CHAPTER 2

Psychoanalysis

Sigmund Freud

Barb is a 47-year-old Caucasian female. She has been divorced twice, the second time 6 years ago. Barb has a high school education and works as a cashier in a grocery store. She speaks rapidly and in great detail. Barb has difficulty sitting for prolonged periods of time, sometimes appearing to be in physical pain during counseling sessions. She has difficulty making eye contact with her counselor.

Barb comes to counseling because she is depressed, experiences mood swings, and has bouts of crying and panic attacks. She has many physical maladies and complaints. These conditions include arthritis in the hands, repeated sinus infections, headaches, numbness in the face, dizziness without known neurological causes, fallen bladder, and injured knees.

Barb is also troubled by her perception that she is too dependent on her current boyfriend and has mixed feelings about the relationship. Barb says that she would like to become a "stronger person." She feels unloved, unwanted, and unneeded. Barb reports that she is "tired of catering to men," but wants to be able to trust men and find someone to "sweep her off her feet."

Barb reports that she has experienced physical and sexual abuse. She remembers being fondled by a male family friend around the age of 5. Barb's mother left the home when Barb was 10; Barb and her younger siblings (two sisters and a brother) remained with their father. From the age of 10 until about age 16, Barb's father sexually abused her.

At age 17, Barb married her high school sweetheart and had two children in the next 3 years. Shortly after they were married, her husband showed her letters to prove that he had been involved with another woman before their marriage, and he continued to be unfaithful to Barb throughout their 10-year marriage. Barb describes him as "perverted" because he would force her to participate in sexual acts that she perceived as "dirty" and was only concerned with his own sexual satisfaction. She characterized her husband as physically and emotionally abusive. During these 10 years, Barb attempted suicide three times. In the first

attempt, she overdosed on prescription pain medication. Several months later, she jumped off a two-story building. In another incident, Barb reports that she jumped out of a moving car.

Barb characterizes her second husband as affectionate, protective, and warm, but uncommunicative. She married him 5 years after her divorce from her first husband. Barb reports that she had great difficulty learning to trust this man, and then after 8 years of marriage he left her.

Currently, Barb is dating a 50-year-old man. Although she describes him as safe, his lack of commitment, alternately withdrawing and clinging behavior, and critical comments are making Barb feel insecure. She is also involved with a married man, even though she thinks that this relationship is not in her best interests.

Barb has not seen her mother since she left the family when Barb was 10. She has some contact with her siblings, but describes her relationships with them as distant. Barb maintains that they do not like her. Her father remarried about 8 years ago and moved to another state. Barb does not visit her father, stating that she does not like his new wife.

BACKGROUND

Psychoanalysis was founded by Sigmund Freud (1856–1939). Freud was a prolific writer; the dates of his work span over 45 years (from 1893 to 1938), and during his professional lifetime he revised his theory many times. However controversial this theory is, his influence on the profession of counseling and psychotherapy has been enormous. Consider that before Freud, although some philosophers had debated the idea of the unconscious (Gay, 1988), no one had systematically applied the idea to psychological functioning. Also, Freud and his colleague and mentor, Joseph Breuer, were the first to explore the "talk" therapy approach as a treatment for psychological dysfunction (Breuer & Freud, 1895/1937).

Sigmund Freud was an interesting character and has been the subject of many biographies, including his own in 1925 when he was 69 years old (Freud, 1925/1989). Depending on whom you read, Freud is characterized as a meticulous scientist or an arrogant controller who could not tolerate dissent in his ranks. Perhaps the safest view is to see him as a combination of both. At times he presented himself as the humble scientist, at times the wounded victim of a rejecting scientific community, and at times in a dogmatic, stubborn tone. Freud was also known to be a workaholic (18- to 20-hour workdays were common) who seemed to have neurotic symptoms from time to time. During the late 1890s Freud undertook his self-analysis, the content of which is partially revealed in several of his works, including *The Interpretation of Dreams* (1900/1953).

Much has been made of Freud's complex family constellation. Freud was the first child of his mother, Amalia, who was Jacob Freud's (Freud's father) second or third wife (there is some controversy surrounding even this simple fact). Jacob's two sons from his first marriage were about the same age as Freud's mother (who was 20 years younger than Jacob), and one of these men had a son, Freud's nephew, who was older than Freud. Thus, Freud's early environment gave him interesting puzzles to investigate, and some speculate that his theories are a reflection of this somewhat unusual family constellation (Gay, 1988).

Sigmund Freud lived most of his life in Vienna, Austria. He was an exemplary student who entered the University of Vienna at age 17. After finally deciding on a career in medicine

(with dominant interests in the scientific aspects), Freud obtained his medical degree in 1881. Although he wanted to continue his already recognized work in the medical laboratory, he reluctantly took up the clinical practice of medicine as a way to support his eagerly anticipated marriage to Martha Bernays.

Before his marriage in September 1886, Freud journeyed to Paris to study with the famous neurologist Jean-Martin Charcot, investigator of hysteria and champion of hypnosis in medical practice. At the time, Charcot was investigating hysteria, the appearance of physical symptoms that apparently had no physiological bases. Although the malady was thought to be an exclusively female problem (the name comes from "wandering uterus"), Charcot discovered that hysteria also affected males (Gay, 1988). Peter Gay, an eminent biographer of Freud, maintains that "Freud was amazed and impressed to see Charcot inducing and curing hysterical paralyses by means of direct hypnotic suggestion" (1988, p. 49), a novel approach to this puzzling syndrome. Freud was quite excited by Charcot's work and used it as a basis for his subsequent theoretical efforts.

Freud returned from Paris and began to work in the everyday practice environment, while still pursuing his scientific interests. Freud's first published book on hysteria was coauthored with Joseph Breuer in 1895 (*Studies in Hysteria*, Breuer & Freud, 1895/1937). According to Gay (1989) Freud first used the word *psychoanalysis* in 1896 (p. xxxvi). One of Freud's most widely acclaimed books, *The Interpretation of Dreams*, was published in 1899; it is an interesting bit of trivia that this book actually had a copyright date of 1900 (Gay, 1988).

Freud's theories about the sexual origins of the neuroses and sexuality in children were quite controversial. If you wish, you can begin your excursion into psychoanalysis by reading a selection from *An Outline of Psycho-analysis* (1940/1949) written by Freud, in Box 2.1.

Box 2.1

An Excerpt from an Outline of Psycho-Analysis

A dream, then, is a psychosis, with all the absurdities, delusions and illusions of a psychosis. A psychosis of short duration, no doubt, harmless, even entrusted with a useful function, introduced with the subject's consent and terminated by an act of his will. None the less it is a psychosis, and we learn from it that even so deep-going an alteration of mental life as this can be undone and can give place to the normal function. Is it too bold, then, to hope that it must also be possible to submit the dreaded spontaneous illnesses of mental life to our influence and bring about their cure?

We already know a number of things preliminary to such an undertaking. According to our hypothesis it is the ego's task to meet the demands raised by its three dependent relations—to reality, to the id and to the super-ego—and nevertheless at the same time to preserve its own organization and maintain its own autonomy. The necessary precondition of the pathological states under discussion can only be a relative or absolute weakening of the ego which makes the fulfilment of its tasks impossible. The severest demand on the ego is probably the keeping down of the instinctual claims of the id, to accomplish which it

is obliged to maintain large expenditures of energy on anticathexes. But the demands made by the super-ego too may become so powerful and so relentless that the ego may be paralysed, as it were, in the face of its other tasks. We may suspect that, in the economic conflicts which arise at this point, the id and the super-ego often make common cause against the hard-pressed ego which tries to cling to reality in order to retain its normal state. If the other two become too strong, they succeed in loosening and altering the ego's organization, so that its proper relation to reality is disturbed or even brought to an end. We have seen it happen in dreaming: when the ego is detached from the reality of the external world, it slips down, under the influence of the internal world, into psychosis.

Our plan of cure is based on these discoveries. The ego is weakened by the internal conflict and we must go to its help. The position is like that in a civil war which has to be decided by the assistance of an ally from outside. The analytic physician and the patient's weakened ego, basing themselves on the real external world, have to band themselves together into a party against the enemies, the instinctual demands of the id and the conscientious demands of the super-ego. We form a pact with each other. The sick ego promises us the most complete candour—promises, that is, to put at our disposal all the material which its self-perception yields it; we assure the patient of the strictest discretion and place at his service our experience in interpreting material that has been influenced by the unconscious. Our knowledge is to make up for his ignorance and to give his ego back its mastery over lost provinces of his mental life. This pact constitutes the analytic situation.

No sooner have we taken this step than a first disappointment awaits us, a first warning against over-confidence. If the patient's ego is to be a useful ally in our common work, it must, however hard it may be pressed by the hostile powers, have retained a certain amount of coherence and some fragment of understanding for the demands of reality. But this is not to be expected of the ego of a psychotic; it cannot observe a pact of this kind, indeed it can scarcely enter into one. It will very soon have tossed us away and the help we offer it and sent us to join the portions of the external world which no longer mean anything to it. Thus we discover that we must renounce the idea of trying our plan of cure upon psychotics—renounce it perhaps for ever or perhaps only for the time being, till we have found some other plan better adapted for them.

There is, however, another class of psychical patients who clearly resemble the psychotics very closely—the vast number of people suffering severely from neuroses. The determinants of their illness as well as its pathogenic mechanisms must be the same or at least very similar. But their ego has proved more resistant and has become less disorganized. Many of them, in spite of their maladies and the inadequacies resulting from them, have been able to maintain themselves in real life. These neurotics may show themselves ready to accept our help. We will confine our interest to *them* and see how far and by what methods we are able to 'cure' them.

With the neurotics, then, we make our pact: complete candour on one side and strict discretion on the other. This looks as though we were only aiming at the post of a secular father confessor. But there is a great difference, for what we want to hear from our patient is not only what he knows and conceals from other people; he is to tell us too what he does *not* know. With this end in view we give him a more detailed definition of what we mean by candour. We pledge him to obey the *fundamental rule* of analysis, which is henceforward to govern his behaviour towards us. He is to tell us not

> only what he can say intentionally and willingly, what will give him relief like a confession, but everything else as well that his self-observation yields him, everything that comes into his head, even if it is *disagreeable* for him to say it, even if it seems to him *unimportant* or actually *nonsensical.* If he can succeed after this injunction in putting his self-criticism out of action, he will present us with a mass of material—thoughts, ideas, recollections—which are already subject to the influence of the unconscious, which are often its direct derivatives, and which thus put us in a position to conjecture his repressed unconscious material and to extend, by the information we give him, his ego's knowledge of his unconscious.

Despite the rejection of, or indifference to, his work, Freud persevered and gradually gathered a group of adherents. He established the Wednesday Psychological Society in 1902 for the purpose of discussing psychoanalytic ideas (Gay, 1988). Over the years, the membership of this group included Carl Jung and Alfred Adler, among others. Interesting stories are to be found in the "politics of psychoanalysis" (Freud's own term) that space prohibits telling here (see any of the Freud biographies for these).

