

Psychotherapy Guidebook

PSYCHOANALYSIS



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Psychoanalysis

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DEFINITION

Psychoanalysis is a psychological science based on the theory that there is causal relationship between present mental activity of wish, thought, or behavior, with their conscious and unconscious components, and all past experience. This has been called “the principle of psychic determinism”: nothing occurs by chance, each psychic event is influenced by preceding episodes. The affect (emotion) laden and energy-charged linkage of the present with the past is governed by a structure of mental apparatus, process, and function originating in hereditary elements. These mature along pathways of psychosexual development molded by environmental stress, thereby structuring by their mixture individuals of unique character and personality.

HISTORY

In approximately eighty years of application, Psychoanalysis has become a method of treating mental illness, a technique for scientific investigation of the mind, a general human psychology and philosophy

contributing added clarity to every human experience. The term itself owes invention to Sigmund Freud, who, in conjunction with his followers developed the science. Freud's early experimentation with hypnosis as an attempt to free patients of psychic symptoms and suffering led to the frustrating awareness that many subjects were not hypnotizable. In a variation of technique, Freud found that a firm insistence on communication of all thought without any conscious censorship produced data of repressed material similar to that obtained under hypnosis. This, the investigative procedure of "free association," had the great advantage of far broader applicability than hypnosis and the involvement in the treatment of the conscious, reality-oriented judgment of the patient. The doctor and patient working together establish a "therapeutic alliance," where their joint efforts are directed to understanding and mastering the conflicts inherent in the psychic pathology. Having begun as a medical procedure, the initial goal was treatment. Through the recognition of similarities in content and structure found in psychological symptoms, dreams, character types, myths, and religion, Psychoanalysis became a general human psychology some years later.

As an evolving science, it has gone through a number of theoretical changes as new data came to light from practice and experiment. The present theory, the structural theory, is based on the psychic model of id, ego, and superego. The id is the most primitive structure of the mind. It is the

repository of the sexual drive (the libido) and the aggressive drive, called collectively “the instinctual drives.” These are expressed through urges arising from biological needs; they are loosely structured and easily displaced because the energy is not bound to a particular wished-for person or thing represented in the mind. The ego is the mental portion that is in contact with external reality and the other portions of the mind, the id, and superego. It “occupies a position between the primal instincts, based on the physiological needs of the body and the demands of the outer world.” Through its structural ability to restrain and channel, the ego can mediate between the demands of inner psychological reality of wishes and urges of external reality. The superego, the last portion to develop, does so through identification with the attitudes of parents and internalization of the ethical standards of society. It represents moral attitudes, social and sexual standards, and personal ideals and values. By means of provoking anxiety and guilt feelings in the ego, the superego can interfere or assist the ego in its functions of mediating the expression of instinctual drives within external reality.

Conflict both within and among the major components described above leads to compromises of energy and apparatus and results in symptom, character formation, and/or sublimation with or without pathological distortion. The form of the compromise is individual. As mentioned earlier, it is a product of the early interactions of biologically base instinctual drives and inherited mental structures with the environment. In turn this form

influences the capacity for adaptation of the early psychic organization to the external world. By perceptual feedback, memory, and integration, learning and development proceeds to yet another level of compromise leading to enhanced coping with the inner world of fantasy and urges and the outer world of society. It might be conceptualized as an ascending spiral with many vertical or resonant lines of connection among the rungs.

TECHNIQUE

The technical procedure that distinguishes the classical, or “Freudian,” psychoanalysis is “free association.” Within this unique rule of treatment, all data of dreams, fantasies, urges, slips, and so on are communicated. The purpose is the recognition of the unconscious thoughts and withheld affects that shape the conscious communications. By examining the interrelationships of the conscious communications and repressed data, we can infer the operative force of unconscious fantasy and wish. The analyst, for his part, maintains a neutrality, refrains from introjecting his own associations, and does not educate. He interprets the data of protective mental mechanisms or repressed thoughts as it is necessary in order to draw attention to unconscious resistance impeding the analytic work. Free association, then, with its freedom of expression and unjudged acceptability, ultimately reestablishes in the perceptions and feelings about the therapist the childhood constellation of wishes, injunctions, and compromises that

were originally directed to the parents and assists in understanding the core of the subsequent psychopathology. This phenomenon is called “transference”; i.e., the childhood constellation is transferred onto the therapist. The major childhood organizer of character structure is the triangular relationship of mother, father, and child, called the “Oedipus complex.” Its manifestation during the analysis is the largest contribution to the content of the transference. The analysis and understanding of the transference manifestations, of which the patient has been consciously unaware, is made possible by the neutrality and accepted objectivity of the analyst. This adds the necessary sense of conviction concerning the unconscious that facilitates change and symptom relief. As though in turning on a light in the dark unknown, the terrors are exposed as empty and anxiety is no longer needed as a signal of danger.

In view of the universality of the unconscious, the psychoanalyst also has transference attitudes and desires of which he is unaware. They may be completely outside of consciousness or well-rationalized and thus acceptable to conscious judgment. Therefore, in order to maintain objectivity and prevent these needs from interfering in the treatment of the patient, the analyst must himself be thoroughly analyzed. This brings about a twofold gain of the resolution of neurotic inhibition and bias in the therapist and prevention of the patient being used for the therapist’s needs, called ‘counter-transference.’

APPLICATIONS

At first, the application of Psychoanalysis was in the hysterical and obsessive-compulsive neurosis — pathological mental states with clear ego-alien symptoms. Following the development of ego psychology that led to the analysis of defenses, character disorders, narcissistic states, and psychoses also became available to treatment. The technique has been successfully applied in children as young as two and a half and adults in their sixties. However, the ideal psychoanalytic patient would be an adult of twenty to forty who suffers with ego-alien neurotic symptoms and has a strong curiosity about mental function.