READING


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Psychoanalytic Therapy

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Sigmund Freud

Sigmund Freud (1856-1939) was the firstborn in a Viennese family of three boys and five girls. His father, like many others of his time and place, was very authoritarian. Freud's family background is a factor to consider in understanding the development of his theory.

Even though Freud's family had limited finances and was forced to live in a crowded apartment, his parents made every effort to foster his obvious intellectual capacities. Freud had many interests, but his career choices were restricted because of his Jewish heritage. He finally settled on medicine. Only 4 years after earning his medical degree from the University of Vienna at the age of 26, he attained a prestigious position there as a lecturer.

Freud devoted most of his life to formulating and extending his theory of psychoanalysis. Interestingly, the most creative phase of his life corresponded to a period when he was experiencing severe emotional problems of his own. During his early 40s, Freud had numerous psychosomatic disorders, as well as exaggerated fears of dying and other phobias, and was involved in the difficult task of self-analysis. By exploring the meaning of his own dreams, he gained insights into the dynamics of personality development. He first examined his childhood memories and came to realize the intense hostility he had felt for his father. He also recalled his childhood sexual feelings for his mother, who was attractive, loving, and protective. He then clinically formulated his theory as he observed his patients work through their own problems in analysis.

Freud had very little tolerance for colleagues who diverged from his psychoanalytic doctrines. He attempted to keep control over the movement by expelling those who dared to disagree. Carl Jung and Alfred Adler, for example, worked closely with Freud, but each founded his own therapeutic school after repeated disagreements with Freud on theoretical and clinical issues.

Freud was highly creative and productive, frequently putting in 18-hour days. His collected works fill 24 volumes. Freud's productivity remained at this prolific level until late in his life when he contracted cancer of the jaw. During his last two decades, he underwent 33 operations and was in almost constant pain. He died in London in 1939.

As the originator of psychoanalysis, Freud distinguished himself as an intellectual giant. He pioneered new techniques for understanding human behavior, and his efforts resulted in the most comprehensive theory of personality and psychotherapy ever developed.

Introduction

Freud's views continue to influence contemporary practice. Many of his basic concepts are still part of the foundation on which other theorists build and develop. Indeed, most of the theories of counseling and psychotherapy discussed in this book have been influenced by psychoanalytic principles and techniques. Some of these therapeutic approaches extended the psychoanalytic model, others modified its concepts and procedures, and others emerged as a reaction against it.

Freud's psychoanalytic system is a model of personality development and an approach to psychotherapy. He gave psychotherapy a new look and new horizons, calling attention to psychodynamic factors that motivate behavior, focusing on the role of the unconscious, and developing the first therapeutic procedures for understanding and modifying the structure of one's basic character. Freud's theory is a benchmark against which many other theories are measured.
I begin with a discussion of the basic psychoanalytic concepts and practices that originated with Freud, then provide a glimpse of a few of the diverse approaches that fall well within his legacy. We are in an era of theoretical pluralism in psychoanalytic theory today and can no longer speak of the psychoanalytic theory of treatment (Wolitzky, 2011b). Both psychoanalysis and its more flexible variant, psychoanalytically oriented psychotherapy, are discussed. In addition, I summarize Erik Erikson's theory of psychosocial development, which extends Freudian theory in several ways, and give brief attention to Carl Jung's approach. Finally, we look at contemporary self-psychology, object relations theory, and the relational model of psychoanalysis, which are variations on psychoanalytic theory that entail modification or abandonment of Freud's drive theory but take Freud's theories as their point of departure (Wolitzky, 2011b). Although deviating significantly from traditional Freudian psychoanalysis, these approaches retain the emphasis on the unconscious, the role of transference and countertransference, and the importance of early life experiences.

See the DVD program for Chapter 4, DVD for Theory and Practice of Counseling and Psychotherapy: The Case of Stan and Lectureettes. I suggest that you view the brief lecture for each chapter prior to reading the chapter.

**KEY CONCEPTS**

**View of Human Nature**

The Freudian view of human nature is basically deterministic. According to Freud, our behavior is determined by irrational forces, unconscious motivations, and biological and instinctual drives as these evolve through key psychosexual stages in the first years of life.

