UNIT 7 INTRODUCTION TO PSYCHOLOGICAL TREATMENT*

Structure

7.0 OBJECTIVES

After reading this unit, you will be able to:

- elucidate the theoretical principles of psychoanalysis;
- describe the different theoretical orientations under the broad umbrella of 'psychoanalysis'; and
- explain psychodynamic therapy.

7.1 INTRODUCTION

Dr. Mahima (Academic Counsellor) was in conversation with the learners of BAPCH. Lets us have a look at their conversation.

Dr. Mahima: *So dear learners, you have now developed an idea about the treatment of psychological disorders and have also learnt about psychotherapy. We will now start with one of the significant approach to treating psychological disorders, that is psychoanalysis.*

Seema (learner): *Is this the one given by Sigmund Freud*

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Dr. Mahima: *Yes Seema, you are right. Looks like you have done some reading.*

Seema (learner): *Maam you always encourageus to read the course material before the session so that we can easily discuss with you and clarify some doubts.*

Dr. Mahima: *Yes Seema and I am very happy that you are following that.*

Karamjeet (learner)*: Maam, we also read about Psychoanalysis in BPCC103 in the context of Personality. Is this the same?*

Dr. Mahima: *Yes Karamjeet, though in BPCC103 we studied it in order to understand personality, Here the focus is on using psychoanalysis to treat the psychological disorders. Also we will discuss about the psychodynamic psychotherapy that is based on psychoanalysis.*

Rahim (learner): *Maam looks like this discussion is going to be interesting*

Dr. Mahima: *Yes Rahim, if you take interest, the discussion will really be interesting. Eagerness to learn and understand will help you understand the subject matter in a better way.*

The focus of the present unit as we come to know from the above discussion between Dr. Mahima and the learners, is psychoanalysis.

To the majority of people, psychotherapy is synonymous with psychoanalysis. The popular media such as television and movies often depict most psychiatrists and psychologists solely as practitioners of psychoanalysis. Most people are surprised to learn that psychoanalysis is only one of many therapeutic techniques currently used by clinicians. Also surprisingly, Sigmund Freud was not the first individual to apply principles of psychotherapy.

Historically psychoanalysis (of course developed by Freud) is one of the most influential methods of psychotherapy. The contributions of psychoanalysis to psychotherapeutic and counselling theories and practices are enormous. The main ideas of psychoanalysis have been instrumental in the development of many therapeutic methods that followed. Concepts such as unconscious, transference, and dream analysis continue to play a very prominent role with many clinicians who do not consider themselves psychoanalysts.

7.2 PSYCHOANALYSIS

Psychoanalysis (or Freudian psychology) is a body of ideas developed by Austrian neurologist Sigmund Freud and continued by others. It is primarily devoted to the study of human psychological functioning and behaviour, although it can also be applied to societies. Psychoanalysis has three main components:

- A method of investigation of the mind and the way one thinks;
- A systematised set of theories about human behaviour;
- A method of treatment of psychological or emotional illness.

Under the broad umbrella of psychoanalysis, there are at least 22 theoretical orientations regarding human mentation and development. The various approaches in treatment called “psychoanalysis” vary as much as the theories do. The term also refers to a method of studying child development.

The predominant psychoanalytic theories can be grouped into several theoretical "schools." Although these theoretical "schools" differ, most of them continue to stress the strong influence of unconscious elements affecting people's mental lives. There has also been considerable work done on consolidating elements of conflicting theory. As in all fields of healthcare, there are some persistent conflicts regarding specific causes of some syndromes, and disputes regarding the best treatment techniques.

Sigmund Freud is important as the first major theorist to write exclusively about non biological approaches to both understanding and treating some of mental illnesses. These illnesses, specifically what was then called hysteria, were considered medical in his time, but were reshaped through his theories.

Freud was awarded Hypnosis grant and after completing his hypnosis grant, he published his first book The Interpretation of Dreams, and although it originally sold only 600 copies, it has become one of the most respected and most controversial books on personality theory. In this book, he described his views of the human psyche, introducing the concept of the unconscious to the medical world. In a world of biological theorists, this concept was not accepted by many of his colleagues.

7.2.1 Basic Human Drives

According to Sigmund Freud, there are only two basic drives that serve to motivate all thoughts, emotions, and behaviour. These two drives are (i) sex and (ii) aggression. Also called Eros and Thanatos, or life and death, respectively, they underlie every motivation that humans experience.

Freud's theory emphasised sex as a major driving force in human nature. While this seems overdone at times, sexual activity is a means to procreation, to bringing about life and therefore assuring the continuation of human bloodline. Even in other animals, sex is a primary force to assure the survival of the species.

Aggression, or the death instinct, on the other hand serves just the opposite goal. Aggression is a way to protect us from those attempting harm. The aggression drive is a means to allow us to survive while at the same time eliminating our enemies who may try to prevent us from doing so.

While it sounds very primitive, it must not be looked at merely as sexual activity and aggressive acts. These drives entail the whole survival instinct and could, perhaps, be combined into this one drive:

The drive to stay alive, procreate, and prevent others from stopping or reducing these needs.

Looking at the animal kingdom it is easy to see these forces driving most, if not all, of their behaviour.

Let us look at a few examples. Why would an adult decide to get a college degree? According to Freud, we are driven to improve ourselves so that we may be more attractive to the opposite sex and therefore attract a better mate. With a better mate, we are more likely to produce offspring and therefore continue our bloodline. Furthermore, a college degree is likely to bring a higher income, permitting advantages over others who may be seen as our adversaries.

