2 Psychoanalytic and Psychodynamic Theories

Learning Objectives

1. Understand the Freudian view of human nature, personality, and psychosexual stages of development.

2. Identify critical similarities and differences between classical psychoanalysts, ego psychologists, and object and self psychologists.

3. Describe the major tenets of Jungian personality therapy and the five different types of archetypes.

4. Explain the differences between classical psychoanalytic therapy and dynamic therapy in terms of approaches to therapy, the roles of the client and therapist, and the techniques used.

5. Identify some of the multicultural positives and blindspots of classical psychoanalysis and a broad range of psychodynamic therapies.

6. Understand the research evidence to support the efficacy of psychoanalysis and psychodynamic approaches to therapy.

7. Evaluate the primary contributions and limitations of classical psychoanalysis and psychodynamic approaches to therapy.

Brief Overview

The primary focus of this chapter is on Freud's contributions to psychoanalysis. Freud's view of human nature, the structure of personality that he proposed, and his pivotal contribution about the conscious and unconscious are examined. Levels of consciousness and psychosexual phases are also covered. I present in brief summary the contributions of some of the offshoots of Freud and psychoanalytic theory. The work of Carl Jung, one of Freud's important disciples, is reviewed. I discuss ego psychologists (Anna Freud and Erik Erikson), object relations psychologists (Donald Winnicott), self psychologists (Heinz Kohut), and relational psychoanalysis.

Inner Reflections

Would you ever consider integrating psychoanalytic therapy into your integrative approach?

If yes, what parts of this theoretical approach would you choose to integrate?

Psychoanalytic Therapy
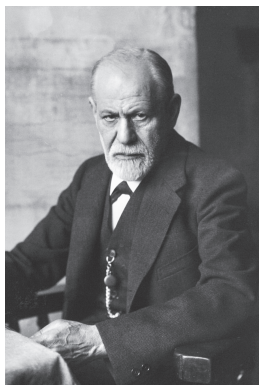
Major Contributor: Sigmund Freud (1856–1939)

PHOTO 2.1 Sigmund Freud

Brief Biography

Sigmund Freud was born on May 6, 1856, in the village of Freiburg, Moravia, a small town at the time in Austria and now a part of Czechoslovakia. His father, Jakob, was a wool merchant; his mother was half his father's age. Because Freud's great grandfather was a rabbi, Sigmund was raised in the traditions and beliefs of the Jewish religion. The family traveled to Vienna when Freud was 4 years old, where they lived for most of his life. Sigmund, born into a lower-class Jewish family, was treated by his parents as a "golden child." He graduated from high school with honors, and he was proficient in eight languages: German, French, English, Italian, Spanish, Hebrew, Latin, and Greek (Jones, 1955).

Initially, Freud considered a career in law, but he later switched to medicine. At the age of 25, he earned his medical degree at the University of Vienna (Gay, 1988). Subsequently, he practiced medicine at Vienna's General Hospital, where he focused on organic diseases of the nervous system. In 1886, he married Martha Bernays; together they had six children, three boys and three girls. (Anna, the youngest, later became a famous psychoanalyst who specialized in the treatment of children and who developed the concepts of defense mechanisms.) Sigmund Freud found the practice of medicine and research to be too restricted, with limited opportunities for Jews. As a consequence, he supported his family through his private practice in psychiatry.

Early on in his practice, Freud used the conventional treatments of his day, including baths, massage, electrotherapy, and rest cures. Later, he became less interested in the physical aspects of the nervous system and more interested in its psychological connections. He devoted full-time study to the psychological causes of neuroses (Gay, 1988). He maintained that the basis of **neurosis** was sexual conflict between one's instinctive desires and society's punishment for an individual's direct expression of those wishes.

At the beginning of his private practice, Freud used hypnosis and his colleague Joseph Breuer's cathartic method to help clients with neuroses (Fine, 1979). In the cathartic method, the client expresses and discharges emotions through the process of free association and client talk. In 1895, Breuer and Freud published *Studies on Hysteria*, in which they proposed that symptoms of hysteria arose from a combination of very painful memories and unexpressed emotions (Breuer & Freud, 1895/1955). The psychiatrist's task was to help the client recollect forgotten events and the emotional expression of those events. Freud believed that the traumatic events that produced hysteria were caused by sexual conflicts developed in the client's childhood. He soon discovered, however, that clients resisted his suggestions and hypnotic techniques. As a result, he turned to another concentration technique that involved clients lying on a couch with their eyes closed for the purpose of recalling all memories of the symptom without censoring any of their thoughts. Subsequently, Freud used the technique of free association: asking his clients to report whatever came to their minds (Freud, 1933). His treatment approach became known as the talking cure; the ultimate goal of talking was to release the patient's emotional energy that was being held captive in his or her unconscious. Anna O, a client who was treated by Joseph Breuer, coined the term *talking cure* (Fine, 1979).

> **Inner Reflections**
>
> Free association is a technique used by many theorists who self-identify with being a psychoanalyst.

Consider using this free association exercise in home with a recording device running as you complete the exercise within 15 to 20 minutes.

Write on separate cards the words *mother, father, brother, sister, boyfriend* or *girlfriend, friends, relationships*, and *me, myself*.

Say each of these written words to yourself, and then say aloud immediately what comes to mind without censoring any material. Make sure you record what you have said comes to mind with each one of these words.

Analyze what you have said, and consider what impact the emotions connected with these words might have on your being a therapist.

In 1897, Freud entered a 3-year process of performing psychoanalysis on himself. He came to understand that he felt intense hostility toward his father and that he had sexual feelings for his mother, who was very attractive. By 1900, Freud had emerged much healthier. Shortly thereafter, he wrote about the conflict between the conscious and the unconscious features of an individual's personality. In 1900, he published *The Interpretation of Dreams*, which was based on his observations of his own dreams and those of his clients (Freud, 1900/1974d).

It was not until the early 1900s that Freud's brilliance was recognized by the medical and psychology professions, and he began to attract followers who were interested in his ideas. In the beginning, the followers met at his home, and the group was called the Wednesday Psychological Society. During this time, Freud published *The Psychopathology of Everyday Life* (1901/1974g), *Jokes and Their Relation to the Unconscious* (1905a/1974f), and *Three Essays on Sexuality* (1905b/1974h). In 1908, he was joined by a group of outstanding colleagues, and the Wednesday group was renamed the Vienna Psychoanalytic Society.

Freud received American recognition for his works when G. Stanley Hall, one of the founders of Clark University in Worcester, Massachusetts, and the American Psychological Association (APA), of which he was the first president, invited him to lecture at Clark University in 1909 (Jones, 1955). After this lecture, Freud further developed his views on the libido, the driving force of an individual's personality, which contains sexual energy. He distinguished between an individual's sexual energies that were directed toward the self and those that were directed outward toward objects represented in his or her external world. According to Freud, **narcissism** resulted when a person withdrew energy from others and directed it toward himself or herself. Freud's work on infant relationships and narcissism formed the foundation for later object relation and self psychology theorists—two major branches of the psychoanalytic school. Freud published his *Introductory Lectures on Psychoanalysis* (1917/1974e) and *The Ego and the Id* (1923/1974b), which presented his theory of personality.

Freud did not tolerate dissent or differences from his small circle of followers. Freud insisted that he alone, as the founder of psychoanalysis, had the right to decide what would be included under the rubric of psychoanalysis. He expelled from the group those who disagreed with him. Ernest Jones, Hans Sachs, Alfred Adler, Carl Jung, and Otto Rank all broke their ties with him and developed their own theories of psychotherapy. Subsequent disciples who also broke ties with Freud are known as "neo-Freudians," because they focused more on social and cultural factors than they did on Freud's biological determinants of behavior. Karen Horney (1926, 1937) objected to Freud's views on female sexuality, especially his views on penis envy (discussed later in the chapter).

Freud dedicated most of his life to developing and revising his theory of psychoanalysis. He was very productive, and his collected works comprise 24 volumes. Frequently, he put in 18-hour days writing. In 1932, he was awarded the Goethe Prize to honor his contributions to psychology as well as to German literary culture. Yet, just 1 year later, when the Nazis took control of Germany, they burned Freud's books (Gay, 1988). The Nazis murdered all of Freud's sisters. In March 1938, Germany annexed Austria, and in June that year, Freud fled to London.

Inner Reflection

What family factors, experiences, or cultural factors within his own life led to Freud's development of psychoanalysis?

Key Concepts of Sigmund Freud

View of Human Nature

The Freudian outlook on human nature is deterministic. It maintains that an individual's personality is fixed largely by the age of 6 (Freud, 1923/1974b). People do

not have free will; rather, their behavior is determined by innate drives that have to do with sex and aggression or love and death. A great deal of Freud's determinism also deals with how one is raised by one's parents.

The first part of Freud's determinism maintains that human behavior is determined by forces that might be described appropriately as "drives," "biological forces," or "instinctual forces." In the German language, the word *drive* is *trieb*, which is usually translated incorrectly as "instinct." (The terms *instincts* and *drives* are used interchangeably in this chapter.)

Freud used the word *drive* to convey the belief that bodily forces make demands on one's mental life. A drive is a state of central excitation in response to a stimulus (Freud, 1923/1974b). Each drive has a source (bodily needs that arise from the **erogenous zones**), an internal aim (e.g., the temporary removal of the bodily need), an external aim (the steps taken to reach the final goal of the internal aim), and an object. Drives lead to the rise of energy that forms the foundation for all psychological activity.

Individuals never experience the drive itself; instead, we experience its representation or idea in our minds. For instance, sexual and aggressive urges take place within most people; however, the free expression of these urges is in conflict with society. Most societies demand that we control our basic urges.

Death instincts (*Thanatos*) were described in Freud's book, *Beyond the Pleasure Principle* (1920/1974a). Freud proposed that "the goal of all life is death." He postulated that people hold an unconscious desire to die but that this wish is largely tempered by the life instincts. In his view, self-destructive behavior is an expression of the energy created by the death instincts. When this energy is directed outward onto others, it is expressed as aggression and violence. When it is expressed inward, the end result may be suicide.

Theory of Personality

Freud's theory of personality can be viewed in terms of his views on levels of consciousness and his tripartite structure of the id, ego, and superego. I begin with levels of awareness because awareness comes first, and out of one's awareness the structure of one's personality is formed.

