting the outward signs of fear will reduce its intensity while failing to limit them will magnify it. Freud adopted Darwin's concept of human emotions to construct his own psychoanalytical theoretical framework about human thought and behavior.

Like Darwin, Freud also believed human emotions are solely the physiologically grounded results of natural selection. In essence, humanity's pre-historic ancestors developed adaptive responses to their own physiological drives and environmental conditions. At some point along the line of human physiological development, consciousness emerged when our ancestors became self-aware (Kaloyirou, 2021; Zimmerman, 2016).

### **Human Maturation: Oral, Anal, Phallic, Latent, and Genital**

Now that we have argued how psychoanalytic theory emerged

from within the fertile soil of atheism and Darwinism, we may resume our discussion of Freud's view of the different phases of human maturation. As noted previously, absolutely central to this view are sexual impulses or instincts above and beyond all other instincts. Since he adopts a strict physiological or neurophysiological view of human nature, Freud's conception of the human maturation process is principally if not fully sexual in nature.

It will be recalled that the unconscious desire for pleasure or 'libido' appears at birth for all humanity as an integral part of human physiology, impulses such as hunger, thirst, elimination, and sex. It literally dominates the 'id' (the 'I', Freud would say) and operates as a psychic force to direct human beings to seek immediate gratification of these libidinal impulses, with the 'ego' guiding or directing these libidinal impulses away from harmful real-world consequences. Freud fervently believed that this wild and lawless human appetite for pleasure is sexual in essence and constitutes the primordial driving force of human beings throughout maturation.

How does all of this so-called 'maturation' occur in practice? Well, from birth and throughout life, Freud believed that human beings move through a succession of physiological steps in which the organismic entity called the libidinal desire for pleasure achieves gratification in different objects. Early in these successive phases of maturation different areas of the human body provide the objects of satisfaction. In fact, Freud viewed human infants as essentially "polymorphous perverse" or possessing a built-in capacity to achieve sexual pleasure from any particular part of their bodies and any object (Freud, 2017).

For Freud, this meant that childhood sexuality in its original form is non-specific in nature, indicating the amorphous and changeable primordial nature of the human libido prior to the impact of socialization processes. For example, infants begin the maturation process by focusing libidinal satisfaction upon pleasure derived from the mouth such as sucking for mother's breast milk or sucking thumbs. For the most part, Freud argued, these attempts at pleasure-seeking don't usually meet

with much painful reaction from parents.

However, when the child moves from the mouth to another part of the body to treat as an object of pleasure, such as the anus, that's where lots of troubling parental reactions usually start to express themselves and parental standards of behavior are imposed. Infants finding pleasure in defecating whenever and wherever they may, or playing with their feces, or losing control of their bowels and accidentally defecating on themselves or others, are highly likely to meet with stern parental reactions and firm standards in most cases. For Freud, this is precisely the basis upon which much later adult personality and psychological problems were formed.

Parental reactions to breast or thumb sucking by infants are usually not in the same league as parental responses to feces play, to be sure. Freud viewed parental reactions to toilet training largely in terms of extremes. He simply presumed that some parents would be too easy-going and lenient in toilet training infants, while others may be too strict and inflexible. In each case, later personality development as an adult would be impacted differentially.

Freud surmised that lackadaisical toilet training would produce sloppiness and extravagance in later life, while rigid toilet training would lead to excessive preoccupation with orderliness and extreme caution in the use of money and resources to the point of spurning luxury and adopting a simplistic lifestyle. In other words, depending on the nature of parental reactions, a problem with toilet training could cause the child to become too heavily fixated on the toilet training phase of maturation which would, in turn, cause later personality to become either too rigid or too disorderly in behavior.

More importantly, problematic toilet training would lead the child to develop emotional defense mechanisms or what Freud called 'reaction formations' as an emotional way of coping with a highly stressful situation. A reaction formation is simply one type of defense mechanism among many available which is employed by human beings to master anxiety-producing

emotions or impulses by exaggerating directly opposite emotions and impulses. Basically, it consists of replacing unwanted impulses with their opposites. It was first used as a key concept in Freud's 1894 essay, *The Neuro-Psychoses of Defense* (2014a), which introduced the concept of defense mechanism, but later much elaborated by his daughter in her 1946 book titled, *The Ego and the Mechanisms of Defence* (Freud, 2019).

Even here, however, the grand mavin of revision insisted that the varied circumstances and conditions of family upbringing within different surrounding environments could produce personality results not in line with standard psychoanalytical predictions or expectations (Hall, *ibid.*). In other words, militaristic toilet training could lead to unexpected sloppiness and extravagance, while merciful toilet training could lead to excessive preoccupation with order and thriftiness.

Further, Freud applied this kind of reasoning to all his psychosexual stages of human maturation: oral, anal, phallic, latency, and genital. He would often make such bold absolutistic types of claims and suggestions only later to couch them within uncertain and conditional terms, vague phraseologies and expressions, untestable propositions, revisions and reversals, and even withdrawals, as pointed out earlier. When examined from one point of view, it may indicate openness of mind to change views about cherished ideas. But looked at from another point of view, exactly the opposite conclusion can be drawn.

This continually shifting or vacillating mode of interpretation and explication leaves a distinct impression that Freud was not about to be pinned into a corner having to explain or to define exactly what he meant by any claim in any of his talks or writings at any particular time. Even his notably moderate and superbly eminent biographer indicated that Freud often entertained changing his mind about many cherished ideas except those very ideas upon which he had based psychoanalytic theory: infantile sexuality, the sexual foundation of neuroses, and the functions of repression (Gay,



ibid., p. 159). But if, as it indeed turned out to be, it was precisely those foundational ideas that scientifically invalidated the theory itself, then what Freud was doing was anything but open-minded critical reflexivity. might have proffered other more legitimate foundational principles or construction of a completely different and empirically testable theoretical model.

In any case, when we move from Freud's anal stage to the phallic phase of human maturation in the early years of childhood, the object of pleasure now becomes the child's sex organs, as the term phallic implies for the boys. Solitary self-abuse or masturbation, if you will, becomes the dominant impulse, which may or may not lead to a variety of milder forms of sexual perversion that would either typically fizzle out over time or even develop into serious sexual perversions later in adulthood.

What's more, at the phallic stage of the male child's psychosexual maturation, Freud claimed that the libidinal impulse now began to focus upon the mother with a consequent growing resentment for the father's claim on the mother's affections despite normal boyhood identification with the father. An internal conflict within the young boy takes place stemming from his natural love for his mother, a love which later becomes sexual in nature as libidinal energy moves from the anal to the genital region of his body.

The young boy comes to understand that his father stands in the way of his love and desire to possess his mother. At the same time as he feels aggression and envy towards his father, he also fears him as a rival. As the boy notices that his mother and all women do not have penises, he is overwhelmed by the fear that his father will remove his, too. This castration anxiety, as it were, is greater than his desire to possess his mother, so that particular desire is repressed. The boy reasons that he can still possess his mother by identifying with his father to become as much like him as possible, ensuring the boy's entry into the appropriate gender role in his life.

Freud coined the expression 'Oedipus complex' to describe this

father-son competition for possession of the mother, yet another secular term derived from the 5th-century BCE Greek mythologic character Oedipus in Sophocles' literary tragedy titled, *Oedipus Rex*. It was part of three Theban plays which Sophocles wrote to convey the flawed nature of humanity and how individuals sometimes play an unwitting role in the course of destiny as it unfolds in a very harsh and unforgiving universe.

We need briefly to describe this Greek mythological story in order to understand and independently evaluate Freud's application within his theory of psychosexual development, notwithstanding the highly questionable practice of applying thousand-years-old Greek literary myths to the maturation process of actual modern human beings. Oedipus was a mythical Greek king of Thebes, an ancient city in Boeotia, Central Greece, the largest city of the region and a major rival to Athens. Significantly, it also played a central role in Greek mythology as the key site for many Greek stories, not just Oedipus, such as Heracles, Dionysius, Cadmus, and several others (d'Aulaire and d'Aulaire, 1962).

As the story unfolds, Oedipus is a tragic hero who fulfills a prophecy which predicted he would kill his father and end up marrying his mother, thereby ensuring that disaster would befall both his city and his family. He was born to King Laius and Queen Jocasta of Thebes. In his efforts to thwart the prophecy, Laius commanded a shepherd-servant to place Oedipus alone on a mountainside to die. The shepherd, however, took pity on the baby and simply passed him on to another shepherd who, in turn, gave the baby to King Polybus and Queen Merope to raise as their own child.

In Sophocles' story, Oedipus eventually learned from Pythia, the high-priestess of the Temple of Apollo at Delphi, that he was fated to kill his father and marry his mother. But without knowledge about his true parentage, he ends up mistakenly believing that he should murder Polybus and marry Merope, so he sets off for Thebes. On the way there, Oedipus meets and kills an older man in a quarrel of some kind. By the time he gets to Thebes, he learns that the king of the city, King Laius, has

been killed and now the city is under the domination of a Sphinx, a monstrous mythical creature with the head of a human, the body of a lion, and the wings of an eagle (Griffith and Mitchell, 1911, pp. 662-3).

The Sphinx confronts Oedipus entering the city and offers to spare his life if he can answer a riddle correctly. Oedipus answers the creature's riddle correctly and defeats it, thereby acquiring the throne of the dead king. Of course, winning the throne meant also winning the hand in marriage of the king's widow. With Oedipus unaware, it turns out that the king's widow was also his mother, Jocasta. A plague strikes Thebes years later, and this prompts Oedipus to search for the killer of King Laius as a way of ending it, only to discover in the end that it was he who killed him as an old man on the way to Thebes.

For her part, Jocasta discovers with great shock and trepidation that she had married her own son and subsequently hangs herself. Trapped in a whirlwind of grief and sorrow, Oedipus seizes two pins from Jocasta's dress as she hangs lifeless and blinds himself viciously with them. Unbelievable as it may seem, it is this particular Greek legend that Freud applies in the form of an 'Oedipus complex' in his attempt to understand human maturation process (Lowell, 2006).

Initially, Freud only applied the Oedipus concept to the psychosexual development of boys. It was only later that he developed specifically female features of the same theory as the feminine Oedipus attitude and the negative Oedipus complex. Of course, in Freud's view the libidinal impulse of the young girl operated in a very similar but opposite manner. The root of the female Oedipus complex is the young girl's discovery that all females lack the penis which her father and all males possess.

As she goes through her own identical stages of psychosexual development, her love for her father also becomes erotic and envious since she intrinsically yearns for a penis of her very own. In turn, she condemns her mother for her perceived castration and is overwhelmed by an anxiety upon this realization which Freud termed 'penis envy', a sort of obvious

counterpart to the young boy's experience of castration anxiety. A short time later, one of Freud's students and later collaborators, the eminent Swiss psychiatrist, psychotherapist and psychologist, Carl Jung (1875-1961), coined the term 'Electra complex', to describe the psychosexual development of young girls (Jung, 1961).

As we did for the Oedipus complex, we must not take a short detour to describe the Greek etymological roots of Freud's female Oedipus attitude and Jung's expression for the same process, the Electra complex, even though we know that Freud didn't exactly see eye to eye with some features of Jung's conception. We need briefly to review the Electra narrative as it emerged in Greek mythology since we are still dealing with the application of veritable historic myths to describe contemporary human maturation by both Freud and Jung. Although Freud early on did not employ Jung's terminology, arguably as a proven diehard student of Greek mythology he was certainly intimately familiar with the historical mythological details of the Electra narrative.

Like the 'Oedipus' term, the 'Electra' name itself derives from the 5th-century BCE Greek mythologic central character written about by both dominant classical tragedian playwrights from Athens, Sophocles and Euripides. Interestingly, she is also the main character in plays written by the third ancient Greek tragedian, Aeschylus, who portrays her as a vengeful soul in one of his plays who consorts with her brother to kill their mother, Clytemnestra. She is also very popular as the central character in modern plays written by the Italian dramatist and poet, Alfieri (1749-1803), the great French Enlightenment writer, philosopher, satirist, and historian, Voltaire (1694-1778), the celebrated Austrian novelist, poet, and dramatist, Hofmannsthal (1874-1929), and the eminent American playwright, Eugene O'Neill (1888-1953), among significant others (Evans, 1970).

As her mythological character in Aeschylus's play indicated above, Electra is a young female who plots deadly revenge along with her brother Orestes against their mother and stepfather

for the murder of her father. Jung applied the term to describe a young girl's decisive moment in her psychosexual development when she realizes she is competing with her mother for sole psychosexual possession of her father. In other words, the expression 'Electra complex' denotes the daughter-mother competition for the father, the functional counterpart to Freud's 'Oedipus complex' for the young male.

Not to be outdone by a former student, Freud nitpicked about the meaning in typical revise-to-make-it-more-vague manner. Freud believed that the female always remained slightly fixated at the phallic stage. Since he felt that the feminine Oedipus complex is resolved much later in psychosexual development and never truly completed anyway, he objected to Jung's expression and described it himself as a negative Oedipus complex based on a different gender 'attitude' (Freud, 2017, p. 375).

During the latency stage, the fourth stage of psychosexual development that begins at roughly six years old and lasts until puberty, the character traits that developed in the three earlier stages are consolidated. The child's libido or sexual energy goes into what Freud called a "do not disturb mode" in order to develop social skills and relationships and to partake in a series of productive external activities (Freud, *ibid.*). At this point, the child is largely unaware of whether or not Oedipal conflicts have been successfully resolved because the instinctual drives have been subjected to repression during the previous phallic stage. Since those instinctual drives are now hidden or latent and the original satisfaction has been put on hold, the child must satisfy the craving for pleasure from secondary sources.

Accordingly, psychosexual energy is directed toward external activities like schooling and homework, friendships, hobbies, sports, and so forth. If there are any neuroses or inappropriate coping strategies caused by unsuccessfully repressed emotions that develop during the latency stage of psychosexual development, Freud believed they commonly derived from incomplete resolution of Oedipal conflicts during the previous phallic stage, or from the ego's unsuccessful attempts to

redirect psychosexual energies towards external activities, or both. In other words, Freud claimed that during this stage of maturation psychosexual energy for the first time is directed towards asexual activities.

