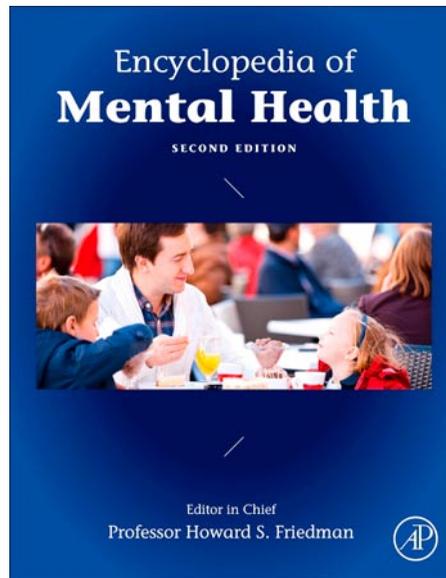


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## Psychoanalysis

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### Glossary

**Countertransference** Historically countertransference was conceptualized as the therapist's responses to the client that are influenced by the therapist's unresolved conflicts. In contemporary psychoanalytic theory countertransference tends to be conceptualized as the totality of the therapist's experience while with the client and as an important source of information.

**Defenses** A defense is an intrapsychic process that functions to avoid emotional pain by in one way or another pushing thoughts, wishes, feelings, or fantasies out of awareness. Common examples of defenses are: intellectualization, repression, reaction formation, splitting, and projection.

**Resistance** Resistance is conceptualized as the tendency for the client to resist change or act in a way that undermines the therapeutic process. There are many factors potentially underlying resistance. For example, ambivalence about changing, a fear of losing one's sense of self, or a reaction to a problematic intervention by the therapist.

**Transference** The tendency for clients to respond to their therapists in ways that are influenced by their past experiences with significant others.

**Unconscious** Feelings, wishes, and fantasies that are kept out of awareness because they are anxiety provoking or have been associated with traumatic experience.

### Introduction

Psychoanalysis is a theoretical framework of human development, psychological functioning, psychopathology, and change processes, as well as a distinctive model of psychotherapy. Psychoanalysis was the first modern Western system of psychotherapy, and most other forms of therapy evolved out of psychoanalysis were strongly influenced by it, or developed partially in reaction to it. Over the years a variety of different psychoanalytic traditions have been developed by different theorists and researchers around the world. Examples include: classical psychoanalysis, ego psychology, Jungian psychoanalysis, Kleinian theory, object relations theory, self psychology, interpersonal psychoanalysis, modern conflict theory, Lacanian psychoanalysis, and relational psychoanalysis.

Despite the lack of a single unified perspective, certain central principles cut across different psychoanalytic theories. These include: (1) the assumption that that all human beings are partly motivated by unconscious fantasies, wishes, or tacit knowledge that is outside of awareness, (2) a focus on facilitating awareness of unconscious motivations in order to increase choice, (3) an emphasis on exploring how we avoid painful or threatening feelings, thoughts and fantasies, (4) an assumption that we are ambivalent about changing and that it is important to explore this ambivalence, (5) an emphasis on using the therapeutic relationship as an arena for exploring clients' conscious and unconscious self-defeating psychological processes and behaviors, (6) an emphasis on using the therapeutic relationship as a central vehicle of change, and (7) an emphasis on helping clients to understand how their own construction of their past and present plays a role in perpetuating their self-defeating patterns (Safran, 2012).

The term psychoanalysis was originated by Sigmund Freud (1856–1939), a Viennese neurologist, who developed the discipline together with a number of colleagues (e.g., Wilhelm Stekel, Paul Federn, Max Etington, Alfred Adler, Hans Sachs,

Otto Rank, Karl Abraham, Carl Jung, Sandor Ferenczi, Ernest Jones). The emergence of this discipline was influenced by developments taking place at the time in neurology, psychiatry, psychology, philosophy, and the social and natural sciences. Although psychoanalysis began with Freud's writing and lectures and the work of a small group of colleagues primarily in Vienna, by the time of Freud's death in 1939 it began to grow into an international movement with important centers in Vienna, Zurich, Berlin, Budapest, Italy, France, England, the United States, and Latin America, which each contributed its own unique influence to the development of different schools and theories of psychoanalysis (Makari, 2008). Different schools interpret Freud's writing differently and debate various premises and aspects of Freud's theory and technical recommendations for the clinical practice of psychoanalysis.

### Origins of Psychoanalysis

#### 'The Talking Cure': Breuer and Freud

In 1886 Freud began collaborating with Josef Breuer, a highly respected older physician colleague in Vienna known for his dramatic successes treating clients with hysteria. His approach involved encouraging them to talk about themselves and helping them to remember traumatic experiences in their lives that they have forgotten about. Breuer found that when these clients were able to recall these experiences in an affectively charged fashion, their symptoms would diminish. This approach came to be known as 'The Talking Cure,' a phrase first coined by one of Breuer's patients, Anna O., and first used in publication by Breuer and Freud.