7.2.2 Structural and Topographical Models of Personality

Sigmund Freud's Theory is quite complex and although his writings on psychosexual development set the groundwork for how our personalities developed, it was only one of five parts to his overall theory of personality. He also believed that different driving forces develop during these stages which play an important role in how we interact with the world.

Structural model (Id, Ego, Superego): According to Freud, we are born with our Id. The Id is an important part of our personality because as newborns, it allows us to get our basic needs met. Freud believed that the Id is based on pleasure principle. In other words, the Id wants whatever feels good at the time, with no consideration for the reality of the situation. When a child is hungry, the Id wants food, and therefore the child cries. When the child needs to be changed, the child cries and the Id wants that the change is done immediately. When the child is uncomfortable, in pain, feeling too hot or too cold, or just wants attention, the Id speaks up until his or her needs are met. The Id does not care about reality, about the needs of anyone else, only its own satisfaction. If you think about it, babies are not real considerate of their parents' wishes. They have no care for time, whether their parents are sleeping, relaxing, eating dinner, or bathing. When the Id wants something, nothing else is important.

Within the next three years, as the child interacts more and more with the world, the second part of the personality begins to develop. Freud called this part as the Ego. The Ego is based on the reality principle. The ego understands that other people have needs and desires and that sometimes being impulsive or selfish can hurt us in the long run. It's the Ego's job to meet the needs of the id, while taking into consideration the reality of the situation.

By the age of five, or the end of the phallic stage of development, the Superego develops. The Superego is the moral part of the personality and develops in response to the moral and ethical restraints placed on the individual by the caregivers. Many equate the Superego with the conscience as it dictates our belief of right and wrong.

In a healthy person, according to Freud, the Ego is the strongest so that it can satisfy the needs of the id, not upset the Superego, and still take into consideration the reality of every situation. If the Id gets too strong, the impulses and self gratification take over the person's life. If the superego becomes too strong, the person would be driven by rigid morals, would be judgmental and unbending in his or her interactions with the world.

Topographical model: Freud believed that the majority of what individuals we experience in their lives, the underlying emotions, beliefs, feelings, and impulses are not available to them at a conscious level. He believed that most of what drives them is buried in their unconscious. For instance, in the case of Oedipus and Electra complex, the feelings and thoughts associated with the same sex parents were pushed into the unconscious, out of the awareness of the individual due to the extreme anxiety these thoughts and feelings caused. While buried there, however, they continue to impact us dramatically according to Freud.

The role of the unconscious is only one part of the model. Freud also believed that everything we are aware of is stored in our conscious.

Our conscious makes up a very small part of who we are. In other words, at any given time, we are only aware of a very small part of what makes up our personality; most of what we are is buried and inaccessible.

The final part is the preconscious or subconscious. This is the part of us that we can access if prompted, but is not in our active conscious. It's right below the surface, but still buried somewhat unless we search for it. Information such as our telephone number, some childhood memories, or the name of your best childhood friend is stored in the preconscious. Because the unconscious is so large, and because we are only aware of the very small conscious at any given time, this theory has been likened to an iceberg, where the vast majority is buried beneath the water's surface. The water, by the way, would represent everything that we are not aware of, have not experienced, and that has not been integrated into our personalities, referred to as the nonconscious.

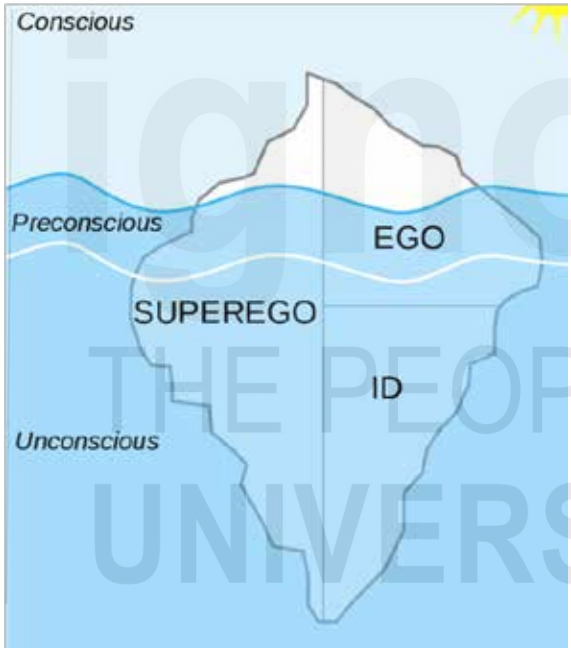

Fig 7.1 Freud's Conception of the Human Psyche

(Source: https://commons.wikimedia.org/wiki/File:Structural-Iceberg.svg)

7.2.3 Stages of Psychosexual Development

Sigmund Freud (1856-1939) is probably the most well known theorist when it comes to the development of personality. Freud's Stages of Psychosexual Development are, like other stage theories, completed in a predetermined sequence and can result in either successful completion or a healthy personality or can result in failure, leading to an unhealthy personality. This theory is probably the most well known as well as the most controversial, as Freud believed that we develop through stages based upon a particular erogenous zone.

During each stage, an unsuccessful completion means that a child becomes fixated on that particular erogenous zone and either over– or under-indulges once he or she becomes an adult.

Oral stage (Birth to 18 months): During the oral stage, the child is focused on oral pleasures (sucking). Too much or too little gratification can result in an Oral Fixation or Oral Personality which is evidenced by a preoccupation with oral activities. This type of personality may have a stronger tendency to smoke, drink alcohol, over eat, or bite his or her nails. Personality wise, these individuals may become overly dependent upon others, gullible, and perpetual followers. On the other hand, they may also fight these urges and develop pessimism and aggression toward others.