The fifth and final stage of Freud's psychosexual development is the genital stage, occurring from puberty and lasting throughout adult life and constituting the greatest part of adulthood. During the genital stage, individuals attempt independence through psychological detachment from parents and resolution of lingering psychosexual childhood conflicts. Like the phallic stage, this stage is also centered upon the genitalia, but the sexuality itself is relational between consenting adults rather than onanistic and infantile. Freud believed that the 'ego' is established in the genital stage as the individual directs craving for pleasure instincts or psychosexual energy to secondary sources of pleasure such as friendships, family, and adult responsibilities.

### **Some Scientific, Feminist, and Anthropological Critics**

As intimated throughout our review above, the logical and scientific validity of Freud's theory of human psychosexual maturation has come under tremendous criticism from a multitude of scholarly quarters impossible to comprehensively present here. In the interest of brevity, therefore, here we shall restrict ourselves to a few scientific, feminist, and anthropological critiques and reserve for later a more detailed review and evaluation for an overall updated scientific critique of Freud's psychoanalytic theory as a whole.

One criticism that has been laid against the scientific validity of Freud's theory of human psychosexual development is that Freud himself was personally and professionally fixated upon human sexuality. (Cioffi, 2005, pp. 323-4). According to the Oxford-trained American philosopher Frank Cioffi, by fixating on sexuality Freud, for whatever reason, ended up exaggerating the importance and impact of the sexual impulse in his construction of the stages of human development, turning psychoanalysis into some kind of pseudoscience.

Over the span of three decades as an expert on Freud, Cioffi has provided a nearly endless series of demonstrations that Freud's accounts of the development of his theories are essentially untruthful in one area after another. Cioffi has been even more effective in scrupulously distinguishing the many different and commonly equivocal statements and analyses made by psychoanalysts that have their foundation in Freud's own vague doublespeak assertions, thereby exposing the mechanism of its rhetorical trickery (Cioffi, 1998).

Another scholarly critic has found deeply troubling problems in Freud's recording of his patients' accounts of childhood seduction. Freud continually stated that many if not most of his patients entertained memories and fantasies of being sexually seduced or abused as infants or youngsters. Many reliable critics now maintain that these patient accounts of childhood seduction were more likely to have been Freud's own constructs which he forced upon his patients (Crews, 2006).

Frederick Crews, a long-time Berkeley professor, investigated Freudian psychoanalytic theory for more than 40 years, discovered that it only contained surface elements of sporadic skeptical questioning that pretended to be the continual skeptical questioning of the truthful scientific orientation. A closer examination revealed that Freud's system of ideas lacked empirical rigor, resembling but not being authentic science. Having succumbed to Freudian psychoanalytic theory himself in the 1960s, Crews not only criticizes psychoanalysis itself as a pseudoscience, but also aims heavy criticisms at Freud's ethical and scientific standards.

During the heated prolonged debates over the reputation, scholarship, and impact on the 20th century of Freud, the so-called 'Freud Wars' of the 1980s and 1990s, Crews was a prominent player. His 2017 book, *Freud: The Making of an Illusion*, completely demolished what remained of Freud's scientific credibility. The internationally renowned linguist, Noam Chomsky, also criticized Freud's psychoanalytic theory for lacking scientific credibility, as have many well-known and well-respected psychologists themselves such as Hans Eysenck

(2006), John Kihlstrom (2012), and several others.

Many feminists tend to criticize Freud's theory of psychosexual development for being at bottom, both sexist and phallogocentric, as Johannsen (2021) has argued. The main argument here is that Freud's theory was overly informed by his own self-analysis. The feminist response to the Freudian concept of penis envy has been much more vehement, understandably, especially as applied to Freud's version of the feminine Oedipus complex. In slapstick fashion in Johannsen's book, the German Neo-Freudian psychoanalyst, Karen Horney, pushed her criticisms much further. Horney not only proposed that this concept be replaced by 'power envy', but also proposed the concept of 'womb and vagina envy' to describe what she perceived to be male envy of the female ability to bear children.

The anthropologic evidence against Freud's theory of psychosexual development is even more vehemently critical. Modern cultural concerns have put into deep question the normative presumptions underlying the Freudian psychodynamic perspective. In particular, Freud's presumption that the father-son conflict which characterizes the Oedipus complex as universally applicable and absolutely essential to human psychosexual development has come under fire.

As indicated earlier in the chapter, the renowned Polish anthropologist Bronislaw Malinowski's ethnological studies of the Trobriand islanders challenged the assumed universality of Freud's Oedipus complex. The Trobriand islanders, it will be recalled, were an insular matriarchal society in which boys were disciplined by their maternal uncles, not their fathers. In other words, the discipline was impartial and avuncular. In his 1927 work, *Sex and Repression in Savage Society*, Malinowski confirmed that boys dreamed of feared uncles, not about cherished fathers.

To Malinowski, this observation confirmed that power was the actual source of Oedipal conflicts at least in non-Western cultures, not the sexual jealousy that Freud had proclaimed as universal. Moreover, contemporary long-term studies confirm



that personality traits associated with all of Freud's different stages of psychosexual maturation from oral to genital remain essentially undetermined both as fixed stages of childhood development and as adult personality traits supposedly derived from childhood (Fisher and Greenberg, 1985, p. 346). Apparently, there's a lot of questionable proclaiming going on in Freud's theory of psychosexual development.

### **Neurosis as Coping Strategy**

As suggested above, neurosis is a way that human beings emotionally handle unpleasant experiences which occurred early in their lives. Freud viewed it as a sort of internal coping strategy initially caused by unpleasant emotions wrapped up with particular past experiences that individuals fail to successfully or fully repress. As a result, these unpleasant emotions emerge later in adult life to overwhelm and trouble current experience. As an example of an unpleasant experience, Freud offered a dog-attack early in childhood. Later in adulthood, perhaps this initial early negative experience with a dog emerges as a fear of all dogs and interferes in the normal course of adult life.

Even though they can cause distress, neuroses don't normally interfere with the individual's ability to function or to engage in rational thought. Still, it is normally viewed as an ailment and treatment consists of discussion with a view to determine its source with the aim to eliminate the condition. An ailment, however, is not a disease with specific physiological symptoms, so it cannot genuinely be 'treated' in the traditional medical sense of the term. That's why the term 'neuroses' was originally coined in the 18th century to describe a panoply of psychological disorders for which a physical cause could not be clearly identified. Neuroses is not neuroticism, which is a personality trait, two terms which are often confused.

By contrast, psychoses occurs when individuals start to perceive or interpret reality different than the people around them, and perhaps start to experience symptoms such as hallucinations and delusions. In such cases, the individual's

ability to function effectively in a social context is seriously impaired. Schizophrenia, bipolar disorder, severe depression, brain tumors, and even the abuse of alcohol or drugs can all cause symptoms of psychosis to occur. For Freud, psychosis is essentially interference in the self's ability to connect to the external world (Freud, 2014b). Some contemporary scientists believe that in some cases psychosis can even develop from neurosis (Kelleher and Cannon, 2014).

As we know, Freud's view of neurosis was linked to his sequential, age-specific stages of psychosexual development. All human beings without exception must go through each state of this developmental process and overcome all challenges and difficulties which may occur within any particular stage. Neuroses typically emerged when such challenges or difficulties are not resolved in socially acceptable ways or in line with parental approval.

When this occurred, the individual's misdirected craving for pleasure (or libido) gets repressed back into the unconscious from whence it came, and access to the individual's consciousness is denied. Since the unconscious is blocked off from other parts of the human psyche, that means that the repressed energy impulses continue to fester there in that region. Years later, this festering repressed energy gets expressed in recognizably weird or irrational ways such as panic anxieties, phobias, obsessions, compulsions, idiosyncrasies, verbal tics, and other quirks of behavior usually associated with neuroses.

Freud also believed that impulses repressed back to the unconscious region of the human psyche could also reshape themselves and later reappear in unrecognizable forms not always identifiable or noticeable as some kind of odd or quirky behavior like a verbal tic or an obsessive compulsion. In other words, the repressed libidinal impulses were capable of camouflaging or disguising themselves in other kinds of normal behaviors such as dreams. In such cases, presumably, only psychoanalytic professionals highly trained and experienced with the various disguise techniques of repressed impulses

were capable of recognizing them.

### **Freud's Therapeutic Treatment**

Of course, the assumed professional familiarity of psychoanalysts with the range and varieties of such libidinal disguises makes it possible for them to be linked to specific early experiences in the patient's personal history. After all, that's where Freud had established the stages of psychosexual maturation. Arguably, the central therapeutic aim becomes a kind of investigative process to hunt down areas of repression assumed to be present in the largely unconscious psychic makeup of patients. Or, perhaps some other kind of therapeutic aim was operating for Freud, one largely hidden within his own unconscious – an interesting proposition that deserves serious consideration.

Peering into every dark corner of the patient's mind, the psychoanalyst hunts down and identifies the repressed impulses and then presents this information for confirmation and acknowledgment to the patient. All of this is accomplished by allowing patients to talk undirected through the method of free association. This simply means that the patient is allowed to talk to the therapist without pause or interruption in an ongoing stream of words without regard for coherency. Anything could be brought up by the patient including dreams, memories, fears, or just mumbo jumbo.

If the patient presented any resistance to the psychoanalyst's interpretations of the link between repressed impulses and present problems, the aim was to overcome this resistance until the patient recognized the validity of the diagnosis. The psychoanalyst was obligated to obtain the patient's confirmation that the repressed impulses were correctly identified and tied to problems that had occurred in previous stages of psychosexual development. In other words, in much the same way as a guilty prisoner under interrogation by police, the patient was literally compelled to confess the legitimacy of the repressed impulses as identified and interpreted by the psychoanalyst.

The tempting analogy here between the role of the priest in traditional Christian authority and that of the psychotherapist is quite compelling and striking, to say the least, especially when we keep in mind that Freud explicitly developed his psychoanalytic theory to counter priestly authority and to overturn established religious institutions. Don't confess your sickly desires to a priest, but it's fine to admit them to a psychotherapist. Confess, and your libido will be healed became a sort of secular professional psychoanalytical dictate somewhat equivalent to the Christian version, confess and your soul will be healed, repeated in so many ways across the Judeo-Christian Bible (Psalms 107:20-22/41:4/ Hosea 6:1-3/Jeremiah 33:6/Luke 5:17-26/James 5:16/Matthew 8:5-13/1 John 1:8-9 – and many other biblical references).

From Freud's point of view, genuine patient confession of the validity of psychoanalytic interpretation was an essential part of the therapeutic process. Supposedly, it meant that undesirable or harmful thoughts, ideas, or desires could be brought into the patient's consciousness and neutralized by them. Once this was done, then the patient and psychoanalyst could investigate other ways of satisfying these unwieldy libidinal impulses that were more productive and socially acceptable.

As well, particularly repulsive impulses could be brought under the control of patient and psychotherapist alike before they developed into behaviors that were much more dangerous or harmful to the patient's well-being and/or to society in general. Harmful or dangerous libidinal impulses could be brought under psychotherapeutic monitoring and control, preventing them from adversely impacting upon society in any way, shape, or form. So goes the psychotherapeutic rhetoric. It is also highly likely that secular screening by ungodly psychoanalytical professionals would liberalize a great chunk of the moral values of patients from regulation by Christian values based on the Judeo-Christian Bible, thereby making it possible for them to be replaced gradually over time by much more lenient secular liberal ones.

## **Human Beings as Neanderthals**

Needless to say, but must be said nonetheless, Freud's implied account of what he deemed to be the 'true' nature of human beings is highly questionable at its core. It is at once suspect and logically implausible especially without hardcore empirical substantiation beyond the therapeutic couch. Freud's theory implies that what human beings present others in civilized society is quite different than the cauldron of volcanic violence that Freud believed laid hidden deep within them. At heart, they are simply growling Neanderthals, not cultivated brainiacs.

Taking his cue from the Darwinian primordial perspective of human nature dominant at the time, Freud conjured that barbaric, primitive impulses from caveman days still ruled over the contemporary emotional nest of so-called 'civilized' human beings. The implication, of course, was that no one in civilized society was truly safe because no one knows when these barbaric impulses would erupt. It was viewed as a powder keg ready to be ignited and due to explode at any time. In short, every human being was a veritable barbarian in disguise whose primitive impulses needed to be subdued and redirected into predictable and productive quarters. Mothers beware of the seething savage growling beneath the innocent mask of your child.

Clearly, then, submission to the primacy of biological impulses was the orientation of the day. The source of humankind and human nature was not the Genesis Creator God of the Judeo-Christian Bible but, rather, simian evolution. From Freud's point of view, humanity's real nature is an undignified barbarism and civilization is simply the shadow of an illusionary dignity cast over it in order to legitimize and fortify it. Given Freud's militant atheism, he was vehemently unwilling to rely upon any body of religious beliefs to equipoise, uplift, and civilize the fundamental animalistic barbarity that was grounded into humanity's biological makeup, with all the ideological and political ramifications wrapped up in such a view of human nature.

At the individual level of analysis, one of the main effects of this doctrine of human nature put into actual practice by psychoanalysts and their followers was presumably to free them to varying degrees from the clutches of religious authority in both the bathroom and the bedroom as they stumbled through the various stages of Freud's psychosexual development now to be championed as standard biological behavior and not to be impeded, interfered with, or otherwise interrupted.

As far as biology is concerned, no behavior is abnormal behavior but, rather, just part and parcel of phases that all human beings go through. Obviously, the door here is left wide open for the legitimate introduction of strong progressive liberal values into the ethical makeup of human beings, effectively establishing themselves as counters against the application of traditional religious values within a personal, family, and social context.