Freud remained in Vienna until the Nazis invaded in 1938, then immigrated to London. He was close to death due to cancer of the jaw (probably a result of his favorite vice, cigars). Choosing his own end on September 23, 1939, Freud obtained from his physician a lethal dose of morphine (Gay, 1989). He was survived by his daughter, Anna Freud, whose story is also an interesting one (Monte, 1999). Anna was Freud's youngest child and was very close to her father. In her 20s, Anna received training analysis from her father. Without the benefits of any formal training in medicine or psychology, she became an analyst and Freud's intellectual heir. Anna was a staunch advocate of her father's ideas, yet made significant contributions of her own in her psychoanalytic approach to working with children (You will read more about Anna's ideas in Chapter 3). It is indeed significant that Freud was willing to analyze Anna, a serious deviation from the standards of abstinent conduct that he developed for analysts. Some authors suggest that this violation of analytic rules was a reflection of the importance he placed on "having a trustworthy and competent intellectual heir after so many previous failures and betrayals" (Monte, 1999, p. 181).

Freud's ideas laid the foundation for the profession of psychology and the practice of psychotherapy as we know it today. Most of the prominent theories of counseling and psychotherapy either incorporate Freud's ideas or were formulated in reaction to them. Despite some arguments that psychoanalysis is a dated and discarded theory of human behavior, both ideologically "pure" as well as variations of psychoanalysis thrive currently. You can watch a classic psychoanalytic session with the client Helen on the *Theories in Action* DVD, conducted by Dr. David Donovan.

The American Psychoanalytic Association has a webpage at http://apsa.org, and the International Psychoanalytical Association can be found at www.ipa.org.uk. Both of these sites offer links to other current information about psychoanalysis. The Psychoanalysis division of the American Psychological Association (Division 39) is one of the larger divisions of the APA and sponsors a journal, the *Journal of Psychoanalysis.*

BASIC PHILOSOPHY

Freud was a pessimist, and thus psychoanalysis presents a rather gloomy view of human nature. Arguing against those who characterized human nature as inherently positive, Freud maintained that "unfortunately what history tells us and what we ourselves have experienced does not speak in this sense but rather justifies a judgement that belief in the 'goodness' of human nature is one of those evil illusions by which mankind expect their lives to be beautified and made easier while in reality they only cause damage" (Freud, 1933/1964, p. 104).

For Freud, human behavior is produced by conflicts between genetically built-in drives, the instincts of self-preservation, sex, and destruction. Although Freud acknowledged the influence of environmental events and genetic predispositions, in his view the most dominant force in human behavior is the sexual instinct, which he thought was innate.

In psychoanalytic theory, a great deal about a person is determined before the age of 6. Children are viewed as enacting a genetically determined developmental sequence, which under normal circumstances progresses until about the sixth year, whereupon the psychological developmental process goes dormant. At puberty, development resumes.

Freud's views of children were much more complex than the views current when he was writing. He believed that kids are sexual beings and have murderous fantasies in the search for gratification of primal wishes (i.e., satisfaction of the sexual instinct; Freud, 1940/1964). According to Freud, all psychopathology has its roots in early development and arises out of conflicts among various psychic entities.

Our psychoanalytic therapist, Glenda, begins her work with Barb with the assumption that her current behavior is jointly the result of her genetic inheritance and the experiences of her childhood. First, she is female, which for Freud is an essential determinant of personality structure. Second, she recalls some sexual experience before age 6 and sexual abuse as a teenager. The trauma of both sequences of sexual abuse would be enough to cause problems on its own, but the nature of her symptoms depends heavily on Barb's early development.

Freud thought that as humans we are not very good at knowing the reasons for our actions. We blissfully endorse the comforting myth that our conscious thought directs our behavior. He said, "The truth is that you have an illusion of a psychic freedom within you which you do not want to give up" (Freud, 1920/1952, p. 52). Freud maintained that forces of which we are unaware (the unconscious) are the most powerful sources of behavior. Evidence for the existence of the unconscious is, according to Freud, found in such everyday occurrences as forgetting, mistakes, "slips of the tongue," and dreams. In these events, which we typically dismiss as meaningless, Freud saw the relaxation of the censor that typically keeps unconscious material from surfacing. A good example of such a slip is when a man about to be married is queried by his future in-laws about his religious affiliation. He replies "prostitute" instead of "Protestant." Freud would see this mistake as evidence of the unconscious sexual urges that are close to the surface because of the excitement and stress of impending marriage (and accompanying sexual gratification, of course).

Glenda expects Barb to have little awareness of the real sources of her symptoms. Barb will likely attribute her crying, anxiety attacks, and so on, to environmental factors, but the analyst's position is that these are likely the result of the inhibitions in development resulting from the early sexual experience and later sexual abuse.

Glenda sees evidence of Barb's unconscious functioning in several ways. For instance, Barb might "accidentally" use her father's name in place of the family friend who sexually abused her. Such a substitution would be very significant indeed to Glenda. Barb also relates dreams in her analysis, and Glenda looks in these accounts to understand the workings of Barb's unconscious. In one dream, Barb describes a scenario in which she is captured and tormented by a sea monster. She is rescued by an old man in white robes who is riding a mule, but feels confused and tearful when this happens. Glenda realizes that in this dream Barb is reliving her experiences of sexual abuse. The monster is the abuser, and water is thought to be related to sexual feelings and actions (think about waves). Glenda understands Barb's confusion and tears in response to her rescue as representing conflicting feelings of relief, the loss of possible sexual gratification (which is unconscious), and the resurgence of anxiety and fear connected to her abuser, who was an older man. An interesting facet of the dream is that the scary man is riding a mule (an infertile animal).

HUMAN MOTIVATION

Freud was convinced that human behavior is driven by intrapsychic conflict (Freud, 1940/1964). Specifically, the instinctual urges in the unconscious are considered unacceptable by the conscious mind and society, so the psychic apparatus exerts energy to keep these urges at bay. Behavior is thus a compromise between the warring mental forces.

Glenda knows that Barb's current behavior is a compromise between unacceptable urges and reality. Her mixed feelings about her relationship with her current boyfriend are probably the result of (a) pleasure due to satisfaction of sexual urges and (b) guilt about expressing sexuality. She is also involved in a socially less-acceptable sexual relationship (with a married man), which would also result from conflicting sexual and moralistic impulses.

CENTRAL CONSTRUCTS

Instinct Theory

Freud hypothesized that humans have instinctual urges that are innate, resulting from their evolutionary heritage. These instincts must be expressed or the individual will become dysfunctional (Freud actually used the word *ill;* 1940/1964, p. 150). In his early writings he identified the most basic instinct as Eros, or life. Later on he described the destructive instinct (more commonly called Thanatos, or the death instinct; Freud, 1949/1969). Aside from direct expression through satisfaction of the need, instincts can also be expressed in four other ways (Rickman, 1957, p. 77): (a) turning into the opposite, (b) turning back on the person, (c) repression (or banishment to the unconscious), and (d) sublimation (expression in socially approved activity).

The life instincts are thought to be composed of those directed toward self-preservation (for example, hunger and reproduction continue the individual and the species). Although

it is tempting to see the life and death instincts as opposing one another, Freud indicated that they sometimes can fuse. For example, Eros prompts the person to eat, which allows the destructive instinct to be expressed as destroying the food (Freud, 1940/1964). When a child is learning to control her[1] bowel and bladder functioning, the death and love instincts can fuse into sadism because the child becomes angry at the loved caretaker who forces the child to control elimination.

In Barb's case, Glenda sees the destructive or death instinct as responsible for her suicide attempts. Her depression, crying, and destructive attempts can be seen as the result of a need for punishment for her unacceptable sexual urges. Problems around Eros seem to give rise to her disruptive relationships with men; she simultaneously seeks forbidden sexual gratification and reacts angrily to the rejection and hurt she has experienced from men.

Freud had much more to say about Eros than he did about Thanatos because the latter was a late addition to the theory (Freud, 1923/1961). The instincts are unconscious and possess a store of energy, which in the case of Eros is called libido. The term *libido* has become synonymous with sexual drive even though Freud protested that it was a much more general drive. Libido is considered a very basic drive, because it is responsible for the perpetuation of the human species.

Instinctual energy always seeks objects in which to invest (normally, people); such attachment discharges the energy of the instinct and creates pleasure. At birth, libido is directed only to the self, a state known as primary narcissism. Next, and rather quickly, the mothering one becomes the primary object of the libido. As the child develops, she continues to invest life energy in other people or objects until, as an adult, she finds mature love in the investment of libido in a person of the opposite sex. Further journeys of the libido will be described under the discussion of sexual development.

It is important to note that problems in development lead to fixation of the libido at that stage of development. Fixation is rarely total in the neuroses, so the individual continues on a modified developmental path. However, later trauma can lead to regression to the point of fixation, the primary means whereby old, unresolved conflicts become symptoms.

Glenda hypothesizes that Barb's libido is fixed somewhere in her early development, probably around the age of 5 or 6. She is arrested in her development, which explains why she has difficulty with intimate relationships in her adult years. Glenda thinks that Barb, to some extent, reproduces in her current relationships aspects of those she experienced early in life. These immature ways of relating to others tend to get her in trouble.

Topographic Model: The Iceberg Approach

In his early work Freud differentiated among three types of mental content. Beginning with the most obvious, he recognized the conscious awareness of the individual. To the consternation o

[1] Pronouns in the theory chapters of this book will match the sex of the client and counselor. Male and female pronouns in Chapters 1 and 16 are alternated randomly.

many, however, he denied it as the source of most behavior. Instead, he saw most behavior as stemming from the unconscious, so that what we typically think of as driving our behavior (our conscious thought) is only the tip of the iceberg. The real motivations lie beneath the surface of the stormy ocean, the instincts in the unconscious. Some mental content moves easily from conscious to unconscious, and this material Freud termed the preconscious. Even though he later revised his model (see the structural model that follows), Freud continued to use the terminology of the levels of consciousness to describe mental events.

Structural Model: The Big Three

Later Freud asserted that there were three basic divisions or entities in the mind, which he termed the It, I, and over-me (Freud, 1933/1964). The more familiar Latin terms of **id, ego,** and **superego** were evidently substituted in translation to English and have since become the terms of choice (Karon & Widener, 1996).

If you want to see an id, look at a newborn baby. The id is the most primitive of psychic entities, the residence of the instinctual urges. It seeks immediate gratification of its instinctual needs. Consider what happens when a baby gets hungry—the message is, Feed me right now!

Freud emphasized that the id has no real contact with reality, writing, "No such purpose as that of keeping itself alive or of protecting itself from dangers by means of anxiety can be attributed to the id" (Freud, 1940/1964, p. 148). Totally unconscious, the id operates on the **pleasure principle;** it seeks pleasure and avoids pain. Another term for this type of mental processing is **primary process** because it is the most basic, primitive form of psychic activity. The id's version of pleasure is the satisfaction of instinctual impulses through the discharge of energy associated with them. In this process of discharge, the instinctual energy is attached to objects, including people.

The psychic entity with which we are most familiar is the ego. The ego develops out of the id in response to pressure from the child's environment to restrain instinctual drives. Operating according to **secondary process,** or the **reality principle,** the ego strives for satisfaction of the id impulses while at the same time preserving the person. Because of the nature of the instinctual impulses, outright gratification of them could result in damage to the organism, or even death, and the ego's job is to prevent these outcomes.

The superego is the last psychic entity to develop; it is the internalized version of parental or other authority figures. We know the superego as our conscience, and it is also the vehicle for the ego-ideal, or our vision of the perfect ego. Freud maintained that the superego "observes the ego, gives it orders, judges it and threatens it with punishments, exactly like the parents whose place it has taken" (1940/1964, p. 205).

Figure 2.1 was proposed by Nye (1986) as an illustration of the relationships between the structural and functional models of psychoanalytic theory. The drawing emphasizes that all three psychic entities have unconscious elements, with the id entirely and safely in the unconscious. Note that portions of the ego are unconscious, primarily the defenses and processes most intimately related to dealing with the id.