Anal stage (18 months to three years): The child's focus of pleasure in this stage is on eliminating and retaining faeces. Through society's pressure, mainly via parents, the child has to learn to control anal stimulation. In terms of personality, after effects of an anal fixation during this stage can result in an obsession with cleanliness, perfection, and control (anal retentive). On the opposite end of the spectrum, they may become messy and disorganised (anal expulsive).

Phallic stage (ages three to six): The pleasure zone switches to the genitals. Freud believed that during this stage boys develop unconscious sexual desires for their mother. Because of this, he becomes rivals with his father and sees him as competition for the mother's affection. During this time, boys also develop a fear that their father will punish them for these feelings, such as by castrating them. This group of feelings is known as Oedipus complex (after the Greek Mythology figure, who accidentally killed his father and married his mother).

Later it was added that girls go through a similar situation, developing unconscious sexual attraction to their father. Although Freud Strongly disagreed with this, it has been termed the Electra complex by more recent psychoanalysts.

According to Freud, out of fear of castration and due to the strong competition of their father, boys eventually decide to identify with him rather than fight him. By identifying with his father, the boy develops masculine characteristics and identifies himself as a male, and represses his sexual feelings toward his mother. A fixation at this stage could result in sexual deviancies (both overindulging and avoidance) and weak or confused sexual identity according to psychoanalysts.

Latency stage (age six to puberty): It's during this stage that sexual urges remain repressed and children interact and play mostly with same sex peers.

Genital stage (puberty on): The final stage of psychosexual development begins at the start of puberty when sexual urges are once again awakened. Through the lessons learned during the previous stages, adolescents direct their sexual urges onto opposite sex peers; with the primary focus of pleasure are the genitals.

7.2.4 Ego Defence Mechanisms

We stated earlier that the Ego's job was to satisfy the Id's impulses, not offend the moralistic character of the Superego, while still taking into consideration the reality of the situation. We also stated that this was not an easy job. Think of the Id as the 'devil on your shoulder' and the Superego as the 'angel of your shoulder.' We don't want either one to get too strong so we talk to both of them, hear their perspective and then make a decision.

This decision is the Ego talking, the one looking for that healthy balance.

Before we can talk more about this, we need to understand what drives the Id, Ego, and Superego. According to Freud, we only have two drives; sex and aggression. In other words, everything we do is motivated by one of these two drives. Sex, also called Eros or the Life force, represents our drive to live, prosper, and produce offspring. Aggression, also called Thanatos or our Death force, represents our need to stay alive and stave off threats to our existence, our power, and our prosperity.

Now the Ego has a difficult time satisfying both the id and the superego, but it doesn't have to do so without help. The ego has some tools it can use in its job as the mediator; tools that help defend the ego. These are called Ego Defence Mechanisms or Defences. When the ego has a difficult time making both the Id and the Superego happy, it will employ one or more of these defences mentioned in the table given below.

Table 7.1 Defence Mechanisms

Defence Mechanism	Description	Example
Denial	Arguing against an anxiety provoking stimuli by stating it doesn't exist.	Denying that one's physician's diagnosis of cancer is correct and seeking a second opinion.
Displacement	Taking out impulses on a less threatening target.	Slamming a door instead of hitting as person, yelling at spouse after an argument with the boss.
Intellectualisation	Avoiding unacceptable emotions by focusing on the intellectual aspects.	Focusing on the details of a funeral as opposed to the sadness and grief.
Projection	Placing unacceptable impulses in yourself onto someone else.	When losing an argument, the person may say "You're just Stupid".
Rationalisation	Supplying a logical or rational reason as opposed to the real reason	Stating that one were fired because he/she didn't flatter the the boss, when the real reason was his/her poor performance.
Reaction formation	Taking the opposite belief because the true belief causes anxiety.	Having a bias against a particular race or culture and then embracing that race or culture to the extreme.
Regression	Returning to a previous stage of development.	Sitting in a corner and crying after hearing bad news; throwing a temper tantrum when one doesnot get his/her way.
Repression	Unpleasant and provating mental process are avoided from the conscious	Forgetting sexual abuse from one's childhood due to the trauma and anxiety.

Sublimation	Acting out unacceptable impulses in a socially acceptable way.	Sublimating your aggressive impulses toward a career as a boxer; becoming a surgeon because of your desire to cut; lifting weights to release 'pent up' energy.
Suppression	Pushing into the unconscious.	Trying to forget something that causes you anxiety.

Ego defences are not necessarily unhealthy as you can see by the examples above. In fact, the lack of these defences or the inability to use them effectively can often lead to problems in life. However, we sometimes employ the defences at the wrong time or overuse them, which can be equally destructive.

Some of the limitations typically raised in response to Freudian theory are:

- Freud's hypotheses are neither verifiable nor falsifiable. It is not clear what would count as evidence sufficient to confirm or refute theoretical claims.
- The theory is based on an inadequate conceptualisation of the experience of women.
- The theory overemphasises the role of sexuality in human psychological development and experience.

Check Your Progress I

1) List any five defence mechanisms.

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7.3 PSYCHOANALYSIS AS AN APPROACH TO TREATMENT OF PSYCHOLOGICAL DISORDERS *

When we discuss about psychoanalysis as an approach to treating psychological disorders, the focus is on the following:

- The role played by the unconscious as well as the psychic determinism.
- The structure of personality in terms of Id, Ego and Superego.
- Defence mechanisms

All of the above was discussed by us as we discussed about psychoanalysis.