At the societal level of analysis, among other things, psychoanalysis becomes a very potent weapon to be used mercilessly against those individuals opposing such psychoanalytic and Darwinian biological and evolutionary conceptions of human nature. Arguably, what we appear to have here is the birth of a professional medical group charged with the potential responsibility of identifying and correcting (treating?) problematic individuals suspected of harboring religiously-conservative or reactionary views in opposition to the liberal progressive views of psychoanalysts and their followers in modern society.

Obviously, the term 'progressive' is meant to convey an individual's positive orientation towards reform and social change in general. From Freud's atheistic point of view in line with Enlightenment thinkers, that was pivotally important. In a past world viewed by psychoanalysts and 'moderns' as dominated by an 'evil' religious authority called the Judeo-Christian Bible, evidently it makes sense to be on constant guard to protect 'modern' society against the warped delusional thinking and impulses of those who cling to conservative religious doctrines.

If the aim is to promote the continued secularization and atheism of modern society, there is hardly a better place to do this effectively than the psychotherapist's couch. Psychoanalytic 'therapy' could now be used under the guise of professional medical license to identify, control, and hopefully convert the 'disturbed' irrational personalities upholding traditional religious doctrine. In other words, the ideological and political functions of psychoanalytic therapy become just as important to liberal-minded progressives in modern society as the alleged therapeutic functions become to individual patients (Ingleby, 1987; Matson, 1954). The fact that psychology professors are least likely among all disciplines to believe in God and psychologists themselves are the least religious of all professors indicates rather poignantly, among many other current social facts, the power and influence of atheistic doctrines over the mind, life and value systems of members of modern society.

### **Primitive Impulses, Rationality, and Truth**

It's hardly believable that such a Neanderthal version of human nature could be adopted by highly educated, capable, and superbly ponderous thinkers such as Freud, let alone Darwin and Marx. It's even less believable that they could demean and denigrate human character and the freedom of human thought to such an extent as they did as upstanding members of the human species themselves. We are left stunned, virtually dumbfounded, by even the mere suggestion that only instinctual impulses originating in the physical human body could adequately account for all the artistic and industrial achievements, all the inventions and scientific discoveries, all the musical, poetic and literary accomplishments, and all the advances in political governance, to name just a few wondrous human handiworks, that we have seen across the wide expanse of human history – notwithstanding wars, revolutions, and genocides which, by themselves, cannot be rationally viewed as the sole result of instincts. The argument here is that something much more nefarious was at work governing the thoughts of such atavistic thinkers leading them to ignore more important and fundamental features of human nature, such as an

atheistic belief system.

The logical implausibility of such an instinctual view of human nature shouts loudly against thinkers holding this position even when just examined from the practical angle of day-to-day experience in which the source of many human actions cannot be wholly situated within the realm of impulse. Moreover, if even the most creative, imaginative, and speculative human mental activities are nothing but robotic manifestations of physical impulses, then what does this view say about anyone's claims to higher levels of rationality and objective truth including the truth claims of such thinkers? From a spiritual point of view, Galileo and Newton must surely be cringing in their graves at the mere suggestion that all human behavior and thought can be adequately determined and explained by one dominant causal factor rooted solely within the impulsive instinctual biological makeup of human beings itself.

### **The Illusory Nature of 'Treatment'**

Despite the literal senselessness of such a view of human nature, Freud and followers adamantly claimed that psychoanalytic treatment actually works. So, then, the injunction seems to be, never mind about the questionable view of human nature and focus upon the effectiveness of psychoanalysis in treating or curing mental disabilities. Of course, the implication here is that if the treatment works, then the psychoanalytic view of human nature must be valid in some measure if not wholly legitimate by definition. The central issue now becomes the degree to which psychoanalytic treatment actually cured mental disorders at Freud's time. Without hesitation nor doubt, the alleged 'cures' of various mental illnesses claimed by Freud and his followers have never been scientifically confirmed, as many contemporary studies have shown.

To begin with, Freud's own treatment sessions leave little room for any significant confidence in the validity of initial psychoanalytic claims of success, as Borch-Jacobsen's recent work (2021) aptly demonstrated. It would be exceedingly



difficult for anyone who's even vaguely familiar with the cast of characters described in Freud's own writings about his case histories to argue that the people he treated greatly improved their lives. The lives of 'Dora', the 'Rat Man', the 'Wolf Man', and many others about whom Freud wrote did not fare very well, mostly tragic.

The lives of those he chose not to write about fared even less well. One patient, Pauline Silberstein, through herself from the fourth floor of the psychoanalyst's building. In the end, after reviewing the very sad and mostly dreadful full life portraits of 38 of Freud's patients, Borch-Jacobsen concluded that Freud's case histories reveal a darker and more sinister Freud than commonly portrayed by devout followers and psychoanalytic believers. Moreover, contemporary scholarly research makes abundantly clear that Freud failed overwhelmingly as a therapist, and not just in elementary ways.

Among the disturbing facts that have emerged about his treatments, he often bent the facts to mesh with his own views, even from the beginning with his very first case, and described many of his patients with demeaning labels such as 'tormentor' and 'Rat Man'. The damaging revelations don't stop there, however. Researchers have also discovered that he was often manipulative and mercenary in his approach to patients, often claiming or suggesting miracle cures where, in fact, none existed and none scientifically validated.

Moreover, he often stepped into the realm of malpractice even by moral standards at that time, let alone more rigid contemporary ethical standards. For example, through his personal intentional efforts he persuaded two of his patients to divorce their spouses and marry each other with absolutely no concern for the family devastations he would be engendering. He even suggested to the man involved that he should show his full appreciation through a generous donation to his personal psychoanalytic fund (Coleman, 1990).

Many other scholars engaged in doing a comprehensive and thorough painstaking historical research of Freud's case

histories have come across a great deal more damaging information about Freud. Some of them argue that is precisely why Freud dreaded any kind of inquiry into his therapeutic practices. At different points in his life, for example, he would deliberately burn many of his papers and destroy most of his case notes. It goes without saying that the probability these burned papers and destroyed case notes contained damaging evidence of Freud's mercenary and manipulative ethical behavior during therapy sessions is exceptionally likely.

Even if the evaluation and assessment of psychoanalytic treatment at that time is restricted only to Freud's so-called 'long case histories', the ones that typically receive the bulk of scholarly and popular commentary and analysis, it would be a veritable exercise in futility to argue rationally in favor of therapeutic success to any significant degree. If anything, it's more plausible to argue that these long case histories were used as a shrewd political and rhetorical strategy to highlight the idiosyncrasies of psychoanalytic theory in order to institutionalize the theoretical basis of the psychoanalytic movement locally and worldwide. Once psychoanalysis had acquired local and global acceptance, long case histories virtually disappeared (Sealey, 2011).

When we actually take a close look at these five long case histories, the general results are even more disconcerting. Since he absolutely refused to make full disclosure of his therapy sessions and since, for the most part, he made insignificant efforts to determine whether claimed therapeutic successes were the clear result of his own methods or caused by some other causal factors in the lives of his patients, it is challenging to come to any independent comprehensive assessment of the therapeutic value of psychoanalysis.

Following in the footsteps of Freud, it was even noted in the 1952 Bulletin of the American Psychoanalytical Association that psychoanalysts as a professional group were rather categorical and dogmatic about refusing disclosure of clinical results for independent medical evaluation and assessment. Presumably, refusing to disclose clinical results was standard

psychoanalytical practice long before that point in time. Interestingly, to say the least, even Freud himself over time kept making highly suggestive statements about the exaggerated claims of psychotherapeutic therapy (Eysenck, 2004). Freud often expressed his severe doubts about the therapeutic value of his own clinical methods in his personal and professional correspondence (Gilmour, 1998).

His doubts even propelled him to denigrate the Christian religion:

“I do not think our successes can compete with those of Lourdes. There are so many people who believe in the miracles of the Blessed Virgin than in the existence of the unconscious” (Freud, 1966, pp. 397-398).

This implicitly condescending reference to Lourdes was not fortuitous, however, and reflected well Freud’s bitter hatred of the Christian religion. Freud’s comments could be viewed as somber disappointment at the thought that his psychoanalytic theory could not be more destructive of the Christian belief system than he so longed for. Indeed, a brief history lesson here about the fame of Lourdes even during Freud’s time will make this point abundantly clear.

Lourdes is a small village located in southwestern France, southwest of Toulouse, situated at the foot of the Pyrenees Mountains. During medieval times the village constituted a strategic stronghold from a military point of view. It boasts a castle fortress rising up from a rocky escarpment at its center that was used as a state prison. During the Hundred Years’ War between England and France (1337-1443), largely a dispute over English territories in France going back to the 12th century, the French captured it from the English after besieging it for 18 months.

The significance and fame of Lourdes pertinent to understanding Freud’s fervent atheistic revulsion against religion, however, dates back to 1858 when a 14-year-old girl named Bernadette Soubirous proclaimed to have had 18

visionary encounters and verbal exchanges with the Virgin Mary, visions that were declared authentic by Pope Pius IX in 1862 by authorizing the veneration of Mary as Our Lady of Lourdes. Shortly thereafter, Lourdes became a major pilgrimage center, overcrowding the tiny basilica that had been built. Much later, an immense concrete underground church was dedicated, seating 20,000.

From the moment those visions occurred, all the townspeople of Lourdes and surrounding areas went there to pray and drink the blessed spring water with many confirmed and documented healings occurring of people who had been previously diagnosed and medically confirmed terminally ill and permanently handicapped. It has been visited by many millions every year providing consistent growth and development of the local economy and the establishment of several manufacturing and service companies. After Rome and Israel, in fact, it was and still is the most popular pilgrimage site for religious people around the world and the most popular Christian shrine in the world (Cavendish, 2008; Williamson, 2006).

Why Freud should desire to compare what he perceived to be the weakness of belief in his own psychoanalytic movement when measured against Christian belief in the apparitions of the Virgin Mary in Lourdes, France, bellies interesting underlying motivations to the development of his theory. On the surface, the standard argument has always been that Freud developed his theories during a period of despair and ill health in his life, as he himself has conveyed on numerous occasions. Freud even isolated the death of his father in 1896 as the central catalyst of heart irregularities, bouts of depression, and neurasthenia (a mechanical weakness of the nerves characterized by fatigue, anxiety, headaches, high blood pressure, and a host of other symptoms) which promoted a deep 'self-analysis,' as he termed it, in particular the hatred of his father and rivalrous jealousy over his mother's affections (Gay, 2006).

The extent to which we should take Freud at his word in this instance, as in many others, is highly suspicious given the

rampant denigration of religion in general and the Christian religion in particular throughout his works, let alone given what we already know about Freud's deliberate distortion of events in his therapy sessions, wanton destruction of case notes and other therapeutic documents, and oft-cited mercenary and insensitive therapeutic approach. There have been so many books and other studies written about Freud's hatred of religion and Christianity as well as the well-documented latent and manifest animosity towards the religious faith by those following in his footsteps practicing psychoanalysis and psychology in the clinical world that it would be foolhardy for any astute thinker to consider Freud's expressed sentiments about the events at Lourdes just a passing commentary (Capps, 2001; Guirdham, 2013; Hewitt, 2014; Kenny, 2015; Lee, 2008; Morano, 2023; Sanders, 1949; Vitz, 1993).

Indeed, we must conclude that Freud's pejorative commentary about those people in Lourdes who believe more in miracles of the Blessed Virgin than they do in the existence of Freud's unconscious speaks to much deeper motivations behind the creation of his theoretical systems. It is anything but a passing commentary and light-hearted half-jocular disappointment that psychotherapy did not have the same command over the public psyche as his psychoanalytic theory of the unconscious. It indicates quite clearly why Freud considered religion a form of obsessional neurosis and Christianity in particular as especially conducive to severe psychiatric disorders.

There are now so many well-done scholarly studies outlining the general failures of these cases that it's difficult to be comprehensive in our review and assessment. Perhaps it would be more effective and revealing to draw upon the findings of one highly-respected and detailed academic study that is often discussed and quoted at length in the established psychological literature, Sulloway's (1991) extensive and detailed work at MIT's Program in Science, Technology, and Society. Among other things, he noted that his own thorough examination of Freud's long case histories was stimulated by Grunbaum's mordent critique of Freud's clinical claims in support of psychoanalysis in 1984.

Sulloway explains that his reassessment consisted of analyzing Freud's practical application of theoretical presumptions within a clinical context instead of only looking at the theoretical dimensions of psychoanalysis as a discipline. At the very start, Sulloway states unkindly that his reassessment has persuaded him that:

“... the intellectual quicksand upon which he built his theories and assembled his ‘empirical’ observations is even more extensive, and hence more lethal to his enterprise, than I had previously concluded. His controversial clinical methods only served to magnify the conceptual problems already inherent in his dubious theoretical assumptions” (1991, *ibid.*, p. 246).

He continues by noting the supreme irony between Freud's constant complaints about the ill effects of censorship for scientific researchers who depend upon full access to information in order to advance knowledge and Freud's own strong tendency to censor information about his own case histories. Freud engaged in the destruction of numerous personal documents for the purposes of self-concealment and steadfastly evaded scrutiny by biographers characterizing biography itself as a form of degradation. Freud felt quite deeply that the genuine heroes of posterity were unknowable, so he destroyed as much about himself as he could to set himself apart from the non-heroes of humankind.

There were also many other highly questionable claims and practices by Freud as well as family members such as concerted attempts to censor, distort, and rewrite psychoanalytic history, claiming the discoveries of others as his own, and mythologizing Freud as an independent scientific genius. Anna Freud, and her two co-editors, exerted great censorship over Freud's personal letters for decades, presiding effectively over the denial of authentic psychoanalytic history. Volume after volume of Freud's published letters exhibited heavy signs of censorship, making scientific research, interpretation and analysis of psychoanalytic history a rather precarious exercise.