Barb's ego seems to be struggling with unconscious forces that result in her current dysfunctional behavior. Her basic id impulses are at war with the demanding and rigid superego. She

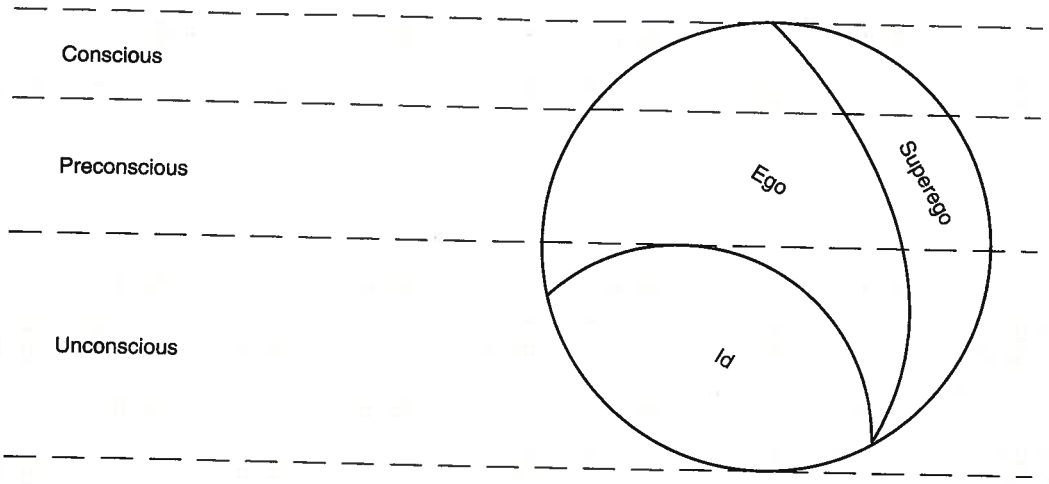


FIGURE 2.1. An Integration of the Structural and Topographical Models of the Personality.
From *Three psychologies: Perspectives from Freud, Skinner, and Rogers* 5th edition by Nye. © 1996. Reprinted with permission of Wadsworth, a division of Thomson Learning: www.thomsonrights.com. Fax 800-730-2215.

has sexual urges that seek fulfillment, yet the internal voice of her superego tells her that sex and intimacy are forbidden and dangerous. The superego exerts its control in the form of Barb's depression and crying. Glenda guesses that this punishment has resulted in a poor self-concept and an exceedingly strict ego-ideal. The impulses of Barb's id are fighting for gratification but are so unacceptable that they are not directly expressed in behavior. Her ego, although taxed, is still intact, and therefore Barb is able to participate in the counseling relationship.

Repression

One of the most important processes in psychoanalytic theory is **repression**, the act of containing or pushing unacceptable psychic material to the unconscious. The process of repression is unconscious and is always involved in symptom formation, although not all repression results in symptoms. Repression uses psychic energy and can result in the person being developmentally "stuck" at the psychological stage of a traumatic event, a mechanism called **fixation.** Although some would characterize repression as one of the most important defense mechanisms (discussed later), Freud also wrote of it as a more general psychic process.

From a psychoanalytic perspective, it is interesting that Barb retains the memories of her childhood sexual abuse. The symptoms that she is experiencing likely result from the repressed emotion related to the abuse. Early sexual experience, in Glenda's view, would overgratify the sexual instinct; this overgratification would explain Barb's pronounced desires to fulfill sexual needs with a safe male. These desires are seen in her many attempts to establish relationships, but their dysfunctional nature is evident in that she does not pick safe men. Barb seems doomed to repeat her early experiences, a sign of fixation.

Barb's psychic processes are repressed, and the memories that trigger them are accessible only through lengthy analysis. Glenda proceeds carefully in conceptualizing these memories,

because one psychoanalytic understanding would be that these memories are wish fulfillments; they represent childhood fantasies of gratification of the sexual drive. That is, the abuse may have happened only in Barb's fantasies. A second type of interpretation would be that the abuse was real. Either explanation would lead Glenda to expect fairly significant dysfunction in Barb's relations with men.

Symptoms as Symbols

For Freud, symptoms were symbols of psychic conflict. In his earlier writings he always described them as expressions of unacceptable sexual impulses: "Every time we should be led by analysis to the sexual experiences and desires of the patient, and every time we should have to affirm that the symptom served the same purpose. This purpose shows itself to be the gratification of the sexual wishes; the symptoms serve the purpose of sexual gratification for the patient; they are a substitute for satisfactions which he does not obtain in reality" (1920/1952, p. 308). The most obvious examples of such symbolization are things such as uncontrollable vomiting, which was thought to symbolize morning sickness accompanying a wish for impregnation (Nye, 1986). In one of his most controversial cases, that of Emma E., Freud interpreted repeated bleeding from the nose as a wish to be taken care of (Masson, 1984). Freud also said that symptoms could serve as a defense against unacceptable wishes. In either case they are attempts to keep the unacceptable thoughts or desires from surfacing in the conscious. Glove anesthesia, in which only a portion of the arm becomes paralyzed, was thought to be a defense against masturbation. In addition, Freud's later theorizing included the destructive drives as the source of symptoms; for instance, a suicide attempt would represent the activity of the death instinct.

Barb's symptoms are, in Glenda's view, symbolic of her conflicts around sexual impulses and fixation at an early developmental stage. Her depression is the result of her superego punishing her for her unacceptable sexual wishes. Her panic attacks probably result when these wishes come close to the conscious and would be dangerous or socially unacceptable to express. Barb's physiological symptoms, particularly the neurological ones, are probably representative of mental drives that are not being expressed. Quite likely, they symbolize unconscious sexual desires. Her face may be numb because she wishes for forbidden kisses. Barb's fainting spells may be reflective of a wish to "swoon" over the man who will "sweep her off her feet," most likely her father.

Defense Mechanisms

In addition to repression, the ego also has other ways to prevent unacceptable wishes from emerging into awareness. These tactics are called defense mechanisms (Hall, 1954). As noted earlier, repression is often listed as one of the defenses. Defense mechanisms are triggered when anxiety signals that unconscious material is threatening to break into the conscious mind. The defense mechanism distorts reality so that the actual wish does not enter consciousness and interfere with the ego's functioning or the safety of the individual.

The operation of defenses is recognized through their extreme manifestations; the individual's perceptions or reactions seem extraordinarily strong. Freud cautioned that defense mechanisms, even the relatively healthy ones, are only able to discharge a fraction of the

energy attached to the instinctual impulses. For example, transforming aggression into the socially approved racquetball game would not fully satisfy the instinctual drive.

Depending on which source one consults, the list of defenses varies, and Freud himself apparently never enumerated them in one place. *Repression*, described earlier, is the cornerstone of the psychic defenses. A brief description of others follows.

Identification is operating when the qualities of another person are taken into the individual's personality (Hall, 1954). For males, this process is the key to resolving the Oedipal complex (discussed later), but it is also seen in other situations in which individuals are threatened by another person. For this reason, this defense is sometimes termed "identification with the aggressor," although identification through positive emotions is also possible.

Displacement occurs when an unwelcome impulse is deflected onto another person, presumably someone who is less dangerous than the original target. The classic example of displacement is the man who gets angry with his boss, but instead of aggressing against the boss, he comes home and yells at his wife, his kids, the dog, and the goldfish.

Projection is the externalization of an unacceptable wish. People who are paranoid, for example, externalize their instinctual rage by perceiving others as out to get them. This strategy reduces the anxiety associated with the aggressive drives by placing the aggression in the external world. In some cases, the projection of one's aggression allows the angry individual to act on these urges and thereby achieve some degree of instinctual gratification.

Reaction formation is when an unacceptable urge is transformed into its opposite. Rage is transformed to love, and sexual desire to hate. For example, a man's rage against his younger sister that stemmed from sibling rivalry could be transformed into an overly solicitous love.

Sublimation, thought to be one of the healthiest of the defense mechanisms, is the funneling of the unacceptable impulse into a socially acceptable activity. For instance, Freud thought artists sublimated their libidos into creative products. Football players are likely sublimating aggressive drives. According to Maddi (1996), the expression of love toward a socially approved other is a form of sublimation because it represents the disguised expression of incestuous wishes (p. 39).

Regression is seen when a threatened individual retreats to an earlier stage of development, typically to one in which she is fixated. When the demands of a current situation are overwhelming and the person's current defenses and ego operations are unable to handle the stress, she reverts to earlier ways of dealing with life. A school-aged child chastised for lying to a parent may resort to thumb-sucking or curling up in a fetal position to deal with the attack on the ego.

Barb is likely employing several defense mechanisms that revolve around the issues of sexuality in her life. She has repressed her sexual desire for her father and her subsequent feelings of anger and hatred toward men who reject her advances. She may be using reaction formation to deal with some of these feelings that do threaten to emerge into awareness, because she continues to value and seek intimate relationships. However, she is doomed by her fixation, which causes her to repeat the patterns of the past—seeking men who will ultimately abuse and then reject her. When involved in interpersonal conflict with men, Barb probably regresses to earlier coping mechanisms of being passive and distant. Her belief that her siblings don't like her is probably a projection of her own hostile feelings for them as usurpers of parental attention.

THEORY OF THE PERSON AND DEVELOPMENT OF THE INDIVIDUAL

Freud formulated a complex theory of early human development that focused primarily on sexual development. Shocking his Victorian professional community, Freud proposed that humans are inherently sexual creatures and that even infants and young children have sexual urges. He further proposed that humans are inherently bisexual, with gender identification resulting from an inherent tendency toward maleness or femaleness, along with the way in which a key developmental crisis is resolved (see the later discussion of the Oedipal complex).

According to psychoanalysis, humans progress through a series of stages of sexual development beginning at birth and ending with mature sexual identity in puberty. The psychosexual stages are identified by the satisfaction of sexual drive via different zones of the body, termed erotogenic zones (Freud, 1933/1964). Too much or too little satisfaction can lead to too much investment of the libido at a given stage (fixation), resulting in the individual having difficulty negotiating subsequent stages. Fixations vary in intensity. We all have minor ones, but when a large amount of energy is attached at one of the developmental stages, problems can result later in life.

The first erotogenic zone is the mouth, and therefore, the first stage of sexual development is termed the **oral** stage. The infant (or little id) first obtains nourishment from sucking at the mother's breast (thereby satisfying the self-preservation instinct). This satisfaction quickly becomes independent from nourishment, which for Freud was evidence that sucking was satisfying sexual needs as well. Think of all the kids you have seen sucking on pacifiers, their thumbs, and other assorted objects. The oral stage lasts roughly from birth through the first year.

Minor fixations at the oral stage are seen in such oral activities as nail biting, smoking, and overeating. More intense fixation can result in the oral character types (Maddi, 1996). Maddi described these characters as focused on the activities of taking (oral aggressive) and receiving (oral incorporative).

The second stage of development is the **anal** stage, in which satisfaction is gained through the functions of elimination. Freud characterized this stage as sadistic, suggesting that the libidinal and destructive urges fused at this stage to create sadism. Initially, the infant values her excretions, particularly the feces, producing them as "presents" for those whom she especially values (Freud, 1920/1952). As an example of this early attitude, a certain niece of mine placed hers in a jar in the refrigerator for her parents to find.