Freud and Breuer came to believe that hysterical symptoms were the result of suppressed affect that had been cut off at the time of a trauma, and which thus had to express itself through physical symptoms. Freud originally believed that

clients could be cured through the use of hypnotic techniques to help them recover memories of the trauma and to experience associated emotions that had been suppressed. In 1895 Breuer and Freud published *Studies on Hysteria* (Breuer and Freud, 1893–1895/1995) consisting of case histories and their original ideas regarding the psychological origins of hysteria.

### Interpretation of Dreams: Freud, Bleuler, and Jung

At the beginning of the twentieth century, Freud began to pursue a longstanding interest in the role of dreams as a potential window into unconscious aspects of the human psyche. Freud's *The Interpretation of Dreams* (Freud, 1900) attracted the attention of Eugene Bleuler, the highly respected director of the widely known Burgholzi Institute in Zurich. Bleuler's staff included the talented young psychiatrist Carl Jung. Jung was establishing a reputation in the scientific community for adapting experimental psychology research methodology in order to study unconscious processes through word associations. Bleuler encouraged Jung to read Freud's writing, and an alliance soon developed between Freud, Jung, Bleuler, and the psychiatrists in Zurich working with Bleuler. Due to Bleuler and his colleagues' prominent position within mainstream psychiatry, this alliance ultimately contributed to the acceptance of psychoanalysis in scientific circles throughout Western Europe (Makari, 2008).

In 1909, the American psychologist G. Stanley Hall invited Freud and Jung to Clark University in Worcester, Massachusetts. They delivered a series of lectures which were well received by prominent American intellectuals, neurologists, psychiatrists, and psychologists. This warm reception laid the ground for the subsequent assimilation of psychoanalysis by American culture, and ultimately for the transformation of the United States into one of the most important centers of psychoanalysis in the world (Gay, 1988; Hale, 1971, 1995; Makari, 2008).

### Evolution of Freud's Psychoanalytic Theory

#### Drive Theory of Motivation

Freud's attempt to synthesize psychology with current developments in biology and neurophysiology played a key role in the formulation of his 'drive theory' of motivation. Freud theorized that human beings are fundamentally asocial in nature and that their primary motivation is to maintain psychic energy at a constant level. Psychic energy is a force that lies on the boundary between the physical and biological and that drives or propels action in intrapsychic processes. According to Freud, once psychic energy is activated (through either an internal or external event), there is a need to discharge it energy in order to maintain a constant level of psychic energy in the system. This discharge can take place in various ways (e.g., becoming preoccupied with a person, an idea or a fantasy, or the eruption of symptom).

#### The Shift Away from Seduction Theory

A critical evolution of Freud's thinking was his shift away from viewing sexual trauma as always at the root of psychological problems, towards an emphasis on the role of fantasy and

instinctual drive. Over time, Freud came to abandon his theory that all clients had been sexually abused as children. He came to believe that while trauma could play a part in the development of psychological problems, recovered memories of sexual abuse were often at least partially constructed and reflected repressed childhood sexual fantasies driven by sexual instincts (Gay, 1988; Makari, 2008). Consistent with the work of sexuality researchers of his time, including Havelock Ellis and Albert Moll, Freud posited that childhood was not a time of sexual innocence, but that children actually experience sexual or at least presexual feelings from the beginning that stem from instinctual sources (Makari, 2008). Freud proposed that these presexual feelings lead to children's fantasies about having sexual encounters with adults. Because these fantasies are experienced as too threatening, they become pushed out of memory, or repressed, as children mature.

Given the current recognition that childhood sexual abuse is much more common than it was once thought to be, Freud's shift in emphasis from seduction theory to drive theory is seen as problematic by critics. In addition, Freud's growing emphasis on the role that endogenous drives play in the development of emotional problems led to a neglect of the role of environmental factors, such as the quality of caretaking in the developmental process. Although this neglect has subsequently been remedied in many psychoanalytic theories, it still remains in some schools of psychoanalytic thought.

### The Development of Structural Theory: Id, Ego, and Superego

In 1923 Freud published *The Ego and the Id*, which lay the foundation for his structural theory (Freud, 1923). In this paper he distinguished between three distinct psychic agencies: the id, the ego, and the superego. The 'id' is the part of the psyche present from birth that is instinctually based. The id presses for immediate instinctual gratification without any concern for the realities of the situation. The 'ego' gradually emerges out of the id and represents realistic concerns pertaining to the current situation. The ego helps the individual to adapt to the concerns of reality and is rational. Whereas the id presses for immediate sexual gratification, the ego takes into concern the suitability of the situation for satisfying one's instinctual desires. It also allows the individual to delay instinctual gratification and to find ways of channeling instinctual needs in a socially acceptable fashion (e.g., gratifying one's sexual desires in the context of appropriate relationships, or channeling one's aggression into becoming a courtroom lawyer).