Freud's Levels of Consciousness

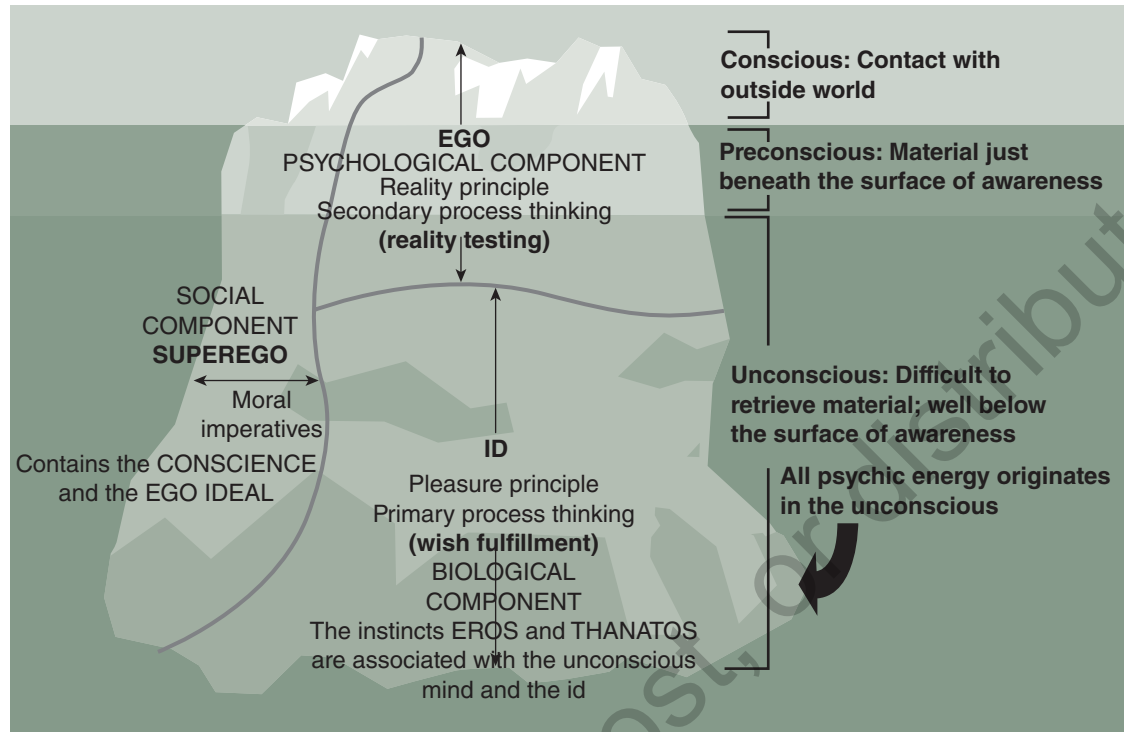Freud proposed three levels of consciousness: (1) the conscious level, (2) the preconscious level, and (3) the unconscious level. Our thought processes operate on the conscious level (Freud, 1905a/1974f). The mind can be compared to an iceberg, where only the tip of the iceberg (our consciousness) is visible. All that we think, perceive, or understand rests within our conscious level of awareness. The *conscious level* is the level on which all of our thought processes operate (Freud, 1905a/1974f). Everything we are aware of is stored in our **conscious**; however, our conscious makes up a very small part of who we are. At any given time, we are aware only of a very small part of what makes up our personality; most of who we are is buried and inaccessible to us. Only 10% of an iceberg is visible (conscious), while the other 90% is beneath the water (preconscious and unconscious).

Just under the water line is our *preconscious level*, which contains our memories and thoughts that are not at the conscious level but that may threaten to break into the conscious level at any moment. At the **preconscious** level, events, thoughts, and feelings are easily recalled. Sometimes, parts of the iceberg may break off and float to the surface if our memories are jogged. The preconscious is usually allotted about 10% to 15% of the iceberg of the mind. Material can pass easily back and forth between the conscious and the preconscious. Likewise, material from these two areas can slip into the unconscious. For instance, at one time in our lives, we were totally aware of what our parents said to us. As we age, this material gradually slips into the unconscious. On our own, we cannot access our unconscious material. According to Freud, we need a psychoanalyst to help us retrieve material from our unconscious level.

The **unconscious** is the lowest and deepest level of awareness or, perhaps more accurately, unawareness. The vast part of the iceberg contains our unconscious, which holds the bulk of our past experiences, including all the impulses and memories that threaten to debilitate or destabilize our minds. Typically, the unconscious is said to constitute an overwhelming 75% to 80% of the mind.

Freud's Theory of Personality

Freud (1901/1974g, 1923/1974b) described personality as "the scaffold of the mind." He divided the mind into three components: (1) the *id*, which represents the biological self in one's personality; (2) the *ego*, which is the psychological center of one's personality; and (3) the *superego*, which is the social controller (our parents usually) that brings behavior within socially acceptable limits (see Figure 2.1). Freud maintained that the basic dynamic forces motivating personality were *Eros* (life

FIGURE 2.1	Freud's Structural and Topographical View of Personality Structure

Conscious: Contact with outside world

Preconscious: Material just beneath the surface of awareness

EGO
PSYCHOLOGICAL COMPONENT
Reality principle
Secondary process thinking
(reality testing)

SOCIAL
COMPONENT
SUPEREGO

Moral
imperatives

Contains the CONSCIENCE
and the EGO IDEAL

ID
Pleasure principle
Primary process thinking
(wish fulfillment)
BIOLOGICAL
COMPONENT
The instincts EROS and THANATOS
are associated with the unconscious
mind and the id

Unconscious: Difficult to retrieve material; well below the surface of awareness

All psychic energy originates in the unconscious

and sex) and *Thanatos* (death and aggression). People continually desire immediate gratification of their sexual and aggressive impulses.

The **id** is the most basic of the three personality structures. The id contains our instincts, needs, and wishes. The id participates in **primary process** thinking, which can be compared to that of a newborn baby who instinctually grasps, sucks at a mother's breasts, and eliminates when it feels the need to do so. The id is usually preoccupied with its own needs and desires. As a consequence, it is self-centered. Primary process can be described as the preverbal and dreamlike original, irrational state of libido (Freud, 1920/1974a). It lives in the immediate present and finds it extremely difficult to defer pleasure. An infant's primary process produces a memory image of an object needed for gratification so that he or she can reduce the frustration of not having yet been gratified. The primary process sets into operation a means for forming an image of something that helps reduce a drive. The infant may form the image of a mother's breast to reduce hunger and thirst. Freud

called this process primary because it comes first in human development.

A young infant is all id. The id is governed by the pleasure principle, and it is illogical, amoral, and driven to satisfy its instinctual needs and desires. The id is largely out of the person's conscious awareness. The infant or child *cathects* or *invests energy* in objects that will satisfy his or her needs. When the id is in charge, a person tends to eat too much, drink too much, have sex too often, and fight too frequently.

The **ego** develops most clearly from about 6 to 8 months of age. Often called the "I," the ego develops to help the id satisfy its physical and social needs without harming others. Freud (1926/1974c) described the ego as "a kind of façade of the id . . . an external, cortical layer of it" (p. 18). The ego lies within the realms of the conscious, preconscious, and unconscious. The ego is *rational*, capable of forming realistic plans, and it functions as a liaison between the id and the superego. The ego can be conceptualized as a mediator between the id and the superego. The behavior of the ego is reality

oriented, and it seeks to protect the self—hence the concept of ego defense mechanisms.

Whereas the id is oriented toward the **pleasure principle**, the ego leans toward the **reality principle**. The ego determines whether it can satisfy the pleasures that the id seeks without harming others or itself. The ego can moderate the desires of the id by delaying immediate gratification of the id's impulses. For instance, a child might say that he or she is hungry (Freud, 1920/1974a). The child responds to the mother that he or she can wait. The ego's ability to exercise control or restraint over the id is referred to as *anticathexis.* In this manner, the ego functions to keep us from crying or throwing a tantrum when we do not get our way. According to Freud (1923/1974b, p. 15), "Like a man on horseback, [the ego] has to hold in check the superior strength of the horse."

While the id is engaged in primary process thinking, the ego participates in **secondary process** thinking—that is, thinking directed toward problem solving and self-preservation. The ego has the capacity for rational decision making and decides when not to satisfy the urgings of the id. A person may become anxious as the ego reacts to threatening urges from the id.

The **superego** is the third component of an individual's personality; it represents parental values and societal standards. As a child develops, he or she incorporates the parents' values (Freud, 1923/1974b). As a result, the ego ideal is formed; it contains behaviors of which the parents approve. According to Freud, the superego operates on the basis of the **morality principle**, which represents society's views of right and wrong. The superego seeks perfection, and it is oriented toward the past rather than the present or the future. The superego seeks to inhibit the id and the ego, and it demands rigid adherence to an ideal.

Each of us develops content for our superego by using **introjection**, which involves a process of the individual's incorporating the norms and standards of a culture into his or her culture. The process of introjecting is aided by the individual's identification with significant adults during childhood (Fine, 1979). The major significant role models who provide content for one's superego include a diverse group—parents, family members, teachers, and clergy. Parents are critical in the formation of their children's superego because they offer love when their children are good and punishment or disapproval when the parents' standards are not followed.

The superego may cause neurotic behavior when it demands that id and ego abide by parental or societal wishes. An overly strong superego can lock a person into rigid moral patterns that suffocate rather than liberate. Individuals who are perfectionists tend to have an overactive or dominant superego. When the id has too much control, we become impulsive or self-indulgent. When the superego is too dominant, we set unrealistically high or perfectionist goals for ourselves.

Anxiety is a state of tension within us that pushes us to do or not to do something. There are three kinds of anxiety: realistic, neurotic, and moral (Freud, 1926/1974c). *Realistic anxiety* represents fear of danger from the external world, and the degree of anxiety must be in keeping to the degree of harm. Neurotic and moral anxieties develop as a result of the conflict among the id, ego, and superego. *Neurotic anxiety* takes place when individuals fear that their instincts or the desires of their id will get out of control and cause them to do something that they will regret. *Moral anxiety* takes place when one does something against one's own **conscience** or when one fears excessively criticism and demands from one's parents or society (Freud, 1926/1974c). An overly active superego produces an individual who suffers from strong feelings of guilt and inferiority.

> ### Inner Reflection
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> Using Freud's theory of personality structure, which part of the structure seems to have the stronge\st hold on your personality and behavior—id, ego, or superego?

Freud's theory of drives changed throughout his life. He determined that all instincts fall into one of two major classes: (1) the life instincts or (2) the death instincts. Life instincts were given the label *Eros.* The life instincts are those that deal with basic survival, pleasure, and reproduction, and they are sometimes referred to as "sexual instincts." These instincts are important for sustaining the life of the individual as well as the continuation of the species. They also include thirst, hunger, and pain avoidance. The energy created by the life instincts is also known as the **libido**. From a positive perspective, behaviors commonly associated with the life instinct include love, cooperation, and other prosocial actions.

Psychosexual Phases of Development

The pleasure principle dominates Freud's theory of personality. Freud proposed five **psychosexual phases** of development, each phase characterized by a pleasure zone or area of the body through which the child or

youth seeks gratification. Freud believed that it would be a mistake to conclude that each of these phases succeeds one another in a clear-cut fashion. The phases may overlap, or they may be present alongside one another (Fine, 1979). Most people pass through these phases without too much difficulty; however, sometimes people become stuck at a particular phase rather than proceeding smoothly through the entire five phases of development. Freud used the term *fixation* to describe what happens when a person becomes stuck at a particular phase. Fixation is generally a defense against anxiety. Both frustration and overindulgence may lock some amount of the child's libido into the phase at which such circumstances occur.

Conversely, if a child progresses normally through the phases, resolving each conflict and moving on to the next phase, then little libido is left invested in each phase of development. But if the person fixates at a particular phase, his or her method of obtaining satisfaction that characterized the phase of fixation will dominate and influence his or her adult personality.

Oral Phase

Freud described the earliest phase of development as the oral phase. This stage takes place from birth to about 18 months. During the oral phase, the infant's chief source of libidinal gratification centers around feeding and the body organs associated with this function—namely, the mouth, lips, and tongue, along with the infant's feelings of security that occur as a result of his or her being held. When the infant's oral needs are satisfied (a state of satiety), the tension is reduced, and he or she may fall asleep.

Psychoanalysts have made a number of hypotheses about the oral phase of development and people's subsequent character traits, which are often referred to as *oral incorporation traits*. According to Abraham (1927), fixation due to either deprivation or overindulgence leads to the development of an **oral personality** that may have some of the following characteristics: pessimism or optimism, suspiciousness or gullibility, self-belittlement or cockiness, and passivity or manipulativeness. Deprivation during this stage is likely to result in pessimism that one's needs will not be met. A child's biting and spitting during the oral stage have been related to oral aggressiveness characteristics that include sarcasm, cynicism, and argumentativeness.