Later in this stage, the infant comes into conflict with the environment for the first time in her young life when the lessons begin about when and where she can gain gratification of pleasurable urges. Toilet training, in which the child is forced to produce urine and feces only at certain times, can have a great impact on later personality characteristics, according to psychoanalysis. Harsh toilet training can result in individuals who are stingy, orderly, and precise (anal retentive characters), whereas excessive praise leads to people who are overgenerous, messy, and vague (anal expulsive characters; Maddi, 1996).

The most important stage of human psychosexual development for psychoanalytic theory occurs between ages 4 and 6 and is known as the **phallic** stage. The focus of sexual gratification becomes the genitals, and little boys and girls begin to notice differences in their

bodies. Children are sexually curious prior to this age, particularly about the origin of babies, which they have concluded come from the anus. However, as their knowledge increases, they begin to suspect that something else is going on, and both sexes, according to Freud, turn their attentions to the penis. Up to this point, kids have assumed that both sexes possess a penis. However, with the awakening of satisfaction in the genital areas, it becomes evident that boys have one and girls don't. This realization is often the result of accidental viewing of a girl's or woman's genitals, but can also be set off by the trauma of observing adult or parental sexual intercourse. In any case, the discovery that male and female genitals differ is critical; at this point the course of development for boys and girls takes sharply different courses.

As a boy begins to masturbate, he has fantasies about doing something of the sort with his primary love object (an attachment established in the oral phase, you recall), his mother. At this point, he has entered the **Oedipal** stage, named for the mythical Greek character who unknowingly killed his father and married his mother. However, the little boy becomes aware that girls do not have penises and worries that this might happen to him. Also, the little boy remembers earlier warnings of adults when they caught him masturbating—they threatened to cut off the offending member. **Castration anxiety,** a powerful force in male development, ensues. The little boy fears that his father, the rival for his mother's attention, might find out about his incestuous desires for his mother and exact the ultimate revenge, castration. After all, there are a lot of people in the world who don't have penises. The terrified boy therefore represses the desires for his mother, and Freud maintained that in most cases, the complex is "destroyed" (Freud, 1933/1964, p. 92). As a result of this process, the superego makes its first appearance, developed out of the identification with the parents, particularly the father (identification with the aggressor). Identification compensates for the necessary loss of attachment to the mother while defending against the threatening father.

The development of women was much more puzzling to Freud; he devoted a lecture to this topic, although acknowledging therein that "psychology too is unable to solve the riddle of femininity" (1933/1964, p. 116). Like little boys, girls' initial attachment is to the mother, yet to become fully female, they turn from her to attach to the father, but then must seemingly renounce this second important attachment. Freud maintained that early development in girls was masculine in nature, culminating in discovering the clitoris as a source of pleasure analogous to the penis. However, the little girl soon afterward discovers that she does not truly have a penis, the realization that starts the castration complex for women. The primary form of the castration complex among girls is **penis envy**, which Freud thought often was never resolved. In fact, Freud thought that unresolved penis envy was responsible for homosexuality in women as well as the pursuit of "masculine" professions (Freud, 1933/1964). Both courses of development are considered abnormal and represent a continued quest for a penis.

The resolution of the female castration complex resulting in normal femininity begins when the girl renounces clitoral masturbation and seeks to sexually attach to her father as a way to gain the wished-for penis. She becomes hostile to her mother, blaming the mother for her (the girl's) lack of a penis. However, this wish for the penis of her father is frustrated, and so is the next transformation of the wish, that for a "penis-baby" from her father. Unfortunately, the press to resolve the Oedipal complex among girls, castration anxiety, is not present, so girls are much slower to resolve the complex, if at all. They are

thereby limited in their superego development and are prone throughout life to envy and jealousy. They feel inferior because their clitoris can't compare to a real penis. Women continue to search for a penis of their own and really only find one in bearing a male baby. Freud said, "A mother is only brought unlimited satisfaction by her relation to a son; this is altogether the most perfect, the most free from ambivalence of all human relationships" (1933/1964, p. 133). The girl's relationship with her mother remains ambivalent or hostile unless she reidentifies with the mother on the birth of her own children.

After the Oedipal stage, the individual enters **latency**, which is a usually a period of sexual quiescence. The sexual urges are usually repressed; however, Freud cautioned that occasionally some manifestations of sexuality may break through or that some individuals may remain sexually active throughout the latency period. In essence, repression is not always total during latency, and behavior during this period is variable (Freud, 1924/1989).

Mature sexuality, according to Freud, develops during the **genital** stage, which we enter during adolescence. During this phase, the sexual instinct becomes integrated with the reproductive function. The process toward mature sexuality can become derailed during the genital phase if excessive pleasure has been derived from one of the other erotogenic zones during early development. The individual then becomes too invested in foreplay to the detriment of intercourse, thereby leaving unfulfilled the reproductive function of sex (Freud, 1924/1989).

Glenda is certain that Barb has unresolved Oedipal issues. First, the question of the early sexual abuse is important; it is uncertain whether she was actually abused, or whether these memories are wish fulfillments of an Oedipal nature. In Freud's view, the course of development would be very similar in either case. If the abuse was actual, the symbolic gratification of the Oedipal complex would strongly fixate Barb in the Oedipal period. This would cause her to search continually for her father as a love object and results in her duplication of faithless father in her choice of a faithless first husband and a view of men as untrustworthy. The symbolic attainment of her father would also likely intensify her hatred for her mother, resulting perhaps in stormy relationships with other women.

If the abuse was an Oedipal wish fulfillment, the abuser is transformed into "a family friend" because the actual representation of her father in this context is unacceptable. That Barb recalls this memory indicates that her repressive processes were not at full strength, a sign that her psychic system was overtaxed. In either case, she emerges from this stage with an unresolved Oedipal complex.

Barb demonstrates her ambivalent, Oedipal relations with men in the relationship with her current boyfriend. She is worried about being too dependent on him, yet wants a man to sweep her off her feet. Glenda sees these conflictual urges as evidence of Barb's unresolved conflict and the incomplete identification with the female role.

HEALTH AND DYSFUNCTION

Healthy people are able to love and work. They have a minimal level of repression because they have mostly resolved their Oedipal complexes in ways resulting in less fixation at that stage and therefore less leftover unconscious material. Thus, the goal of psychoanalysis is

to bring unconscious material into the conscious; that is, to reduce repression. Individuals who successfully complete psychoanalysis are those who are able to work through unconscious conflicts by allowing them to surface into the conscious and to recognize them as the sources of current behavior and symptoms. It is probably important to note that one can never get rid of the id or superego, so the story of life is the ego's attempts to manage these pressures along with the demands of the external environment (reality). In fact, one interpretation of the Freudian psychoanalytic theory is that a healthy person is the one who uses the healthiest defenses (Maddi, 1996).

Dysfunctional people are individuals who have unresolved unconscious conflicts, particularly those of an Oedipal nature. Freud maintained that all dysfunction originates by age 6 and is due to unsuccessful resolution of the stages of psychosexual development. "Among the occurrences which recur again and again in the youthful history of neurotics—which are scarcely ever absent—. . . observation of parental intercourse, seduction by an adult, and threat of castration" (Freud, 1917/1963, pp. 368–369). In adults, dysfunctional behavior is the result of fixation due to unresolved conflicts plus some kind of activating, traumatic experience. The adult trauma reactivates the childhood fixation, resulting in symptoms (Freud, 1920/1952).

Before discussing the psychoanalytic understanding of various psychological dysfunctions, it is critical to note that most of Freud's work was with a very narrow sample of clients. Most of his clients were neurotics, and in the parlance of the day, either suffering from hysteria or obsessive-compulsive neurosis. Today these dysfunctions would be called conversion disorders and obsessive compulsive disorder or personality. Freud's discussions of other types of dysfunction were far less detailed.

Anxiety forms the basis of dysfunction, and Freud identified three kinds: neurotic, moral, and realistic (Freud, 1933/1964). Realistic anxiety is the appropriate affective reaction to real danger to the organism. Birth anxiety is the original realistic anxiety.

Neurotic anxiety is the fear of libido. It is based in realistic anxiety because if the libidinal drives are expressed, danger to the organism could result. Moral anxiety is the fear of the punitive superego. The nature of the response is identical in all three types of anxiety, but moral and neurotic anxiety are responses to an internal rather than environmental threat.

By far the most important in Freud's work was neurotic anxiety, which results when an emerging instinctual urge is close to consciousness. The ego, perceiving the state of danger that would arise if the demand were satisfied, allows the anxiety to surface as an aversive experience. In most cases, repression then does away with the unpleasant state, and the unsatisfied urge is relegated back to the unconscious. If the energy of the psychic apparatus is overtaxed, the drive can be converted into a symptom that is symbolic of the conflict that generated the anxiety.

The most common client for Freud, and perhaps the most interesting, presented with what was then termed hysterical neurosis, which was originally thought to occur only in females (the result of dysfunction of the uterus). Charcot and Freud were the earliest advocates of the psychic determinants of hysteria and its existence in individuals of both sexes. Charcot thought that any kind of trauma created hysteria, whereas as early as the 1890s, Freud was beginning to assert the sexual origins of hysteria. His insistence on this principle disrupted his relationship with mentor Joseph Breuer, with whom he had coauthored his first book (*Studies in Hysteria;* Breuer & Freud, 1895/1937).

Early on in his explorations of neurosis, Freud noticed that his clients almost always related memories of early sexual experience, mostly perpetrated by male relatives. He initially assumed that the stories that his clients were telling were true and located in these traumas the origins of neurotic symptoms. This assumption is called the seduction hypothesis. However, later Freud abandoned this notion, seeing these "scenes" as the fantastic creations of his analysands based on Oedipal longings. The renunciation of the seduction hypothesis is first seen in an 1897 letter to his confidant, Fliess, and his first public acknowledgement was in 1905 (in *Three Essays on Sexuality*, Masson, 1984). The decision to treat these client recollections as fantasy is considered critical among the adherents of psychoanalysis because it opened the way to the understanding and exploration of the Oedipal complex. Box 2.2 presents an interesting but controversial examination of why Freud abandoned the seduction hypothesis.

Box 2.2

A Failure of Courage? Another View of Freud's Abandonment of the Seduction Hypothesis

Freud's early work with hysterical clients initially led him to believe that these afflictions were caused by sexual trauma (mainly sexual abuse by a male relative) early in life. This position came to be known, somewhat misleadingly, as the seduction hypothesis or theory. In 1905 Freud changed his mind about the reality of his clients' memories of childhood seduction, declaring that he "overrated the importance of seduction in comparison with the factors of sexual constitution and development" (Masson, 1984, p. 129). He also wrote, "At that time, my material was still scanty, and it happened by chance to include a disproportionately large number of cases in which sexual seduction by an adult or by older children played the chief part in the history of the patient's childhood. I thus overestimated the frequency of such events (though in other respects they were not open to doubt)" (cited in Masson, 1984, p. 129). Freud gave several reasons for his altered opinion, including (a) the fact that he was not able to cure his clients based on this hypothesis, (b) the fact that the incidence of hysteria would indicate an unbelievably high rate of sexual offenses by fathers, (c) his conviction that the unconscious has no sense of reality, and (d) the fact that in most severe psychoses, unconscious content does not surface (Masson, 1984). Most analytic writers agree that if Freud had not changed his opinions, he would not have gone on to discover other significant aspects of psychological functioning, such as the Oedipal complex and the role of fantasy in human psychology.