The 'superego' is the psychic agency that emerges through the internalization of social values and norms. Although some aspects of the superego can be conscious, other aspects are not. One important function of the ego is to mediate between the demands of the id and the superego. The superego often becomes overly harsh and demanding and can lead to guilt and a punitive and rejecting stance toward one's own instinctual needs and wishes. One of the goals of analysis traditionally has been to help clients become more aware about the overly harsh nature of the superego and to become less self-punitive.

When wishes begin to emerge that are unconsciously experienced as dangerous because they are incompatible with the

demands of the superego, the ego uses anxiety to signal their appearance. This anxiety triggers the use of various psychic processes to keep the wishes, fantasies, and associated feelings out of awareness. These psychic processes are referred to as 'defenses,' which we will discuss in greater detail later. A fundamental premise emerging out of the structural perspective is that there is an ongoing dynamic tension between our instinctually derived wishes and our defenses against them. When this tension or conflict is managed in a relatively healthy way, the individual is able to be sufficiently aware of both his needs and wishes and the anxieties they evoke, and to find an adaptive way of negotiating this tension. However, when this conflict is managed in a maladaptive way this can lead to psychopathology.

## Core Psychoanalytic Concepts

### The Unconscious

The concept of the unconscious is central to psychoanalytic theory. Over time psychoanalytic conceptualizations have evolved, and different models of the unconscious are emphasized by different psychoanalytic schools. Freud's original model of the unconscious posited that certain memories and associated affects are split off from consciousness because they are too threatening to the individual.

As Freud's thinking about the unconscious evolved, he began to distinguish between two different principles of psychic functioning that are always taking place at the same time: secondary process and primary process. Secondary process, which operates at the conscious level, is the foundation for rational and reflective thinking. It is logical, sequential, and orderly. Primary process, which operates at an unconscious level, is more primitive in nature than secondary process. The 'language' of primary process does not operate in accordance with the rational, sequential rules of secondary process, or consciousness. In primary process, there is no distinction between past, present, and future. Different feelings and experiences can be condensed together into one image or symbol, feelings can be expressed metaphorically, and the identities of different people can be merged. Primary process can be seen operating in dreams and fantasy.

Over time, Freud came to think of the unconscious not only in terms of traumatic memories that had been split off, but also in terms of instinctual impulses and associated wishes that are not allowed into awareness because we have learned through cultural conditioning that they are unacceptable. These instincts and associated wishes are often related to the areas of sexuality and aggression. For example, a woman has sexual feelings toward her sister's husband, or anger toward her boss, but disavows these feelings and pushes them out of awareness because she experiences them as threatening. The process through which unacceptable wishes are kept out of awareness is referred to as repression.

This perspective ultimately became formalized and elaborated further by Freud with his distinction between the id, the ego, and the superego. It is important to point out; however, that while this conceptualization had an important influence on the development of subsequent psychoanalytic theory,

many contemporary psychoanalysts no longer find it to be particularly useful.

Many contemporary interpersonal and relational psychoanalysts prefer to think of the mind as composed of multiple self-states that emerge in different relational contexts (e.g., Bromberg, 1998, 2006; Davies, 1996; Harris, 2008; Mitchell, 1993; Pizer, 1998). Consciousness is a coalition of different self-states. It is thus an emergent product of a self-organizing system that is influenced in an ongoing fashion by current interpersonal context. In this perspective there is no central executive control in the form of the ego, and thus no hypothetical psychic agency keeping content out of awareness. From a developmental perspective, experience taking place in the context of interpersonal transactions that are intensely anxiety provoking or traumatic can be kept out of awareness. Instead, there is a failure to attend to and construct a narrative about the experience, which leads to the splitting off or dissociation of aspects of experience. And just as the interpersonal context leads to the dissociation of experience in the first place, we need others to help us attend to and construct narratives about it, such as parents during childhood, or therapists.

Whether or not it is more helpful to think of unconscious in traditional Freudian terms, or in terms of aspects of experience that are not symbolized, or self-states that are dissociated, the assumption that unconscious experience (as conceptualized in different ways) is a fundamental one in both traditional and contemporary psychoanalysis. For most psychoanalysts, one of Freud's most important insights is that we are all, in a sense, 'strangers to ourselves.' Our rational, conscious understanding of the factors motivating our actions is often inadequate. 'We are not masters of our own houses.' Another way of putting this is that we are all masters of self-deception.

### Fantasies

Psychoanalytic theory maintains that fantasies play an important role in psychic functioning and the way in which people relate to external experience, especially their relationships. These fantasies vary in the degree to which they are part of conscious awareness – ranging from daydreams and fleeting fantasies on the edge of awareness, to deeply unconscious fantasies that are strongly defended against. In Freud's early thinking, these fantasies were linked to instinctually derived wishes, typically sexual or aggressive, and provided imaginary wish fulfillment. Over time, Freud and other analysts elaborated on the notion of fantasies, positing that they serve a number of psychic functions including the need to feel safe, to regulate self-esteem and affect, and to gain mastery over traumatic experiences. Fantasies are seen to motivate our behavior and shape our experience, for most part operate outside of focal awareness. Thus, exploring and interpreting clients' fantasies are frequently an important part of psychoanalytic treatment.