Many other letters are sealed away never to be opened or opened in the far distant future. Even the vaunted Freud Archives which has collected many thousands of Freud's letters and other documents has sealed them away into the 22nd century in a paranoid secrecy to mummifies reason and logic. These strong tendencies from the beginning of psychoanalysis towards paranoiac historical secrecy, heavy censorship, and glowing idolatry and mythologizing associates and underscores an illegitimacy and invalidity to Freud's psychoanalytic theory that is difficult if not impossible to deny. Stunned and mesmerized, for the first time in the history of science we appear to be left with a discipline, and several related outgrowths, that has written its own history – absolutely unheard of, Sulloway insists.

### **Freud's Own Deplorable Case Histories**

As might be expected, the serious problems plaguing the intentional distortions in the historical revisions and reconstructions of Freud's psychoanalytic theory are intimately reflected in the shortcomings characterizing Freud's own case histories. In total, Freud himself published only six case histories, and they cannot be considered by any traditional or modern measure persuasive empirical proof of the validity of any of Freud's psychoanalytic theories and conceptions. Case after case, Freud's descriptions themselves confirm the veritable failures of psychoanalytic therapy.

Sulloway and many other researchers have pointed out that two of the six cases constituted unfinished therapy and were manifest failures by Freud's own admission. Freud's first case history was an 18-year-old patient called "Dora", suffering from hysteria. Fed up with Freud's unkind insinuations about her behavior, she left therapy after three months. After that, Freud's treatment of a lesbian also ended after a short time without improvement. A third case, "Little Hans", involved treating a five-year-old boy's fear of horses whose father was a devout follower of Freud. In that case, documents reveal that both the father and Freud combined to gradually wear down the little boy's vehement resistance to the imposition of oedipal

interpretations to explain his fear. Little Hans had simply seen a horse collapse and die in the street under the weight it was carrying, and it terrified him.

Freud's other three case histories reveal even more disturbing shortcomings. The fourth case involved a psychotic German magistrate, Daniel Paul Schreber, whom Freud never actually met face-to-face in therapy sessions. Freud claimed to have analyzed his condition from Schreber's own published memoir about his mental illness. Freud's analysis of this particular case has received such extensive criticism by several notable scholars that the failure of this case need not be reviewed in great detail. But it's an important point of reference for any critical evaluation of Freud's psychoanalytic theory, so key features need to be highlighted here.

Two key features of this case merit particular attention: Schreber's assumed homosexuality, and his paternal relationship. Schreber's father, Moritz, was an orthopedic physician who also published his own works, which Freud made no effort to read during his treatment efforts. Yet as we shall see, the links between the published works and Schreber's mental anguish were undeniable. Among other symptoms, Schreber complained about chest suffocation, head compression, and hair pulling, all of which occurred to many patrons who bought the mechanical devices that the father recommended and described in his books about how to achieve proper posturing in children. With a professional incompetence and insensitivity that boggles the mind, Freud attributed these symptoms to Schreber's repressed homosexuality rather than to his father's ethically questionable and severe methods of upbringing.

Further, Freud omitted from his records considerable damaging evidence about the father's bizarre personality and educational techniques, which means that Freud actually had significant evidence in his possession early on which totally contradicted his nothing-but-favorable view of Schreber's father. In other words, Freud knew at the time of writing his case history that the father, Moritz, was a veritable despot in his own family but



chose not to include this key information in his therapeutic accounts and assessments.

Other scholars have demonstrated that Freud distorted and manipulated events during therapeutic sessions to fit his own bias about Schreber's latent homosexuality. Imputing homosexual desires became largely a *modus operandi* for Freud in many cases, but Schreber fought hard against such interpretations. Fed up with his resistance, Freud committed the absolutely unpardonable ethical violation against his patient's own best interests and transferred him to an asylum for incurable patients under lock and key.

As a testament to the strength and dignity of the human will, Schreber finally won his release from this asylum after many years of suffering. But the irreparable damage to the dignity of his person caused by Freud's incompetence had already been done. As it turned out, then, Schreber suffered enormously from the abusive behavior of two despots, his father and Freud himself. It is a veritable crime against truth itself to describe this case as empirical proof of Freud's therapeutic success.

Even the remaining two case histories of the 'Rat Man' and the 'Wolf Man', the most complete and allegedly successful case histories according to Freud's own stated opinion, contain serious drawbacks. In fact, they suffer from so many flaws, shaky revisions, and other serious defects that it is difficult to believe Freud himself truly viewed them as success stories. Freud said himself in many personal letters that he felt under considerable pressure to show the world his therapeutic techniques actually worked after the first few failures. So, he had to somehow show that the 'Rat Man' had been cured of all his fears and compulsions, the main fear acquired apparently after hearing about a ghoulish Chinese torture about a provoked rat boring through the anus of a man strapped naked to a large pot.

Freud concluded that the Rat Man's problem was that he unconsciously identified himself with rats. In Freud's view, the Rat Man's real problem was that he was fantasizing that he was

a rat and was having anal intercourse with his father and a female friend. His obsessive compulsions all derived from the unconscious repression of this thought. Freud believed the Rat Man hated his father because he had interfered with his sexual life as a child and even threatened him with castration. Once Freud communicated this information to the Rat Man, the patient was cured and returned to his normal personality, claimed Freud.

Many scholarly studies comparing Freud's case notes with the published accounts have pointed out several severe logical, ethical and technical problems associated with Freud's account of Rat Man's therapeutic success. In addition to muddled and inconsistent matters of fact and glaring omissions of key information, such as the exclusion of the mother's role in the illness, Freud deliberately distorted the amount of real therapeutic time spent with Rat Man.

Actual length of regular treatment was about three months and irregular treatment for another three months, but Freud claimed more than eleven months of treatment in his published case history. Freud also significantly altered the temporal sequence of events described to him by Rat Man to provide fictionalized reconstructions in his published essays. Scholars now believe that Freud intended the Rat Man to be nothing much more than a showpiece to buttress his theory about the childhood basis of neurosis in order to support global recognition of his psychoanalytic movement (Sulloway, *ibid.*, p. 10-14).

With regard to the sixth case history, the infamous Wolf Man, the benefits of Freud's therapeutic treatment come under even more damnable criticism than the previous cases described above. This case differs from the others in many significant respects. The Wolf Man received Freud's treatment for four years combined with a brief follow-up in the fifth year. Sadly, the Wolf Man was in and out of analysis by numerous psychoanalysts for more than sixty years until his death before, during and after Freud's treatment. In other words, he had plenty of time to talk about his treatment, unlike the other

disastrous case histories. Again, Freud's senseless interpretations and insensitive insinuations not only destroyed this man's life but also essentially typifies the extremely problematic nature of Freud's psychoanalytic movement.

Evidently, the problem for Wolf Man was obsessional neurosis caused by witnessing his parents having intercourse at the early age of one and a half. Freud believed that this early event awakened, you guessed it once again, a latent homosexual attitude which Freud kept trying to find some way to confirm by isolating particular elements of the Wolf Man's dreams and linking them to homosexuality somehow. After four years of analysis, Freud declared patient cured, as mentioned.

However, authentic psychoanalytic history would beg to differ. Perhaps expectedly by now, newly discovered records indicate that Freud either distorted or omitted events and descriptions provided by the Wolf Man that did not jive too well with his theory such as sleeping in the nanny's room and not the parents' room, and the dream animals being dogs, not wolves. The Wolf Man himself stated on numerous occasions that he felt betrayed by Freud and didn't feel cured at all. He remained a highly troubled and neurotic person throughout his life, something confirmed by many psychoanalysts who followed Freud.

What's more, it was also discovered that one of the Wolf Man's former female sexual partners was bleeding him dry financially, surely a good reason to be suffering a neurotic illness. Curiously, a high-placed representative of the Freudian Archives itself was regularly sending him money to help reduce the pressure, something Freud would surely have been aware of if not instigated himself. Moreover, both Freud and the Archives fought against the Wolf Man's wishes to escape this costly situation by emigrating to America, which literally sealed his lifelong neurotic illness and poor quality of life, not to mention victimization by his former sexual partner. Little wonder that the wolfman conveyed in no uncertain terms right up until his death that psychoanalysts had done him great harm,' and that doesn't sound like a resounding endorsement of psychoanalytic

therapy at all nor psychotherapeutic success at the hands of Freud (Sulloway, *ibid.*, pp. 14-16).

Beyond the revealing studies of Freud's case mentioned above, several other critical studies were initiated almost from the very beginning of psychotherapeutic treatment up to date. Some of these investigations were pursued by independent medical practitioners, departments of psychiatry at leading universities, Nobel Prize laureates in medicine, eminent academics, famous psychiatrists, and even Britain's Royal College of Medicine, just to name a few highly reputable sources.

Although we can only skim the surface, there are many excellent resources readily available that review the fascinating history of psychotherapy in much more detail than what can be offered here. Many of them have been written by psychiatrists themselves and by formerly incarcerated patient inmates who wrote books about their terrible experiences (Beers, 2010; Benjamin, 2007; Ellenberger, 1970; Foerschner, 2010; Foschi and Innamorati, 2022; Goffman, 2007; Harrington, 2019; Kesey, 2012; Martin and Rhodes, 2004; Mitchell and Black, 1995; Norcross et al, 2011; Sargant, 2015; Szasz, 2010).

Disheartening as it may seem from a purely professional point of view, most of the well-founded critical objections to Freudian psychoanalytic and psychological theories and practices recorded within these studies still remain largely unanswered by a great deal of the psychoanalytic community and its outgrowths as well as its representative associations and agencies, not to mention academic scholars in psychotherapy and related fields.

Throughout these investigations, Freud's standard response didn't change much. When the criticisms got too intense and started to stack up heftily, the grand mavin of revision would simply change a particularly problematic part of his theory, revamp it altogether, or simply advise waiting for more advanced research. Let's try to grasp a bit of this controversial history, after which we will rejoin the development of Freud's psychoanalytic theory to encompass in more detail the

introduction of new concepts in his seminal work, *Beyond the Pleasure Principle*.

### **Therapeutic Validity of Psychoanalysis Questioned**

At first glance, it can be noted there have been many careful and conscientious investigations to determine whether Freud's claims for the miraculous curative effects of his psychotherapeutic methods were valid, although also many lacking strict scientific standards of evaluation and assessment. Although it is difficult by modern standards of scientific rigor to describe them as definitive, and it is likely that at least some of the central authors were probably more concerned about advancing their own professional careers than providing full-fledged impartial criticism of Freud's psychoanalytic theories and practices, several of them can still be used as a rough measure of what were the central concerns about psychotherapy at the time.

In the late 1930s, Carney Landis had attempted a thorough statistical evaluation of psychotherapeutic therapy that was published as a chapter in Hinsie's pioneering edited book in 1938. This book attempted to critically examine the central concepts and some of the core problems plaguing psychotherapy. Leland Hinsie was an MD, Professor of Psychiatry, College of Physicians and Surgeons, at Columbia University, and Assistant Director of the New York State Psychiatric Institute and Hospital, a very highly-placed member of the medical profession expressing some concerns about the value and effects of psychotherapy in the state of New York. The contributor to his edited volume, Landis, was an American psychologist from Ohio who had accepted a position at Hinsie's Psychiatric Institute and Hospital in New York State as chief research psychologist.

Landis was one of the first to sound the implicit alarm about the serious problems plaguing psychotherapy. He discovered that many psychoanalytic studies trying to evaluate the effectiveness of psychotherapeutic treatments lacked strict scientific standards for doing so, especially control groups, but

yet proclaimed marvelous treatment results. In his estimation, evaluation of any form of therapy scientifically could only take place with data from a control group of nontreated patients in order to properly compare the effects of therapy with the spontaneous remission rate.

In his study, statistical findings indicated that the percentage of neurotic patients discharged annually as fully recovered or adequately improved from New York State hospitals was about 70% for the years 1925-1934, and 68% of such patients were recovered or improved within one year. Landis concluded, as did Hinsie himself from the research findings contained in his edited book, it was safe to assume that about two-thirds of neurotic patients exhibit full recovery or significant improvement without the benefit of any psychotherapeutic treatment at least those patients under the care of MDs in New York hospitals. In other words, the often grand, curing claims of psychotherapists came under suspicion because the treatment of neurotic patients only by medical practitioners or MDs had a persistent 70% success rate without the aid of any psychotherapeutic therapy whatsoever.

Following Landis in the late 1930s, a medical practitioner in New York, P.G. Denker, was approached by an insurance company to do an investigative follow-up study of discharged neurotic insurance claimants. Apparently, the company had been experiencing continuing increases in the number of neurotic patients seeking insurance coverage who had been referred by psychotherapists, and insurance payout claims to such patients were taking a larger and larger proportion of insurance company funds from year to year. Denker's 1939 study confirmed drastic increases in both the number of neurotic patients seeking insurance and the lengthy duration of payout claims to insured neurotics. After investigating 1,000 discharged insurance cases five years after the initial claims had been made, Denker made some interesting conclusions that perked his ears about psychotherapy.

Incredibly, he discovered that over 30% or one-third of these neurotic patients had been incorrectly diagnosed, among many

other findings that seemed to indicate serious problems involved with psychotherapeutic diagnosis and treatment. Further, Denker noticed that disability income seemed to be extending the duration of the patients' neurotic condition rather than shortening it, the opposite of what was logically expected, and varied significantly according to the patient's gender, age, education, and other factors. This finding also pointed in the direction of questionable psychotherapeutic diagnosis and treatment of neurotic patients and possibly other types of patients.

Given a burgeoning medical practice and a heavy professional workload in other areas, it took some time for Denker to gather up his initial suspicions about psychotherapy engendered by the earlier insurance company study to conduct his own study of the value and effects of psychoanalytic treatment. It didn't actually get on track in any kind of meaningful comprehensive way until many years after Freud's death when Denker published an article in the *New York State Journal of Medicine* (1946a) about the results of psychoneurotic patients treated only by doctors or general medical practitioners, not psychotherapists, shortly followed by another similar study published elsewhere examining a much larger sample of 500 cases (1946b).