Dependency has often been associated with the oral stage. If a child is overindulged by breast feeding and nursing, the child tends to turn into an adult who is gullible and full of admiration for others around him

or her (Fine, 1979). For instance, children who depend overly on their mothers during the oral phase may fixate at this stage and become too dependent during adult life. Conversely, children who experience anxiety during feeding may become anxious during their adult years. Individuals who are fixated at the oral stage often find themselves dealing with separation anxiety during adulthood.

Anal Phase

Between the ages of 18 months and 3 years, the anal area becomes the main source of pleasure for children (Freud, 1923/1974b). Children explore their bodily functions, which may include touching and playing with feces. When adults respond with disgust to children during their play with these activities, children may develop low self-esteem and a type of stubborn assertiveness and rebelliousness to be in control. The anal phase involves power struggles that seem to become exacerbated during the "terrible twos." Children become fixated at the anal phase if their caretakers are too demanding or overindulgent (Fenichel, 1945; Freud, 1925). The overdemanding or overcontrolling parent who forces toilet training too quickly or too harshly tends to produce an adult who exhibits an **anal personality**, meaning one who is dominated by a tendency to hold onto or to retain. Such anal personality types hold on to money (stinginess), their feelings (constrictedness), and their own way of doing things (stubbornness). When children are toilet trained harshly, they learn that they will be punished if they are not meticulous, neat, and punctual.

Overindulgent parents who are lackadaisical about toilet training encourage children to do whatever they want when they feel pressure. They produce children and adults who are inclined to be wasteful about spending their money and to let go of their feelings (become explosive). If parents are too lenient, and the child gets pleasure from expulsion of feces, such parenting will result in the formation of an anal expulsive character, who is generally messy, disorganized, reckless, careless, and defiant (Freud, 1925).

Phallic Phase

The phallic phase is the setting for the most crucial sexual conflict in Freud's psychosexual stages of development. It lasts from about age 3 until 5 or 6 years. The source of gratification shifts from the anal region to the genital area. During this phase, children play doctor games to clarify their own curiosity about the genitalia of boys and girls.

The major conflict that children experience during this phase is over the object of their sexual desire. For a boy, the object of sexual desire is his mother, and for a girl, her father. The phallic phase is noteworthy for the occurrence of the **oedipal complex**, which comes from the Greek play, *Oedipus Rex*, in which Oedipus kills his father and marries his mother, although he did not know he had done so when he engaged in these acts. When Oedipus discovers the truth of his acts, he is distraught and gouges out his eyes with his mother's brooch. Freud suggested that "the guilt of Oedipus was not palliated by the fact that he incurred it without his knowledge and even against his intention" (Hartocollis, 2005, p. 315). Oedipus punished himself out of guilt feelings generated from the superego.

To deal with his anxiety and fear of penis castration, the boy learns to identify with his father and to move from sexual to nonsexual love for the mother. Although Freud proposed initially that girls suffered from an **Electra complex**, wherein they desired their fathers, he dropped this idea in his later writings. Freud theorized that girls suffer **penis envy** during this phase of development.

Psychoanalysts have questioned Freud's theory of penis envy. Karen Horney (1926) challenged Freud's claim that motherhood was a woman's way of compensating for her "organ inferiority." According to Horney, Freud's image of women was biased because he based it on the observations of neurotic women. Others have criticized penis envy as a symbolic reflection of men's superior economic and cultural advantage. The anthropologist Margaret Mead (1974) theorized that when boys accept the fact that they cannot bear children, they compensate for this inferiority by choosing to place a high value on achievement. More recent psychoanalysts have agreed with Mead and emphasize boys' fascination with childbirth and mothers' ability to have children.

What allows both boys and girls to successfully complete this phase is identification with the same-sex parent, which reduces the child's anxiety over his or her sexual desires for the parent. Such identification is believed to foster the beginning of the superego, the moral part of a person's personality. People who experience difficulty with the phallic phase may experience later sexual identity problems. Parents are encouraged not to overreact or to overindulge their children's fantasies of replacing the other parent.

Fixation at the phallic phase results in the development of a phallic personality, one who is reckless, narcissistic, and excessively vain and proud. People who fail to resolve the conflict successfully are said to be afraid or incapable of close love. Freud theorized that such fixation could be a major cause of homosexuality.

Latency Phase

The resolution of the phallic phase leads to the latency phase, which is a period in which the young child's sexual drive lies dormant. Freud believed that latency was a period of unparalleled repression of sexual desires. The latency period is a relatively quiet stage of development that lasts from the ages of 6 to 12 (or puberty). During latency, children repress their sexual energy and channel it into school, their friends, sports, and hobbies; they direct their attention to the larger world. The changes that take place during this phase are crucial in establishing an adult identity. Latency was conceptualized as a quiet time between the conflicted, pregenital time and the storm that would begin during adolescence. Latency is a time for ego development and for learning the rules of society. This phase prepares a child to enter the genital phase during adolescence (Freud, 1923/1974b).

Genital Phase

The genital phase signals the onset of adolescence, and it begins around the age of 13. Young people focus their sexual energy (libido) toward people of the opposite sex (if heterosexual) or toward the same sex (if homosexual). The less energy the child has invested in unresolved psychosexual developments, the greater will be his or her capacity to develop normal relationships with the opposite sex. Freud (1923/1974b) maintained that no one becomes a mature genital character without undergoing a successful **analysis**. The genital phase can be contrasted with the first three phases because it is more altruistic and less selfish than the others. Psychoanalytic theory suggests that people unable to make psychological attachments during adolescence and young adulthood will manifest abnormal personality patterns.

> ### Inner Reflection
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> Your client smokes, seems to be overly dependent on others' approval, and has difficulty making decisions on her own. In what phase of psychosexual development might you consider placing her?

Theory of Maladaptive Behavior

Psychoanalytic thought suggests that we are all "a little neurotic" (Freud, 1901/1974g). The conflicts of childhood form the core of neurotic disorders. Maladaptive

behavior occurs because we all experience conflicts and fixations during our early years. No one goes through each developmental stage without experiencing some problems. We experience symptoms of abnormality depending on the psychosexual stage in which the conflicts and fixations first developed and the defense mechanisms used to deal with the conflicts. Typically, childhood neurosis takes the form of general apprehensiveness, nightmares, phobias, tics, or mannerisms. Phobia is the most frequent example of childhood neurosis.

Freud maintained that anxiety is at the core of all maladaptive behavior. Neuroses develop in adults because of the pressures between drives and the defensive forces of the ego are out of alignment. A great deal depends on how the ego manages anxiety. When the ego manages anxiety effectively, it blocks the emergence of the dangerous id impulses. Anxiety is less likely to develop when the ego is able to negotiate successfully the dictates of the superego with the desires of the id (Freud, 1926/1974c).

When a client has a weakened ego, he or she spends a great deal of psychic energy struggling with the demands of the superego and id. As the id takes over, clients may regress to an earlier stage or point of fixation, and their behavior may become childish, narcissistic, or destructive. A weakened ego may also be damaged by the pleasure demands of the id. In such instances, the ego fails to rein in the id, and it becomes a destructive force in an individual's life. People become anxious when the conflict they are experiencing emerges into consciousness and can no longer be denied.

The Therapeutic Process

Psychoanalysis is the orthodox application of Freudian theory (Freud, 1933). In contrast, psychoanalytically oriented therapy makes use of some of Freud's concepts, but these concepts are applied flexibly. Psychoanalytical training is long term and intense, usually comprising at least 5 years. Students preparing for careers as therapists or counselors may be required to undergo psychoanalytic therapy.

Typically, the psychoanalytic approach to therapy begins with asking the person to lie down on the couch, looking away from the therapist (Davidson, 1987). Next, the person expresses whatever thoughts, feelings, or images come to mind without censoring, suppressing, or prejudging them. The therapist sits behind the couch and listens in a nonjudgmental manner to the client. Periodically, the therapist interrupts the client's associations, helping him or her to reflect on the possible connections and significance of his or her associations. As the therapist intervenes, her or his role changes from a passive observer to an active observer and interpreter.

The underlying theory is that the client's thoughts and associations come primarily from persistent dynamic internal drives that are organized unconsciously within (Freud, 1933). The therapist's goal is to make the unconscious conscious, to interpret transferences, to work through and resolve such transferences, and to strengthen the client's ego so that the behavior is based more on reality and less on libidinal urges or irrational guilt. Childhood experiences are reconstructed, interpreted, and analyzed. Analytic therapy is directed toward achieving insight and self-understanding.

The Therapeutic Relationship

In the psychoanalytic approach to psychotherapy, the client–therapist relationship revolves around induced transference neurosis. The client resurrects and relives the highly emotional conflicts that took place with significant others in early childhood; these emotions are then transferred to the therapist. The feelings directed toward the therapist are usually intense. As a result, the therapeutic alliance must be strong enough to withstand a high level of emotional intensity.

Traditionally, two general approaches toward the alliance in the psychoanalytic school have existed. Practitioners of *classical* or *drive-conflict* theories have tended to view the alliance as a necessary but not sufficient condition for therapeutic change. Conversely, therapists who practice *interpersonal* and *relational psychoanalysis* have been inclined to view the negotiation of the therapeutic alliance as being at the heart of the change process.

Goals of Therapy

Psychoanalysis is designed to bring about changes in an individual's personality and character structure. According to Freud, psychoanalysis offered the hope of helping those who are willing and able to participate in a lengthy and often painful process to achieve a resolution of some intrapsychic conflicts so that they might experience life in a mature manner. Other therapist goals are to help clients achieve self-awareness, honesty, and more effective interpersonal relationships and gain better control over their irrational and id impulses. The ultimate goal of psychoanalysis is reorganization that promotes the integration of dissociated psychic material and results in a fundamentally changed, firmly

established new structure of personality. The therapist seeks to promote the psychoanalytic approach to therapy, teaching the process of free association, strengthening ego so that behavior is more reality based, and helping the client gain insight into and work through the transference process.

Role of the Therapist

The therapist begins by evaluating whether the client is a suitable client for psychoanalysis. As Greenson (1967) has stated, "People who do not dare regress from reality and those who cannot return readily to reality are poor risks for psychoanalysis" (p. 34). Clients who have been diagnosed as schizophrenic, manic–depressive, schizoid, or borderline personalities are believed to be poor risks for psychoanalysis. Freud maintained that compassionate neutrality was the appropriate attitude for the therapist to convey during psychotherapy. The therapist does not offer advice or extend sympathy. Usually, the therapist is seen as very passive and detached. Psychoanalysis focuses on intrapersonal conflicts in therapy. The ideal client is one who is capable of pregenital fixations. The genital personality is the ideal (Kramer, 2006).

As noted, classical analysts use what has been called the **blank screen** approach. They permit very little, if any, self-disclosure. If therapists say very little about themselves, they maintain that whatever the client says is the result of past conflicts. Modern-day analysts sometimes dispense with the couch and develop a less neutral role with their clients. Whereas a classic psychoanalyst focuses on lifting repressions and resolving internal conflicts, relational analysts might concentrate on conflicts in the present.

historical roots of their difficulties. At the end of therapy, successful clients have worked through their childhood conflicts. Freud restricted treatment to clients of normal intelligence who had a certain degree of ethical development and who were under the age of 50. He believed that after the age of 50, a person was less able to benefit from undoing psychic conflicts.

Assessment

During psychoanalysis, the process of assessing clients' family history, dreams, and other material continues throughout the course of therapy. Some therapists use a very structured approach in the initial sessions by taking a family and social history, while others may use assessment during the first few weeks of therapy. To assess clients, therapists listen for unconscious motivations, early childhood relationship issues, defenses, and related material.