### One versus Two-Person Psychologies

An important development that has taken place across different psychoanalytic schools has been a shift from a 'one-person psychology to a two-person psychology.' In Freud's original

view, the therapist was an objective and neutral observer who could serve as a blank screen onto whom the client projects his transference. In two-person psychologies, this notion has been replaced with a view in which the therapist and client are coparticipants who engage in an ongoing process of mutual influence at both conscious and unconscious levels. The conceptual shift has important implications for the evolution of many of the concepts we will discuss below (e.g., resistance, transference, and countertransference), as well as for psychoanalytic technique, since it implies that the therapist cannot develop an accurate understanding of the client without developing some awareness of his ongoing contribution to the interaction. Although the therapist's goal still remains one of ultimately understanding and helping the client, this cannot be accomplished without an ongoing process of self-exploration on the therapist's part.

### Knowledge and Authority

Traditionally, psychoanalysis has emphasized the therapist's ability to know things about clients that clients cannot know about themselves, both because we are all inevitably blinded by our own limits to conscious awareness, and because therapists are in a privileged position with respect to understanding things due to their training, expertise and own personal growth, and self-exploration. This emphasis on the therapist's superior understanding of things is tied to a conception of the role relationship between client and therapist in which the therapist has the majority of the power. This unfortunately can lead to abuses of the therapist's authority as well as to the client, who is already feeling vulnerable in this respect due to the inherent power imbalance, feeling denigrated or patronized.

Another issue to be considered regards the nature of the therapist's expertise. What kind of specialized knowledge does he or she have (if any), and how does this intersect with the dimension of power and authority in the therapeutic relationship? In Freud's time it was assumed that the therapist had an objectivity that the client did not have, and that because of the client's unconscious conflicts and inability to break through his own defenses and become aware of unconscious experience, therapists, both by virtue of their specialized training, personal analysis, and their ability to see the client from the outside, had the ability to interpret unconscious conflicts of which the client himself was unaware.

In contemporary psychoanalytic thinking, with its shift toward a two-person psychology and a greater emphasis on the mutuality of the therapeutic relationship, the therapist to some extent has been deprived of his status as the expert on the client's unconscious. Moreover, with the increasing emphasis on the therapist's inevitable embeddedness in the interpersonal field and lack of self-transparency, there is more of a sense that reality is 'up for grabs' in the therapeutic relationship.

### Defenses

A defense is an intrapsychic process that helps individuals to avoid emotional pain by pushing thoughts, wishes, feelings,

and fantasies out of awareness. Common examples of defenses that have become part of popular culture include intellectualization (where the individual engages with something threatening on a rational level while maintaining distance from the feelings associated with it), projection (where the individual attributes his or her own threatening feeling or motive to the other person), and reaction formation (where the individual denies a threatening feeling and proclaims he feels the opposite).

An important defense that has not entered the popular lexicon is 'splitting.' Splitting takes place when an individual attempts to avoid his perception of the other as good from being contaminated by negative feelings. This is done by splitting his representation of the other into two separate images, an all good image and an all bad image. Melanie Klein believed that this defense is commonly used at certain stage of development by infants in order to allow them to feel safe with their mothers. Rather than developing a complex representation of the mother that entails both her desirable and undesirable qualities, two separate representations of the mother are established: one that is the all good mother and the other that is the all bad mother. The infant alternates between seeing the mother as all good or all bad, depending on which representation is dominant in any given moment. According to Klein, the ability to integrate the good and bad representations of the mother is a developmental achievement that involves developing the ability to tolerate ambivalent feelings about the other (Klein, 1957).

### Resistance

Freud discovered that his clients were not always able to follow his instructions to free associate. This led him to develop the concept of 'resistance,' initially conceptualized as the client's reluctance or inability to collaborate with the therapist as instructed. At first Freud dealt with resistance by using his authority as the doctor to encourage clients to overcome their resistance and say anything that came to mind regardless of their tendency toward self-censorship. Subsequently he and other analysts came to believe that the therapeutic exploration of the resistance was a vitally important therapeutic task in and of itself.

### Transference

A noteworthy stage in the ongoing evolution of Freud's thinking was the development of the concept of 'transference.' Freud began to observe that it was not uncommon for his clients to perceive and relate to him in ways reminiscent of how they perceived and related to significant figures in their childhoods, particularly their parents. He began to speculate that they were 'transferring' a template from the past into the present situation. For example, a client with a tyrannical father might begin to see the therapist as tyrannical. This process became known as transference.