Goals of Psychoanalysis

Let us now look at the goals of psychoanalysis as an approach to treatment of psychological disorders. One of the foremost goals of psychoanalysis is to make the unconscious conscious.Thus, the focus is on helping the client explore his. her unconscious. And this can be done by helping the client to resolve any conflicts, strengthening the ego and so on. And this can be

*. Section 7.3 and 7.1 is authored by Prof. Suhas Shetgovekar

achieved when the individual or the client develops an insight in to his/ her unconscious. Insight in fact can be explained in terms of self realisation and self knowledge. And it occurs when the client develops an understanding of his/ her unconscious and is also able to draw a connection between his/ her problems and behaviours in present situation with that of his past experiences and conflicts.

Role of the psychoanalyst and the client

Psychoanalyst plays an important role in psychoanalysis. he/ she will help the client to achieve the goal as stated above. The psychoanalyst thus need to possess the necessary knowledge and skills related to psychoanalysis. He/ she will be required to try and understand the inner world of the client. Thus, a psychoanalyst needs to:

- Possess the necessary expertise and knowledge about psychoanalysis.
- Display neutrality, that is denoted by lack of self disclosure. Further, the psychoanalyst also need to follow abstinence, that is, refrain from showing affection or express his/ her reactions. This is relevant to provide a space for the client to express himself/ herself. Any strong expressions and reactions from the therapist can interfere with the therapeutic process and therefore need to be avoided.
- The psychoanalyst will also have to play an important role in interpretation of the unconscious material that gets expressed during the therapeutic process. The psychoanalyst also needs to be objective in his/ her approach while carrying out interpretation

The client also plays an equally important role in psychoanalysis. As psychoanalysis is in-depth, it is also time consuming and the client needs to be committed as well as willing to work in the direction of achieving the therapeutic goals.

A typical picture that may come to you mind when we say psychoanalysis is a client lying on the couch and the therapist sitting on the chair besides him/ her. This is typical as far as psychoanalysis is concerned. Though the same is as such not followed in psychodynamic psychotherapy and other approaches related to psychoanalysis. The setting of the couch and chair in a way provides the client with an opportunity to freely express himself/ herself and also provides an opportunity to the psychoanalyst to listen to the client and understand his/ her inner world, his/ her conflicts, frustrations etc. This will also help the therapists make interpretations.

Assessment in Psychoanalysis

Psychoanalysis involves a continuous assessment of the family history, past experiences, dreams etc of the client. These focus is also on the unconscious conflicts, frustrations, childhood issues, relationship issues, defences as displayed by the client. Most often a psychoanalyst could also take the family and social history of the client during the initial sessions. Psychoanalyst could also make use of projective techniques in order to assess the clients. Some of the tests that could be used are Rorschach Inkblot Test, Blacky Test, Working Alliance Inventory and so on (Sharf, 2012)

Techniques of Psychoanalysis

Let us now discuss various techniques of psychoanalysis.

Free association: This is one of the significant techniques of psychoanalysis in which the client is asked to freely verbalise what comes to his/ her mind. Thus, the client is asked to freely associate and the the information that arises out of this free association can reflect unconscious material that can then be analysed by the psychoanalyst. Free association could be physiological sensations, thoughts, feelings, memories, experiences, fantasies, desires etc of the client. Even the psychoanalyst can the content of free association as reflected by the client. The main goal of free association is to bring the unconscious material in to the conscious of the client and to make him./ he more aware. And as it is assumed that the unconscious material can affect behaviour, the content of free association is analysed for meanings, associations , disruptions, conflicts and so on in order to identify anxiety provoking material.

Neutrality and empathy: In order to facilitate free association on part of the client, the therapists needs to be neutral and also empathise. And for the client to freely associate the therapists needs to ensure that the aspects related to the psychoanalyst do not interfere in the free association process. Even if self disclosure is used by the psychoanalyst, due care needs to be taken that the same does not impact the free association by the client. Thus, being neutral will help the psychoanalyst ensure that the client os freely associating in an adequate manner. It is important to not to respond to the client's feeling and experiences directly during free association, rather being empathetic towards the client will help in development of the transference relationship.

Resistance: As psychoanalysis progresses, the client may also display resistance. And these could be manifested in terms of varies behaviours like missing the appointments with the psychoanalyst, lack of interest in the therapeutic process, difficult in freely associating and so on. Resistance can also manifest in terms of certain problem behaviours like consumption of alcohol and so on. It is important for psychoanalyst to be aware and listen to the resistance as displayed by teh client. the same can also be interpreted as and if required.

Interpretation: This is yet another significant technique of psychoanalysis. The material as provided by the client in terms of free association, dreams, slip of tongues, past experiences, resistance and so on needs to be adequately interpreted by the therapist. Once the interpretations are carried out the same need to be communicated to the client as well and in this as well the psychoanalyst needs to be careful as the readiness of the client to accept the interpretation is also important. Interpretations would have a different function when the client is displaying psychological disorder rather than a less complex disorder or problem. Further, while the psychoanalyst is involve din the therapeutic process and the interpretation, he/ she also needs to be aware about his/ her own unconscious material and processes.

Interpretation of dreams: Interpretation of dreams is also a significant technique under psychoanalysis. Dreams are often seen as reflecting

unconscious material, conflicts and issues that have not been resolved. Thus, interpretation of dreams can also provide the psychoanalyst with relevant information about the client and his/ her desires, fears, needs, etc. The material reflected in the dream can then be interpreted. Though this again is a complex process and there are various ways in which this can be carried out.

