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Chapter · January 2017

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The SAGE Encyclopedia of Abnormal and Clinical Psychology

Psychoanalysis

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Edited by: Amy Wenzel

Book Title: The SAGE Encyclopedia of Abnormal and Clinical Psychology

Chapter Title: "Psychoanalysis"

Pub. Date: 2017

Access Date: April 11, 2017

Publishing Company: SAGE Publications, Inc.

City: Thousand Oaks,

Print ISBN: 9781483365831

Online ISBN: 9781483365817

DOI: <http://dx.doi.org/10.4135/9781483365817.n1084>

Print pages: 2709-2711

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Psychoanalysis is a generic term for both a set of psychological theories and a group of techniques, each of which emphasizes the unconscious as an essential factor in human adaptation and behavior. Sigmund Freud (1856–1939), an Austrian neurologist and psychiatrist, originally developed the technique of psychoanalysis as a treatment for emotional disorders. From this came all of what is known today as “talk” psychotherapy. Freud also applied his insights to create a psychoanalytic theory of psychology, which emphasizes the role of the unconscious in all mental life.

Freud’s name continues to remain synonymous with both aspects of psychoanalysis. Freud expanded on Charles Darwin’s theory of evolution as the driving force in human adaptation to life and observed that the process of human development includes sexual development, both physically and psychologically. In his approach to sexual development, Freud noted that humans are prone to blockages, which under certain circumstances can lead to neurotic psychopathology. This neurotic psychopathology is understood to be the result of the failure of mechanisms designed to block the awareness of painful thoughts and feelings. Instead of developing natural mechanisms to block awareness, such as facing the upsetting content, releasing pent-up emotion associated with it, and then forgetting about it, neurotic mechanisms, such as psychological defenses (e.g., repression) and neurotic symptoms (e.g., panic attacks or hysterical conversion) manifest. These mechanisms protect the person but at a high emotional price, as they create new problems that interfere with normal human functioning. Psychoanalysis as a therapy seeks to help the person adjust to the original painful emotion (both conscious and unconscious) that originated to allow humans to seek pleasure and avoid pain. Thus, the technique of psychoanalysis was designed to remove the neurotic blockages that occur in the course of the neurotic person’s development. This entry reviews the development of psychoanalysis from its inception to the present.

Freud’s Psychoanalysis as a Psychotherapeutic Treatment

Two pioneers in the treatment of neurosis were also teachers of Freud. They were French neurologist Jean-Martin Charcot (1825–1893) and Viennese neurologist Josef Breuer (1842–1925). Charcot’s contribution to psychoanalysis was the use of hypnosis to demonstrate and treat hysterical neurosis, a condition that had been thought by medicine to be of physical origin, and included symptoms such as fugue states and conversion symptoms such as temporary paralysis of various body parts. From 1880 to 1882, Breuer treated a young girl who experienced many hysterical symptoms. The patient, whom Breuer named Anna O., improved using the technique of her talking about her symptoms while under hypnosis. Freud and Breuer suggested that the patient’s improvement was the result of two factors: *abreaction*, a cathartic process in which repressed emotions are released, and *insight*, a process whereby the patient’s unconscious conflicts are brought into consciousness.

Freud first utilized the technique of hypnosis but soon abandoned it because he found the results unreliable in removing neurotic blockages caused by repression and eliminating the neurotic symptoms. In its place, Freud developed *free association*, a process in which the patient is asked to say whatever comes to his or her mind, no matter how trivial the thoughts may seem. Freud found that if the patient simply allowed the mind to wander, he or she would soon begin to express the unconscious conflict that was behind the neurotic problem. Thus, Freud began to view neurosis as being the result of psychological conflict, and he began to believe that it could be helped by psychological means. In his earlier work with hypnosis, Freud had also wondered why some people could be easily hypnotized, whereas others could not. He had begun to believe that there must be a psychological force that

blocks the hypnotic process. Freud reasoned that this psychological force was in some way the result of the relationship between the patient and the doctor. These are the earliest observations of what Freud would later call *resistance* (the blocking) and *transference* (the relationship). All forms of talk psychotherapy now consider the relationship between the patient and the therapist, and the openness versus the defensiveness of the patient (the resistance), as key factors in the success of the therapy.

Psychoanalysis as it is currently practiced includes the analyst working with this transference, which is seen as a process in which the patient develops a dependent relationship with the analyst, which mirrors the patient's parent-child relationship, which results in the patient transferring his or her old childlike emotions onto the analyst. The working-through of this relationship, or the reworking of the childlike feelings toward the analyst, is conceptualized as the heart of the therapy. In a successful psychoanalysis, the mask of adulthood has been stripped away from the neurotic, and the patient has found a place to understand and deal in a mature way with the infantile feelings of neurotic dependence, neurotic anger, and neurotic self-deception. Thus, psychoanalysis can be defined as a psychotherapy that seeks to facilitate and then work through and resolve a neurotic transference by interpretation. In this regard, an interpretation is an intervention made by the psychoanalyst that ties together both the conscious (manifest) and the unconscious (latent) aspects of the patient's communications.

Freud saw dreams as a major source of insight into the unconscious. Through the analysis of his patients' dreams, as well as his own self-analysis, Freud observed that the conscious, or "manifest," content of a dream involves the dreamer's most recent needs, worries, and concerns, whereas the hidden, or "latent," content of a dream concerns unconscious childhood memories of wish fulfillment. The patient must recount his or her memory of the dream, and the analyst helps the patient trace the dream to the unconscious wish.