At first Freud saw transference as an impediment to treatment. He speculated that transference was a form of resistance to remembering traumatic experiences. The idea was that the client would act out the previous relationship in the

therapeutic setting rather than remember it. Over time, however, Freud came to see the development of the transference as an indispensable part of the psychoanalytic process. By reliving the past through the therapeutic relationship, the client provided the analyst with an opportunity to help him develop an understanding of how past relationships were influencing their experience of the present in an emotionally immediate way. This conceptualization of the potential value of transference provides justification for the notion of the therapist retaining a neutral and uninvolved stance. The idea emerged that the analyst, by maintaining a certain degree of anonymity (through withholding information about his or her own life or personal reactions) could function as an ambiguous stimulus or blank screen. This would encourage the development of the client's transference toward the therapist, and decrease the possibility that the transference would be contaminated by the therapist's real characteristics.

### Countertransference

Countertransference is the therapist's counterpart to the client's transference. Freud conceptualized the therapist's countertransference as his or her feelings and reactions to the client's transference that are a result of his or her own unresolved unconscious conflicts. For example, a therapist whose father was extremely competitive with him may have intensely competitive feelings toward a competitive client. From Freud's perspective, countertransference reactions were an obstacle to therapy and the therapist's task was to analyze or work through his or her own countertransference in personal supervision, analysis, or self-analysis.

Today countertransference tends to be defined more broadly as the totality of the therapist's reactions to the client, including feelings, associations, fantasies, and fleeting images. A two-person psychology makes it impossible to conceptualize transference as exclusively the client's distortion, or countertransference as stemming exclusively from the therapist's unresolved unconscious conflicts. Characteristics of the client and subtle communications by the client to the therapist during analysis can also contribute to countertransference. Countertransference is seen to provide the therapist with information about the client that can be of great therapeutic benefit. However, it is not without its own potential dangers. There is a tendency in some psychoanalytic writing to assume that countertransference experience provides an infallible source of information about the client's unconscious experience and to underemphasize the therapist's own unique contribution to the countertransference.

### Enactment

An enactment is a scenario played out in the relationship between client and therapist that reflects the unconscious contributions of both individuals' personal histories and characteristic ways of relating to other people. Since client and therapist are always influencing one another at both conscious and unconscious levels, they inevitably end up playing complementary roles in these scenarios. The traditional psychoanalytic wisdom was that the therapist should

avoid participating in these enactments, and instead try to maintain a neutral position from which he or she can interpret the client's transference toward the therapist, thereby helping the client to see how the present is being shaped in maladaptive ways by their own unconscious assumptions, projections, and previous developmental experiences. A common position in contemporary psychoanalytic thinking, however, is that the therapist cannot avoid participating in these enactments no matter how psychologically healthy or mature he is, because (1) we are inevitably influenced by complex non-verbal communications from others that are difficult to decode and (2) therapists like other human beings are never fully transparent to themselves. The process of collaboratively exploring with the therapist how each of them is contributing to these scenarios provides clients with an opportunity to see how their own relational schemas contribute to the enactment. It also provides an opportunity for playing out new scenarios with another human being, which can modify their current relational schemas.

### The Therapist's Stance

Traditional psychoanalytic thinking prescribed very clear guidelines for the therapist's stance in therapy, which was to be governed by 'abstinence,' 'anonymity,' and 'neutrality.' Abstinence refers to the therapist's refraining from gratifying the client's wishes and requests as this would interfere with the treatment process. It is important to note that this aspect of early psychoanalytic thinking was influenced by Freud's work with hysterical clients who had a tendency to develop erotic transferences toward him (and other analysts), and he was cautioning therapists against gratifying clients' erotic wishes rather than helping them to understand what was underlying them. Anonymity refers to a therapeutic stance designed to minimize self-disclosure by the therapist in order to reduce the therapist's influence on the type of transference the client develops. The meaning of therapist neutrality has shifted over time, but it essentially refers to a therapist stance that is guided by the ideal of objectivity, a respect of the client's autonomy and a reluctance to influence the client in any way. While these guidelines still exert some influence on today's psychoanalytic thinking, they have been modified if not completely abandoned in many contemporary psychoanalytic theories, which tend to emphasize instead the importance of the therapist's subjectivity. There is a recognition that the therapist is to varying degrees embedded in an interpersonal field that is shaped by the mutual influence of both patient and therapist. Furthermore, many psychoanalysts believe that judicious use of self-disclosure can play a valuable therapeutic role.

## Psychoanalytic Psychotherapy

### Principles of Intervention

#### Interpretation

Historically, one of the most important interventions at the psychoanalytic therapist's disposal has been 'interpretation.' An interpretation has been conceptualized as the therapist's attempt to help clients become aware of aspects of their

unconscious intrapsychic and interpersonal experiences. The distinction between interpretation and empathic reflection can be conceptualized in the following fashion according to the traditional view. Whereas empathic reflection is the therapist's attempt to articulate meaning that is implicit in what the client is saying, interpretation is the therapist's attempt to convey information that is outside of the client's awareness.