Denker noted that the majority of patients in his studies were from the higher social stratum, not extreme lower-income workers at the bottom of the hierarchical income pyramid of society at that time where one might expect to find the bulk of neurotic patients due to severe material deprivation. Neurotic patients were predominantly clerical workers, executives, teachers of all stripes, and professional males, not factory laborers or lifelong restaurant servers. Needless to say, the statistical findings of both studies confirmed Denker's earlier suspicions.

Roughly 45% of patients recovered after one year and another 27% after the second year, meaning that the total recovery rate after two years was about 72%, echoing Landis's earlier 70% success rate. After five years, the total recovery rate was 90%.

Denker's definitive conclusion from his combined studies leave little to the imagination: just about two-thirds of severe neurotics indicated full recovery or considerable improvement without the benefit of any intensive systematic application of psychotherapeutic treatment at all.

Three years later, a medical practitioner in Australia, John Cade (1949), published a study in a medical journal claiming successful treatment of manic depressives using lithium compounds. Lithium compounds or salts are medically classified as mood stabilizers, so it made sense for Cade to use them to stabilize manic episodes in bipolar mental disorders. At that time, the standard treatments for psychotic patients were electroconvulsive therapy and lobotomy, so Cade's results on lithium treatments were highly welcomed as the first effective medication for mental disorder.

However, contrary to widely held beliefs in some academic circles, Cade was not the first to suggest that lithium could be used to treat mental disorders. In 1886, a Dutch medical practitioner, Carl Lange, delivered a speech at the Medical Society of Copenhagen advocating the use of lithium for patients suffering from periodic depression (without mania). He had noticed over a long period of time (1874-1907) that 700-800 of these patients had very high levels of uric acid sediments, far more than all his other patients even when combined.

Not knowing the causes of periodical depression in these patients, he was compelled to focus on reducing acid levels through using lithium bromides as the primary form of treatment. Not surprisingly, a psychiatric community strongly influenced by Freudian ideology and followers at the time discarded Lange's recommendations until Cade started using lithium again in the treatment of manic depressives and noticed a mood stabilizing effect in his patients.

Even before Lange made the lithium connection for the treatment of mental disorder, a military physician and neurologist in New York City, William Hammond, was using lithium to treat mania from the 1870s onwards. Like Lange after



him, Hammond was using lithium to reduce levels of uric acid in his treatment of manic-depressive patients. The assumption was, now largely discredited, that reduction of acidity levels was an indicator of successful treatment. In 1871, he published his best-known book, *Treatment on Diseases of the Nervous System* in which he claimed to have used lithium to treat manic patients with some success, but expressed doubts about what exactly caused that success:

“I have used the bromide of lithium in cases of acute mania... The dosage should be large... It is difficult to determine in retrospect whether it was the lithium or the bromide that was the critical agent” (2022, pp. 381, 516).

Then a short time following Cade’s paper, a comprehensive study and evaluation of the effects of psychotherapy was conducted in 1952 by H.J. Eysenck, a member of the Institute of Psychiatry, Maudsley Hospital, University of London. Eysenck was a German-born British psychologist best remembered for his pioneering work on intelligence and personality. At the time of his death, he was at the top of his profession as the most frequently cited living psychologist in the peer-reviewed scientific journal literature. In fact, he is considered to be one of the top 100 psychologists of the 20th century (Haggbloom, 2002).

After scanning the scientific literature, Eysenck found 19 studies covering over 7,000 cases dealing with both psychoanalytic and eclectic types of treatment for mental disorders. Once again, the statistical findings were quite revealing. Overall, he found that 44% of patients treated by psychoanalysts showed some degree of improvement. However, 64% of patients subjected to eclectic treatment, that is, patients who were not treated by psychoanalysts, reported improvement, again roughly one-third. Interestingly, 72% of patients treated only custodially by general practitioners indicated improvement, echoing the 70% figure cited in previous work.

Eysenck made a few other statements in his work that opened

the eyes of many medical professionals at that time. In his estimation after careful analysis of all the studies, he isolated an obvious inverse correlation between recovery and psychotherapy. That is, he found that increasing psychotherapeutic treatment led to smaller recovery rates over time. Analysis and results failed to prove that psychotherapy, whether Freudian or not, promotes or expedites the recovery of neurotic patients. Roughly two-thirds of neurotic patients can be expected to achieve recovery or significant improvement within two years whether they are treated by psychotherapists or not.

The general statistical findings reported in Eysenck's 1952 study were repeated in a study by two general medical practitioners in 1956, G. Saslow and A.D. Peters, although the focus of their study differed slightly from previous studies by looking at a variety of behavior disorders rather than mainly neurosis. Only two of 83 patients examined benefitted from any psychotherapy or case work care. Roughly 80% of the patients were seen 4-6 years after initial clinic visits.

The central finding was that 37% were found to be significantly improved at the time, once again leading the authors to question the effectiveness of psychotherapy even as applied to a wider range of mental disorders. One important implication of this particular study was that as the focus on the psychoanalytically 'untreated' widens to include other types of mental and behavioral disorders, the success rate appears to decrease in follow-up studies. The lower success rate for psychotherapeutically 'untreated' patients in this particular study was due to several complicating factors.

In all likelihood, it was due mostly to efforts to achieve a higher sample case number combined with the statistical effect of mixing mental with a wide variety of specifically behavioral disorders in the determination of success rates among patients who had not benefitted from psychotherapeutic treatment. Behavioral therapy consists of an entire range of treatments and techniques employed to alter a patient's maladaptive responses to specific situations from systematic desensitization

to aversion to cognitive to motivational enhancement therapy and much more. It relies heavily upon conditioning to alleviate psychological distress and psychiatric ailments, largely avoiding dependence on the unconscious mind for the purposes of treatment (Drummond, 2001; McKoy and Tryson, 2002).

As Eysenck's study suggested, both before and after the Saslow and Peters study, the professional journals became saturated with articles that attempted to evaluate the value and credibility of psychotherapeutic therapy, Freudian and otherwise, many of them by high-ranking members of the medical establishment. For the most part, the bulk of psychotherapy in the 1950s and 1960s just appeared to explain problems patients were suffering from rather than to actually solve them in any kind of meaningful way. Long or short, therapy sessions often ended up nowhere, and as we noted from the critical studies cited above, many medical professionals voiced their doubts, even some eminent psychologists themselves. Out of the sheer volume of serious critiques that had emerged by the 1920s, it is little wonder that Freud was eventually compelled to withdraw many of the grand therapeutic claims he had originally made and even major conceptual components with attached ideas about 'penis envy', 'seduction theory', and 'hysteria', among many others (Glymour, 1993).

### **Psychotherapy in the 1960s**

Not surprisingly, psychotherapy started to be perceived as sinister in the minds of the public and many medical and academic professionals. Critics and patients themselves started to refer to therapists as 'shrinks', a shortened version of the anthropological term describing primitive head-shrinkers. A mental health crisis resulted that legally pressured governments over time to push for the deinstitutionalization of mental health care in order to return patients back into their community workplaces, homes, and families.

Suddenly, psychotherapists and psychologists felt an existential threat to their professions and started gradually to shift treatment strategies from a focus upon the 'unconscious'

to an emphasis upon the value of friendship with patients. In other words, psychotherapeutic 'care' slowly transformed into a preoccupation with establishing a substitute or artificial friendship with patients where various features of the interpersonal relationship between therapist and patient became an important part of 'treatment' (Dworkin, 2012).

As Dworkin indicates, as governments got more and more heavily involved in the healthcare of social members in the 1960s, those years became a period of intense diversification and growth of psychotherapy. More and more people started seeking psychotherapeutic treatment for a greater variety of mental health problems. When psychotherapeutic practices multiplied and diversified into a variety of different settings (hospitals, clinics, health centers, and so on), the diversity of theories, types, and research in psychotherapy blossomed. Insurance companies and all levels of governments were finding ways to provide people with ever greater levels of access to psychotherapy and new ways to finance therapeutic services. As this occurred, more and more studies became possible to assess and evaluate the value and effects of psychotherapeutic services (DeLeon et al., 2011).

### **Psychotherapy in the 1970s**

In the 1970s, several studies continued to suggest that increasing access to psychotherapeutic treatment didn't necessarily confirm the value and positive effects of psychotherapy. A significant case in point is the well-respected Sloane study (1975) published by Harvard University Press. At the time, R.B. Sloane was the Chairman of the Department of Psychiatry at the University of Southern California medical school who decided to initiate a thorough critical evaluation of psychotherapeutic results as compared with the results of behavioral therapy, as the book's title itself indicates.

In Sloane's study, a highly experienced psychiatrist interviewed at length 126 people who had applied for psychotherapeutic treatment at the university psychiatric outpatient clinic. During these extensive interviews, these people were tested and

confirmed for the severity of illness by several standard well-established psychiatric scales including the Minnesota Multi-Phasic Personality scale, the California Psychological Inventory, the Mill Hill Vocabulary Scale, and the Eysenck Personality Questionnaire that assesses three fundamental personality traits with high accuracy levels (psychoticism, extraversion, and neuroticism). Out of the larger sample, 94 people suffering from moderately severe neuroses and various personality disorders were formally accepted into the study for treatment.

Through implementation of the control group technique, this smaller sample of nearly 100 psychiatric outpatients became the central focus of investigators to determine with considerable scientific reliability the value and effectiveness of psychotherapeutic treatment. Sloane divided his patients into three subgroups: one group on behavioral therapy, another group on psychotherapeutic treatment, and the last group was the control group.

As a control group, the standby outpatients were simply registered as participating in the study and placed on a priority waitlist allegedly 'waiting' to be interviewed, analyzed, and 'treated'. Treatments were begun and after many months all study participants were re-interviewed and re-tested, and the results were recorded and examined. The findings indicated that the outpatients who were treated behaviorally fared better than the others, but the difference was not all that impressive. The really impressive finding was that there were no significant differences at all between outpatients benefitting from psychoanalytic treatment and those 'untreated' patients simply registered on the waitlist.

Although far from being an investigation free of blemishes, the Sloane study became a classic attempt to apply the scientific principle of control group testing to evaluate the value and effectiveness of various therapeutic techniques in comparative terms. Up to that point in time, very few psychoanalysts themselves even bothered to apply any kind of rigorous long-established scientific standards of measurement to critically and comparatively evaluate treatment results, let alone

carefully controlled clinical testing.

### **Controlled Clinical Testing**

This is a highly charged methodological issue because it made independent assessment and evaluation of psychotherapeutic claims exceedingly difficult to compare since different psychotherapists used different methods of arriving at results, defining and testing mental disorders, or even what exactly constitutes ‘curing’ versus ‘improving’ particular mental illnesses. As the Sloane study shows, it means little to claim that a psychiatric outpatient has been cured or significantly improved by a specific kind of treatment unless those outpatients not benefitting from it have not been cured or improved.

Moreover, from a strict scientific point of view, it must also be demonstrated without doubt that cures or improvements arising from specific treatments have not been the result of other possible external causes such as the time factor noted in the Denker study cited above. Even within the therapeutic treatment milieu, there are innumerable different types of psychoanalysis, psychotherapies, and non-psychological therapeutic techniques utilized to treat mental and behavioral disorders that also claim some measure or degree of success as intimated above.

### **Burgeoning Therapies with Similar Effectiveness**

In fact, at least 500 different types of psychotherapy exist today, according to John Norcross, eminent psychologist at the University of Scranton (2011). As well, the patient’s illness itself is an important factor to consider in evaluating the effectiveness of psychoanalytic therapy. Several studies indicate that differences in therapeutic effectiveness are significantly influenced by the specific kinds of mental disorders patients are suffering from. Some mental illnesses appear to ‘cure’ more easily while others tend to show only degrees of improvement. The comical expression ‘Dodo effect’ has been employed to

convey the extent to which different therapeutic approaches can even have very similar rates of effectiveness with similar or different kinds of mental disorders (Lilienfeld and Arkowitz, 2012).

Presumably, the people claimed to have been cured or improved by any of these innumerable therapies believe just as strongly in the therapeutic interpretations provided to them to explain the reasons for their improvement as do the patients who claim to have benefitted positively from psychoanalytic therapy believe what their therapists tell them. This seems to support the assumption that people who are seeking immediate relief from challenging material conditions or trying personal circumstances or some other difficulty in moments of desperation will grasp at anything available.

If for one reason or another they are unable to secure it on their own, they will believe in any treatment method or explanation offered as a way to free themselves from felt anxieties or pressures. Presumably, nobody wants to believe they will stay mired in painful emotional quicksand for the rest of their lives. Most people want to believe their lives will get better or improve as a result of the treatment choices they make, that is, if the scope of such choices is not severely restricted by factors beyond their control such as financial or serious physical considerations. As noted earlier, psychotherapeutic therapy was largely restricted to the 'upper social stratum' due largely to the immense investment of resources required to fund treatment.

### **Time as Treatment**

Every medical practitioner likely knows from vast experience how financial considerations can operate to limit the range of solutions and, therefore, the effectiveness of treatment, as indicated in some of the studies reviewed above. Before governments and insurance companies got involved, the high cost of psychotherapeutic treatment in terms of money and resource investment was generally beyond the reach of the lower social strata where income, wealth, education, and

socio-economic status are at the lowest levels.

Medical practitioners also tend to know from vast experience that what works for one patient may not work at all or to the same degree for another even with the same or similar illness. They know that often times, what is needed is simply the passage of time for the patient to learn how to adjust emotionally and cognitively to demanding conditions and circumstances, not necessarily the application of a specific therapeutic technique, and money provides that luxury of time for many economically well-placed patients.

Under conditions of emotional suffering with no obvious initial physiological symptoms, most medical practitioners admit that what patients appear to need most is a calm, cool, and collected 'friend' especially one with perceived expert authority and credentials. During demanding or challenging times, there is an urgent psychological need for an understanding, sensitive, caring, and sympathetic friend against which to bounce off emotional distress until they are able to gain better understanding and control of emotions themselves.