Instincts are central to the Freudian approach. Although he originally used the term libido to refer to sexual energy, he later broadened it to include the energy of all the life instincts. These instincts serve the purpose of the survival of the individual and the human race; they are oriented toward growth, development, and creativity. Libido, then, should be understood as a source of motivation that encompasses sexual energy but goes beyond it. Freud includes all pleasurable acts in his concept of the life instincts; he sees the goal of much of life as gaining pleasure and avoiding pain.

Freud also postulates death instincts, which account for the aggressive drive. At times, people manifest through their behavior an unconscious wish to die or to hurt themselves or others. Managing this aggressive drive is a major challenge to the human race. In Freud's view, both sexual and aggressive drives are powerful determinants of why people act as they do.

**Structure of Personality**

According to the Freudian psychoanalytic view, the personality consists of three systems: the id, the ego, and the superego. These are names for psychological structures and should not be thought of as manikins that separately operate the personality; one's personality functions as a whole rather than as three discrete segments. The id is roughly all the untamed drives or impulses that might be likened to the biological component. The ego attempts to organize and mediate between the id and the reality of dangers posed by the id's impulses. One way to protect ourselves from
the dangers of our own drives is to establish a superego, which is the internalized social component, largely rooted in what the person imagines to be the expectations of parental figures. Because the point of taking in these imagined expectations is to protect ourselves from our own impulses, the superego may be more punitive and demanding than the person’s parents really were. Actions of the ego may or may not be conscious. For example, defenses typically are not conscious. Because ego and consciousness are not the same, the slogan for psychoanalysis has shifted from “making the unconscious conscious” to “where there was id, let there be ego.”

From the orthodox Freudian perspective, humans are viewed as energy systems. The dynamics of personality consist of the ways in which psychic energy is distributed to the id, ego, and superego. Because the amount of energy is limited, one system gains control over the available energy at the expense of the other two systems. Behavior is determined by this psychic energy.

**THE ID** The id is the original system of personality; at birth a person is all id. The id is the primary source of psychic energy and the seat of the instincts. It lacks organization and is blind, demanding, and insistent. A cauldron of seething excitement, the id cannot tolerate tension, and it functions to discharge tension immediately. Ruled by the pleasure principle, which is aimed at reducing tension, avoiding pain, and gaining pleasure, the id is illogical, amoral, and driven to satisfy instinctual needs. The id never matures, remaining the spoiled brat of personality. It does not think, but only wishes or acts. The id is largely unconscious, or out of awareness.

**THE EGO** The ego has contact with the external world of reality. It is the “executive” that governs, controls, and regulates the personality. As a “traffic cop,” it mediates between the instincts and the surrounding environment. The ego controls consciousness and exercises censorship. Ruled by the reality principle, the ego does realistic and logical thinking and formulates plans of action for satisfying needs. The ego, as the seat of intelligence and rationality, checks and controls the blind impulses of the id. Whereas the id knows only subjective reality, the ego distinguishes between mental images and things in the external world.

**THE SUPEREGO** The superego is the judicial branch of personality. It includes a person’s moral code, the main concern being whether an action is good or bad, right or wrong. It represents the ideal rather than the real and strives not for pleasure but for perfection. The superego represents the traditional values and ideals of society as they are handed down from parents to children. It functions to inhibit the id impulses, to persuade the ego to substitute moralistic goals for realistic ones, and to strive for perfection. The superego, then, as the internalization of the standards of parents and society, is related to psychological rewards and punishments. The rewards are feelings of pride and self-love; the punishments are feelings of guilt and inferiority.

**Consciousness and the Unconscious**
Perhaps Freud’s greatest contributions are his concepts of the unconscious and of the levels of consciousness, which are the keys to understanding behavior and the problems of personality. The unconscious cannot be studied directly but is inferred from behavior. Clinical evidence for postulating the unconscious includes the following: (1) dreams, which are symbolic representations of unconscious needs,
wishes, and conflicts; (2) slips of the tongue and forgetting, for example, a familiar name; (3) posthypnotic suggestions; (4) material derived from free-association techniques; (5) material derived from projective techniques; and (6) the symbolic content of psychotic symptoms.

For Freud, consciousness is a thin slice of the total mind. Like the greater part of the iceberg that lies below the surface of the water, the larger part of the mind exists below the surface of awareness. The unconscious stores all experiences, memories, and repressed material. Needs and motivations that are inaccessible—that is, out of awareness—are also outside the sphere of conscious control. Most psychological functioning exists in the out-of-awareness realm. The aim of psychoanalytic therapy, therefore, is to make the unconscious motives conscious, for only then can an individual exercise choice. Understanding the role of the unconscious is central to grasping the essence of the psychoanalytic model of behavior.