To summarize, dream analysis, free association, and the interpretation of the childhood conflicts that had led to the patient's neurotic symptoms, as well as a "working through of the transference," are the major components of psychoanalysis.

The Change From Classical Freudian Psychoanalysis to Ego Psychology

Although Freud had begun his work by observing that neurotics flee from intolerable experience, during the last 20 years of his life, he began to completely revise his original ideas. In his writings prior to World War I, Freud had focused on the nature of the neurotic's intolerable experience. By 1914, he began to look more closely at the nature of the defensive processes, which act to block intolerable experience from consciousness. Two of Freud's followers, his daughter Anna Freud (1895–1982) and his student Heinz Hartmann (1894–1970), extended and elaborated on these new insights. In their work, both demonstrated how patients *adapt* to their conflicts, and how this can make patients' conflicts very difficult to change. Through this process, conflicts become *syntonic* to the self, as opposed to *alien* to the self. These observations also led to a change in the major technical treatment goal of psychoanalysis: from the goal of altering symptoms to the new goal of altering personality style through a process of changing the typical defenses of the ego. This new model of understanding was termed *ego psychology*.

Prior to the development of ego psychology, the primary goal of Freud's psychoanalysis had been the release of repressed energy that was being defended against by the ego. The idea that someone might actually *need* their defenses and that defenses sometimes need to be

strengthened, not weakened, were novel notions. Thus, with the introduction of ego psychology, the technique of psychoanalysis as a psychotherapy changed to a focus on the evaluation and modification of the patient's defensive processes. This was a figure/ground shift, whereby the emphasis in the therapy changed from *what* is being defended against to *how* the patient is defending against his or her intolerable experience.

Ego psychologists also began to reevaluate Freud's model of psychological development, arriving at the notion that children are born with an innate potential that unfolds naturally in a receptive environment. This opened up a host of questions that would be later pursued by developmental ego psychologists, such as Margaret Mahler (1897–1985): What are the elements in an *average expectable environment* that the psychic apparatus requires to develop? Are there factors in a child's early relationship with his or her environment that facilitate the process of drive neutralization, toning down instinctual conflicts and making that energy source available to fuel the ego's nonconflictual activities? This led psychoanalysts to a further revision in their thinking: a change in emphasis from the intrapsychic, or fantasy, life of the patient to an exploration of actual events originating in childhood and displayed in the current relationship with the psychoanalyst. That is, the technique of psychoanalysis changed from a focus on the patient's fantasy life to a focus on the patient's real life, relating as it unfolds in the "here and now" relationship with the psychoanalyst.

In current psychoanalysis, the balance of emphasis has shifted even further toward an object relational/relational therapy, where the real relating that occurs between the patient and the analyst is seen as the best way to understand the psychopathology developed in the patient's childhood.

Recent Developments in Psychoanalytic Practice

In the 1980s, the so-called relational movement emerged in psychoanalysis that challenged standard practice as outlined by classical theorists. The movement has been described as marking a significant shift from "solitary reflection" to "relational struggle" in psychoanalysis. Relational psychoanalysis sees the analytic situation as inherently dyadic and the goal of treatment as providing a formative interpersonal experience. It essentially involves the integration of principles from interpersonal psychoanalysis, object relations, self-psychology, and feminist and poststructuralist critiques (including those associated with Jacques Lacan) with some classical principles: It is known for its development of notions such as intersubjectivity, social constructionism, and multiple selves. Relational psychoanalysis stresses how the individual's personality is shaped by both real and imagined relationships with others and how these relationship patterns are reenacted in the interactions between the analyst and the patient. A greater emphasis is placed on the analyst's personality and personal reactions than was practiced in classical Freudian psychoanalysis, where the emphasis was almost exclusively on the personality and personal reactions of the patient. In practice, this change has resulted in greater exploration of emotional experience of both the patient and the analyst in the here and now, including the occasional, judicious use of self-disclosure on the part of the analyst.

The Current State of Psychoanalysis

From its inception, psychoanalysis has been the object of criticism and controversy. However, current psychoanalytic therapists suggest that this treatment is the most effective approach to working with problems of intimacy and attachment. In addition, psychoanalytic research into

infant and child development has led to many new insights, and a recent meta-analysis (i.e., a study that combines and analyzes the results of several studies) on the efficacy of psychoanalysis demonstrated evidence that psychoanalytic treatment yields significant pre/post and pre/follow-up change in patients presenting with complex mental health disorders. Although the practice of psychoanalysis as a multiple session per week process has abated, it has continued to inform numerous time-limited psychodynamic psychotherapies, demonstrated to be efficacious in treating depressive, anxiety/personality disorders, according to multiple meta-analyses. Psychoanalytic theory has led to empirical research that is now integrated into a vibrant and comprehensive psychoanalytic understanding of human psychology, and a vibrant technique that can help eliminate human suffering.

See also [Dream Analysis](#); [Ego Psychology](#); [Object Relations Theoretical Framework](#); [Psychodynamic Theoretical Framework](#)

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<http://dx.doi.org/10.4135/9781483365817.n1084>

10.4135/9781483365817.n1084

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