Interpretation and analysis of transference: Analysis of transference is an important aspect of therapeutic relationship between the psychoanalyst and the client. In transference, the client will unconsciously relate to the psychoanalyst as though the psychoanalyst is someone from their past. Interpretation of transference is important not only for therapeutic relation but also to help the clients resolve and work through their past relationships with significant others in their lives, for instance, parents.

Countertransference: Freud explained countertransference as the analyst's transference to the client. There could be three difference positions to countertransference as stated by Moeller in 1977 (as sited in Sharf, 2012, page 54).

- The reactions of the psychoanalyst that are irrational and neurotic. This can be termed as the traditional interpretation of countertransference.
- All the feelings that the therapist may have towards the client's conscious and unconscious. Here it is important to keep in mind that not all the thoughts and feelings that are expressed by the client during the therapy reflect his/ her inner world.
- Countertransference is seen as counterpart of client's transference.

Check Your Progress II

1) What is the goal of psychoanalysis?

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7.4 PSYCHODYNAMIC PSYCHOTHERAPY

The terms psychodynamic and psychoanalytic are often used interchangeably. However, within the psychodynamic and psychoanalytic terms , psychoanalysis is the term used when referring to a psychological treatment where the therapist, called a psychoanalyst or analyst, adheres to standard techniques focused on interpretation leading to insight in the context of the transference. In psychoanalysis the patient usually attends treatment three to five times weekly for 45- to 50-minute sessions. Treatment usually involves the patient lying on a couch and the analyst sitting behind the patient while the patient free associates that is, says whatever comes to mind. Psychodynamic psychotherapy is characterised by the same basic techniques as psychoanalysis but tends to be briefer and less intensive than psychoanalysis.

Although any given session of psychodynamic psychotherapy may be indistinguishable from a psychoanalytic session, in psychodynamic psychotherapy the therapist is more likely to be actively engaged with the patient, to resonate emotionally with the patient's affect states, and rely more on the interpersonal relationship between client and therapist than in psychoanalysis.

7.4.1 Basic Tenets and Concepts

A number of basic tenets and concepts are central to psychodynamic psychotherapy. These include the following:

The unconscious: Freud's premise that much of mental life is unconscious has been extensively validated by research in the field of experimental psychology. However, psychoanalytic psychotherapists are more likely to refer to unconscious representations or unconscious mental functioning rather than the unconscious. The notion of 'the unconscious' as a storage place or reservoir is no longer in keeping with contemporary neuroscience research.

We now recognise that memories are stored differently, depending on the type of knowledge being stored. Declarative memory involves facts and episodes of one's life, while procedural memory involves skills or procedures. Defence mechanisms, for example, are automatic unconscious procedures that regulate affect states. Memories of difficult times in one's life are aspects of declarative knowledge that may be conscious and easily recalled or may be repressed and therefore unconscious. Declarative knowledge is knowledge 'of', whereas procedural knowledge is knowledge 'how'. The table below presents the type of knowledge and mode of expressionIn current thinking that integrates psychodynamic and neuroscience data, both procedural and declarative memories can be viewed as either conscious or unconscious. A distinction between explicit and implicit memory relates to whether knowledge is expressed and/or retrieved with or without conscious awareness. Hence the explicit versus implicit distinction can be understood as equivalent to conscious versus unconscious.

Within this model defence mechanisms are primarily in the domain of implicit procedural memory. Suppression, though, one of the few conscious defence mechanisms, lies in the realm of explicit procedural memory because it involves the conscious banishment of certain thoughts and/or feelings from one's mind.

Implicit declarative knowledge involves repressed ideas and repressed memories of events in one's life and knowledge that involves various kinds of expectations about how others will react in response to what one does. This latter category may be retrievable if one shifts one's attention to it, a category Freud called preconscious. Explicit declarative knowledge consists of facts and events that are fully conscious.

Unconscious aspects of mental functioning may reveal themselves as slips of the tongue, forgetting, or substituting names or words. Nonverbal behaviour is also a reflection of unconscious and internalised modes of relating to others. In other words, how the patient relates to the therapist may say a great deal about unconscious representations of self and other within the patient.

The developmental perspective: All psychoanalytic thinking is based on a developmental model of behaviour. A fundamental assumption is that childhood events shape the adult person. The repetitive patterns of problematic interactions with others stem from intrapsychic issues that are internalised during childhood. In contemporary thinking about the interface between genetics and environment, we know that the genetically based temperament of the child shapes much of the interaction with the parents. In other words, characteristics that are genetically determined evoke specific parental responses, which in turn shape the child's personality. Psychoanalytic therapists do not blame parents for their patient's difficulties. They see the patient's difficulties as a complex interaction between the child's characteristics, the parents' characteristics, and the 'fit' between them.

Subjectivity: Subjectivity is a psychodynamic perspective that emphasises the importance of individual or personal meaning of events. Psychodynamic clinicians are interested in the patient's phenomenological experience, that is how the patient experiences himself, important others, the world in general, etc.

In this way, psychodynamic clinicians are focused on what those from the cognitive-behavioural therapy tradition call schemas or schemata. The difference, however, is that in a psychodynamic model, these schemas are seen as having explicit, conscious, and implicit unconscious aspects, and the implicit parts can be simply out of awareness or kept out of awareness for defensive purposes. The psychoanalytic model posits that individuals may use one set of representations to defend against other intolerable representations. There is greater attention to the emotional aspects of these schemas or representations and to the structuralaspects of representation, that is, the degree of differentiation and hierarchical integration of representations. Evidence from developmental, clinical, and neuroscience provide validation for these basic premises.