Family and friend relationships typically provide individuals with this emotional outlet. Sadly, however, many people cannot rely on family members as an adequate or satisfactory outlet to relieve stress or they don't have those kinds of friends in their lives. As well, many people suffering from emotional distress are unwilling to burden family or friends with such troubles perhaps out of embarrassment, obsessive concern for reputation of emotional strength, or some other personal reason. The shift to the 'hired friend' or 'substitute friend' therapeutic approach by psychotherapists in the 1960s and 1970s pointed out by Dworkin and others above lends considerable credence to this particular point of view.

At least with regards to neuroses, the empirical evidence seems to confirm that the time factor plays a key role in the recovery or significant improvement of mental illness. In other words, the passage of time itself has an important effect on recovery and improvement, which perhaps explains why medical



practitioners adopted this position very early on in the treatment of the mentally ill patients. Certainly, for the most part medical practitioners had no vested interest in maintaining or reinforcing emotional dependence of patients if professional training, experience, and a strict code of ethics told them they would get well over time.

### **Treatment with Drugs**

This kind of moral guidance underlying treatment would likely lead medical practitioners to tell patients to take cheap but effective over-the-counter sedatives like acetaminophen tablets (1916) or aspirins (1897). Prior to those dates other kinds of known sedatives were prescribed such as bromide salts and chloral hydrate, a synthetic sedative taken from ethyl alcohol introduced in 1869, and fish oil as a natural alternative (Harrington, 2019).

More often times than not, the medical practitioner knew from training and experience that serious stress impaired patient sleep and aggravated other symptoms as well. In many cases, simply ensuring the sleep of patients safely and consistently would allow the passage of time needed to control emotional processes or to adjust emotionally to trying circumstances in their lives. The medical practitioner was open to the use of drugs to relieve severe emotional distress in patients, whereas psychoanalysts were not trained according to this medical model.

A British doctor, William B. Sargant, noted this difference between England and American care for mental disorders when he first visited the U.S. to work at Harvard and Massachusetts General Hospital in 1938. Later, he wrote a book as well as published an article (1964) about it in which he claimed:

“Most psychiatrists visiting the United States from abroad are bewildered at the way the direction and control of American psychiatry has been taken over since World War II by psychoanalysts, who are ideological followers of Freud and sometimes call themselves ‘dynamically orientated’ psychiatrists.”

Sargant was upset about how American mental hospitals and medical centers were failing to use proven medications for the treatment of mental disorders, compelling patients to enlist scientifically unproven, expensive, and time-consuming psychotherapeutic treatment. In his mind, this was the main reason accounting for the dismal rate of American success in treating the same or similar psychiatric problems that were achieving high levels of success in Britain.

Further, Sargant presented a persuasive but disturbing argument to explain why this happened in the U.S. In his estimation, American hospitals and other medical facilities steadfastly refusing proven biochemical treatment approaches for mentally disabled patients occurred because of heavy-handed psychoanalytical control over governmental and dominant private foundational funding of medical research in America, like the Rockefeller and Ford Foundations. That's why the revolution in mental healthcare which occurred in Britain could not happen in America.

Sargant was not just any medical practitioner from Britain, so his views could not be rejected or cast aside so easily. Indeed, he was a fellow of the Royal College of Physicians and in charge of the department of psychological medicine at one of London's oldest and most respected general teaching hospitals. So, then, when such an eminent medical authority in Britain proclaims with empirical support that time and common sedatives like aspirins are just as likely if not more likely to cure or greatly improve neurotic disorders as psychotherapeutic talk sessions, the American medical authorities listened intently.

Moreover, for Sargant the major concern was not just about psychoanalysts controlling the sources of foundational funding in the U.S. or comparing methods of mental health treatment in Britain with those in America. More generally, the real issue was about how different professional and social groups use similar techniques to dissolve established patterns of belief and behavior and then substitute them with their own. Indeed, in his pioneering work, Sargant argued that evangelists, psychiatrists, and brainwashers all used similar techniques to

gain their ends including psychotherapists (2015). The implication here, of course, is that psychotherapy represented a concerted attempt to alter the traditional religious belief system dominant during Freud's time and to replace it with new secular motivational sources, as Freud himself had explicitly stated from the beginning and on numerous occasions.

### **The Grand Mavin of Revision Returns**

As mentioned at the start of this chapter, Freud constantly reworked and revised the central and peripheral ideas in his psychoanalytic theoretical model from the very beginning of his professional and clinical practice in the late 1880s and early 1890s in Vienna until his death in 1939 in London, usually excusing these changes as required by new research 'advances'. But the fact that these revisions and reworkings were accompanied by sharp criticisms of Freudian psychoanalytic theoretical claims suggests rather strongly that it was not the only reason Freud decided to make changes. For Freud, it wasn't a matter of developing hypotheses and testing them in a controlled clinical setting before generalizing and making vast theoretical claims. Rather, the normative practice was theorizing or speculating at whim or intuiting without basing it upon testable empirical evidence first and then generalizing to a larger population sample of subjects or patients.

Not surprisingly, making claims unsupported by empirical evidence and controlled clinical testing during the heyday of the modern scientific movement exposed such claims to legitimate criticisms such as those noted above, but there were many more scientific critiques along the way and many more afterwards. In his later years, Freud substantially revised his theory of anxiety, presented a completely new theory of motivation, greatly expanded ego theory, and even greatly altered one of his most cherished theories, dream theory (Hall, 1953).

### **Dream Theory Revamped**

Freud's original notions about dreams stemmed from his own dream about a patient he was very concerned about called 'Irma', whose stomach pains and depression related to her

menstrual cycle he could not cure. Freud had mentioned to a colleague that he felt guilty that his patient was not improving; he felt that it was his fault, so he feared for her well-being. He believed that this deep-seated concern or fear was lodged in his unconscious mind and provided the mental motivation behind a dream that he experienced in 1895.

Therefore, he concluded that the workings of the unconscious mind could be better understood by analyzing dreams. As usual, Freud here was prone to making vast theoretical claims on the basis of uncontrolled speculation rather than controlled scientific empirical evidence or clinical testing. So, then, let's briefly review the nuts and bolts of this grand dream awakening Freud says he experienced.

In his dream, Freud met the patient at a party and for some unknown reason completed an evaluation there. In his dream, he saw the chemical formula of a drug that had been given by another doctor and, in that instant, he realized that the patient's failure to cure was caused by the fact that this doctor had used a dirty syringe to inject the patient with a chemical. Freud said he felt immediate relief that it was not his fault. Since Freud wasn't in the habit of blaming himself or his own psychoanalytic theory for patient failures, it is questionable why he would feel any guilt at all for this particular patient especially since guilt implies knowingly committing serious wrongdoing of some kind.

In any case, this personal experience led Freud to propose the theory that all dreams represent a 'wish-fulfillment' or repressed wishes or wants that have been consciously denied and pushed back into the unconscious mind. Dreams allow the repressed wishes to break through to the conscious mind since defense mechanisms are down during the act of sleep. In the end, Freud may have indeed felt less guilty for one reason or another, but it was probably not because he couldn't cure the patient. It was more likely because he nearly killed his patient by cauterizing her nose and giving her highly addictive cocaine, thereby initiating his own well-known cocaine addiction (Lord, 2017).

Freud's analysis and theory of dreams has been the subject of considerable scientific controversy and criticism. His views of dream operations were not susceptible to testing outside of a controlled clinical setting in any kind of a reliable or dependable way. Lodging all his main concepts within the well-protected terrain of the 'unconscious' meant that independent scientific review and assessment was effectively barred entrance. Strictly speaking, a 'dream' is very difficult if not impossible to study even in a controlled clinical setting mostly because key information pertaining to the dream is wholly dependent upon the complete awareness, truthfulness, and memory of the patient. Moreover, it's impossible to use research to independently and scientifically prove that information derived from dream analysis like 'wish-fulfillment' are true or false.

Many scholars also claim that the empirical evidence to support the idea of wish-fulfillment is scanty probably because information and documentation about dream theory is derived from case studies. By their very nature, case studies do not permit generalization to a wider population of patients or subjects. On scientific methodological grounds, they cannot be used as a representative sample to make universal theoretical claims. Case studies are limited samples, not scientifically representative samples, and cannot be used to generalize to larger population samples. Although Freud assumed that a dream is never just a dream, it is also likely something that he knew could never be proven.

Arguably, by steadfastly bonding dreams and other components of his psychoanalytic theory to the 'unconscious', Freud consistently created conceptual elements, core principles, and central doctrines that made it exceedingly difficult if not impossible for scientists to independently validate his claims. Consequently, he became the master of the conceptual universe he created and not subject to independent review and analysis. Only he had the keys to unlock the 'unconscious' treasure box to interpret and explain the link between mental operations and behavior, and he wasn't going to let anyone else get in.

This allowed Freud to be not only the grand mavin of revision,

but also a champion excuse-maker to explain away problems contained in his psychoanalytic theoretical system in ways that would not bring into question the validity of the theory itself. This kind of behavior is commonly observed among individuals who are relatively obsessed with deflecting criticisms, possess an unreasonably high sense of self-importance, and exhibit a fervent need to be admired and respected, or what psychiatrists call narcissistic personality disorder (NPD) (Caligor et al., 2015; APA, 2022).

More importantly in terms of the present study, there are notable psychoanalysts as well as other experts who claim that Freud's dream analysis changed the entire spiritual landscape at the time. Centuries ago, dreams were a window into the spiritual world from which the revelation of truths emerged and real-life events were predicted to come true. When Freud published his book on dreams in 1899, four years after the disastrous results of his treatment on the 'Irma' patient, the spiritual landscape of the 'otherworld' of the spirit was transformed into the earthbound and much more 'inner' world of the unconscious mind:

“Before Freud, you would say that dreams were considered as spirits, as otherworldly things, messages from the other world. They were dealt with in religious and philosophical ways” (Quoted in Crenson, 1999).

Probably the most fascinating part of Freud's dream theory is that during his lifetime he revised and reworked it at least eight times before 1930 perhaps partly due to his own growing doubts about his psychoanalytic theory and partly in response to multiple queries, questions, commentaries, and criticisms from scholars and others. Ostensibly, due to its length and complexity, Freud also wrote a shortened version of his dreams book called, *On Dreams* (2010). In Eysenck's 1985 critique of Freud's theory (pp. 35, 119) mentioned earlier, he argues convincingly that the dreams Freud cited to support his dream theory actually disprove it. In fact, in recent years Freud's dream theory has fallen into considerable disrepute and

modern dream scientists have nearly debunked the entire theoretical apparatus (Malinowski, 2016).

### **Motivation Theory Revamped**

As mentioned briefly earlier (Hall, 1983), Freud had also presented a completely new theory of motivation even before publicly withdrawing many of his therapeutic claims. In his 1920 work, *Beyond the Pleasure Principle*, he proclaimed that he had discovered yet another fundamental motor of thought and conduct rooted in human neurophysiological makeup which he called the death instinct or the human drive toward death and destruction. This death instinct can express itself internally (for example, excessive alcohol consumption) or externally (war).

It could also express itself through a variety of other behaviors such as reenacting a traumatic event or its circumstances (repetition compulsion), opposing or attacking something or someone (aggression), or harmful behavior towards the self (self-destructiveness). Ostensibly, that's why Freud more frequently referred to it in the plural rather than in the singular tense. So, then, by 1920, the death instinct had joined alongside the pleasure-seeking libido principle or life instinct in Freud's theory of human motivation. Let's take a moment to fully digest how this new conceptual introduction actually impacted upon Freud's original motivational theory.

Remember from before, the basic human motor of thought and conduct was the life drive or life instinct, *Eros*, which simply meant the human biological drive toward survival, sex, propagation, and engagement in other creative and essentially life-producing activities. With Freud's introduction of the death instinct, however, the biologically built-in life instinct is opposed by the biologically built-in death instinct.

Of course, the inner battle between these two mutually opposed instincts changes Freud's initial theory of human motivation in highly significant ways. The sexual or life instincts that Freud had previously and exclusively situated within the id component of his psychoanalytic theory, and which operated

according to the pleasure principle and explained all human thought and behavior, are for the first time suddenly opposed by the ego or death instincts now also situated within the id. Curiously enough, Freud appears to have developed his ideas about the death instinct located in the biological makeup of human beings precisely at the time in his later years when he expressed considerable pessimism about humanity as a whole and doubt about the capacity of psychotherapy to cure patients including himself (Herman, 1992).

## **War and Psychotherapy**

It's also intriguing that Freud developed many of his ideas about the death instinct which were generalized to the biological makeup of all human beings largely on the basis of observing the behavior of patients who had been soldiers during World War I (1914-1918). Many of Freud's patients were combat veterans who had suffered tremendous emotional and physical wounds that left them deeply troubled by what they had experienced. Not surprisingly, Freud's therapeutic work with these veterans led to unprecedented changes in major components of his own psychoanalytic theoretical system of ideas such as dreams, trauma, personality development, and even the 'unconscious' mind itself (Caruth, 2014, 1996; Mendelson, 2022).

War was such a powerful influence on Freud's thoughts about mental disorders that by 1918, he had published his own reflections on war and death (2017). During the early 1930s, he was having regular correspondence with Albert Einstein on the topic of war (Einstein and Freud, 2023). Given the pivotal role of war in the development of psychoanalytic theory, perhaps we need to stop a moment to briefly reflect on the terrible events that occurred during World War I which rendered many returning veterans so emotionally scarred that many of them became Freud's patients, and these were the fortunate ones. It may help us to understand Freud's patients and Freud's



psychoanalytic thinking a bit better, not to mention Freud himself.

The First World War, or the Great War as it became popularly known, was the first truly great global conflict between allied and central powers. The fighting took place against Imperial German forces attempting to retain and expand German-held territorial possessions mostly in Europe and the Middle East but also in parts of Africa, the Asian continent, and Pacific islands. Military engagements included vast and vicious ground and naval battles that employed chemical weapons, heavy artillery, machine guns, and a great deal of hand-to-hand combat. In Europe, this war was characterized mainly by trench warfare consisting of troops using manual tools such as shovels and pickaxes to dig 4-5 feet into the dirt to shield themselves from enemy artillery and gunfire while they shot at advancing enemy troops.