Paul Masson, however, painted another picture of the situation. Masson (1984) maintained that Freud relinquished the seduction theory for reasons other than those stated in his writings. First, Freud was ostracized by the medical community for his assertions that neuroses resulted from childhood sexual experiences. At the time, the Victorian attitudes toward sex precluded discussion of the topic, and some number of medical authorities dismissed the accounts of sexual abuse among both children and adults as "hysterical lies."

Even more interesting is Masson's argument that Freud changed his opinion partly to cover up for a surgical mistake made by his good friend, Wilhelm Fliess. One of Freud's

early analytic clients, Emma Eckstein, had come to Freud with stomach complaints and menstrual difficulties. Both Freud and his colleague Fliess considered menstrual problems to be the result of masturbation. Fliess, however, believed that sexual problems (such as masturbation) originated in the nose, and thus could only be cured by a surgical intervention, removal of the turbinate bone. In early 1885 Freud and Fliess apparently decided that this operation was the solution to Emma's problems.

After the surgery, great complications arose, including hemorrhaging that threatened Emma's life. Various remedies were tried, to no avail. Finally, a surgeon called to consult examined Emma and found that in performing the operation, Fliess "had 'mistakenly' left half a meter of surgical gauze in Emma's nose" (Masson, 1984, p. 66). Masson argued that the hemorrhaging was a normal result of a botched surgical procedure, but that Freud was motivated to save his friend's reputation. Instead of publicly acknowledging the error, Freud conceptualized Emma's hemorrhaging as the result of hysterical "sexual longing" (Masson, 1984, p. 67).

Masson suggested that Freud's rejection of the seduction hypothesis was the result of the reaction of the medical community to his theory and the need to protect his friend and colleague. Further, Masson contended that his own investigation into this issue caused the orthodox psychoanalytic community to shun him, rescinding his access to the Freud archives. Masson argued that his motivation was to force psychoanalysts to believe their clients, rather than dismissing their stories as fantasy.

Prominent scholars of the history of psychoanalysis have found fault with Masson's work (Monte & Sollod, 2003; Roazen, 2002). However, perhaps the most important lesson learned from this debate is that sexual abuse has been and still is underreported. Counselors would be wise to think carefully before they attribute their clients' reports to need-driven fantasies.

Hysteria, which is now called conversion disorder, is a condition in which an individual displays physiological symptoms that seem to have no valid physical basis. For example, a woman might display "glove anesthesia," numbness from the elbow downward to the hand, a condition that is neurologically impossible. As noted earlier, glove anesthesia is thought to result from guilt about masturbation and the accompanying fantasies (probably Oedipal in nature). The term *conversion* conveys the basic assumption about such conditions: that they are anxiety converted to symptoms. In Freud's view, hysteria results from the anxiety produced by the unacceptable sexual impulses threatening to break into consciousness. In the case of adult neurotics, unresolved childhood conflicts have been triggered in adult life, and the hysterical symptoms, according to psychoanalysis, always symbolize the childhood event.

Phobias are a special class of hysteria in which sexual impulses are first repressed, then converted to anxiety, and finally attached to some external object (Freud, 1920/1952). The phobic then creates structure that keeps the dreaded object at a distance, which represents the feared libido. For example, agoraphobia (literally, "the fear of the marketplace") is the fear of sexual impulses surfacing when the individual finds herself in a social setting. Freud gives the example of an individual who feels sexual urges toward those she passes when walking down the street. The individual displaces

the danger (anxiety) into the environment and avoids it, thereby protecting herself (Freud, 1920/1952).

Obsessive-compulsive neurosis is conceptualized as having its roots in fixation in the anal stage of development. The sadistic urges developed at this time are a significant feature of obsessional neurosis and are the result of harsh toilet training. Reaction formation is a common defense of these individuals. Freud wrote, "The obsessive thought 'I should like to murder you' means nothing else but 'I should like to enjoy love of you' " (1920/1952, p. 353).

In the case of depression, it is difficult to reconcile Freud's terminology with today's nomenclature. Freud identified two kinds of depressive syndromes: melancholia and mourning. The contemporary counterparts of these classifications are not clear. Melancholia sounds like what we might term major depressive disorder. Mild to moderate depressions (other than mourning) seem to be the result of a hypercritical superego, as in melancholia.

Mourning and melancholia both begin with the loss of an object, often a loved person (or something that is representative of a loved object). Mourning is the gradual withdrawal of libido from attachment to the object, a process that simply takes time. Melancholia is the result of an extremely critical superego (Rickman, 1957). However, in the case of this more severe disorder, the ambivalent feelings toward the lost loved one (object) become part of the ego through identification. Thus, the superego turns the rage felt toward the lost object onto the ego. Freud maintained that the complaints that the melancholic turns against herself (being worthless, for example) are actually really directed at the loved person.

The terminology of Freud's time also creates confusion around the subject of the psychoses. The surrounding medical community referred to these conditions as dementia praecox, or with the newer term *schizophrenia;* Freud called them paraphrenia (Rickman, 1957, p. 105). Conceptually, however, Freud discussed these conditions as forms of narcissism (Freud, 1920/1952). He thought that psychosis results when the libido abandons all object attachments and instead attaches to the ego. The individual becomes egotistical and sometimes hypochondriacal (when some of the libido attaches to a body organ). In all psychological dysfunction, but particularly the psychoses, "there is a splitting of the ego" (Freud, 1940/1964, p. 202), in which two separate ideations or impulses coexist—those of the ego and id. If the instinctual element becomes strongest, the stage is set for psychosis.

Glenda sees some of Barb's symptoms as hysterical in nature, such as the dizziness and numbness. Her ego is not strong because of the amount of energy fixated in her early development. Barb does not have a successful work or love life, which supports the position that her symptoms are hysterical and reflects libidinal energy at work and the repression of memories of sexual abuse or fantasies of sexual relations with her father. Barb's panic attacks and headaches likely happen when some event activates her fixation in the phallic stage during which the Oedipal complex was unsuccessfully resolved. Her anxiety signals the possible emergence of a forbidden sexual urge, and her depression and mood swings result from her superego's punishment for the unacceptable urges. Glenda also understands Barb's troubles with men as a result of her unresolved Oedipal complex and the trauma of the sexual abuse she experienced in adolescence, which probably reinforced her fixation.

NATURE OF THERAPY

Assessment

Freud considered assessment very important in his approach to his clients, but only had what we would call informal approaches to this task. After determining that his client's symptoms were psychological rather than physiological, Freud recommended a 2-week trial period to ascertain that the client was suitable for analysis (Freud, 1912/1958). Primarily, Freud sought to make a differential diagnosis between hysterical or obsessive neurosis and schizophrenia (paraphrenia) because he thought the latter untreatable by psychoanalysis. A continuing assessment in psychoanalysis is seen in the search for clues to the unconscious in the clients' free associations, dreams, and errors.

In more contemporary forms of psychoanalytic therapy, formal assessment is often used to gain some information about the nature of the client's defenses and unconscious conflicts. The classic (and some would say the only) way to access unconscious material is by using ambiguous stimuli, such as the Rorschach inkblot test (Rorschach, 1942). In these methods, clients are asked to associate to the stimuli, and the therapist records and analyzes these productions. The ambiguity of the stimuli creates a situation in which unconscious processes are thought to be projected onto the cards, and can then be deduced from the nature of the client's responses.

Other psychoanalytic writers endorse the idea of doing a mental status exam (a structured, formal assessment of psychological functioning including orientation to person, place, time, reality testing, and so forth) and an assessment of ego strength (Yalof, 2005). This evaluation leads, according to Yalof, to both a formal DSM-IV-TR diagnosis as well as a "diagnosis" from a psychoanalytic perspective.

Overview of the Therapeutic Atmosphere

Freud spent many years searching for the most efficient ways to access the unconscious. His early attempts relied heavily on hypnosis because he had observed the famous Charcot recreating the symptoms of hysteria through this method. Because he found that some individuals were not very hypnotizable, Freud abandoned the practice in favor of placing his hands on clients' foreheads to evoke memories. Interestingly, in his early attempts to grasp the unconscious, he would exhort his clients to remember and was quite interpretive and forceful in his approach. Later on he deplored such behavior, terming it "wild analysis" (Freud, 1910/1957). At one point, Breuer and Freud were treating a client together and came to believe that the source of a cure for hysteria was catharsis, or emotional expression (the client called it "chimney sweeping"; Breuer & Freud, 1895/1937).

Gradually, Freud came upon the position with which we familiarly associate analysis—that the therapist is to remain "abstinent," or a neutral stimulus, in the therapeutic relationship. He described the attitude of the therapist as one of "evenly suspended attention" (Freud, 1912/1958, p. 111). Freud banished the personality of the therapist from the interaction, leaving the client free to project her unconscious material into the analytic situation.

One of the most conspicuous features of classical psychoanalysis is the analytic couch. Freud's couch was a gift from one of his clients (Gay, 1988). These and other incidents (such

as inviting clients to meals and analyzing his own daughter) suggest that although Freud preached abstinence and strong client–counselor boundaries, he liberally broke the rules too.

Freud had at least two reasons for the use of the couch and the tradition of the analyst sitting behind it, out of the client's view. First, preventing the client from seeing the analyst helped to maintain the abstentious atmosphere. The therapist, who is admonished to let the client's unconscious work, might reveal something or otherwise influence the client through her facial expression. Freud also admitted that he simply did not like to be stared at for 8 hours a day (Freud, 1913/1958, p. 134).

Psychoanalysis is a long-term process. Freud believed in seeing his clients daily (i.e., six days a week), some of them for years. Mild cases required 3 days of analysis a week. Some analysts even took their clients along on vacations!

Glenda, who typically performs classical analysis, would like Barb to come to therapy 5 days a week. However, arrangements might be made for less frequent sessions if financial concerns interfere. After a few exploratory sessions (in which assessment of suitability for analysis was the focus), Glenda asks Barb to lie on the couch and obey the "fundamental rule" (discussed next).

Freud finally settled on **free association** as his primary analytic technique. He insisted that his clients obey the **"fundamental rule"** of psychoanalysis: The client is to reveal "everything that comes into his head, even if it is disagreeable for him to say it, even if it seems to him *unimportant* or actually *nonsensical*" (italics in original, Freud, 1940/1964, p. 52). Freud explained to his clients that what happens in analysis is different from everyday conversation. They were not to try to make any sense; they were only to be totally honest with him.

Glenda describes the fundamental rule to Barb, even using Freud's own words. When Barb agrees to this contract, Glenda feels she can proceed with the analysis.

Roles of Client and Counselor

Both the nature of the theory and its historical roots in medicine combine to create the roles of the client and counselor in psychoanalysis. Freud was a physician first, and his belief that we are unable, for the most part, to access our unconscious led to the doctor role for the therapist and the patient role for the client. The client must comply with the fundamental rule, and in turn, the therapist will correctly interpret the client's productions. In addition, it is the therapist who decides what is real and not real (see the sections on resistance, transference, and countertransference that follow). Freud urged his students to take the surgeon as a model "who puts aside all his feelings, even his human sympathy, and concentrates his mental forces on the single aim of performing the operation as skillfully as possible" (Freud, 1912/1958, p. 115).

Freud believed that to achieve the proper attitude as a psychoanalyst, candidates should undergo analyses themselves. "It may be insisted, rather, that he should have undergone a psychoanalytic purification and have become aware of those complexes of his own which would be apt to interfere with his grasp of what the patient tells him" (Freud, 1912/1958,

p. 116). This analysis is termed the training, control, or personal analysis. Interestingly, Roazen (2002) presents evidence that Carl Jung (see Chapter 3), Freud's student and later nemesis, originated the idea of the training analysis, not Freud.