Transference: Patients unconsciously relate to the psychotherapist as though the therapist is someone from their past. Although Freud regarded transference as a simple displacement of a past relationship into the present, we now recognise that the therapist's actual characteristics and behaviour continuously contribute to the nature of transference. The physical characteristics, way of relating to the patient, gender, and age of the therapist all influence the patient's perception of the therapist. These features trigger neural networks within the patient that contain representations of past figures and revise these 'ghosts' from the past in the present. In addition to the repetitive dimension of transference, the patient also may harbour a longing for a healing or corrective experience to compensate for the problems that occurred in childhood relationships. Hence a longing for a different kind of relationship may be inherent in transference.

Resistance: Patients still resist psychotherapy as they did in Freud's day. One of the great discoveries of Freud was that patients may be ambivalent about getting better and unconsciously (or consciously) oppose attempts to help them. Resistance may manifest itself as silence in therapy sessions, as avoidance of difficult topics, or as the forgetting of sessions. In essence, resistance can be viewed as any way that patients defend themselves against

changing in the service of preserving their illness as it is. Resistance is no longer viewed as an obstacle to be removed by the therapist. Rather, it is viewed as a revelation about how the patient's past influences current behaviour in the relationship with the therapist.

If, for example, a male patient experiences his male therapist as critical, he may be reluctant to say much. This resistance may reveal a great deal about his relationship with his father and with other male authority figures. Helping the patient to understand resistance is a central feature of psychodynamic therapy.

Countertransference: Freud wrote very little about countertransference. He originally defined it as the analyst's transference to the patient. He generally regarded it as interference in the analyst that paralleled transference in the patient. In other words, the analyst would unconsciously view the patient as someone from the past and therefore have difficulty treating the patient.

Countertransference is now regarded as an enormously valuable therapeutic tool in psychoanalytic therapy. It is a joint creation that stems in part from the therapist's past but also in part from the patient's internal world. In other words, patients induce certain feelings in the therapist that provide the therapist with a glimpse of the patient's internal world and what sort of feelings are evoked in other relationships outside of therapy.

Psychic determinism: The principle of psychic determinism asserts that our internal experience, our behaviours, our choice of romantic partners, our career decisions, and even ourhobbies are shaped by unconscious forces that are beyond our awareness. The psychodynamic therapist approaches a patient with the understanding that any symptom or problem may serve multiple functions. A variety of conflicts from different developmental levels all may converge to form the end result of a behaviour or symptom. A psychoanalytic therapist recognises that many of the reasons for the patient's difficulties lie outside the patient's awareness, and both therapist and patient must be willing to explore a variety of converging causes.

Although other concepts have been stressed within psychoanalysis at various times, such as the Oedipus complex or psychosexual stages, it should be noted that these concepts are not as central or crucial to the psychoanalytic and psychodynamic models as the other tenets we have identified.

7.4.2 Components of Psychodynamic Psychotherapy

The aim of psychodynamic psychotherapy is to make what is unconscious conscious in an effort to better understand a person's motivations and thus respond to them in reality more honestly. Three essential features of the psychoanalytic method are:

i) Clarification, Confrontation and Interpretation: The three main techniques used in psychodynamic psychotherapy are clarification, confrontation, and interpretation.

Clarifications simply are requests for more information or further elaborations in order to better understand the patient's subjective experience. Beginning therapists and those with only a cursory understanding of psychodynamic psychotherapy, often neglect this technique and move prematurely to interpretation. Even if a therapist could determine the appropriate

interpretation without clarifying, it would be difficult for the patient to integrate it without first properly clarifying.

Clarifying and confronting a patient's experience are preparatory steps for interpretation. The therapist should clarify thoroughly until both the therapist and the patient have a clear understanding of any areas of vagueness. It is important to recognise vague communications, which is not easily done, because therapists prematurely foreclose clarification by inserting their own preconceptions when patients are vague or unclear.

For example, if a patient says he feels depressed, the therapist should clarify what the patient means by the term. A standard technique is to start with short open ended questions and become more specific as needed. For example, a therapist might simply respond by saying "Can you say more about that?"

A recommended device for determining if clarification is required is to ask oneself whether a patient's presentation could be veridically described to a supervisor or consulting colleague. Frequently, a patient will become puzzled by contradictions in his or her thinking or experience during the clarification process.

Confrontations sound harsher than they are because they actually involve tactfully pointing out discrepancies or incongruities in the patient's narrative or the patient's verbal and nonverbal behaviour (affect or actual behaviour). It is difficult to successfully confront a patient without thoroughly clarifying because the patient may not be aware of what the therapist is observing. (Conversely, without clarifying, the therapist may incorrectly confront the patient regarding material that would otherwise be clear).

The therapist uses the clarified material or information that is contradictory for further exploration and understanding. This is done in an effort to better understand conflicting mental states or representation of experience that implicitly address the patient's defensive operations.

Interpretations focus on the unconscious meaning of what has been clarified and confronted.

Interpretations can be made regarding experience in the therapy or about the relationship between the patient and the therapist (interpretations of the "here and now") or about relationships outside the therapy, either with important others or other people in the patient's life.