Both Freudian and neo-Freudian psychology highlight the importance of understanding clients' unconscious material and averting their strong defense mechanisms to help them with presenting issues. Information is often hidden from clients in their unconscious. Freud described *projection* as a common defense mechanism of clients. Psychoanalysts use the concept of defense mechanisms in clinical assessment by using projective tests. The goal is to give clients neutral and nonthreatening stimuli and to ask them to interpret ambiguous pictures, fill in the blanks, make associations, or tell stories. According to the theory of projection, clients will project their own unconscious material onto the nonthreatening stimuli, permitting the clinician to interpret and move the client toward insight.

> ### Inner Reflections
>
> How compatible is psychoanalysis with your views on the nature of people and how people develop?
>
> Can you see yourself functioning as a psychoanalyst or using psychoanalytic concepts in working with clients?

> ### Inner Reflections
>
> In your opinion, what type of client would be a good candidate for psychoanalytic therapy? Why?
>
> If you have clients with whom you are working, would you consider using psychoanalytic techniques with them?

Role of the Client

Clients in psychotherapy must commit to long-term and intensive therapy. They agree to talk and to free associate because talk is at the heart of the therapeutic process. Clients terminate psychoanalysis when they and their analyst agree that they understand the

> ### Inner Reflections
>
> If you could be granted training in only one of the projective tests, which one would it be and why?
>
> Does your program of psychotherapy provide such training?

Phases of Therapy

Classical psychoanalysis can be subdivided into four phases: (1) the opening phase, (2) development of transference, (3) working through, and (4) resolution of transference (Arlow & Brenner, 1990).

1. *Opening phase:* The opening phase consists of the therapist's first contact with the client and lasts from 3 to 6 weeks (Freud, 1919). The therapist notes everything that the client says and does for possible later use in treatment. The therapist assesses the nature of clients' problems, including their current life situations, what brought them to therapy, their manner of relating to others, their family background, and child development. Psychoanalysts frown on formal history taking that uses a prescribed form. Instead, they maintain that clients should set the priorities of the psychoanalytic session (Arlow & Brenner, 1990). The therapist describes the process of psychoanalysis and the client's obligations.

    The next part of the opening phase involves introducing clients to the couch and the techniques of psychoanalysis, such as free association. The analyst probes gently to understand the nature of the client's unconscious conflicts. Eventually, the therapist detects themes from the client's childhood that remain dynamically active in the client's present life in distorted and unconscious fantasies. The therapist focuses primarily on conflicts that are readily accessible to the client's consciousness.

2. *Development of transference:* The development of **transference** constitutes the second phase of psychoanalysis. Transference and working through (Phase 3) form the major portion of psychoanalytic counseling. Freud believed that in transference, the client was unconsciously reenacting forgotten childhood memories and repressed unconscious fantasies. Transference prevents us from seeing others entirely objectively; rather, we "transfer" onto them qualities of other important figures in our earlier life. Transference leads to distortions in our relationships with others. Psychoanalytic treatment is designed to magnify transference phenomena so that they can be examined and untangled from the client's present-day relationships. Transference was conceptualized

as a form of memory in which the client repeats in therapy conflicts from his or her early childhood as if they currently existed. There is some theory that the beginning stages of transference take place as soon as the client makes the telephone call for a therapeutic appointment. In anticipation of help, the client may find that unconscious wishes and conflicts may come quickly to the surface. One benefit of transference analysis is that it helps clients distinguish fantasy from reality and the past from the present. The psychoanalyst and the client create a relationship wherein all the client's transference experiences become part of the psychoanalytic setting and can be examined and understood. Transference also reveals to clients the force of their unconscious, childhood fantasy wishes. Moreover, the therapists' transference analysis helps clients see how they misperceive, misinterpret, and relate to people in the present according to their interactions with people in their past—usually their parents. Clients are able to evaluate the unrealistic nature of their impulses and anxieties, to make appropriate decisions based on reality rather than on distorted fantasies, and to restore the dynamic equilibrium between their impulse and conflict—a balance that will ultimately lead to life satisfaction and happiness.

3. *Working-through phase:* The analysis of transference is continued in the **working-through phase**. "Working through" might be defined as a slow, gradual process of working again and again with the insights that have emanated from the therapist's interpretations of resistance and transference (Freud, 1949). The working-through phase entails clients' gaining insights to their issues as a result of transference analysis. Typically, a successful transference analysis leads to a client's ability to recall crucial childhood experiences. The therapist helps the client work through the forgotten or repressed memories and see how they are affecting the client in the present by analyzing their transference onto the therapist. Typically, clients become aware of their many defensive maneuvers, the impulses they have tried to defend against, and the many ways in which they are currently manifesting their symptoms.

    One of the benefits of the working-through phase is that clients come to understand that

they do not have to fear their impulses as they did when they were children, because in the transference relationship, they expressed those same impulses in intense words and were not castrated, rejected, or abandoned (Freud, 1949). Gradually, clients become aware that they can choose more mature ways of dealing with their impulses. As clients increase their conscious awareness of their behavior and defenses, they make structural changes in their personalities. Energies that were once bound up in pregenital conflicts are now at the service of the mature adult ego.

4. *Resolution of transference:* The resolution of transference constitutes the termination phase of treatment. As soon as the client and the analyst believe that the major goals of analysis have been achieved and that the transference is well understood, they set a date for ending therapy. Both the analyst and the client must resolve any remaining attachment issues the client has with the therapist. Sometimes, clients do not want to leave therapy because they feel safe, and they have found a gratifying human relationship. A therapist helps clients examine their fantasies about what life will be like at the end of treatment. Failure to prepare clients adequately for termination may lead to a relapse.

Therapy Techniques

Freud's four major techniques of analysis were (1) free association, (2) dream analysis, (3) analysis of resistance, and (4) analysis of transference.

1. *Free association:* **Free association** is the cardinal technique of psychoanalysis that allows clients to say anything and everything that comes to mind regardless of how silly, painful, or meaningless it seems. It is founded on the belief that one association leads to another that is deeper in the unconscious. Free association permits clients to abandon their usual ways of censoring or editing thoughts. Slips of tongue are analyzed for what they reveal about clients' feelings.

2. *Dream analysis:* Freud considered dream analysis to be the pathway to the unconscious (Abrams, 1992). When people sleep, the ego releases its control over unconscious material. **Dreams** are said to have two levels of content: a manifest

and a latent content (Freud, 1900/1974d). The **manifest content** of a dream is the surface meaning of the dream. You dream that you are running and running, and when you look back, no one is there.

The **latent content** of a dream contains the deeper, hidden, and symbolic meaning. Because the impulses underlying the dream are so threatening (unconscious sexual and aggressive impulses), these impulses are translated into the acceptable manifest content—that is, as the dream appears to the dreamer on the surface (Freud, 1900/1974d). The process by which the latent content of a dream is transformed into the less threatening manifest content is called *dreamwork*. You dig deeper and you discover that the dream is telling you that you feel overwhelmed by circumstances and that you would like to run away from your responsibilities. The therapist's task is to help the client uncover disguised meanings by studying the symbols in the manifest content of the dream (Freud, 1953).

3. *Analysis of resistance:* In psychoanalysis, **resistance** is said to exist when client behaviors interfere with or hinder the analytical process. As clients begin to experience uncomfortable thoughts and feelings (as they become conscious), they will resist the self-exploration that would bring them fully into awareness. Resistance prevents the client from producing unconscious material. Some common client resistances include not attending sessions, arriving late, complaining about or refusing to make payments for service, censoring thoughts, disrupting the free association process, or refusing to report dreams.

During therapy, resistance is the client's reluctance to bring to the surface of awareness unconscious material that has been repressed. For instance, during free association, the client may manifest an unwillingness to relate certain thoughts or feelings. Freud (1919) viewed resistance as an unconscious situation clients use to defend against anxiety.

Psychoanalysts view client resistance as an opportunity to gain insight into their clients' unconscious motivations or defensive mechanisms. As clients progress through therapy, their resistance increases to having free association, discussing past events, and dealing with their transference onto their therapist.

Some clients may consciously want change but unconsciously resist it. Resistance helps keep the unconscious conflict intact; it thwarts the therapist's attempts to get at the real causes of personality issues.

The therapist's analysis of resistance is designed to help clients become aware of the reasons for resistance so that they can confront them. Because client resistance forms a line of defense for the self against anxiety, it is extremely important that therapists respect clients' resistances. The goal should not be to strip clients completely of their resistances because such stripping may leave them without adequate defenses. As analysis continues, clients may begin to feel less threatened and more capable of facing the painful things that caused them to resist treatment. They begin to overcome their resistance.

4. *Analysis of transference:* Initially, Freud viewed transference as an impediment to therapy. Gradually, he realized that transference made treatment and the cure possible. Free association brings to the surface childhood remembrances and feelings (Freud, 1919). Clients reexperience their early conflicts and in transference identify the therapist as a substitute for their parents. Their love and hate for therapists can become intense and block therapeutic efforts.

Therapists interpret the distorted displacements of significant relationships clients experience during their transference onto the therapist. Therapists interpret clients' buried feelings, traumatic conflicts, and unconscious fixations of early childhood. Analysis of transference helps clients gain insight into the influence of their past on their present lives. During the interpretation of transference, clients learn how to work through old conflicts that hindered their psychological growth (Freud, 1919).

Inner Reflections

Have you ever had a recurring dream? If so, what was the manifest and the latent content of the dream?

Did you resolve the issues in your recurring dream?

How did you resolve the issues in your dream?

Countertransference

Freud emphasized that countertransference was a reaction to the transference of a client. For instance, if a female client becomes angry with the therapist because the therapist reminds her of her mother, and the therapist becomes angry with the client, this would be an example of countertransference. **Countertransference** is any unconscious attitude or behavior on the part of the therapist that is prompted by the therapist's needs rather than the client's needs. Sometimes, therapists have personality and developmental issues that bring on countertransference issues. For instance, a therapist may have difficulty working with angry clients because as a child she was punished for being angry. Psychotherapists must consider the types of strong feelings, preferences, assumptions, and expectations they bring to the therapeutic relationship that impede their effectiveness with clients.

The Movement Toward Contemporary Psychodynamic Therapy

After Freud's death in 1939, psychoanalysis continued to undergo the many revisions that had begun with the rebellion and departure of many of his early disciples, including the departure of Carl Jung and Alfred Adler. Gradually, theorists and practitioners of psychoanalysis started using the term *psychodynamic therapy* to describe their work instead of the term *psychoanalysis*. The term *psychodynamic* refers not only to the psychoanalytic therapy developed by Freud but also to the separate theories developed by Jung (1926/1954, analytic psychology) and Adler (1959a, individual psychology) as well as the work of the ego psychologists Anna Freud (1936) and Erik Erikson (1950), object relations therapy (Melanie Klein, 1932, and Donald Winnicott, 1953, two prominent contributors), the development of self psychology by Heinz Kohut (1971, 1977), relational analysis (Mitchell, 1988), and brief psychodynamic therapy (BPT; Messer & Warren, 2001).

Freud himself was the first one to use the term *psychodynamic*. Freud was influenced by the theory of thermodynamics and used the term *psychodynamic* to describe the processes of the mind as flows of psychological energy from the libido to one's brain. Currently, some therapists use psychodynamic therapy interchangeably with psychoanalytic therapy. This situation exists because of the commonalities that exist between the two theoretical approaches (i.e., focus on the unconscious, uncovering).

The term *psychodynamic* does not just refer to one particular theory. It is a set of theories: (a) psychoanalytic therapy, (b) ego psychology, (c) object relations, and (d) self psychology theory. These set of theories describes the inner energies that motivate and control a person's behavior. Ego psychologists examine how a person's ego functions. They focus on such issues as reality testing, judgment, sense of reality of the world and the self. An important question for ego psychologists is this: How does the person modulate and control drives, affects, and impulses? Object relations theorists examine the early formation and differentiation of psychological structures (the inner images of the self and the other, or the object).