A distinction has traditionally been made between the 'accuracy' of an interpretation (the extent to which an interpretation corresponds to a 'real' aspect of the client's unconscious functioning) versus the 'quality or usefulness' of an interpretation (the extent to which the client can make therapeutic use of the interpretation). A therapist's interpretation can be 'accurate' without being 'useful.' The dimension of 'quality' is spoken about in a variety of ways, such as timing (whether the context is right or the client ready to hear the interpretation), depth (the extent to which the interpretation is focused on deeply unconscious material versus material closer to awareness), and empathic quality (the extent to which the interpretation is sensitive to the impact it has on the client's self-esteem and contributes to the client's experience of being deeply and genuinely understood).

Interpretations have been conceptualized as falling at different levels along the continuum of depth to surface. A deeper interpretation focuses on experience that is far outside consciousness. An interpretation closer to the surface focuses on material that is almost, but not quite, accessible to consciousness. Although often the extent to which the experience being interpreted is close enough to conscious awareness for the client to be on the verge of articulating it himself determines the usefulness of an interpretation, it is important not to rule out the potential value of deeper interpretations, as emphasized in Kleinian theory and practice (Klein, 1957).

Any intervention must be understood in terms of the relational meaning of that intervention. In other words, when the therapist makes a specific interpretation to the client, the meaning of this particular interpretation will be mediated by the client's past relationships, by the therapist's own unique history, and by the meaning of this type of interpretation to the therapist given his own particular dynamics (e.g., is he somebody who tends to identify with people who experience this particular client's dilemma because of his own particular issues), and the way both client and therapist are feeling about themselves and one another in this moment. A deep interpretation about the client's unconscious motives may be experienced as disrespectful or disempowering. Alternatively, it may be experienced as tremendously reassuring by casting the therapist in the position of the one who knows, and thus be experienced as reassuring for a client desperately seeking a powerful authority and source of knowledge.

### **Dream interpretation**

Freud referred to dreams as the 'royal road to the unconscious.' Some of his most important early breakthroughs in psychoanalytic theory and practice emerged out of the interpretation of his own and client dreams. Freud considered dreams to be a form of wish fulfillment and had a sophisticated methodology for working with dreams. Dream interpretation was considered central to psychoanalytic practice.

A variety of different psychoanalytic approaches have been developed since Freud's time for conceptualizing the meaning of dreams and working with them. One approach to dream interpretation was developed by Fairbairn, who conceptualized all figures in a dream as representing different aspects of the self. However, dream interpretation no longer plays a central role in North American psychoanalytic theory and practice that it once did, with the exploration of transference/countertransference enactments becoming more important instead. Nevertheless, most psychoanalytic therapists do find it useful to work with dreams the client presents throughout the course of treatment.

### **Working with resistance and defense**

The interpretation of resistance and defense came to be viewed as a vitally important technical issue relatively early on in psychoanalytic thinking. Although Freud initially attempted to overcome or bypass resistance by motivating the client to explore repressed memories and experiences despite his internal resistances, analysts soon came to believe that the analysis or interpretation of resistance was central to the work of treatment, rather than a prelude to the uncovering of unconscious memories, fantasies and wishes. This shift was facilitated by Freud's articulation of the structural model in 1923 and with various theoretical and technical developments emerging out of this theory.

The tradition of ego psychology became particularly interested with the exploration of how the ego plays an active role in defending against unconscious impulses, fantasies, and wishes. A central axiom of ego psychology is that analysis proceeds from surface to depth. The therapist always begins by analyzing the client's resistances and defenses and only gradually moves toward interpreting underlying impulses, fantasies, and wishes as they become more accessible through the process of resistance analysis.

From a psychoanalytic perspective the exploration of resistance is intrinsic to the change process. Clients inevitably have conflicting feelings about changing, and these conflicts manifest in different ways over the course of treatment. Furthermore, resistance stems from many different sources (e.g., fear of changing, fear of loss of self, avoidance of painful feelings, negative feelings about the therapist or the therapeutic process, the need to individuate from the therapist, secondary gain (i.e., benefits resulting from maintaining the current symptoms), attachment to old patterns of relating, fear of losing the unconscious, symbolic connection to one's attachment figures, etc.).

### **Mechanisms of Change**

#### **Making the unconscious conscious**

Psychoanalytic theory postulates a multitude of different change mechanisms, and a host of new ways of conceptualizing the change process continue to emerge as psychoanalytic theories themselves evolve and proliferate. At the most basic level, there is an understanding that change generally involves making the unconscious conscious, as expressed by Freud's oft cited axiom: "Where id has been there shall ego be." Although Freud's understanding of the nature of the change process

evolved over the course of his lifetime, central to his mature thinking was the idea that change involves first becoming aware of our instinctual impulses and unconscious wishes, and then learning to deal with them in a mature, rational, and reflective fashion. For Freud, a central premise was thus that we are driven by unconscious wishes that we are unaware of and this lack of awareness results in driven or self-defeating behavior. Freud believed we delude ourselves about reasons for our behaviors and this self-deception limits our choice. By becoming aware of our unconscious wishes and our defenses against them we increase the choices available to us. Thus, as we decrease the extent to which we are driven by unconscious factors we assume a greater degree of agency.