Glenda takes the orientation that she is the expert, able to listen to and understand Barb's associations in terms of Barb's unconscious process. Glenda remains relatively passive and opaque in her sessions with Barb, becoming active only when she has something to interpret to Barb. She expects Barb to cooperate with the analytic goals by freely expressing everything that comes to mind.

Goals

The goal of psychoanalysis is to help the client uncover and resolve unconscious conflicts and to strengthen the ego by redirecting energy to conscious processes. The psychoanalyst is not really interested in symptoms; these will go away if the analysis succeeds. In fact, simple removal of a symptom is useless because the conflict will inevitably be expressed through some other symptom, a phenomenon known as symptom substitution (Yates, 1960).

Glenda attempts to help Barb understand how her current behaviors and symptoms are related to unconscious conflicts in her past. As Barb free associates, her repressed memories and emotions slowly begin to surface. Barb examines her early memories, particularly those of her relationship with her parents and siblings. With Glenda's help, Barb will begin to gain awareness of psychic material and events that have long been unavailable to her conscious mind.

PROCESS OF THERAPY

Arlow (2005) identified four phases of psychoanalytic treatment. However, before describing these phases, you should understand some important psychoanalytic constructs relevant to intervention.

Insight

The goal of psychoanalysis is insight. The client will understand the sources of her current behavior and symptoms as stemming from unresolved unconscious conflicts originating in childhood. In essence, the counselor is teaching the client to think in psychoanalytic terms.

Resistance

In any analysis, one will see the workings of the unconscious ego and superego in the form of resistances. Because it is dangerous for unconscious material to surface, the psychic apparatus fights to keep it out of awareness, using any means possible. Early forms of resistance to treatment can be seen in such tactics as having nothing to say, being late to or missing sessions, being unable to pay the analyst, and so forth. All of these are "grist for the mill" for the psychoanalyst, and they are eventually interpreted to the client. The most powerful, and in the end the most healing, resistance is the transference neurosis (discussed next).

Transference

Over the years of his work, Freud came gradually to the conviction that transference is the key to successful psychoanalysis. Every client inevitably recreates a pivotal former relationship with the analyst, and the secret is to analyze and resolve this transference neurosis. Freud called the transference "ambivalent" (1940/1964, p. 175) because it is composed of both positive and negative emotions toward the therapist. Most often, the therapist is placed in the role of the client's mother or father. Thus, the client can fall in love with the analyst (the erotic component), but then become angry when the analyst does not return this love or show her special favor. Much of the transference reaction is rooted in the Oedipal complex.

After a number of sessions, Barb will begin to develop a therapeutic bond with Glenda. At first, this bond is likely to be positive, but as the relationship develops, ambivalence and resistance will start to emerge. Barb may be initially quite loving of her therapist, perhaps wanting to recapture the ruptured relationship with her mother. An alternate possibility is that she will be trying (unconsciously) to recreate her special relationship with her father. She will want to know all about Glenda, ask for special favors (such as changing the time of her appointments or not having to lie on the couch). As the analysis progresses and Glenda refuses to gratify such wishes, Barb may become angry with Glenda, refusing to free associate or discounting Glenda's interpretations. She may also develop new and troubling symptoms. The ambivalent feelings Barb has toward her therapist stem from her Oedipal impulses of seeing her mother as a competitor and responsible for her lack of a penis. If Barb transfers her feelings for her father to Glenda, then Barb's anger will duplicate Barb's rage at her father's rejection of her.

Countertransference

Countertransference is what happens when the therapist has not had a proper training analysis. Conflicts from the counselor's past are projected into the analytic situation, and the therapist loses her objectivity. The client becomes "special" to the counselor (a positive countertransference), or the therapist begins to want to argue or gets angry with the client. The counselor may find herself looking forward to or dreading seeing a particular client. The only way to resolve countertransference is for the analyst to seek the aid of her training analyst or a professional consultant.

At the conclusion of her academic training, Glenda underwent her training analysis as a requirement for her certification as a full-fledged analyst. As a result, Glenda is now able to listen neutrally to Barb's associations and avoid responding on the basis of her own conflicts. In the event that Glenda feels that she is reacting emotionally to Barb's associations and behaviors, Glenda will seek analysis to work through her own difficulties.

Phases of Therapy

The four stages of psychoanalytic treatment are (a) the opening phase, (b) development of transference, (c) working through, and (d) resolution of the transference (Arlow, 2005, p. 35).

Opening Phase. The first few sessions with the client are typically conducted face-to-face and are an attempt to see if analysis is appropriate (Arlow, 2005). The client must have a certain level of psychological sophistication to engage in the analytic process, and the problem presented should be suitable from the perspective of psychoanalytic theory. The counselor observes the client's presentation and listens to her story. If the analyst decides that the client is a good candidate for analysis, the fundamental rule is explained and the client is asked to take her place on the analytic couch. The analysis then begins, with the client relating whatever comes to mind and the therapist observing these productions to get an idea of the client's conflicts and characteristic defenses. This stage lasts 3 to 6 months (Arlow, 2005).

Development of Transference. As the client continues to free associate, she eventually gets closer to relating her current difficulties to unconscious material. At about this time, the therapist begins to become a very important figure in the client's life as the client starts to transfer to the analyst feelings associated with past significant others (Arlow, 2005). According to Arlow, "the professional relationship becomes distorted as the patient tries to introduce personal instead of professional considerations into every interaction" (2005, p. 36). The therapist analyzes these interactions and interprets them to the client, starting with relatively benign, surface observations and progressing to interpretations involving deep unconscious material. This process is called analysis of the transference.

Working Through. As therapy progresses, the transference appears in many forms and is analyzed. Once an incident is analyzed and the client accepts the therapist's interpretation, new memories from the client's past are likely to surface, providing new material for analysis (Arlow, 2005). Repeated and more elaborate analysis of the transference constitutes the working through phase, which results in the client becoming more confident about the relationships between her current thoughts, feelings, and behavior and her past.

Resolution of Transference. When the analyst and client decide that the client has insight into her conflicts and the transference process, a date is set for termination of the therapy. Commonly, this event is marked by a resurgence of the client's symptoms because the client does not want to give up the therapist. This infantile urge is then analyzed by the client and therapist. New memories and fantasies can surface during this stage of treatment, which are then interpreted, until the client finally deals with her fantasies about what life will be like with no therapist (Arlow, 2005). At this point, therapy can end.

THERAPEUTIC TECHNIQUES

Very few techniques are available to the therapist in psychoanalysis, but they are considered quite powerful. Generally, the counselor is to be passive, rather than active, so the lack of overt technique is consistent with this attitude.

FREE ASSOCIATION

As I indicated earlier, the most important weapon in the therapist's arsenal is free association. Only in the special environment created by the fundamental rule will the unconscious start to show itself.

Interpretation

The second powerful technique available to the psychoanalyst is interpretation of the client's material as it relates to conflicts from the past. Because Freud had found that premature interpretions evoked resistance in his clients, he insisted that none be made until the client was almost ready to discover the connections herself. Further, one must have developed a sufficient level of relationship with the client (the transference) prior to interpretation. In general, interpretation in the early part of therapy is oriented toward more "surface" material, and deep unconscious material is addressed later in the therapy.

Interpretation plays a part in the two other techniques described here, analysis of the resistance and dream analysis. Correct interpretations of the transference are critical so that the client can finally see that her behavior is not based in the actual relationship between therapist and client, but in relationships in the past.

Glenda is interested in the associations Barb produces as she engages in the analytic process. Barb's initial productions will be not very close to her unconscious urges, so Glenda is very general and cautious in interpreting the material. For instance, Barb may talk about her feelings about men, but instead of bringing up Oedipal issues, Glenda will likely talk to Barb about feeling unloved and rejected while at the same time longing for a savior. Later, Glenda could tentatively relate Barb's feelings about men to those about her father, her abuser, and finally to Glenda (who by then represents a powerful, important person in Barb's life).

Analysis of the Resistance

The psychoanalyst must always be alert for signs of client resistance. Minor, common resistances (such as forgetting appointments or having nothing to say) must be interpreted for the client, lest they get in the way of treatment. Symptoms may begin to disappear, and the client may begin to think that she is getting well. However, the wise analyst knows that this is yet another form of resistance, called flight into health. As analysis continues, resistances connected with more threatening material, such as the transference neurosis, are interpreted and analyzed much more cautiously. In fact, the transference neurosis will have to be reinterpreted many times (called "working through") before the client can resolve it.

At some point in the analysis, Barb will show signs of serious resistance. She may openly refute Glenda's interpretations, grow silent, or miss sessions. Glenda will remain calm in the face of such resistances, gathering information to make her case convincing. Barb may at some point begin to feel better and want to discontinue analysis. Glenda will interpret this "flight into health" as Barb's aversion to dealing with difficult material. Glenda will then offer repeated interpretation of the feelings of being unloved and worthless until Barb begins to accept these. New information will surface and be interpreted, perhaps at deeper levels. When the time is right, Glenda will begin to offer more intense interpretations involving Oedipal material.

Dream Analysis

The special place of dreams in psychoanalytic theory is considered to be one of Freud's most original and important contributions. His 1900 book, *The Interpretation of Dreams,*

was probably the work of which Freud was most proud, and is considered by many his finest. Freud considered dreams to be symbolic wish fulfillments. He wrote, "A dream is itself a neurotic symptom and, moreover, one which possesses for us the incalculable advantage of occurring in all healthy people" (Freud, 1920/1952 p. 87). The content that the dreamer reports is known as the **manifest content.** However, the most important part of a dream is the **latent content,** that which has been disguised by **dreamwork** for the usual reasons (i.e., the content is unacceptable to the conscious). Elements in the dream are only substitutes for the latent material that is of the most interest to psychoanalysis. When a client reports a dream, the analyst then asks her to free associate to the content. The alert analyst then listens and interprets the latent content from the manifest content.

As you might have divined, an "overwhelming majority of symbols in dreams are sexual symbols" (Freud, 1920/1952, p. 161). Box 2.3 shows a list of dream elements and their hypothesized underlying contents. However, when examining such lists, remember that symbols may have multiple determinants, and that dream elements may even represent the opposite of what they appear to be. For example, in one of Freud's most famous cases, the client (the wolf man) had dreamed that he woke up and saw a pack of wolves sitting motionless outside of his window. Freud interpreted this dream as symbolic of the wolf man's early observation of vigorous parental sexual intercourse, but the stillness of the wolves represented the opposite (Freud, 1918/1955).

Box 2.3

The Meaning of Dream Symbols

In *A General Introduction to Psychoanalysis* (1920/1952), Freud wrote that "the number of things which are represented symbolically in dreams is not great. The human body as a whole, parents, children, brothers and sisters, birth, death, nakedness—and one thing more" (here Freud meant sex; p. 160). By far, the majority of symbols in dreams, according to Freud, have to do with sex. Following is a list of symbols presented by Freud in this work, along with their possible interpretations.