Ego Psychology

Classical psychoanalysis was founded primarily on id psychology in which our instincts and conflicts over such instincts were viewed as the main movers of personality and psychotherapy. Classical psychoanalytic theory maintains that the ego derives all of its energies from the id. Freud once said, "Where there is id, ego shall be." During the 1920s, Freud moved beyond the id and focused his attention on the analysis of the ego.

Freud's followers found ways to incorporate the psychosexual drives of the id with social and nondrive motives (ego). **Ego psychology** maintains that a major function of the ego is to adapt to and master an objective reality. Although ego psychologists do not deny that conflicts over impulses striving for immediate gratification are significant influences on development, they assert that the ego has a separate striving for adaption and mastery. The ego develops as young people develop a desire for effectiveness and competence (Freud, 1936).

Young people can be motivated to learn their times tables, colors, and other language skills independent of any longings for sexual or aggressive gratification. The ego has its own energies, and it becomes a major force in the development of a personality that is adaptive and competent. When individuals fail to develop such ego processes as judgment and moral reasoning, they may begin the development of psychopathology. Individuals who have poor ego development are inadequately prepared to adapt to reality.

Critical areas of therapy for ego psychologists involve achieving identity, intimacy, and ego integrity (Eagle, 1997). Psychotherapy travels back into clients' history only to analyze the unresolved conflicts that are interfering with their lives. While ego psychoanalysts are in agreement with Freudian analysts in their use of long-term intensive therapy, free association, transference, and interpretation of resistance, they tend to be more flexible in their use of psychodynamic therapy (Eagle, 1997).

Ego psychologists maintain that because the ego has its own energies, much more is involved in individuals' development than just the resolution of conflicts over sex and aggression (Friedman, 1999). Hence, the psychosexual stages of Freud do not provide sufficient explanations for all of personality and psychopathology. Whereas Freud placed emphasis on psychosexual development, ego psychologists stress the importance of psychosocial development. While Freud conceptualized the ego as serving the demands of the id and superego, ego psychologists portrayed the ego as striving for relationship with the outside world, especially other people (Coles, 2000).

Moreover, because the ego strives for adaptability, competency, and mastery well beyond the first 5 years of life, later stages are required to explain personality development and psychopathology. Ego psychologists attempt to build ego strength—the capacity of the ego to pursue its healthy goals—despite perceived threat and stress. Ego psychologists have broadened the goals of psychoanalytically oriented therapy. Ego psychology emphasizes improved reality testing and judgment (Coles, 2000).

Inner Reflections

Suppose that you were a client who desired to see a therapist for one of your real personal issues; from which one of the theoretical orientations presented in this chapter would you select (psychoanalytic, psychodynamic, ego, object relations, or self psychology) a therapist?

What benefits might there be in your seeing a therapist from the theoretical orientation you have chosen? Why?

Therefore, one therapeutic goal might be helping a client see the outside world as it is without much distortion from inner conflicts. In addition, ego psychologists place major importance on analyzing clients' defense mechanisms, especially those that are rigidly used. Two of the best-known ego psychologists are Anna Freud and Erik Erikson (Eagle, 1997). Freud's daughter Anna made important revisions to Freudian psychoanalysis by emphasizing ego development and defense

mechanisms in people. Her student, Erik Erikson, developed the psychosocial stages of development that unfolded over a person's life span. Anna Freud's (1936) and Erikson's (1950, 1968) work form the foundation of ego psychology.

Major Contributor: Anna Freud

PHOTO 2.2 Anna Freud

Photo courtesy of Library of Congress.

Anna Freud (1895–1982) applied psychoanalysis to the treatment of children. She also further developed the concept of ego defense mechanisms. Her father, Sigmund Freud, first described defensive operations in *The Neuro-Psychoses of Defense* (1894/1984). Although Freud later pointed out that his theory of repression or defense was at the heart of psychoanalysis, he never fully systematized knowledge about defenses.

Anna Freud treated nursery school children at her Hampstead Clinic in London. She studied measures of child maturation, such as moving from dependence to self-mastery. According to her, both the id and the ego should be the focus of psychoanalytic treatment. In her book *The Ego and the Mechanisms of Defense* (1936), Anna Freud delineated 10 defense mechanisms, and she pointed out both the adaptive and maladaptive means of using defense mechanisms.

In psychoanalytic theory, **ego defense mechanisms** are psychological strategies individuals use to cope with reality and to maintain their self-images. The purpose of ego defense mechanisms is to protect one's mind–self–ego from anxiety, social sanctions, or to provide refuge from situations that tax one's ability to cope. They are described as ego defense mechanisms because they occur when id impulses conflict with superego values and beliefs and when an external threat is posed to the ego.

Ego defense mechanisms work by distorting the id impulses into acceptable impulses or by unconscious or conscious blockage of these impulses. Healthy persons use different defenses throughout life. An ego defense mechanism becomes pathological only if it involves persistent use that leads to maladaptive behavior. The ego marshals an individual's favorite defense mechanism to combat anxiety (Blanck & Blanck, 1986). Defense mechanisms have two common characteristics: (1) they either deny or distort reality, and (2) they operate at the unconscious level of awareness (Freud, 1936). Common defense mechanisms include the following:

- *Projection:* You attribute to others your own characteristic ways of being. For instance, an overcontrolling person might see everyone else as striving to control him or her. Generally, projection is shifting one's unacceptable thoughts, feelings, and motivations within oneself onto others, so these behaviors are perceived as being possessed by the other. A common projection among men who have been rejected by a woman might be, "She wants me."

- *Repression:* Repression is a defense mechanism that excludes threatening or painful thoughts from awareness. Although it is believed that most of the painful events of the first 5 years of life are buried, these events still influence individuals' behavior. For instance, an adult may have experienced terrible child abuse in early years. If anger toward the abusing parent is repressed, the adult may not experience any conscious memory of the events. However, the person may seek conscious expression of the abuse through anger toward some authority or parentlike figure (Freud, 1936).

- *Regression:* Regression is a method of reducing anxiety by retreating to an earlier period of life that was more pleasant and safe. Childish behaviors—throwing a temper tantrum and pouting—are often associated with regression. One adult female would suck her thumb whenever anxiety threatened her.

- *Intellectualization:* The individual escapes his or her emotions by focusing on intellectual concepts or insignificant details. An example of intellectualization is a person who experiences a painful breakup with his spouse of 10 years and who chooses to discuss the breakup devoid

of any emotion and primarily in abstract, intellectual terms (Freud, 1936).

- *Denial:* Denial is a way of distorting what a person thinks, feels, or perceives in a given situation. A person defends against anxiety by "closing his or her eyes" to a threatening reality. One denies that his mate is cheating because facing that reality would be too anxiety provoking. Denial protects the self from any unpleasant reality by refusing to even perceive it.

- *Rationalization:* This defense mechanism is sometimes referred to as "sour grapes" because it is based partially on the Aesop fable of the fox who tried repeatedly without success to reach a bunch of grapes. After trying several times, the fox finally gave up, rationalizing that he really did not want the grapes anyway.

- *Reaction formation:* Sometimes, individuals defend against the expression of a forbidden impulse by expressing its opposite. **Reaction formation** contains two steps: (1) individuals deny the unacceptable id impulse and (2) the opposite is expressed on a conscious level. A person may experience extreme hostility toward a person, but instead of expressing this hostility, he or she responds with great kindness.

- *Sublimation:* Individuals transform negative emotions or impulses into positive actions, behavior, or emotion. According to Anna Freud, sublimation is the only healthy way to cope with objectionable impulses because it permits the ego to convert them into socially acceptable forms. A person may sublimate anger by working late in the garage to build something (Freud, 1936).

- *Displacement:* This process shifts sexual or aggressive impulses to a more acceptable or less threatening object. It redirects emotion to a safer object. For instance, a mother may yell at her child because she is angry with her husband, and the child then kicks the dog because he is angry with his mother.

- *Introjection:* This defense mechanism involves taking in and absorbing the values and standards of others—usually to avoid some unacceptable consequence. For instance, during war times, prisoners may identify with the aggressor to survive the prison experience. A positive example of introjections entails taking in the values of one's parents.

Inner Reflections

Both the psychoanalytic and the psychodynamic approaches to therapy underscore the importance of the first 5 years of a person's life.

Do you believe that a person's current problems can be traced back to what happened to him or her at age 3 or 5?

What connections, if any, do you see about your own childhood experiences and your present personality?
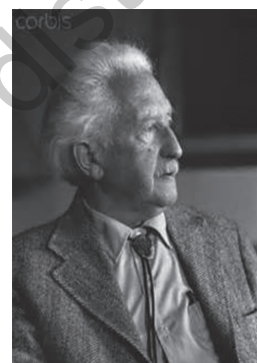
Major Contributor: Erik Erikson

PHOTO 2.3 Erik Erikson

Ted Streshinsky/TIME & LIFE Images/Getty images.

Eric Erikson (1902–1994) was a Danish–German–American developmental psychologist and psychoanalyst who developed a theory of social development for people. His interest in the psychology of identity can be traced to the circumstances of his childhood (Coles, 2000; Stevens, 2008). He was born in Frankfurt to Danish parents. Erik was conceived as a result of his mother's extramarital affair; Karla Abrahamsen, his mother and the daughter of a prominent Jewish family in Copenhagen, concealed the circumstances of Erik's birth from him during his early childhood (Stevens, 2008). Little information is provided about Erik's biological father, other than that his name was Erik. There were rumors that he also was married at the time of Erikson's conception.

Karla Abrahamsen was married to Jewish stockbroker Valdemar Isidor Salomonsen at the time of Erikson's birth. Initially, Erik was registered as Erik Salomonsen. After Erik's birth, Karla moved to Karlsruhe, and in

1904, married a Jewish pediatrician named Theodor Homburger. In 1911, Erik was adopted by his stepfather (Stevens, 2008).

Erikson's concern with the development of a person's identity was a concern in his own life. For most of his childhood and early adulthood, he was known as Erik Homburger (Stevens, 2008). He was a tall, blond, blue-eyed boy who was reared within the Hebrew or Jewish tradition. When he was at temple, the kids teased him for being Nordic, and when he was at his grammar school, kids teased him for being Jewish. He searched first for his own identity and in his later work helped others achieve theirs.

Initially, Erikson was not interested in becoming an analyst. He was an artist, a painter who did portraits of children. At a Vienna school for psychoanalytic treatment of children, Erikson was hired to paint the portraits of four children. In 1927, Anna Freud became his analyst. Following a short period as a tutor and painter, Erikson was asked if he would consider becoming a child analyst—a profession about which he knew little. He was trained in psychoanalysis at the Vienna Psychoanalytic Institute, and he studied the Montessori method of education for children. He graduated from the institute in 1933 (Stevens, 2008). During his work at the institute, he met his wife, Joan Serson, a Canadian.

Because of the rise of Nazism in Germany, Erikson emigrated with his wife first to Denmark and then to United States, and he became the first child psychologist in Boston. He held positions at Massachusetts General Hospital, the Judge Baker Guidance Center, and the Harvard Medical School (Friedman, 1999).

During his stay in California, he studied children of the Yurok Native American tribe. It was also during this period that he became an American citizen and changed his name from Erik Homburger to Erik Erikson. In 1950, Erikson published the book for which he is best known, *Childhood and Society.*

During the 1960s, Erikson returned to Harvard University as a professor of human development, and he stayed there until his retirement in 1970. In 1969, he published *Gandhi's Truth*, which explored the evolution of a passionate commitment in maturity to a humane goal and on the inner factors of Gandhi's nonviolent strategy to achieve this goal (Friedman, 1999). This book won a Pulitzer Prize and a U.S. National Book Award.

Erikson died in 1994 on Cape Cod, Massachusetts. His advice to educators about children still remains: "Do not mistake a child for his symptom."