These trenches became the most potent symbol of the horrors of World War I because German enemy troops would often find ways to overrun them and engage allied troops in vicious hand-to-hand combat with knives and other small weapons inside these inescapable trenches. As well, trenches often posed great safety risks to soldiers due to the inability to escape during fire or explosions, cave-ins, heavy rain, poison gas, and even falling, not to mention the profound emotional impact of living and sleeping daily in a sordid place with steep walls and confined space fully exposed to the elements.

The numbers of casualties and injuries clearly indicates that the First World War was one of the deadliest conflicts in the span of human history, far surpassing the war-related deaths of all ancient wars (before 500 AD) and Medieval wars (500-1500 AD). In terms of Modern wars (1500 AD onwards), the number of war-related deaths from WW I are only surpassed by those of the Second World War total of 85 million. By necessity, these numbers include all deaths of military personnel by wartime actions and indirect wartime deaths of civilians caused by the war-induced epidemics, famines, genocides, atrocities, and other mishaps associated with wartime activities.

It is currently estimated that around 45 million deaths resulted from the First World War, but that number is likely to rise again as continuing research uncovers yet more deaths. The number of military deaths is estimated at about 9 million with a staggering 23 million wounded to varying degrees, and up to at least 8 million civilian deaths. Further, the large-scale movement of troops and civilians caused by this war was a key factor in spreading the deadly Spanish influenza pandemic (1918-1920) at the time, which killed an estimated 17-50 million people worldwide, a statistic that could go as high as 100 million (Barry, 2021; Levy, 1983; Pinker, 2011).

It almost goes without saying that the First World War and associated events provided a significant part of the social context within which Freud theorized about and practiced psychoanalytic therapy. Freud was seeing a large number of soldiers who had been discharged from the war, probably a very large number of serious emotionally wounded soldiers who had been traumatized by the horrible events they had either seen or taken part in.

In Europe where Freud practiced, as mentioned above, the bulk of warfare was perhaps the worst kind, namely trench warfare. Even if soldiers survived the trenches, the screams of soldier companions and enemies mortally wounded and the sight and sounds of blood and flesh being torn apart would likely have been more than enough by themselves to ruin the rest of a soldier's emotional life regardless of whether they made it through the war alive and surely regardless of the limitless therapeutic talk sessions they could afford. From a different point of view, perhaps those who had died were much better off than those who had survived the war.

One of the most significant aspects of Freud's relationship to these soldiers is rarely a matter of discussion in the burgeoning scholarly literature on Freud. No doubt he probably realized very early on the inapplicability of interpreting soldier traumas in terms of the life-producing sexual instinct. If it doesn't make much sense trying to explain a soldier's war-traumatized emotions via a dominant sexual instinct, then by logical

inference it is perhaps also likely he was misdiagnosing non-soldier patients as well. In other words, Freud must have been thinking to himself what other internal factors did his theory neglect. Moreover, Freud must have also wondered if there were other external factors other than war located in some part of society or civilization which also impacted adversely upon the emotional state of patients.

In any case, the handwriting was on the wall (just as in Daniel 5:5-31 of the Bible the prophet warns King Belshazzar that he will be overthrown), meaning that his theory will soon face complete rejection by the scholarly and professional communities if he doesn't make meaningful alterations quickly to address theoretical gaps or any other potentially relevant factors. His professional reputation, practice, livelihood, and international movement that had elevated him to the heights of fame and fortune were all suddenly at stake. As the studies above pointed out, over time Freud came to increasingly doubt that his psychoanalytic theory actually 'cured' very many mental disorders in any kind of permanent and meaningful way. And now additionally, it didn't explain a lot of thoughts and behaviors he was witnessing in sessions with soldier patients, so he knew he couldn't help those patients either.

At that point, perhaps the most sensible, proper, honest, and righteous thing to have done was to admit the failures of psychoanalytic theory and move on in life. Freud could have chosen to reevaluate his theory and legacy even at that point and reassess his professional options. After all, when Freud first started out on his psychoanalytic quest he had made many bold claims. Among them, he had claimed that his theory of a life-producing sexual instinct lodged within the unconscious mind was the prime motivator of all human thought and conduct, and the validity of that claim would be proven by the resulting cure rates of mental patients. But that became a highly questionable claim when time and drugs led to equal or better cure rates and improvements, as shown in the studies above. Soldiers were now making the validity of his theory even more doubtful.

However, instead of placing the blame squarely on the invalidity of his theory, Freud once again favored continued professional fame and fortune and chose to put the blame squarely at the foot of human biology. The biological makeup of humanity not only includes a life-producing instinct that can occasionally cause problems in human conduct with regards to sex, reproduction, pleasure, and survival, but now Freud declared it also contains an even worse instinct, another deeply-ingrained ineradicable instinct that promotes aggression, destruction, and death, better known as the 'death instinct'.

The unspoken proof of the existence of such an instinct is right there before our eyes, Freud implied, in the phenomenon of the First World War, the many wars before it, and all forms of human aggression and violence. The root cause of violence, aggression, and wars is the biological makeup of humanity itself. By contrast, the Bible states that in a world filled with sinful people by nature, war many times cannot be avoided as a fruit of coveting or lust and idolatry, but only as one part of human nature and not its totality (James 4:1-3). Sinful human nature expresses itself in lust, greed, jealousy, vanity, competition, hatred, avarice, lying, stealing, idolatry, and in other ways that can lead to aggression, violence, war, and killing. Freud stated that humanity instinctually or biologically simply craves violence and death, not just life and pleasure. Humanity not only craves pleasure, but also destruction and death, even self-destruction. Voila! That explains everything.

Once again, it's not psychoanalytic theory that's the problem; rather, it's humanity itself. The grand mavin of revision strikes again. Freud's theory is saved yet one more time with just a few necessary adjustments and additions, mostly by claiming that the human species wants to destroy itself. During a period that had witnessed the deadliest war in human history, why thinking people considered this claim to be a novel and thrilling 'scientific' discovery should not really be a great mystery. After all, the First World War was psychotherapy's greatest marketing claim to fame. The real mystery is why Freud chose to blame the biological makeup of humanity (rather than sin?) for therapeutic failures rather than his own psychoanalytic

theoretical apparatus.

The eminent British biologist, writer, and Nobel Prize laureate in medicine, Sir Peter Medawar, whom Stephen Gould has described as “the cleverest man I have ever known” (2011, p. 305), saw through this marketing sleight of hand and highly skillful deception. Not predisposed to mince words, he labeled psychoanalytic theory as “the most stupendous intellectual confidence trick of the twentieth century...a vast structure of radically unsound design” (1975, p. 17), a veritable “mythology...that is built up around (subjects) which makes sense and is believable-in, regardless of whether or not it is true” (1972, p. 29).

The implication here, of course, is that Freud knew exactly what he was doing when he declared the existence of a ‘death instinct’ within the human biological makeup immediately following World War I, precisely at a time when such a claim would be most believable even by scholars and other trained thinkers intensely concerned about the fate of humanity and the world itself. He was even more calculated and crafty in doing so by distinguishing in the same work “between the silent death drive...and aggressiveness,” which allowed many skeptical analysts, scholars, and thinkers at the time to accept the claim that aggression is “part of the human animal’s endowment”, not only war and self-destruction.

Surely, the world around them offered many examples of aggression, but the empirical evidence for the existence of a literal “primitive urge towards death” or “a primary masochism” was quite another matter altogether. In distinguishing between aggression and a death instinct, therefore, Freud made it possible for both followers and skeptics alike to accept his basic proposition of dueling instinctual drives while declining the extreme drive to self-destruct (Gay, 2006, p. 402).

Freudian follower or not, skeptical thinker or not, the introduction of the death instinct into Freud’s system of ideas had the effect of widening the applicability of psychoanalytic theory to a much greater range of human thoughts, behaviors,

and activities. With the pleasure principle as the central motor of human motivation, therapeutic analysis had already widened its scope to include consideration of internal thoughts and behaviors largely related to matters of sex, procreation, pleasure, and survival. The death instinct transformed psychotherapy from a focus on matters internal to individuals to consideration of external factors found in the wider society. By widening the scope of psychotherapy, valid or not, Freud made it possible for it to grow rapidly and expand into a coherent international movement long after his death (Bergmann, 2011).

It did this by widening the scope even more to include all forms of aggression and violence expressed in all parts of society from the family to the school to the workplace to the hospital to the military to government to religious establishments and everywhere in between. Suddenly, psychoanalytic theory becomes part of a worldview that is applicable to more than just mental illnesses. It becomes an organized comprehensive system of ideas to be employed to better understand civilization or human activities and events in the broader society. In other words, it moves from the therapy room to society at large.

Whether or not Freud intentionally used the social context of the First World War to develop his ideas about a death instinct and to promote the rapid growth and development of psychotherapy into a lasting international movement that would survive beyond his death, the social effects are indisputable. In terms of the present study, the real issue is not a question of intentionality but, rather, a matter of effect or what actually happened. Still, there is a lingering crucial issue in regards to Freud's 'death instinct' that needs to be addressed, namely, the extent to which it was really a psychoanalytic 'discovery' or breakthrough at the time or just a reworded claim repeated from elsewhere. The argument here is that there was nothing particularly new or thrilling or even 'scientific' about Freud's proclamation of a 'death instinct' except what would appear new to atheistic thinkers themselves.

## **Re-enter Schopenhauer, Stage Right**

As a diehard atheist, when Freud declared in his work, *Beyond the Pleasure Principle*, that “the aim of all life is death” while introducing his death drive alongside the life instinct, he was faithfully echoing the words of another diehard atheist, Arthur Schopenhauer, written nearly a century earlier, “death is the aim and purpose of life” (Jacquette, 1999; Schopenhauer, 2021). As we learned earlier, by no means was Schopenhauer just an average or typical run-of-the-mill philosopher nor atheist, for that matter.

Rather, he was the first great Western philosopher to openly and proudly declare atheism at a time when it was downright dangerous, and not simply unbecoming. He widely preached his atheistic beliefs in such highly articulate, committed, and learned ways that they were indeed greatly welcomed by a large proportion of elite 19th-century thinkers. These were the same polished well-to-do thinkers who occupied a larger and larger space in the atheistic elite European cultural petri dish, as mentioned earlier in the present study. He even came to strongly influence major scientists, novelists, musicians, philosophers, and other eminent figures such as Einstein, Tolstoy, Kafka, Wagner, Kierkegaard, Wittgenstein, and yes, even Freud (Pitcock, 2022).

What’s more, Freud explicitly stated his debt to Schopenhauer in many places with regards to the death instinct concept, even well before the publication of *Beyond the Pleasure Principle* in 1920. Freud’s eminent biographer and author of many key works about Freud, Peter Gay, Sterling Professor of History at Yale University, notes that Freud had told his long-time friend, Lou Andreas-Salome, in the summer of 1919 that:

“...he had stumbled onto a strange idea via the drives and was reading all sorts of things, including Schopenhauer. The result was his vision of two elemental pugnacious forces in mind, Eros and Thanatos, locked in eternal battle” (Gay, 2006, p. 401).

Further, at the point in his 1920 work where Freud declares

that the aim of all life is death, that all living organisms are driven by an instinct to return to an inorganic state (Freud, 2010, pp. 612-613), Freud explicitly refers to Schopenhauer:

“We have unwittingly steered our course into the harbor of Schopenhauer’s philosophy. For him, death is the ‘true result and to that extent the purpose of life’, while the sexual instinct is the embodiment of the will to live” (Ibid., p. 618)

There are serious ethical concerns surrounding the use of the term ‘unwittingly’ here, despite complicating the matter with later denials that he had even read Schopenhauer’s works until later in his life. Although it is still a hotly debated issue in the scholarly literature to this day, even a partial review of the pertinent literature will leave little doubt that Freud is more than just simply indebted to Schopenhauer for many of his psychoanalytic ideas.

In his 1925 work, *Autobiographical Study* (1950), although Freud suggests his indebtedness to Schopenhauer for more than solely the death instinct, he clearly denies taking his own ideas from Schopenhauer. Although worded in Freud’s characteristically convoluted manner, still his comments leave little room to doubt the overall message he is trying to convey. Freud states:

“The large extent to which psychoanalysis coincides with the philosophy of Schopenhauer – not only did he assert the dominance of the emotions and the supreme importance of sexuality but he was even aware of the mechanism of repression – is not to be traced to my acquaintance with his teaching. I read Schopenhauer very late in life” (p. 38).

The separate claims that Freud’s psychoanalytic thinking is not to be linked to Schopenhauer’s teachings and that he only read any of his writings late in his life are both highly questionable assertions. At the very least, what Freud’s adamant disclaimer above means about his psychoanalytical conceptual system is that it was derived from much more than just an ‘unwitting’



splash into Schopenhauer. It turns out that the uncanny parallels between Schopenhauer's thoughts and Freud's psychoanalytic system of ideas are so profound that only robotic Freudian cult enthusiasts would dare to claim they were the result of coincidence or serendipity (Bischler, 2017; Cybulska, 2015; Ellenberger, 1970; Gupta, 1980; Herzog, 1987; Magee, 1997; Procter-Gregg, 1956; Sulloway, 1992; Young and Brook, 1994 – just to name a few).

These studies suggest rather strongly that Freud didn't just develop his ideas out of thin-air speculation and then fortuitously stumble into Schopenhauer's philosophical harbor. They also suggest rather strongly that Freud's denial he even read Schopenhauer's works until later in his life is patently disingenuous. The real question is not whether Freud did or didn't claim Schopenhauer's ideas for his own but, rather, just how much did Freud know about Schopenhauer's philosophical and psychological ideas prior to that 1925 admittance and especially before formulating his psychoanalytic theory. To the extent that he did know, it would certainly cast a dark shadow over subsequently repeated denials. Once this is established, we can determine just how much of Freud's psychoanalytic ideas are simply Schopenhauer's earlier atheistic views wrapped up in a new psychoanalytical robe.