### **Therapeutic impasses**

It is widely recognized in contemporary psychoanalytic thinking that attending to and repairing therapeutic impasses and therapeutic alliance ruptures can play a vitally important role in the change process (e.g., Aron, 2006; Benjamin, 2004; Safran, 1993; Safran *et al.*, 1990; Safran and Muran, 1996, 2000, 2006). The importance of resolving ruptures in the therapeutic alliance has now received attention from a range of therapeutic traditions, and there is a growing body of empirical evidence supporting this change mechanism (see Safran *et al.*, 2001, 2002, 2011 for reviews of this literature).

### **New relational experience**

Psychoanalytic theory has emphasized the role that the therapeutic relationship itself plays as a change mechanism. The belief is that by acting in a different way than the client's parents did, the therapist can provide the client with a new relational experience that challenges their maladaptive relational schemas, working models, or internal object relations. This thread in psychoanalytic theory can be traced back to the work of Ferenczi (1931/1980) in the 1930s, as well as to a seminal article written by Strachey (1934). In the 1950s, Franz Alexander, a Hungarian analyst who had immigrated to the United States, developed a theory of change which he termed the 'corrective emotional experience' (Alexander, 1948). Alexander argued that it was essential for the therapist to develop a formulation of the client's distorted beliefs about the nature of relationships with other people, and to then intentionally position himself or herself in a way that challenged it. For example, for the client whose parents were overly intrusive, it might be important for the therapist to be particularly respectful of their need for privacy.

Modified versions of Alexander's position are widely accepted by contemporary psychoanalytic theorists who posit that the therapist's ability to function as a new object for the client (rather than an old object who resembles the client's parents) is a key mechanism of change (Cooper, 2000; Greenberg, 1986). According to this perspective, clients unconsciously recruit others, including the therapist, to play a role in their relationship that corresponds in important respects to the role played by their parents. For example, the client who had critical or sadistic parents will act in ways that evoke critical or sadistic behavior from his therapist. The therapist's task is to gradually disembed from the relational scenario that is being played out in therapy so that the

therapeutic relationship can ultimately function as a new relational experience, rather than a repetition of an old one.

## **Developments in Psychoanalytic Treatment**

### **Treatment Duration and Frequency**

In traditional psychoanalysis, clients typically have 4–6 sessions per week in an open-ended treatment that often lasts for many years. Many contemporary psychoanalysts still believe that long-term, intensive treatment has important advantages as a treatment modality. As the empirical evidence shows, while circumscribed symptoms can change in the short term, less intensive therapy, more fundamental changes in personality functioning, and underlying psychological structures take time to change (e.g., Howard *et al.*, 1986). Furthermore, since the client–therapist relationship is viewed as a central mechanism of change, the theory holds that longer term intensive treatment is necessary in order to allow this relationship to develop and play a transformative role. Nevertheless, there is a growing recognition that long-term, intensive treatment is not always feasible or even desirable, depending on the nature of client's problems or goals. In contemporary psychoanalytic practice it is thus not uncommon to see clients once or twice a week on a shorter term basis.

### **Psychoanalysis versus Psychodynamic Therapy**

Traditionally psychoanalysts have made a clear distinction between 'psychoanalysis' and what is referred to as 'psychoanalytic or psychodynamic therapy'. The term psychoanalysis has been reserved for a form of treatment with certain defining characteristics or parameters. The term psychoanalytic therapy, or more commonly psychodynamic therapy, has been used to refer to forms of treatment that are based on psychoanalytic theory, but which lack some of the defining characteristics of psychoanalysis. Over the years there has been some controversy over which parameters of psychoanalysis are the defining criteria.

A common stance has been that psychoanalysis (as opposed to psychodynamic therapy) is longer term (e.g., 4 years or more), intensive (e.g., a minimum of 4 sessions per week), and open-ended (i.e., no fixed termination date or number of sessions). Psychodynamic therapy, however, frequently consists of weekly sessions, with varying treatment lengths from brief fixed durations to open-ended. In addition, traditional psychoanalysis came to be characterized by a specific therapist stance that involves: (1) an emphasis on helping clients to become aware of their unconscious motivation, (2) refraining from giving the client advice or being overly directive, (3) attempting to avoid influencing the client by introducing one's own belief and values, (4) maintaining a certain degree of anonymity by reducing the amount of information one provides about one's personal life or one's feeling and reactions in the session, (5) attempting to maintain the stance of the neutral, objective observer rather than a fully engaged participant in the process, and (6) a seating arrangement in which the client reclines on a couch and the therapist sits upright, out of view of the client. This traditional conceptualization of

some of the key characteristics of psychoanalysis came to be known as 'classical psychoanalysis.'

Contemporary forms of psychoanalysis tend to be considerably more flexible with respect to these parameters, and many psychoanalysts believe that a clear-cut distinction between psychoanalysis and psychodynamic therapy is not viable. One of the most common alternatives to classical psychoanalysis in the United States is known as 'relational psychoanalysis' (Aron, 2006; Benjamin, 2004; Bromberg, 2006; Harris, 2008; Mitchell, 1993; Safran, 2012).