Symbol	*Interpretation*
House	With smooth walls, a man With ledges and balconies, a woman
Exalted personages (queens, emperors, kings, etc.)	Parents
Little animals or vermin	Children, brothers, sisters
Water (falling into, climbing out of)	Birth
Traveling by train	Dying
Clothes, uniforms	Nakedness
The number three	Male genitals
Long and upstanding objects (sticks, umbrellas, trees, etc.)	Penis

Symbol	*Interpretation*
Objects that can penetrate (knives, fire-arms)	Penis
Objects from which water flows (springs, taps)	Penis
Objects capable of elongation (pencils that slide in and out of sheaths)	Penis
Balloons, aeroplanes, zeppelins	Penis (the property of erection)
Flying	Erection
Reptiles and fishes	Penis
Serpent	Penis
Objects that enclose a space (pits, jars, bottles, boxes, chests, pockets)	Female genitalia
Cupboards, stoves	Uterus
Rooms	Uterus
Doors and gates	Opening of the vagina
Church, chapel	Woman
Snails and mussels	Woman
Fruit	Breast
Woods and thickets	Pubic hair (both sexes)
Landscape	Female genitalia
Machinery	Male genitalia
Jewel case	Female genitalia
Blossoms or flowers	Female genitalia
Play	Masturbation
Sliding or gliding	Masturbation
Teeth falling out or extracted	Punishment (castration) for masturbation
Dancing	Sexual intercourse
Riding or climbing	Sexual intercourse
Experiencing some violence	Sexual intercourse
Mounting ladders, steep places, stairs	Sexual intercourse
Windows or doors	Body openings
Key	Penis
Oven	Uterus
Plow	Penis

Barb reports to Glenda that she had the following dream: She is at work (in the grocery store) and is carrying two bags of groceries when she trips and falls, scattering the contents of the bag and breaking glass items. What caused Barb to fall was a broom that was carelessly left in the grocery aisle area by Carlos, one of the other workers in the store.

Most likely, Glenda would see Barb's dream as Oedipal in nature. The bag represents her womb, full of goodies. Barb trips over a phallic object (the broom), and everything is broken. Clearly, Barb is expressing her desire for sex or perhaps her fear of it. Glenda has to discover which interpretation is correct based on Barb's associations to the dream. Because Barb reports

being afraid and anxious in the dream (manifestly attributed to fear of punishment by her boss), Glenda concludes that Barb's dream represents her fear of forbidden sex; that is, sex with her father. Carlos is merely a safe substitute for Barb's father, inserted into the dream by the dream censor. Barb's superego takes the form of the boss.

Analysis of the Transference

The ultimate key to a successful analysis is the analysis of the transference neurosis. The client will unconsciously transfer onto the counselor qualities of significant individuals in her past, particularly parental figures. Feelings associated with these early interactions are evident in the client–counselor relationship, which, in the analyst's view, are unreal because the analyst has been properly abstinent in the therapeutic environment.

Cautiously, the counselor interprets the client's behavior and feelings, starting with the least threatening aspects. Early on, the transference is often affectionate and positive, resulting in clients idealizing the therapists as they would their "good" parents. The analyst can enlist this energy, encouraging the client to work hard to understand her unconscious material. Over the course of the therapy, the deeper issues emerge into the transference, and this transference is usually erotic in nature or hostile, resulting in powerful resistance (Freud, 1915/1958). For example, a female client might perceive a male therapist as unloving and uncaring, echoing the earlier rejection by her own father in the Oedipal phase. Male clients may transfer to a female analyst feelings about their mothers, becoming angry when the therapist refuses to gratify their wishes to be special. You will note that these examples involve cross-sex pairings. However, in many cases, transference feelings are not dependent on the sex of the analyst. For example, feelings of anger directed at an authority or power figure could be transferred to a therapist of either sex.

The job of the analyst, then, is to interpret the transference, showing the client that the feelings that she is having are not real, but instead rooted in the past. This process is long and sometimes tedious because transference tends to pop up again and again in the relationship. Analysts call this process "working through."

As her work progresses, Barb will begin to feel that Glenda does not care about her, a transference of her feelings of being unwanted, mistreated, and unloved that result from her unresolved Oedipal complex. Barb is also likely to become angry at Glenda, attributing her anger to Glenda's uncaring treatment of her. Glenda interprets these feelings as transference of feelings resulting from the longing associated with her father's abuse and abandonment. Some of Barb's feelings might also stem from her rage at her mother for stealing her father away. Barb's transference is likely to be quite ambivalent, however, vacillating between desperately seeking Glenda's love (reflecting Barb's longing for her father) and anger at his abandonment early on (the result of the Oedipal fantasies or abuse she suffered at that early age) and his abuse of her as a teen. Feelings of distrust of Glenda could also appear as a result of Barb's feelings about her father or her ambivalent feelings about her mother. Glenda will patiently interpret these feelings for Barb, slowly demonstrating that Barb's reactions are based in her psychological conflicts rather than in reality.

Eventually, Barb will come to recognize that the feelings and impulses she has toward Glenda are not real. Together, Glenda and Barb work through multiple examples of this

transference until Barb understands fully the nature of her psychological processes. Barb will probably always have some of the same tendencies to be angry at men and mistrusting of others, but she will have insight into them and will be more able to operate based on ego rather than id or superego processes. After a lengthy analysis, Barb is finally ready to begin termination, but shortly after she and Glenda begin to discuss ending the analysis, Barb's symptoms, which have almost disappeared, reemerge. Glenda helps Barb see that this resurgence is the result of Barb's not wanting to give up the safe analytic relationship. When Barb can fully acknowledge this interpretation, she is truly ready to end the analysis.

EVALUATION OF THE THEORY

There is no doubt that psychoanalytic theory has had a major impact on many professional and scholarly disciplines, including literature, psychology, and the practice of counseling and psychotherapy. Reactions to psychoanalytic theory are rarely neutral; it seems to be both the most idolized and criticized theory in existence. Numerous prominent theorists of counseling admit that their approaches were developed partly in reaction to psychoanalytic theory (e.g., individual psychology, Rational Emotive Behavior Therapy, Reality Therapy, Cognitive Therapy, Person-Centered Therapy). Because of the sheer volume of literature that critiques the psychoanalytic approach, it is simply impossible to summarize succinctly in this section. Thus, I will attempt to hit only the high points of these evaluations, leaving the interested scholar a lot of fascinating reading.

Psychoanalysis has also spawned a second generation of analytically oriented theories, generally subsumed under the headings psychoanalytic (small *p*), neoanalytic, or psychodynamic. They are also called self psychology, ego psychology, or object relations theory (St. Clair, 2004). Theorists associated with these approaches are Fairbairn, Kohut, Kernberg, Klein, Jacobson, Mahler, and Winnicott. Their theories share an interest in mental representations of self and others (i.e., objects) and how these influence relationships. You will read more about these theorists in Chapter 3, Neoanalytic Approaches.

QUALITIES OF THE THEORY

Precision and Testability. One of the most common critiques of Freud's theory is that it is not very testable. Entities such as the id, ego, and superego are not easily observed directly; researchers must be satisfied with only indirect evidence of their existence. A second problem with psychoanalytic theory relates to falsifiability. It is very difficult to disconfirm psychoanalytic theory. Consider, for example, the idea of resistance. If an analyst makes an interpretation that the client rejects, the client can be said to be resisting because the client is too threatened to acknowledge it. If the client accepts the interpretation, it is right, end of story. Monte (1999) gives the following example:

> Imagine telling the mythical "man on the street" that sometime between ages three and six years, he lusted after his mother, hated his father, and was terrified that his father would remove his penis. If our man on the street protests that this is nonsense or berates us for being offensive, we must point out to him that he is incredulous or offended precisely because he is repressing these experiences! And, indeed, the more he protests, the more we are prone to assume that he is threatened by these ideas because he, like all males, has *repressed* his Oedipal strivings. What possible evidence could the man produce

that would *disconfirm* our theoretical assertion that he was Oedipal as a child? (Monte, 1999, p. 97, italics in original)

It is difficult to derive precise predictions from psychoanalytic theory that might be easily tested. In psychoanalytic interpretation, things are often their opposite (as with the wolf man or defense mechanisms). Further, reading Freud in the original reveals his heavy reliance on metaphor in his descriptions of psychic functioning. Maddi cautions that such language impairs the precision and clarity of the theory (1996, p. 492). Finally, because of the various revisions of psychoanalytic theory, different interpretations can be made of the same or similar phenomena.

Other views of the testability of psychoanalytic theory are less negative. Borenstein (2005) and Westen (1998) have argued persuasively that significant support exists for some of the basic assumptions of psychoanalytic theory. Borenstein contends that other branches of psychology have co-opted psychoanalytic constructs and amassed data in support of them. Evidence for this argument can be found in Westen's (1998) review, summarized in the theory-testing section. Seeing this state of affairs as partially a public relations problem, Borenstein suggests that psychoanalysts need to reclaim the scientific heritage that was so important to Freud.

Empirical Validity. A good theory should have some empirical support. As you will see in the research support section, the evidence bearing on psychoanalytic theory is mixed. Research reviewed in Chapter 3 is also relevant to psychoanalytic theory.

Research Support

Outcome Research. As with the other major theoretical approaches, outcome research has generally supported the efficacy of psychoanalytic psychotherapy (Lambert & Ogles, 2004). However, we should note that most outcome research is not assessing traditional (5 days a week on the couch) psychoanalysis. For instance, the Temple study (Sloane et al., 1975) found that psychoanalytic psychotherapy (weekly sessions for 3 months) was as effective as Behavioral Therapy, and that both were more effective than no treatment. Meta-analytic studies (Crits-Christoph, 1992; Svartberg & Stiles, 1991) support the efficacy of short-term psychodynamic therapy treatment compared to no therapy, but the findings are mixed when short-term dynamic therapy is compared to alternative treatments. Short-term dynamic therapy is psychoanalytically based, but tests of this mode are probably not good tests of traditional psychoanalysis.

The Menninger Foundation conducted an intensive study of psychoanalysis, called the Psychotherapy Research Project, or more commonly, the Menninger Project (Wallerstein, 1986, 1989). Funded by several private and public sources, the project investigated various forms of psychoanalytic psychotherapy, including traditional psychoanalysis. The clients of the Menninger Foundation tended to be "seriously emotionally ill" (Wallerstein, 1989, p. 195) and were often sent to the foundation as a last resort. This project attempted to discriminate among classic psychoanalysis, expressive psychotherapy, and supportive psychoanalytic treatment, but generally found that the distinctions between the three approaches were not as clear as expected. A major aim of the study was to use naturalistic methods that did not disturb the psychotherapy process. For this reason, outcome data are not amenable to summary.

Leuzinger-Bohleber and Target (2002) reported on the "German studies" of psychoanalytic therapies, which focused on the outcomes of long-term intervention. This study, conducted in the late 1990s, relied heavily on retrospective reports of therapists and clients, although they did administer the Symptom Check List-90R (SCL-90R; Derogatis, 1994). Like other large studies of therapy, they found that most clients in analytic therapy of some form reported improvement, as did the therapists. SCL-90R scores revealed that the former clients were mostly below the mean score defined as "clinical" based on German norms.

Masling, Bornstein, Fishman, and Davila (2002) presented an interesting study of gender differences in psychoanalytic research. They wanted to see if there is any evidence, given the often-touted bias against women in analysis, that research on psychoanalytic constructs was equally biased. Specifically, they looked to see if research used male participants more often than female and also, whether psychoanalytic constructs could better predict the behavior of men than women. A meta-analysis of 98 studies revealed that effect sizes were stronger for predictions of males' behavior when both females and males were included in studies. However, when studies that only looked at one sex were examined (separately), effect sizes were roughly the same. These findings are hard to explain, for they suggest that psychoanalytic theory predicts the behavior of males better than females when both sexes are the subject of study but predicts equally well when participants in research are of one sex only. Masling et al. suggest that investigators in these two types of studies may be considering different questions, but don't offer any evidence to support this hypothesis.