Interpretations about relationships outside of therapy are referred to as extra transferential interpretations. Interpretations made about early experiences with caregivers are called genetic interpretations. In any regard, it is important that interpretations be timely, clear, and tactful and made in a collaborative manner only after clarifying the patient's experience and pointing out gaps and inconsistencies. The interpretation is not offered until the patient is just about ready to discover it by him or herself. Interpretation is offered as a hypothesis in the context of a collaborative endeavour and not as a pronouncement from an all knowing authority as is frequently portrayed in movies, the media, and poorly trained individuals.

ii) Technical neutrality: The psychodynamic psychotherapist uses the techniques of clarification, confrontation, and interpretation in the context of technical neutrality. Technical neutrality, or therapeutic neutrality, is

an often misinterpreted construct whereby the psychodynamic therapist mistakenly believes that he or she needs to adopt a stone-face or blank screen, say very little, refuse to self-disclose, or provide advice, support, or reassurance. The therapist is seen as nonactive, passive, maybe even bland, monotonous, or indifferent and at worst cold and lacking in concern. This is not what technical neutrality is supposed to be.

Technical neutrality is a therapeutic strategy in which the therapist avoids communicating any judgment about the patient's conflicts while they are being discussed (that is, , remains equidistant from all sides of the patient's conflicts). Typically, therapists refrain from providing advice, praise, or reproof of the patient, and they restrain their own needs for a particular type of relationship (to be liked, valued, idealised, or the centre of attention).

Technical neutrality fosters warmth and genuine human concern. A nonjudgmental, noncritical stance provides the patient with a sense of safety that allows the exploration of previously avoided memories, thoughts, and feelings. Adopting this position encourages the patient to become more fully aware of his or her mental life and can be validating to the patient.

Connecting with the entirety of the patient's internal experience is experienced as empathic. This strategy also helps the therapist avoid enactments and collusions with the patient.

Finally, it is important to note that technical neutrality is modified to the extent required to maintain the structure of the treatment.

Two other secondary strategies are worth noting. In recent years, self-disclosure by the therapist in a limited way has become a common intervention. Judicious self-disclosure may promote increased reflective function by helping the patients see that their representation of the therapist is different from the way the therapist actually feels.

iii) Self-disclosures: Another aspect is self disclosure of here and now countertransference feelings which may also help patients understand the impact they have on others. In addition, an affirmation process goes on in most dynamic therapies where patients feel that their point of view is valued and validated.This empathically validating function of the therapist may serve to mitigate longstanding feelings of being disbelieved or dismissed by earlier figures in one's life.

7.4.3 Distinctive Features of Psychodynamic Psychotherapy

The features listed below concern process and technique of psychodynamic therapy.

i) Focus on affect and expression of emotion: Psychodynamic therapy encourages exploration and discussion of the full range of a patient's emotions. The therapist helps the patient describe and put words to feelings, including contradictory feelings, feelings that are troubling or threatening, and feelings that the patient may not initially be able to recognise or acknowledge. There is also recognition that intellectual insight is not the same as emotional insight, which resonates at a deep level and leads to change (this is one reason why many intelligent and psychologically minded people can explain the reasons for their difficulties, yet their understanding does not help them overcome those difficulties).

ii) Exploration of attempts to avoid distressing thoughts and feelings: People do a great many things, knowingly and unknowingly, to avoid aspects of experience that are troubling. This avoidance (in theoretical terms, defence and resistance) may take coarse forms, such as missing sessions, arriving late, or being evasive. It may take subtle forms that are difficult to recognise in ordinary social discourse, such as subtle shifts of topic when certain ideas arise, focusing on incidental aspects of an experience rather than on what is psychologically meaningful, attending to facts and events to the exclusion of affect, focusing on external circumstances rather than one's own role in shaping events, and so on. Psychodynamic therapists actively focus on and explore avoidances.

iii) Identification of recurring themes and patterns: Psychodynamic therapists work to identify and explore recurring themes and patterns in patients' thoughts, feelings, self-concept, relationships, and life experiences. In some cases, a patient may be acutely aware of recurring patterns that are painful or self-defeating but feel unable to escape them (for example, , a man who repeatedly finds himself drawn to romantic partners who are emotionally unavailable; a woman who regularly sabotages herself when success is at hand). In other cases, the patient may be unaware of the patterns until the therapist helps him or her recognise and understand them.

iv) Discussion of past experience (developmental focus): Related to the identification of recurring themes and patterns is the recognition that past experience, especially early experiences of attachment figures, affects our relation to, and experience of, the present. Psychodynamic therapists explore early experiences, the relation between past and present, and the ways in which the past tends to "live on" in the present. The focus is not on the past for its own sake, but rather on how the past sheds light on current psychological difficulties. The goal is to help patients free themselves from the bonds of past experience in order to live more fully in the present.

v) Focus on interpersonal relations: Psychodynamic therapy places heavy emphasis on patients' relationships and interpersonal experience (in theoretical terms, object relations and attachment). Both adaptive and nonadaptive aspects of personality and self-concept are forged in the context of attachment relationships, and psychological difficulties often arise when problematic interpersonal patterns interfere with a person's ability to meet emotional needs.

vi) Focus on the therapy relationship: The relationship between therapist and patient is itself an important interpersonal relationship, one that can become deeply meaningful and emotionally charged. To the extent that there are repetitive themes in a person's relationships and manner of interacting, these themes tend to emerge in some form in the therapy relationship. For example, a person prone to distrust others may view the therapist with suspicion; a person who fears disapproval, rejection, or abandonment may fear rejection by the therapist, whether knowingly or unknowingly; a person who struggles with anger and hostility may struggle with anger toward the therapist; and so on (these are relatively crude examples; the repetition of interpersonal themes in the therapy relationship is often more complex and subtle than these examples suggest). The recurrence of interpersonal themes in the therapy relationship (in theoretical terms, transference and

countertransference) provides a unique opportunity to explore and rework them in vivo. The goal is greater flexibility in interpersonal relationships and an enhanced capacity to meet interpersonal needs.

vii) Exploration of fantasy life: In contrast to other therapies in which the therapist may actively structure sessions or follow a predetermined agenda, psychodynamic therapy encourages patients to speak freely about whatever is on their minds. When patients do this (and most patients require considerable help from the therapist before they can truly speak freely), their thoughts naturally range over many areas of mental life, including desires, fears, fantasies, dreams, and daydreams (which in many cases the patient has not previously attempted to put into words). All of this material is a rich source of information about how the person views self and others, interprets and makes sense of experience, avoids aspects of experience, or interferes with a potential capacity to find greater enjoyment and meaning in life.