Unconscious processes are at the root of all forms of neurotic symptoms and behaviors. From this perspective, a "cure" is based on uncovering the meaning of symptoms, the causes of behavior, and the repressed materials that interfere with healthy functioning. It is to be noted, however, that intellectual insight alone does not resolve the symptom. The client's need to cling to old patterns (repetition) must be confronted by working through transference distortions, a process discussed later in this chapter.

**Anxiety**

Also essential to the psychoanalytic approach is its concept of anxiety. Anxiety is a feeling of dread that results from repressed feelings, memories, desires, and experience that emerge to the surface of awareness. It can be considered as a state of tension that motivates us to do something. It develops out of a conflict among the id, ego, and superego over control of the available psychic energy. The function of anxiety is to warn of impending danger.

There are three kinds of anxiety: reality, neurotic, and moral. Reality anxiety is the fear of danger from the external world, and the level of such anxiety is proportionate to the degree of real threat. Neurotic and moral anxieties are evoked by threats to the "balance of power" within the person. They signal to the ego that unless appropriate measures are taken the danger may increase until the ego is overthrown. Neurotic anxiety is the fear that the instincts will get out of hand and cause one to do something for which one will be punished. Moral anxiety is the fear of one's own conscience. People with a well-developed conscience tend to feel guilty when they do something contrary to their moral code. When the ego cannot control anxiety by rational and direct methods, it relies on indirect ones—namely, ego-defense behavior.

**Ego-Defense Mechanisms**

Ego-defense mechanisms help the individual cope with anxiety and prevent the ego from being overwhelmed. Rather than being pathological, ego defenses are normal behaviors that can have adaptive value provided they do not become a style of life that enables the individual to avoid facing reality. The defenses employed depend on the individual's level of development and degree of anxiety. Defense mechanisms have two characteristics in common: (1) they either deny or distort reality, and (2) they operate on an unconscious level. Table 4.1 provides brief descriptions of some common ego defenses.
<table>
<thead>
<tr>
<th>Defense</th>
<th>Uses for Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repression</td>
<td>Threatening or painful thoughts and feelings are excluded from awareness. One of the most important Freudian processes, it is the basis of many other ego defenses and of neurotic disorders. Freud explained repression as an involuntary removal of something from consciousness. It is assumed that most of the painful events of the first 5 or 6 years of life are buried, yet these events do influence later behavior.</td>
</tr>
<tr>
<td>Denial</td>
<td>“Closing one’s eyes” to the existence of a threatening aspect of reality. Denial of reality is perhaps the simplest of all self-defense mechanisms. It is a way of distorting what the individual thinks, feels, or perceives in a traumatic situation. This mechanism is similar to repression, yet it generally operates at preconscious and conscious levels.</td>
</tr>
<tr>
<td>Reaction</td>
<td>Actively expressing the opposite impulse when confronted with a threatening impulse. By developing conscious attitudes and behaviors that are diametrically opposed to disturbing desires, people do not have to face the anxiety that would result if they were to recognize these dimensions of themselves. Individuals may conceal hate with a facade of love, be extremely nice when they harbor negative reactions, or mask cruelty with excessive kindness.</td>
</tr>
<tr>
<td>Projection</td>
<td>Attributing to others one’s own unacceptable desires and impulses. This is a mechanism of self-deception. Lustful, aggressive, or other impulses are seen as being possessed by “those people out there, but not by me.”</td>
</tr>
<tr>
<td>Displacement</td>
<td>Directing energy toward another object or person when the original object or person is inaccessible. Displacement is a way of coping with anxiety that involves discharging impulses by shifting from a threatening object to a “safer target.” For example, the meek man who feels intimidated by his boss comes home and unloads inappropriate hostility onto his children.</td>
</tr>
<tr>
<td>Rationalization</td>
<td>Manufacturing “good” reasons to explain away a bruised ego. Rationalization helps justify specific behaviors, and it aids in softening the blow connected with disappointments. When people do not get positions they have applied for in their work, they think of logical reasons they did not succeed, and they sometimes attempt to convince themselves that they really did not want the position anyway.</td>
</tr>
</tbody>
</table>
### TABLE 4.1 Ego-Defense Mechanisms (continued)