Theory-Testing Research. Theory testing research does exist in the psychoanalytic realm, although many of the empirical studies of pure psychoanalytic theory are dated and can be questioned on methodological grounds. For example, Levin (1966) examined penis envy and found that "career women" showed more penis envy than did married women who did not work outside of the home. However, the measure of penis envy was based on the Rorschach test, another projective device with debatable psychometric properties, at least when considering the measurement of penis envy. In yet another test of the penis envy construct, Johnson (1966) expected that more females than males would fail to return special pencils after completing a test in a psychology class, indicating that penis envy was operative among the women. Results of the study confirmed Johnson's prediction. A more recent replication of the study failed to support the hypothesis that women would steal more pencils/penis symbols (Skinner, 1977). Is coveting pencils a good measure of penis envy? You can see the difficulty in operationalizing this psychoanalytic construct.

Eysenck and Wilson (1973) presented an interesting and informative book in which studies testing psychoanalytic theory are presented, each followed by Eysenck and Wilson's methodological evaluation. On the basis of their review, Eysenck and Wilson concluded that "the studies looked at in this volume give little if any support to Freudian concepts and theories. . . . several of the studies dealing in particular with treatment and with 'single case' investigations give results powerfully challenging Freudian hypotheses" (1973, p. 392). However, Eysenck has long been known as a critic of the psychoanalytic approach. Other reviews paint a more positive picture (e.g., Kline, 1972; Sears, 1943), although these authors could be accused of the opposite kind of bias.

More recently, Westen (1998) summarized the research on five postulates of psychoanalytic theory:

1. The existence and centrality of unconscious processes
2. Conflicting feelings and motivation that result in ambivalence and compromise
3. The role of childhood experiences and their impact on adult relationships
4. The importance of mental representations of the self, others, and relationships in social interaction
5. The idea that development involves learning to regulate sexual and aggressive tendencies and that it progresses from immaturity and dependence to maturity and independence.

Adapted from Westen, 1998, pp. 334–335.

Reviewing an impressive amount of literature from cognitive, developmental, and social psychology, Westen concluded that there is ample support for the five propositions. For example, Westen reported that the idea that unconscious processes influence overt behavior is "no longer controversial" (p. 336). Studies of subliminal exposure (exposure to stimuli in very brief intervals that are not registered in conscious awareness) confirm the idea that these stimuli can affect emotion, preferences, and attitudes. Westen presented similar evidence in support of the other psychoanalytic assumptions. Scientists who want to dismiss Freud's theoretical work had better read this article.

Other recent research centers on constructs that are involved in psychoanalytic therapy such as interpretation and the working alliance (Henry, Strupp, Schacht, & Gaston, 1994). In a major review of these research areas, Henry and colleagues (1994) concluded that transference interpretations were not related to good therapy outcomes. However, they noted that client emotional expression following such interpretations is linked to positive outcome, but only slightly more so than nontransference interpretations that induce client affect. The research on Core Conflictual Relationship Themes summarized in Chapter 3 is also relevant to classic psychoanalytic theory.

Of interest to psychoanalytic theorists and researchers is the construct of working alliance, or the relationship between client and therapist that allows the work of therapy to proceed. The research assessing the relationship between the working alliance and counseling outcome has cut across many theoretical orientations and generally finds that the relationship is modestly related to outcome in the expected direction (i.e., more positive alliance is related to better outcome; Lambert & Ogles, 2004). Of note is that clients' and independent observers' ratings of the alliance are more predictive of outcome than therapists', raising a question about therapists' objectivity when assessing their relationships with clients (Henry et al., 1994). None of these findings are supportive of the theoretical structure of psychoanalysis specifically.

A major area of research that bears on psychoanalytic constructs is centered on what is termed the repressed memory controversy (Enns, McNeilly, Corkery, & Gilbert, 1995; Kluft & Loftus, 2007; Loftus, 1993; Loftus & Ketcham, 1994). This debate centers on whether individuals traumatized at an early age, particularly in the case of sexual abuse, can repress and then later accurately recall memories of the incidents. These questions can be seen as relevant to the validity of Freud's construct of repression. Enns and colleagues (1995), in their review of the historical, political, and scientific issues involved in this

debate, discussed Freud's repudiation of the seduction hypothesis as perhaps the first incident of denying the memories of abused women.

The issues discussed in the area of repressed memory have been characterized as political rather than scientific (Brown, 1995). The recent interchange of opinions has been connected to the establishment of the False Memory Syndrome Foundation, an organization that was founded to investigate what they termed "false memory syndrome," seen primarily in cases in which a survivor of sexual abuse recovers previously repressed memories of the abuse. The proponents of false memory syndrome contend that psychotherapists induce such memories via suggestive psychotherapeutic techniques.

At the heart of the repressed memory controversy is the question of whether we do in fact repress memories of events in our lives, a question that would certainly be relevant to psychoanalytic theory. Research using retrospective self-report has shown that a certain percentage of victims of sexual abuse report that at some time in their lives they were unable to remember the abuse (Briere, 1995; McNally, Perlman, Ristuccia, & Clancy, 2006). On the other side, research suggests that it is relatively simple to implant created memories (Loftus & Ketcham, 1994). Briere (1995) pointed out that short of observing someone's abuse and then following their later reports, establishing the validity of the self-reports used in the recent memory studies is almost impossible. The implications of this controversy for psychoanalytic theory are mixed: it appears that there is some empirical evidence supporting the existence of repression, but support for the ability to accurately regain and report repressed memories is still a topic of controversy (Kluft & Loftus, 2007).

ISSUES OF INDIVIDUAL AND CULTURAL DIVERSITY

Psychoanalysis shares with many other theories of counseling the position that the individual rather than the surrounding environment needs to change. This assumption is countered by feminist and cultural critiques of the theory that insist that many aspects of society are detrimental to individuals, that oppression of women and minorities is debilitating, and that asking individuals to adapt to an oppressive social system is wrong.

Feminists have been critical of Freud since the early days of the feminist movement (Enns et al., 1995; Kaplan & Yasinski, 1980). To begin with the obvious, the idea that the strongest motivator of female behavior is the envy of the penis is seen as outrageous and demeaning. What women envy is the traditionally conferred power of men in society, not their anatomy! Feminists also criticize Freud's views of women as passive, inferior, and immoral, traveling through life in an endless search for a penis to remedy their inherent inferiority (Kaplan & Yasinski, 1980). Karen Horney, a psychoananalytic theorist in her own right, had a great deal to say about Freud's theories, pointing out that he neglected "womb envy" as a source of men's fear of things feminine (1932, 1930/1967). In an early response to these criticisms, Freud characterized them as "denials of the feminists, who are anxious to force us to regard the two sexes as completely equal in position and worth" (Freud, 1925, p. 258). In a larger sense, some of the problems identified by feminists are an unavoidable complication in every theory: a theorist is a product of his or her environment and culture, and the theory is directly or indirectly infused with the normative expectations of the culture. Clearly, Freud was a participant in, and influenced by, a culture that was sexist—the role of women was restricted and less valued than that of men.

More recently, some feminists have concluded that psychoanalytic theory, particularly the more recently developed offshoots, can be saved (Zanardi, 1990). Chodorow (1989) identified two general approaches to feminist psychoanalysis: the interpersonal approach and the French postmodern approach. The interpersonal approach attempts to revalue femininity through the use of object relations, self psychology, and Jungian approaches. A more indirect variant of psychoanalysis, the postmodern approach to psychoanalysis, is more often used in literary criticism than in psychotherapy.

From a cultural perspective, it is clear that psychoanalysis is rooted in European values. Intellectualism, individuation, and individual achievement are goals in this theory that might not necessarily translate across cultures. The value of insight is by no means treasured in other than European-influenced cultures (Sue & Sue, 2003). Psychoanalysis, in its pure form, is probably only accessible to individuals who have the economic means to pay for intensive treatment. Thus, a class bias exists: how many individuals from lower socioeconomic levels have the time and financial resources to devote years to exploring their inner experiences?

From a gay, lesbian, or bisexual (GLB) perspective, Freud called homosexuality a perversion, meaning that it was a deviation from what the theory considered normal sexual development. He did not overtly disparage GLB orientations, saying, "The most important of these perversions, homosexuality, scarcely deserves the name" (Freud, 1925/1989, p. 423). However, the use of the term *perversion* and the assumption of heterosexuality as normal sexual development suggests, according to some authors, a negative moral judgment (Murphy, 1984). Contemporary authors have noted that given Freud's notion that humans are inherently bisexual, it is possible to reconceptualize GLB sexuality as a healthy developmental path (Cornett & Hudson, 1986; Murphy, 1984).

THE CASE STUDY

The client conceptualized in this chapter, Barb, presented some of the features often associated with typical "good candidates" for psychoanalysis. She appeared to be motivated and interested in investigating her psychological processes. Furthermore, her issues seemed to relate to sexual trauma, neatly fitting in with psychoanalytic thought about the origins of dysfunction in sexual development. Some of Barb's symptoms appeared to fit quite well with a psychoanalytic understanding, such as the fainting and numbness in the face.

The most difficult aspect of Barb's history from a conceptual standpoint involves the validity of her early sexual experiences. As noted earlier, the final version of Freud's theory would predict that most likely the memories of the early abuse by the family friend were fantasy born out of Oedipal longings. To be fair to Freud, it is important to note that he did not deny that sexual abuse of children occurred. However, he clearly stated that his clients' reports of this abuse were mostly untrue. Current data on sexual abuse indicate that it is very prevalent, which would lead us to conclude that Barb's memories are probably accurate. However, the aftereffects of both real abuse and fantasy abuse would presumably be fixation in the Oedipal stage. The resolution of the validity dilemma is therefore a moot point from a practical perspective.

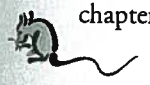
Summary

Psychoanalytic theory is based on the idea that humans are motivated by conflicts between unconscious and conscious forces. The expression of instinctual drives (libido and Thanatos) is not acceptable to society, so the psychic apparatus evolved to suppress them. Freud proposed that the psyche was composed of three entities: the id, ego, and superego. Dysfunction arises when the instinctual urges (most notably libido or sexual drives) threaten to break into consciousness and are symbolized as symptoms.

Freud proposed an elaborate model of human development, the psychosexual stages. The most important of these stages is the phallic stage, in which children become aware of the anatomy of the other sex. The process of resolution of the Oedipal complex arising in this stage is different for girls and boys. For boys, who have developed a desire to possess their mothers, the complex is resolved through castration anxiety. The boy fears that his father will find out about his incestuous desires and cut off his penis. He resolves this conflict through identification with the father. Girls notice that they have no penis and develop penis envy. They turn away from their mothers, but because sex with father is forbidden, they repress this urge. They continue their lives in search of a penis, most notably through the birth of a male baby.

Psychoanalysis is a long-term process conducted in a doctor–patient model. The client free associates in a process that eventually yields unconscious material. The therapist remains abstinent so that the client can project unconscious conflicts onto the therapist. This projection, which typically involves Oedipal wishes, is called transference, and is at the heart of the psychoanalysis. The psychoanalytic therapist interprets the client's unconscious material with the goal of helping the client achieve insight into her conflicts.

Psychoanalysis has long had many critics. It is considered by some to be untestable, and direct empirical support for the outcome of traditional psychoanalysis is sparse. The theory also is based in a male, western European model, so it draws criticism from feminists and other scholars of diversity.



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