Erikson's Theory of Psychosocial Development

Erikson's (1968) theory of psychosocial development deals with issues such as identity, intimacy, competency, and integrity in addition to the Freudian concepts of sex and aggression. He proposed eight **psychosocial stages** that focus on crises that must be negotiated at different stages in life: (1) trust versus mistrust, (2) autonomy versus shame and doubt, (3) initiative versus guilt, (4) industry versus inferiority, (5) identity versus role confusion, (6) intimacy versus isolation, (7) generativity versus stagnation, and (8) ego integrity versus despair (Erikson, 1950). He broadened the concept of life stages into adulthood and proposed social and nonsexual reasons for adult development. His widow, Joan Serson Erikson, proposed a ninth stage (old age) to take into consideration individuals' increasing life expectancy (Friedman, 1999). One primary element of Erikson's (1968) psychosocial stage theory is the development of ego identity. Erikson proposed that our ego identity is continually changing due to the experiences that we acquire daily. He coined the term *identity crisis* to represent a developmental challenge that takes place during adolescence, whereby the youth attempts to define his or her place in life with regard to sexual, personal, and career identity, making a vocational choice. Besides ego identity, Erikson maintained that a sense of competence also motivates our behaviors and actions. Hence, each stage in his theory involves becoming competent in an area of life. If the person handles the psychosocial stage successfully, he or she develops a sense of mastery or ego strength. If the person negotiates the psychosocial stages unsuccessfully, he or she develops a sense of inadequacy.

In each stage, Erikson asserted that people experience a conflict that serves as a turning point in development. The resolution of each stage ends in a person's either developing a psychological quality or failing to develop that characteristic (Erikson, 1968). Erikson's primary contribution to psychology and psychotherapy was that his psychosocial stages covered the entire life span (Mishne, 1993).

Erikson's psychosocial stages are presented with Freud's stages in Table 2.1

Object Relations Theory

Object relations theory is a newer form of psychoanalytic therapy that entails exploring clients' internal, unconscious identifications and internalizations of external objects. The term originated from Freudian

TABLE 2.1	Erikson's Stages of Personality Development		
Stage	**Basic Conflict**	**Important Events**	**Outcome**
Infancy (birth to 18 months)	Trust versus mistrust	Feeding	Children develop a sense of trust when caregivers provide reliability, care, and affection. A lack of this will lead to mistrust.
Early childhood (2–3 years)	Autonomy versus shame and doubt	Toilet training	Children need to develop a sense of personal control over physical skills and a sense of independence. Success leads to feelings of autonomy; failure results in feelings of shame and doubt.
Preschool (3–5 years)	Initiative versus guilt	Exploration	Children need to begin asserting control and power over the environment. Success in this stage leads to a sense of purpose. Children who try to exert too much power experience disapproval, resulting in a sense of guilt.
School age (6–11 years)	Industry versus inferiority	School	Children need to cope with new social and academic demands. Success leads to a sense of competence, while failure results in feelings of inferiority.
Adolescence (12–18 years)	Identity versus role confusion	Social relationships	Teens need to develop a sense of self and personal identity. Success leads to an ability to stay true to oneself, while failure leads to role confusion and a weak sense of self.
Young adulthood (19–40 years)	Intimacy versus isolation	Relationships	Young adults need to form intimate, loving relationships with other people. Success leads to strong relationships, while failure results in loneliness and isolation.
Middle adulthood (40–65 years)	Generativity versus stagnation	Work and parenthood	Adults need to create or nurture things that will outlast them, often by having children or creating a positive change that benefits other people. Success leads to feelings of usefulness and accomplishment, while failure results in shallow involvement in the world.
Maturity (65 to death)	Ego integrity versus despair	Reflection on life	Older adults need to look back on life and feel a sense of fulfilment. Success at this stage leads to feelings of wisdom, while failure results in regret, bitterness, and despair.

theorists who wanted to point out that at certain points for infants, other people are merely objects for gratifying needs. Object relations is a theory that emphasizes interpersonal relations, primarily in the family and particularly between mother and child. It conceptualizes the relationship between self and objects as the

organizing principle of the psyche. Donald Winnicott (1953), one of the foremost practitioners of object relations, believed that the central feature of healthy development was rooted in relationship.

Object relations theorists examine the early formation and differentiation of psychological structures (inner images of the self and the other, or object) and how these inner structures are manifested in a person's interpersonal situations. These theorists focus on the relationships of early life that leave a lasting impression—that is, a residue or remnant within the psyche of the individual. These residues of past relationships or inner object relations shape a person's perceptions of other people as well as his or her relationships with other individuals. Individuals interact

> **Inner Reflections**
>
> Using Erikson's theory of psychosocial stages, in what stage would you place yourself?
>
> In what stage did you meet Erikson's criteria most successfully?

not only with an actual other person but also with an internal other, a psychic representation that may be an accurate representation of another person or a distorted version of some actual person.

In object relations theory, **objects** are usually persons, parts of persons, or symbols of one of these. An object is that to which a person relates. An object is mental representation of other people or put in an alternate way, interpersonal relations that are represented within a person's psyche. Such objects are considered to be features of significant people in their lives, such as a mother or father.

Representation refers to the manner in which the person has or possesses an object. An object representation is the mental representation of an object. These object representations of significant others should not be confused with the actual persons, who may or may not be represented accurately. Object relations theory takes into account both internal and external objects. An *external object* is an actual person, place, or thing that a person has invested with emotional energy. In contrast, an *internal object* is an individual's representation of another, for instance, a reflection of the child's way of relating to the mother. It is a memory, idea, or fantasy about another person, place, or thing. The self is an internal image that consists of conscious and unconscious mental representations of oneself, especially as experienced in relationship to significant others. The term *self-object* is used to refer to a loss of boundaries, such that the self and object are blurred, and the distinction between self and external object is unclear.

Object constancy refers to maintaining a lasting relationship with a specific object or rejecting any substitute for that object. For instance, one may reject mothering from anyone except one's own mother. Mahler (1968) defined *object constancy* as the capacity to recognize and tolerate loving and hostile feelings toward the same object, the capacity to keep feelings focused on a specific object, and the capacity to value an object for characteristics other than its function of satisfying needs.

Object relations is primarily a stage theory that focuses on the process of becoming an independent person and viewing other people as stable, complex, and real. Theorists place the most importance on the first 3 years of life, during which time children evolve from fusion with their mothers (no psychological awareness of separateness) to total dependence, to limited self-directed exploration, and finally to separation and individuation. The images of self and others are introjected; that is, children mentally and emotionally accept these images as real. The introjected images may not

be accurate images of the actual people. According to Bornstein (1993), "Parental introjects must by definition be personalized, idiosyncratic, and distorted" (p. 7) because they are created from the viewpoints of children under the age of 3.

> ### Inner Reflections
>
> Which person in your life has helped you most to shape who you are today?
>
> Looking back on your life, what object relations have you introjected into your personality?
>
> Do you ever find yourself repeating similar elements of your object relations that you established early with your mother or father with other people in your life?

Object relations theory developed almost entirely within the context of families that had newly relocated. None of these theorists studied extended family systems in which there were multiple mothering and fathering figures, in the form of aunts, uncles, and grandparents who related to the infant in early life, with any examination of how the developmental process may vary under such circumstances. Moreover, this branch of psychology does not take into account the social system that creates pathology. On the contrary, object relations theory is an interpersonal approach that focuses extensively on the dyadic relationship between mother and infant.

Major Contributor: Donald Winnicott (1896–1971)

Donald Winnicott (1896–1971) was a London pediatrician who studied psychoanalysis with Melanie Klein (1932), one of the founders of object relations theory. He believed that the central feature of healthy development was rooted in relationship (Winnicott, 1953). From his work with psychologically disturbed children and their mothers, Winnicott developed some of his important theoretical concepts, including the holding environment, the transitional object, the good-enough mothers, and the transitional experience. According to Winnicott, an infant child exists in a stream of unintegrated, unconnected moments (Rodman, 2003). Such an existence is pleasant and not frightening for the child. Winnicott theorized that the person responsible for providing the child's framework is the mother. Gradually, the infant progresses from a state of unintegrated drift into the capability to identify environmental objects.

Winnicott proposed the concept of the holding environment to describe part of an infant's early development. He maintained that for an infant to have healthy development, it is critical that the mother is there when needed. A **holding environment** is a psychical and physical space within which an infant is protected without knowing that he or she is protected (Rodman, 2003). Soon after a child is born, the mother is much occupied with the child. Gradually, the mother moves away from this state of maternal preoccupation and provides an environment in which the child moves about and learns from experience. These experiences help the child understand that there is an outside world (objective reality) that does not always exist to satisfy his or her wants. If the mother does not provide a healthy holding environment, a child may become traumatized. During objective reality, the child learns that the objects he or she relates to, mainly his or her mother, are separate and not under his or her control.

One of Winnicott's most important concepts involves the transitional experience and the transitional object (Winnicott, 1953). The *transitional experience* is the middle ground between objective reality (also labeled the "not-me") and subjective omnipotence (the "me"). The *transitional object* inhabits the transitional zone. The transitional object is children's first "not-me" possession, such as a teddy bear or a blanket. This object helps the child ward off anxiety and permits him or her to maintain a connection to the mother while she gradually distances herself from the child. Transitional objects help children separate from the mother.

Winnicott also developed the concept of the **good-enough mother**. The good-enough mother adjusts to her baby appropriately at differing stages of infancy, thereby permitting an optimal environment for the healthy development of a separate child, eventually capable of establishing object relations. According to Winnicott, the good-enough mother begins by adapting almost completely to her infant's needs and as time goes on adapts less and less according to the infant's growing ability to deal with her failures.

The good-enough mother's failure to satisfy the infant's needs immediately causes the latter to compensate for the temporary deprivation by his or her own mental activity and by understanding. Hence, the infant learns to tolerate his or her ego needs and instinctual tensions for increasingly longer periods of time. The good-enough mother must not be perfect in her tasks related to meeting her infant's needs because the infant needs to feel frustration and learn to trust that help will come. When the child is between 18 and 36 months old, the mother must learn how to balance between physically serving a child's needs and being available as the child becomes more independent.

An important task for the good-enough mother is to give her child a sense of a loosening rather than the shock of suddenly being dropped by the mother. During the transitional period of loosening or letting go in small steps, a transitional object may play a highly significant role. In contrast to the good-enough mother, the perfect mother satisfies all the infant's needs on the spot, thereby preventing him or her from developing. By the age of 3, Winnicott asserted if all goes well, the child learns that he or she and the mother are separate people who are closely related and reliably loving.

Winnicott proposed a *true self* and a *false self*. The true self is the part of the infant that feels creative, spontaneous, and real. A true self has a sense of integrity, of connected wholeness. The infant's true self flourishes primarily in response to the mother's optimal responsiveness to his or her spontaneous expressions. With good-enough mothering or care, the infant's true self can emerge. Without such care, the false self develops.

The **false self** is one that is based on compliance with parental wishes. When a child has to comply with external rules, such as being polite or following social rules, a false self develops. The false self is a mask—a false persona that continually seeks to anticipate demands of others for the purpose of maintaining that relationship. On an unconscious basis, the false self protects the true self from threat, wounding, or destruction. At some point, the false self may come to be mistaken for the self to others, and even to the self. When individuals who have achieved great success say that there is a certain sense of unreality about themselves, of not being really alive, the false self is said to exist.

Winnicott (1969) believed that during our lives, we repeat unconscious early object relationships in one form or another. When a good-enough mother has been responsive so that she has supported the natural process of individuation, the result is an adult who has a stable image of himself or herself and who views other people realistically. Such a person sees self and others as having identities that are continuous and that are both positive and negative, instead of being just all positive or all negative.