<table>
<thead>
<tr>
<th>DEFENSE</th>
<th>USES FOR BEHAVIOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sublimation</td>
<td>Diverting sexual or aggressive energy into other channels.</td>
</tr>
<tr>
<td>Regression</td>
<td>Going back to an earlier phase of development when there were fewer demands.</td>
</tr>
<tr>
<td>Introjection</td>
<td>Taking in and “swallowing” the values and standards of others.</td>
</tr>
<tr>
<td>Identification</td>
<td>Identifying with successful causes, organizations, or people in the hope that you will be perceived as worthwhile.</td>
</tr>
<tr>
<td>Compensation</td>
<td>Masking perceived weaknesses or developing certain positive traits to make up for limitations.</td>
</tr>
</tbody>
</table>

### Development of Personality

**IMPORTANCE OF EARLY DEVELOPMENT** A significant contribution of the psychoanalytic model is delineation of the stages of psychosexual and psychosocial stages of development from birth through adulthood. The psychosexual stages refer to the Freudian chronological phases of development, beginning in infancy.
Freud postulated three early stages of development that often bring people to counseling when not appropriately resolved. First is the oral stage, which deals with the inability to trust oneself and others, resulting in the fear of loving and forming close relationships and low self-esteem. Next is the anal stage, which deals with the inability to recognize and express anger, leading to the denial of one's own power as a person and the lack of a sense of autonomy. Third is the phallic stage, which deals with the inability to fully accept one's sexuality and sexual feelings, and also to difficulty in accepting oneself as a man or woman. According to the Freudian psychoanalytic view, these three areas of personal and social development—love and trust, dealing with negative feelings, and developing a positive acceptance of sexuality—are all grounded in the first 6 years of life. This period is the foundation on which later personality development is built. When a child's needs are not adequately met during these stages of development, an individual may become fixated at that stage and behave in psychologically immature ways later on in life.

**ERIKSON'S PSYCHOSOCIAL PERSPECTIVE** The developmental stages postulated by Freud have been expanded by other theorists. Erik Erikson's (1963) psychosocial perspective on personality development is especially significant. Erikson built on Freud's ideas and extended his theory by stressing the psychosocial aspects of development beyond early childhood. The psychosocial stages refer to Erikson's basic psychological and social tasks, which individuals need to master at intervals from infancy through old age. This stage perspective provides the counselor with the conceptual tools for understanding key developmental tasks characteristic of the various stages of life. Erikson's theory of development holds that psychosexual growth and psychosocial growth take place together, and that at each stage of life we face the task of establishing equilibrium between ourselves and our social world. He describes development in terms of the entire life span, divided by specific crises to be resolved. According to Erikson, a crisis is equivalent to a turning point in life when we have the potential to move forward or to regress. At these turning points, we can either resolve our conflicts or fail to master the developmental task. To a large extent, our life is the result of the choices we make at each of these stages.

Erikson is often credited with bringing an emphasis on social factors to contemporary psychoanalysis. Classical psychoanalysis is grounded on id psychology, and it holds that instincts and intrapsychic conflicts are the basic factors shaping personality development (both normal and abnormal). Contemporary psychoanalysis tends to be based on ego psychology, which does not deny the role of intrapsychic conflicts but emphasizes the striving of the ego for mastery and competence throughout the human life span. Ego psychology deals with both the early and the later developmental stages, for the assumption is that current problems cannot simply be reduced to repetitions of unconscious conflicts from early childhood. The stages of adolescence, mid-adulthood, and later adulthood all involve particular crises that must be addressed. As one's past has meaning in terms of the future, there is continuity in development, reflected by stages of growth; each stage is related to the other stages.

Viewing an individual's development from a combined perspective that includes both psychosexual and psychosocial factors is useful. Erikson believed Freud did
not go far enough in explaining the ego’s place in development and did not give enough attention to social influences throughout the life span. A comparison of Freud’s psychosexual view and Erikson’s psychosocial view of the stages of development is presented in Table 4.2.