### **Evidence for Psychoanalytic Treatment**

Contrary to common misconception, there is actually a substantial and growing evidence base for the effectiveness of psychoanalytically oriented treatments (e.g., Levy *et al.*, 2011; Shedler, 2010) and the validity of various psychoanalytic constructs (e.g., Westen, 1998; Westen and Gabbard, 1999). A recent Medline search identified a total of 94 randomized clinical trials of psychodynamically oriented treatments published in English language journals between 1974 and May 2010 (Gerber *et al.*, 2010). In a recent American psychology article, Shedler (2010) reviewed the results of eight different meta-analyses of studies evaluating the efficacy of psychodynamic therapy. The studies in these meta-analyses included only well-designed randomized clinical trials, comparing psychoanalytically oriented treatments to a range of different control conditions including cognitive and behavioral treatments, across a wide range of disorders. The meta-analyses reviewed found substantial effects for psychodynamic treatments, with effects sizes as large or larger than those commonly found for cognitive and behavioral treatments. In addition, the results indicate that clients who receive psychodynamic therapy maintain therapeutic gains and appear to continue to improve after the end of treatment.

### **Conclusion**

Psychoanalysis is not just a form of therapy – it is a worldview. As such, it has had a profound effect on the development of Western culture. Although Freud initially began developing psychoanalysis as a treatment for clients presenting with symptoms that other physicians were unable to treat, his ambitions and the ambitions of subsequent psychoanalysts ultimately came to extend beyond the realm of therapy into social theory and cultural critique (Safran, 2012). Although the prominence of psychoanalysis within the healthcare professions has declined, it is important to recognize that many of our shared cultural and psychological assumptions have, in fact, been shaped by the psychoanalytic tradition (e.g., the role of the unconscious, the idea that people can act defensively, the idea that people's psychiatric symptoms can be understood in psychological terms, etc.). There is thus an important sense in which we live within a psychoanalytic culture.

Psychoanalytic treatment originated over a century ago, and it has evolved dramatically over time. It has become more

flexible, less authoritarian, more practical, and more responsive to the needs of a wider range of clients from diverse racial, cultural, and social class backgrounds. There is a growing cohort of dedicated and rigorous psychoanalytic researchers, and there is a growing body of empirical evidence that supports the effectiveness of psychoanalytic treatments. Furthermore, the concepts inherent in psychoanalytic therapies have been incorporated into the theories and practice of other treatment approaches, often without recognition of their psychoanalytic origins, and are widely practiced in diverse mental health settings.

In its heyday, American psychoanalysis was remarkably influential. But this success came at a cost – it became an elitist, insular, and culturally conservative force. For many years psychoanalysis in North America was a subspecialty of psychiatry and dominated the mental health system. Psychiatrists who had completed the intensive process of formal psychoanalytic training were seen as the elite within their discipline. Psychoanalysis became a lucrative, prestigious, and socially conservative profession, attracting candidates who often had an interest in becoming respected members of the establishment rather than challenging it. This development was in many respects ironic. The early psychoanalysts in Europe were progressive social activists committed to political critiques and social justice. They viewed themselves as brokers of social change and saw psychoanalysis as a challenge to traditional societal and political norms. From the very beginning, psychoanalysis had a revolutionary and subversive quality to it that challenged conventional cultural norms and values (Safran, 2012).

The contemporary marginalization of psychoanalysis in mental health treatment today has in certain respects brought us full circle back to the discipline's marginal status in its early days. No longer an expression of the status quo, psychoanalysis today has a renewed potential to become a constructive, countercultural force. The declining fortunes of psychoanalysis thus ironically provide us with the opportunity to recover and build upon some of the revolutionary, subversive and culturally progressive qualities that were present at the beginning (Safran, 2012).

Compared with psychoanalysis in Freud's time, contemporary psychoanalysis has a greater emphasis on the mutuality and fundamentally human nature of the therapeutic relationship and flexibility, creativity, and spontaneity in the therapeutic process, as well as a more optimistic perspective on life and human nature. However, it will be important for the future of psychoanalysis not to discard what many have described as Freud's tragic sensibility. American culture, with its emphasis on pragmatism, speed, instrumentality, optimism, and an intolerance of ambiguity, traditionally tends to gloss over the more tragic dimensions of life, to espouse the belief that we can all be happy if we try hard enough, and to be biased towards a 'quick fix mentality' (Safran, 2012). These cultural values can lead to an insidious type of oppression that marginalizes and silences those who are suffering and judges them as failures or morally inferior, as well as a naïveté that underestimates the importance of psychoanalysis's traditional views of the complexity of human nature and the challenges of a treatment process that aims to create meaningful and lasting change.

*See also:* Defense Mechanisms. Psychodynamic Psychotherapy. Psychotherapy. Self-Disclosure. Transference and Countertransference

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