Inner Reflections

Winnicott talked about a "holding environment," which may be defined as a psychological space that a person feels is both safe and comfortable. A good holding

environment is a reliable one in which one feels loved, understood, and protected. Therapy is also a type of holding environment.

Describe the holding environment of one of your clients.

What kind of holding environment do you want to have for your clients? Winnicott defined *patience* as a critical therapist variable. How do you rate yourself on patience with others, with clients?

How would you describe the early holding environment in which you grew up?

For Winnicott, the therapist's main task is to provide a holding environment for clients so that they have an opportunity to satisfy neglected ego needs and to permit their true selves to come forth and to achieve creative and joyous understanding. It is the client who has the answers. Winnicott (1969) believed that patience is a critical therapist skill to allow clients this full opportunity.

Self Psychology

Major Contributor:
Heinz Kohut (1913–1981)

Heinz Kohut (1971, 1977, and 1984), considered the father of self psychology, incorporated important concepts from object relations into his theory. He believed that the self is at the center of an individual's personality. Heinz Kohut (1913–1981) is the author of books such as *The Analysis of the Self* (1971), *The Restoration of the Self* (1977), and *How Does Analysis Cure?* (1984). The cornerstones of Kohut's self theory involve the concepts of self, object, and self-object. Kohut arrived at his self theory as a result of his empathic attempts to understand his clients (St. Clair, 2000). He conceptualized the self as the center of a person's personality.

The cornerstones of Kohut's self theory involve the concepts of self, object, and self-object. Kohut based his theory on his work with people who had narcissistic personality disorders. Kohut used the term *self* to denote the center of an individual's psychological universe (St. Clair, 1996). Kohut asserted that from the very beginning—from birth—children have needs for a psychological relationship in addition to having their physical needs met or satisfied. He focused on these needs in terms of the role of narcissism in child development.

Kohut labeled these needs as normal narcissistic needs, and he outlined three different situations that must be met for normal childhood development to proceed. The *first need* is for an adequate **mirroring**, or confirming response from a mother or a primary caretaker. The *second need* is to "idealize" or merge with a calm, soothing, and idealized other. The *third need* is to feel a sense of *belonging* and of being like others, which is the *alter ego need*. If primary caregivers respond to these three needs sufficiently, then the person develops a sense of "self." According to Kohut (1971), the self is part of the personality that is cohesive in space, enduring in time, and the center of a person's initiative.

Kohut (1971, 1977, and 1984) used the term *self-object needs* to describe children's needs. Kohut and Wolf (1978) have stated,

> *Selfobjects* are objects which we experience as part of our self; the expected control over them is, therefore, closer to the concept of control which a grown-up expects to have over his own body and mind than to the concept of the control which he expects to have over others. There are two kinds of selfobjects: those who respond to and confirm the child's innate sense of vigor, greatness and perfection; and those to whom the child can look up and with whom he can merge as an image of calmness, infallibility and omnipotence. The first type is referred to as the mirroring self object, the second as an idealized parent image. (p. 414)

The first need for the infant is the grandiose-exhibitionistic or mirroring need. To have this need satisfied, children need to receive the strong message that their parents love and delight in them. The second self-object need is the idealizing need or the need for an "idealized parental image." If children have enough experiences of perceiving that one or more of their caretakers are strong, calm, and competent, then this need is satisfied. The third self-object need for developing children is the need to be like others, what Kohut described as the "alter ego" or the "twinship" need. Children need to feel that they are like their caretakers, and when this need is met, they develop a feeling of belonging.

At some point, most caretakers fail to provide an adequate response to one of these three needs that children have. If these experiences are not too frequent and not too traumatic, and if they take place within an environment of parents' having satisfied most of the needs most of the time, then children learn from these experiences,

and they become developmental opportunities. During these occasions, children learn to take on or to perform each of these self-object functions for themselves. Kohut termed the process of external object relations becoming an inner relational structure as *transmuting internalization*. These experiences promote the development of children's confidence about coping with the external world and with internal conflicts and pressures. Children build features of a strong, cohesive self from their optimal experiencing of gratification and frustration of their needs. From Kohut's (1971) perspective, healthy childhood development takes place when both gratification and frustration of needs are optimal for children.

Children who have been sufficiently mirrored learn from their optimal frustration experiences that they are acceptable, and they tend to be less concerned with eliciting confirmation of their acceptability from others. Likewise, children whose idealizing needs have been met learn to feel confident about their own ability to cope with not only their external world but also with their own internal conflicts and pressures. Such children develop the ability to become self-soothing. When children's need to be like others is responded to sufficiently, they develop a sense of belonging. People experience self-object needs throughout their lives; therefore, the process of building a person's self-structure is never completely finished.

In contrast, if children receive insufficient positive responses to any of these three needs, the self-object need may become traumatically frustrated. In such instances, the unsatisfied need may become denied or repressed and will remain in primitive form and not become integrated into the self. Such failure to become integrated into the self may result in the person's experiencing of problems or disorders of the self during both childhood and adulthood (Kohut, 1971, 1977). For instance, traumatic frustration may result in an adult who feels insecure and who lacks self-worth and who, therefore, takes on a sense of grandiosity or boastfulness in an effort to obtain gratification of these unsatisfied needs. Traumatic frustration of mirroring needs can lead to a lack of vitality and joyfulness. Frustration of children's alter ego needs results in people who feel different from other people.

Children are often faced with choosing between a grandiose self, which is the self that says, "I deserve to get what I want," and the self that wants to do what his or her parents say (the idealized self-object). When children do not get what they want, they may engage in temper tantrums or what Kohut called "narcissistic rage."

From Kohut's (1971) perspective, the ideal type of identity is an autonomous self that is characterized by self-esteem and self-confidence. As children develop, the ideal situation is for them to have both their needs to be mirrored and their needs to idealize satisfied by their interactions with their parents. Kohut made it clear that he does not believe that poor child rearing stems from a parent's occasional mistakes, but rather it takes place within a home environment that is chronically not meeting the child's needs. Kohut (1978) discussed two instances in which self-objects will fail to provide the child with adequate responding to his or her needs. The first instance takes place when a child excitedly relates to the mother some great success, and instead of listening to the child with pride, the mother deflects the conversation from the child to herself. The second example takes place when a little boy wants to idealize his father, expecting that he will tell him about his success in life, but instead, the father responds with embarrassment, leaves the home, and drinks with friends (Kohut, 1978). Kohut (1978) maintained that some parents are inadequately sensitive to the needs of their children and that, as a result, they respond to the child out of their own insecurely established self. A parent's traumatic failures to provide a child with adequate mirroring and self-object idealization tend to result in the child's excessive demands to be mirrored as well as to find others to idealize.

Kohut focused on the narcissistic disorder, and he described several different types of narcissistic personalities that develop from insufficient mirroring or idealizing. For instance, mirror-hungry people crave admiration and appreciation. Children who continually seek to be the center of attention are mirror hungry. In contrast, ideal-hungry people continually search for others whom they can admire for their prestige or power. They feel a sense of worth from looking up to other people.

Kohut's (1971, 1978) concepts of mirroring, self-object idealization, and optimal frustration are important concepts that provide a means to evaluate healthy and unhealthy development of the self. Furthermore, his understanding of narcissistically based behavior as a means to satisfy unmet developmental needs by seeking an ideal self-object provides another way of conceptualizing narcissism.

The self psychologist supplies a corrective emotional experience that heals the fragmented parts of the self. Therapy using self psychology involves the therapist to interact emotionally with a client, similar to the relationship of a parent and a child. The therapist does

not treat the client as a child. Instead, the therapist is very sensitive to the emotional needs of the client. For instance, the client may have a need to have someone reflect pride in what he or she has done well. The therapist provides the unmet emotional need in an appropriate manner.

According to Kohut, traditional psychoanalysis is inappropriate for narcissistic personalities because people with self disorders cannot project emotions toward others onto the therapist. Traditional psychoanalysis relies on clients' transference onto the therapist and the therapist's interpretation of these transference relations. Clients with narcissistic personality disorders are not good candidates for transference. Instead, the therapist must "mirror" them, and they must be permitted to idealize the therapist. That is, the therapist must meet the needs of their narcissistic clients. As McLean (2007) has asserted,

> Using Heinz Kohut's self psychology model, the goal of therapy is to allow the patient to incorporate the missing self objection functions that he needs into his internal psychic structure. Kohut calls this process transmuting internalization. In this sense, these patients' psyches are "under construction" and therapy is a building time. In order to achieve this goal, a therapist does not just try to imagine what feelings a certain situation might evoke, but rather can feel what the patient felt in that situation. This has been referred to as "temporary indwelling." This empathy has been credited with being one of the vehicles for making lasting changes in therapy. Without it, the patient, whose self is too weak to tolerate more aggressive interpretation would not benefit from therapy and in fact may suffer more damage.

Inner Reflections

Both ego psychology and self psychology point out that it is important for a person to learn how to set boundaries with other people.

In your opinion, what are the most difficult boundaries for a person to set with other people?

Is it easier to set a boundary with one's spouse than with one's parents or one's child?

Where have you experienced the most challenges in setting boundaries with other people?

Self psychology does not endorse using interpretations early in the therapy. Instead, self psychology asserts that allowing the transferences to unfold completely is the vehicle to helping the patient gain insight (McLean, 2007).

Comparison and Contrast of Psychoanalytic and Psychodynamic Theories

Psychodynamic therapy shares many roots with psychoanalytic therapy in that it generally embraces many of Freud's principles involving the unconscious and the conscious; however, there are important differences regarding what constitutes the focus of treatment and the length of treatment. Whereas classical psychoanalysis emphasized that people are driven by instincts and needs for sex and power, psychodynamic theories stress that people are driven by a need for attachment and relationships and that mental health problems occur when these needs are not met.

The traditional Freudian model understands psychological disturbance as conflict between a person's instinctual drives and the demands of reality, which often results in conflict among the id, the ego, and the superego. The unresolved conflicts of childhood, especially unfinished oedipal conflicts, tend to continue unconsciously and to reemerge during adulthood. When the individual's ego responds defensively to threatening thoughts and libidinal feelings, a neurotic compromise is reached that manifests itself in neurotic symptoms. The classical psychoanalyst will endeavor to uncover such conflicts and will seek the unconscious causes of the neurotic symptoms.

In contrast to Freud's emphasis on psychological problems associated with the oedipal complex, theories of object relations and self psychology focus on *earlier, preoedipal development*. For object relations therapists, psychological disturbance entails damage to the self and the structures of the psyche. Object relations therapists and self psychology therapists also view mental illness or psychological disturbance *in terms of a person's developmental arrest* rather than as structural conflicts with basic drives. Early developmental deficits hinder building a cohesive self and prevent the integration of psychic structures. These preoedipal developmental deficits can result in narcissistic and borderline personalities, which are more serious disturbances than the classical neurosis. Developmental arrests (a) have an impact on object formation, transitional objects, and self structure and (b) result in unfinished and unintegrated structures of an individual's personality. In general, object relations

and self psychology therapists view psychological disturbance as significant damage to the object relationships of the person or to the structures of the self.

Moreover, while Freud focused on repression and the neurotic personality, object relations theorists and self psychologists tend to highlight problems in the structure of personality that manifest themselves in serious difficulties in relationships. For instance, Kohut describes narcissistic personality disorders where there are deficits in the structure of the self. The narcissistic personality's disturbed relationships reflect the unfinished, archaic self-seeking fulfillment of infantile needs.

Another area of controversy between object relations theorists and Freud is related to the role of aggression. For Freud, aggression was fueled by an instinctual drive. Object relations theorists and self psychologists regard aggression not so much as an instinct but rather as a reaction to a pathological environment or situation.