**TABLE 4.2 Comparison of Freud’s Psychosexual Stages and Erikson’s Psychosocial Stages**

<table>
<thead>
<tr>
<th>Period of Life</th>
<th>Freud</th>
<th>Erikson</th>
</tr>
</thead>
<tbody>
<tr>
<td>First year of life</td>
<td>Oral stage</td>
<td>Infancy: Trust versus mistrust</td>
</tr>
<tr>
<td></td>
<td>Sucking at mother’s breasts satisfies need for food and pleasure. Infant needs to get basic nurturing, or later feelings of greediness and acquisitiveness may develop. Oral fixations result from deprivation of oral gratification in infancy. Later personality problems can include mistrust of others, rejecting others; love, and fear of or inability to form intimate relationships.</td>
<td>If significant others provide for basic physical and emotional needs, infant develops a sense of trust. If basic needs are not met, an attitude of mistrust toward the world, especially toward interpersonal relationships, is the result.</td>
</tr>
<tr>
<td>Ages 1-3</td>
<td>Anal stage</td>
<td>Early childhood: Autonomy versus shame and doubt</td>
</tr>
<tr>
<td></td>
<td>Anal zone becomes of major significance in formation of personality. Main developmental tasks include learning independence, accepting personal power, and learning to express negative feelings such as rage and aggression. Parental discipline patterns and attitudes have significant consequences for child’s later personality development.</td>
<td>A time for developing autonomy. Basic struggle is between a sense of self-reliance and a sense of self-doubt. Child needs to explore and experiment, to make mistakes, and to test limits. If parents promote dependency, child’s autonomy is inhibited and capacity to deal with world successfully is hampered.</td>
</tr>
<tr>
<td>Ages 3-6</td>
<td>Phallic stage</td>
<td>Preschool age: Initiative versus guilt</td>
</tr>
<tr>
<td></td>
<td>Basic conflict centers on unconscious incestuous desires that child develops for parent of opposite sex and that, because of their threatening nature, are repressed. Male phallic stage, known as Oedipus complex, involves mother as love object for boy. Female phallic stage, known as Electra complex, involves girl’s striving for father’s love and approval. How parents respond, verbally and nonverbally, to child’s emerging sexuality has an impact on sexual attitudes and feelings that child develops.</td>
<td>Basic task is to achieve a sense of competence and initiative. If children are given freedom to select personally meaningful activities, they tend to develop a positive view of self and follow through with their projects. If they are not allowed to make their own decisions, they tend to develop guilt over taking initiative. They then refrain from taking an active stance and allow others to choose for them.</td>
</tr>
</tbody>
</table>
Ages 6-12
Latency stage
After the torment of sexual impulses of preceding years, this period is relatively quiescent. Sexual interests are replaced by interests in school, playmates, sports, and a range of new activities. This is a time of socialization as child turns outward and forms relationships with others.

School age: Industry versus inferiority
Child needs to expand understanding of world, continue to develop appropriate gender-role identity, and learn the basic skills required for school success. Basic task is to achieve a sense of industry, which refers to setting and attaining personal goals. Failure to do so results in a sense of inadequacy.

Ages 12-18
Genital stage
Old themes of phallic stage are revived. This stage begins with puberty and lasts until senility sets in. Even though there are societal restrictions and taboos, adolescents can deal with sexual energy by investing it in various socially acceptable activities such as forming friendships, engaging in art or in sports, and preparing for a career.

Adolescence: Identity versus role confusion
A time of transition between childhood and adulthood.
A time for testing limits, for breaking dependent ties, and for establishing a new identity. Major conflicts center on clarification of self-identity, life goals, and life's meaning. Failure to achieve a sense of identity results in role confusion.

Ages 18-35
Genital stage continues
Core characteristic of mature adult is the freedom “to love and to work.” This move toward adulthood involves freedom from parental influence and capacity to care for others.

Young adulthood: Intimacy versus isolation.
Developmental task at this time is to form intimate relationships. Failure to achieve intimacy can lead to alienation and isolation.

Ages 35-60
Genital stage continues
Middle age: Generativity versus stagnation.
There is a need to go beyond self and family and be involved in helping the next generation. This is a time of adjusting to the discrepancy between one's dream and one's actual accomplishments. Failure to achieve a sense of productivity often leads to psychological stagnation.

Ages 60+
Genital stage continues
Later life: Integrity versus despair
If one looks back on life with few regrets and feels personally worthwhile, ego integrity results. Failure to achieve ego integrity can lead to feelings of despair, hopelessness, guilt, resentment, and self-rejection.