The last sentence hints at a larger goal that is implicit in all of the others: The goals of psychodynamic therapy include, but extend beyond, symptom remission. Successful treatment should not only relieve symptoms (that is, get rid of something) but also foster the positive presence of psychological capacities and resources. Depending on the person and the circumstances, these might include the capacity to have more fulfilling relationships, make more effective use of one's talents and abilities, maintain a realistically based sense of self-esteem, tolerate a wider range of affect, have more satisfying sexual experiences, understand self and others in more nuanced and sophisticated ways, and face life's challenges with greater freedom and flexibility. Such ends are pursued through a process of self- reflection, self-exploration, and self-discovery that takes place in the context of a safe and deeply authentic relationship between therapist and patient.

Check Your Progress III

1) What is psychic determinism?

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Box 7.1 Difference between Psychoanalysis and Psychodynamic Psychotherapy.	
Psychoanalysis	**Psychodynamic Psychotherapy**
Psychoanalysis helps in understanding the personality structure of an individuals and also comprehend clinical presentations.	This is a psychotherapy that is based on psychoanalysis. Though some techniques may vary
The main focus is on the unconscious and thoughts that are deeply rooted in childhood experiences	The main focus is on how unconscious thoughts has an impact on the present behaviour of the individual. It also focused on the problems faced by the client in present context.

It is intensive in nature	Comparatively less intensive
It is a long term treatment	Is comparatively brief and less time consuming
Involves the client lying on the couch and the psychoanalyst sitting on the chair.	It is in face to face form. The client and the therapistsit facing each other as is followed in other psychotherapies

7.5 LET US SUM UP

As a system of thought and a technique for dealing with mental illness, psychoanalysis has been developing and changing over the years. What seemed at first a monolithic theory is now being examined critically from many different points of view. Technical innovations and reformulations of theoretical concepts are appearing in ever-increasing numbers. Freud's theory is deterministic; that is he assumes that all behaviour has a specific cause and that cause can be found in the psyche. Nothing we do is accidental but is governed by the innate drives of our unconscious. Freud described two basic drives: Eros and Thanatos (love and death in Greek). Eros, a positive creating force, is the life instinct and includes self-preservation and therefore the need for food, water, and shelter. Thanatos refers to the drive that provokes us to aggressive behaviour including self- destructive acts.

Freud's model of the mind has three elements, which his translators have called by the Latin words, the id, the ego and the super-ego. Defence mechanisms play an important role in normal development and we all use them. Freud described five stages of development: oral, anal, phallic, latency and genital. These stages are referred to as 'psychosexual' because they relate to the mental aspects of sexual phenomena. Psychodynamic psychotherapy is probably the most widely practiced and most well-known form of therapy. Based on psychoanalysis, its unique features include an emphasis on unconscious mental life, systematic attention to transference themes and developmental issues, the exploration of countertransference as an important therapeutic tool, and the working through of resistance, defence, and conflict. The psychodynamic approaches are sometimes called the 'uncovering' therapies. They all aim to help the client take the lid off that seething cauldron and bring the contents of the unconscious into conscious awareness. The idea is that if we know what it is that frightens or upsets us and can understand the underlying conflicts, we can then change our behaviour. By making links between the past and the present, clients can be helped to combine the previously unknown parts of themselves into their present and future selves, thus becoming more integrated individuals.

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7.7 REFERENCES FOR IMAGES

Freud's Conception of the Human Psyche (Source: https://commons.wikimedia.org/wiki/File:Structural-Iceberg.svg**)**

7.8 KEY WORDS

Psychoanalysis: Psychoanalysis (or Freudian psychology) is a body of ideas developed by Austrian neurologist Sigmund Freud and continued by others. It is primarily devoted to the study of human psychological functioning and behaviour, although it can also be applied to societies. Psychoanalysis has three main components a method of investigation of the mind and the way one thinks; a systematised set of theories about human behaviour; and a method of treatment of psychological or emotional illness.

Psychodynamic psychotherapy: Psychodynamic psychotherapy is characterised by the same basic techniques as psychoanalysis but tends to be briefer and less intensive than psychoanalysis.

7.9 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress I

1) List any five defence mechanisms.

Denial, projection, repression, regression and sublimation.

Check Your Progress II

1) What is the goal of psychoanalysis?

One of the foremost goals of psychoanalysis is to make the unconscious conscious.

Check Your Progress III

1) What is psychic determinism?

The principle of psychic determinism asserts that our internal experience, our behaviours, our choice of romantic partners, our career decisions, and even ourhobbies are shaped by unconscious forces that are beyond our awareness.

7.11 UNIT END QUESTIONS

1) Describe in depth the Freud's theory of personality?
2) Discuss the core ideas of object relations theory?
3) Explain in detail the treatment principles and concepts of psychodynamic therapy?
4) Write about the techniques used in psychoanalytic/ psychodynamic therapy?
5) What are the distinctive features of psychodynamic therapy?