### **Links Between Freud and Schopenhauer: A Partial Review**

Much of the 19th century German-speaking intellectual world was obsessively preoccupied with the central philosophical and psychological notions of the human will and unconscious, just as Freud was. However, the origin of these central themes is not to be found in Freud, nor Nietzsche, for that matter but, rather, Schopenhauer. In fact, so much of Freud's signature ideas can be found in Schopenhauer's thoughts and writings, the correspondences so detailed and extensive, that they cannot simply be explained away as fortuitous. As well, the popularity of Schopenhauer's philosophical ideas during Freud's youth cannot explain the extent of these correspondences within Freud's theory.

When we review Schopenhauer's writings carefully and thoroughly, Young and Brook (1994) point out that key components of Freud's psychological doctrine correspond quite well to them. Across the literature reviewed below, Schopenhauer's key notion of the 'will' with sexual stimuli as the central process impacted heavily upon his psychological views and became the basic motor of human thought and conduct. As such, 'will' becomes shockingly similar to what Freud later christened as the 'id', also with sexuality as the central motoring process.

Generally, Schopenhauer's investigation of the etiology of madness identified a process of repression in a language so similar to Freud's discussion of repression that fortuitous correspondence is highly unlikely. Further, Schopenhauer's views on the intimate connection between mental health and madness even foreshadows Freud's first writings about neurosis, arguing like Freud that mental health is closer to madness than most people think. Additionally, Schopenhauer's extensive discussions about association and linking the so-called 'threads' of memories as ways of recovering forgotten memories and dreams articulates rather well many of Freud's later thoughts.

Earlier studies of the similarities between Schopenhauer and Freud tend to focus upon shared philosophical, ethical, and aesthetic views, and largely shied away from conceptual and theoretical similarities. For example, the Bischler study in 1939 limited similarities to their shared pessimistic view of life, the beauty of art, and human spirituality traced back to primitive evolutionary and instinctual stimuli. Although they shared similar philosophical, aesthetic, and ethical outlooks, the only focus upon features of their psychological doctrines is when Bischler notes they didn't share the same ideas about love.

We don't stumble upon studies of similarities between the psychological doctrines and thoughts of Freud and Schopenhauer until the Proctor-Greg study in 1956. But even here, the examination is cursory and restricted. That study commented briefly on the link between their views on mental

illness and how it should be treated. It also underlined the very close similarities between central aspects of Schopenhauer's psychological doctrine and Freud's topographical model, while pointing out aesthetic and ethical similarities, too.

It was not until Canadian psychiatrist Henri Ellenberger's classic encyclopedic study of 19th-century psychology that the similarities of the psychological doctrines between these two great thinkers become a subject of analysis and commentary. Ellenberger was a well-respected scholar at the time, so his views on the correspondences between Freud and Schopenhauer were taken very seriously within the academic community. He was a highly accomplished thinker and scholar in several fields including psychiatry, medicine, criminology, and history.

He studied and worked in Paris under such luminaries as Henrik Baruk and Jacques Lacan, later moving to Switzerland to study under Oskar Pfister. Still later, he first moved to America to become a lecturer at the famous Menninger Clinic in Topeka, Kansas, and then to teach in the departments of Psychiatry at McGill University and Criminology at the University of Montreal, in Quebec, Canada. Even here, however, the analytical focus is cursory since the author attempted to cover a large number of relevant thinkers during that century. Still, Ellenberger makes more than a few interesting links.

Throughout his study, he credits Schopenhauer many times with originating key psychological views that are later adopted within Freud's psychoanalytic theoretical apparatus. In his mind, the correspondences between Schopenhauer's ideas and Freud's theory were so extensive that he felt comfortable identifying Schopenhauer in definite terms as "among the ancestors of modern dynamic psychiatry" (Ellenberger, 1970, p. 205). Ellenberger even goes so far as to stress that psychoanalysis itself could not be adequately understood and practiced in the absence of a thorough review and understanding of the applicability of Schopenhauer, thereby agreeing with previous scholars who had made similar claims (*ibid.*, p. 542).

He concluded his comparison by emphasizing that Schopenhauer was the first and most significant among the 19th-century philosophers to develop coherent notions about the 'unconscious'. Very cautious to generalize his central argument rather than to identify and specify Schopenhauer's primary role, Ellenberger emphasizes there can be no doubt that Freud's central ideas about the unconscious "echoes" the thoughts of 19th-century philosophers (Micali, 1994). Despite the cursory glance at the doctrinal psychological connections between Freud and Schopenhauer, Ellenberger's contributions are noteworthy.

In Michael Fox's edited work on Schopenhauer in 1980, Gupta (1975) continues to find significant connections between the psychological doctrines of these two thinkers. Gupta's academic credentials are highly respected inside and outside of India. He was the eminent first psychologist in India who also published several works in different academic fields including biology, chemistry, and economics (2012a, 2012b). Gupta's chapter in Fox's edited book makes many penetrating connections between Freud and Schopenhauer's systems of psychological ideas that are nearly impossible to reject.

He begins analysis by stating outright that Schopenhauer's writings contain many if not all of Freud's primary ideas and concepts later developed within his psychoanalytic theory (Gupta, 1980, p. 226). He confirms Ellenberger's earlier observations about the intimate links between Freud's 'id' and Schopenhauer's 'will' (Ibid., pp. 226-228), as well as between the centrality of sexuality in Schopenhauer's psychological doctrine and Freud's later psychoanalytic theory. He also points out that Freud's ideas about rationalization and repression were clearly anticipated by Schopenhauer, even the adverse effects of repression on personality development. Even Freud's emphasis upon the impact of early childhood experiences upon the formation of adult personality is to be found in Schopenhauer (Ibid., pp. 231-232).

Several authors writing books about Schopenhauer have also commented to varying degrees about the intimate links between

Freud's and Schopenhauer's psychological ideas. In an earlier work (1963), the British academic philosopher and Oxford Fellow, Patrick Gardiner, refers explicitly to the similarities between their ideas about repression and sexuality as well as the links between Schopenhauer's 'will' and Freud's 'unconscious'. Bryan Magee, the British philosopher, broadcaster, politician, and writer, also wrote a masterful text on Schopenhauer in 1983. Magee's widely acclaimed and most comprehensive original text is still believed to be the definitive study on this great philosopher.

In this work, Magee exposes numerous uncanny similarities between Freud and Schopenhauer, ties that are exceedingly difficult to explain away by coincidence alone. He states flatly that the core ideas of Freud's psychoanalytic theory had been previously "set out fully and clearly by Schopenhauer," (1983, p. 283). The links between them are not simply at the level of a few secondary or tertiary Freudian ideas. In a subsequently revised and greatly enlarged edition in 1997 where Magee added three new chapters and made several minor revisions and corrections, he is even more adamant about his views on the Freud-Schopenhauer connection. He claims that it would have been virtually impossible for Freud to legitimately claim independence from Schopenhauer's body of psychological ideas.

Perhaps not in a quirk of historical coincidence, the German novelist, social critic, philanthropist, essayist, and Nobel Prize in Literature laureate, Thomas Mann, visited Freud in 1936 to read a speech he had composed for him to celebrate Freud's 80th birthday. In that speech, he made some profound observations on the Freud-Schopenhauer connection, after having previously published essays on Schopenhauer in 1938 and 1947.

Mann's international fame as a writer ran fairly parallel to Freud's celebrated fame, and they greatly respected each other's views and works, psychological and otherwise, as evidenced by several visits Mann made to Freud's home. Despite all the great reverence and accolades, Mann still tended to be somewhat suspicious about some of the central claims made in

psychoanalysis, and had even often satirized Freud's analytic theories in some of his own works. Further, Mann's two essays on Freud emphasized the values of instinct over reason in Mann's own views, not in terms of Freud's theory (Meyers, 2020-21).

Regardless, the speech is more revealing about the connections Mann made between Schopenhauer's ideas and Freud's psychoanalytic theory rather than about the reverence between them. To begin with, he boldly proclaimed Schopenhauer as the veritable father of all contemporary psychology. According to Mann, the psychological historical time line begins with Schopenhauer's 'will' concept, which more or less genuflects at the altar of Nietzsche's radical ideas about the human psyche as it then proceeds to travel straight to Freud.

In other words, Mann asserted that Freud, as well as all those thinkers who had further developed his ideas about the 'unconscious' and then established them in the mental sciences, were foundationally indebted first and foremost to Schopenhauer (Mann, 1947, p. 408). Obviously, Mann took the similarities between Schopenhauer and Freud to be much more than simply coincidental, running much deeper than surface correspondences in psychological outlook. On Freud's 80th birthday, Mann announces that Schopenhauer's theory of will and intellect tied into Freud's theory of id and ego directly and indelibly, not by theoretical accident. By any stretch of the imagination, that proclamation was highly significant and did not meet with any overwhelming denials from anyone, including Freud himself.

As Young and Brook pointed out in their 1994 study, Freud explicitly linked his views on the centrality of sexuality and the sexual impulse to Schopenhauer in his work, *Three Essays on the Theory of Sexuality*, 20 years before the previously cited 1925 denial. In the last paragraph of the Preface, Freud acknowledges Schopenhauer's (and Plato's) teachings on the centrality of the sexual impulses to all human activities:

“...some of what this book contains – its insistence

in the importance of sexuality in all human achievements and the attempt that it makes at enlarging the concept of sexuality...We might be astonished at this; ... For it is some time since Arthur Schopenhauer...showed mankind the extent to which their activities are determined by sexual impulses...And as for the stretching of the concept of sexuality..., anyone who looks down with contempt upon psychoanalysis...should remember how closely the enlarged sexuality of psychoanalysis coincides with the Eros of the divine Plato” (1905, p. 134).

At this point, it is difficult to be truly astonished be at all about Schopenhauer’s central contribution of sexuality to Freud’s theory but, rather, how Freud could have denied reading Schopenhauer twenty years later. Once again, as Young and Brook insist and empirically support, the strong implication here is that Freud read Schopenhauer well before that denial and understood Schopenhauer’s psychological doctrine quite well. Perhaps we should be a bit astonished to learn that the expression ‘divine Plato’ that Freud notes above is also borrowed directly from Schopenhauer himself (1844, p. xv). Moreover, Young and Brooke point out that the enlarged concept of sexuality to which Freud refers is not to be found anywhere in Freud’s book at all.

In a word for word, sentence by sentence, paragraph by paragraph comparison of Schopenhauer’s with Freud’s writings, Young and Brook demonstrate that most of Freud’s psychoanalytic ideas are not novel scientific discoveries in the slightest but, rather, derive directly from Schopenhauer. The empirical evidence indicates that the striking similarities between their psychological doctrines is more than simply striking and rules out coincidence and all other influences including cultural as a way of explaining them.

The wordings, expressions, and ideas expressed by Schopenhauer are so consistently close to Freud’s that even serious ethical concerns and questions can be raised. Schopenhauer almost flawlessly anticipates Freud in so many

different parts of psychoanalytic theory that it can no longer be doubted. The two thinkers agreed on the power of sexuality over all of human life, sexuality as species survival, the key importance of childhood to later adult life, the sexual drive distinguished from the life-producing or self-preservation drive, infants start life blindly discharging energy in a haphazard process, negative views of pleasure and the operation of the will, the primacy of the will or the id, the overriding significance of the unconscious, the relationship the conscious to the unconscious, consciousness is not the natural state of the psyche, the role of free association in memory and dreams, madness as a way of coping originates in a problem of memory, the connection between mental illness and regular psychological processes, the nature of repression, the concept of resistance and the trauma theory of neurosis, the therapeutic function of making the unconscious conscious, dream theory, and many other parallels and correspondences, to be sure.

There are a few divergences between their psychological thoughts but, for the most part, the similarities are remarkable and outstanding. Young and Brook note that while Freud fully recognized the deep parallels between psychoanalysis and Schopenhauer's philosophy after 1915, in that year he still made the dubious claim that repression was first created by psychoanalysis even though one of his own teachers specifically credits Schopenhauer's work in 1851, *Parerga and Paralipomena*, as the creator. At the very least, such evidence as does exist seems to suggest that Freud had read and well-understood Schopenhauer even before 1892, and this evidence is both circumstantial and direct, assert Young and Brook.

As suggested above, even the circumstantial evidence is enough to seriously impugn Freud's claims and suggestions that he made his newly psychoanalytic discoveries entirely on his own, fully independent of any other thinker's central doctrines, ideas, and concepts. The direct empirical evidence compromises that claim even more so. It is clear beyond doubt that Freud's thought at his time was directly and deeply shaped by the system of ideas linked to major thinkers like Schopenhauer, Nietzsche, Von Hartmann, Brentano, Charcot, and one of his



own teachers, Meynert, among many other less notables, all of whom were to varying degrees committed to aggressive if not militant atheism and anti-clericalism (Micale, 2008). To deny, downplay or otherwise disregard the primary foundational impact and determining influence of atheism in the emergence and development of psychoanalytic theory and its offshoots in all essential features, let alone other dominant theoretical streams along the way, is to brazenly disclaim historical fact.

Moreover, the atheistic doctrine unleashed in modern times by Enlightenment so-called 'luminaries' and carried forth by eminent followers into subsequent centuries have shaped modern civilization well beyond Freud's psychoanalytic theory. As such, then, and like Darwin and Marx, Freud is likely much more indebted to atheism as a powerful body of philosophical thought than to any other causal influence, the atheism of many contemporary academic scholarly opinions notwithstanding (Buckley, 1990, 2004; Bullivant and Ruse, 2021; Draper, 2022; Hunter, 2023; Hyman, 2010; McGrath, 2004; Stephens, 2014; Thrower, 1971; Whitmarsh, 2015).

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## Marc Grenier

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