Early developmental deficits and early frustrations in relationships produce aggression. Kohut sees narcissistic rage as a response of the archaic self to not getting what it needs.

The time frame for classical psychoanalytic therapy is usually two to three times a week for 3 to 6 years. Psychodynamic therapy is usually shorter than classical psychoanalysis—6 months to a year. Therapy focuses on the here and now as well as on the client's personal history. The focus of treatment for psychodynamic approaches to therapy is usually much more specific, more immediate, and limited than dealing with a person's overall personality as is the case in classical psychoanalysis. The time for treatment for ego psychology is usually limited to one session per week for 6 months to a year. Practitioners believe that an initial short intervention will begin a process of change that does not require the constant involvement of the therapist (see Table 2.2).

TABLE 2.2	Similarities and Differences Between Psychoanalysis, Ego Psychology, Object Relations, and Self Psychology			
	Psychoanalysis	**Ego Psychology**	**Object Relations**	**Self Psychology**
Similarities				
Past emphasis	Examines the ways in which individuals' past influences their present behavior and relationships	Examines the ways in which individuals' past influences their present behavior and relationships	Examines the ways in which individuals' past influences their present behavior and relationships	Examines the ways in which individuals' past influences their present behavior and relationships
Focus on unconscious	Emphasis on the unconscious and conscious	Emphasis on the unconscious and conscious	Emphasis on the unconscious and conscious	Emphasis on the unconscious and conscious
Focus on client's inner world	Theorists and therapists are interested in the person's inner world; however, they explain that inner world differently and emphasize different features because of their theoretical orientation.	Theorists and therapists are interested in the person's inner world; however, they explain that inner world differently and emphasize different features because of their theoretical orientation.	Theorists and therapists are interested in the person's inner world; however, they explain that inner world differently and emphasize different features because of their theoretical orientation.	Theorists and therapists are interested in the person's inner world; however, they explain that inner world differently and emphasize different features because of their theoretical orientation.
Differences				
	Instinctual Drives	**Relationships**	**Relationships**	**Relationships**
	Emphasis on the concept of instinctual drives	Share a common concern about the primacy of relationships over innate instinctual drives	Share a common concern about the primacy of relationships over innate instinctual drives	Share a common concern about the primacy of relationships over innate instinctual drives

(Continued)

TABLE 2.2   **(Continued)**

	Psychoanalysis	Ego Psychology	Object Relations	Self Psychology
	No Environment	**Yes Environment**	**Yes Environment**	**Yes Environment**
	Does not place great weight on the influence of the environment in shaping a person's personality	Tends to give greater weight to the influence of the environment in shaping personality than did Freud	Tends to give greater weight to the influence of the environment in shaping personality than did Freud	Tends to give greater weight to the influence of the environment in shaping personality than did Freud
	Emphasis on tripartite structure of personality	Emphasis on the ego and its adaptive functioning	Emphasis on early object relations, with focus on how an individual develops a self through relationships within a family	Emphasis on self involvement
	Investigates the structure of an individual's personality in terms of the id, the ego, and the superego conflicts		Shifts from Freud's views on notions of objects. In Freud's theory, drives precede the object and even create the object	Critical issue in self psychology is the nature and kind of emotional involvement in the self. Kohut speaks of narcissistic investment, whereas Freud emphasizes libidinal investment.
Human development	Views human development in terms of instincts, with the greatest developmental challenge being the oedipal crisis. Instinctual drives serve as the basic human motivation, and they determine the quality of relationships. Freud's developmental model focuses on the continual appearance of instinctual energy in bodily zones that take place during the oral, anal, and genital stages.	Individual passes through various psychosocial stages instead of psychosexual stages of development. The focus is on the development of the ego. Freud ends his conceptual of human development at the conclusion of the genital period, whereas ego psychologists such as Erikson consider developmental stages throughout old age.	Views human development as developmental stages in relationships with others. The drive that a person has is for a relationship and not for the satisfaction of biological instincts. Object relations theories are developmental theories that investigate developmental processes and relationships that took place prior to the oedipal period.	Kohut's concerns are for the formation of a cohesive self that takes place by transmuting internalizations, which is a process whereby the self gradually withdraws narcissistic investment from objects that performed functions for the self for which the self is now capable of performing. The self engages in reality testing and in regulating self-esteem.
			The self emerges with the increasing maturity of relationships with objects.	
Narcissism	Narcissism is a stage through which the normal person passes through as he or she grows older.	Narcissism is an early stage that diminishes as the ego grows stronger and more in touch with society's influence.	Adopts the Freudian view of narcissism with notation that a child introjects a distorted view of self because he or she did not get sufficient attention from parents.	Narcissism has its own separate development and its own form of pathology requiring special treatment. The cause of narcissistic disorders is the failure to

	Psychoanalysis	Ego Psychology	Object Relations	Self Psychology
				develop positive feelings about the self because of disruptive or inadequate parenting.
Psychological disturbance	Mental illness occurs because of conflicts between the different parts or structures of the personality, such as between sexual instincts and the demands of the ego. The unconscious and unresolved conflicts of childhood, particularly unfinished oedipal conflicts, emerge throughout one's life and into adulthood. When a person's ego responds to threatening thoughts and libidinal urges, a neurotic compromise is reached that shows itself in neurotic symptoms.	Ego psychologists deal with client's anxiety when ego defense mechanisms have become inadequate or when a client's reality testing is insufficient. Client fails to proceed adequately through psychosocial stages of development.	Object relations theorists state that psychological disturbance involves damage to the self and the structures of the psyche. They focus on problems in a person's personality that manifest themselves in serious difficulties in relationships. Relationships cause pathology.	Self psychologists state that psychological disturbance involves damage to the self and the structures of the psyche. They focus on problems in a person's personality that manifest themselves in serious difficulties in relationships. Kohut maintains that narcissistic disorders are deficits in the structure of the self.
Treatment focus	The Freudian psychoanalyst works to uncover the conflicts and analyzes the unconscious causes of the client's neurotic symptoms.	Examines the functioning of the client's ego and defense mechanisms; considers adaptive functioning of client	Investigates childhood relationship with mother, individuation, transitional object, good-enough mother, and true and false self	Examines narcissism, self-object, grandiosity, and idealized parent
Goals of therapy	Change in client's personality structure, resolve client's conflicts, and reinterpret childhood experiences	Help client understand his or her ego defenses and increase adaptation to the external world. Strengthen ego and work toward ego mastery Assist client in passing through identified psychosocial stage	Explore introjected objects in client's life. Explore and resolve separation and individual issues.	Help client resolve issues dealing with self-absorption and idealized parents.

Other Theorists and Therapy Approaches Considered Psychoanalytic

Attachment Theory: John Bowlby

Attachment theory has been traditionally aligned with psychodynamic approaches to therapy. This book presents attachment theory as an offshoot of the psychoanalytic to psychodynamic movement in therapy.

I provide only a brief outline of attachment theory as part of the first force because it has become an integral part of Daniel Siegel's (2010) interpersonal neurobiology (IPNB) and Alan Schore's (2014) approach to neuroscience and right brain to right brain therapy, both of which are discussed in Chapter 20 on neuroscience.

John Bowlby is considered to be the father of the **attachment theory**. Bowlby, an English psychiatrist who trained initially as a Freudian psychoanalyst, wrote

in 1969 the first of the three influential books on attachment and loss. He believed that attachment begins at infancy and continues throughout a person's life. Attachment can be defined as a psychological connection between two people that allows them to have relational significance to each other. It is an affectionate bond between two people that endures through time. Attachment theory is prominent in developmental psychology. The theory maintains that an individual's ability to form an emotional and physical "attachment" to another person provides a sense of stability and security required for him or her to take risks in life, to grow as a human being and to form subsequent relationships with others.

Bowlby (1969) coined the term *attachment* because he maintained that positive childhood development was dependent on a child's ability to form a strong relationship with at least one primary caregiver, presumably a child's mother. Mothers typically have some kind of bond for their child after having carried him or her for 9 months. Even before birth, the umbilical cord provides the foundation for the bond between a mother and her child.

What are bonding acts between a mother and a child? Bonding experiences include holding, rocking, feeding, singing, gazing, and kissing as well as other nurturing behaviors that occur as a part of caring for infants and children. Factors critical to bonding include the time the caregiver and child spend together, face-to-face interactions, eye contact, physical proximity, and touch.

According to Bowlby (1969, 1988), the mother–infant attachment relationship provides the basis for the emergence of a biological control system that functions in the infant's state of arousal. This early learning then becomes internalized. Bowlby (1969) maintained that the capacity of an infant to cope with stress is connected to early attachment behaviors that are recorded in the child's brain and neuropsychological structure. He termed the manner in which a child begins to understand his or her surroundings as the child's "inner working models." The inner working model that a child develops influences his perceptions about himself and others well into early childhood and well into adulthood. Attachments are "neither subordinate to nor derivative from food and sex. . . . Instead the capacity to make intimate emotional bonds . . . is regarded as a principal feature of effective personality functioning" (Bowlby, 1988, p. 121).

Why Is Attachment So Important?

Children's attachment to a primary caregiver is absolutely critical for their development of a healthy personality. The parent–child bond is instrumental for later bonding with society and the social institutions within a society. Attachment also helps one to be able to handle fear and worry and to cope with stress and frustration. Poor attachment militates against children's commitment to long-term goals.

When a parent responds to a child's cry for food or for a dry diaper with "shut up" or worse yet, by slapping the child, she is quieted by the caregiver's slap. Hence, at the height of the child's emotional state, she has learned that her needs are fulfilled by abuse (Bowlby, 1988). Abuse has replaced loving care, and if the abuse is severe, the child may use such abuse as a source of gratification. For instance, some children may respond to a caregiver's slap by banging their heads on the floor, by pulling out their hair, or by using some other method of self-abusive behavior. They feel secure in their anger and in their own self-abusive behavior. In contrast, positive attachment helps children to cope with stress, to handle perceived threats to the self, to form intimate adult relationships, and to later parent their own children.

Attachment theory forms the foundation for much of the current neuroscience investigations regarding the brain and psychological functioning. It has been theorized that a child's early attachment relationships affect the therapeutic relationship either positively or negatively. Therapy has been conceptualized as creating therapeutic attachments for clients (Hanson, 2013).

Inner Reflections

Other than life, the gift of parental attachment and bonding is perhaps the greatest gift that a parent can give a child.

Think about your own development. Would you characterize your attachment as secure, anxious, or avoidant?

What impact do you believe that your attachment pattern has had on your life?

Relational Analysis

The most recent offshoot of Freudian psychoanalysis has been relational psychoanalysis, which stresses the importance of the relationships in a person's life, including the person's relationship with his or her therapist (McWilliams, 2014, 2016). Relational analysts

maintain therapy is an interactional process between therapist and client and that personality develops from early relationships with parents and other significant figures in our environment. Relational analysts maintain that the major motivation of the psyche is to be in relationships with others. Individuals attempt to re-create the early relationships they learned in their families. Relational theory has borrowed concepts and research from attachment theory to explain a person's behavior. It is primarily a treatment model for adults, where the client–therapist relationship is the critical part of the change process. The therapist sometimes gives careful, intentional, and timely self-disclosure when it is relevant. Attention is focused on both the client's and the therapist's expression of affect and self-disclosure.

Relational psychoanalysts argue that desires and urges cannot be separated from the relational contexts in which they arise. When treating clients, they stress the importance of creating a lively, genuine relationship with them. Relational analysts maintain that psychotherapy works best when the therapist concentrates on establishing a healing relationship with clients (McWilliams, 2016).

Brief Psychodynamic Therapy

Perhaps the area that has the greatest potential for growth includes practitioners who work with **brief psychodynamic therapy (BPT)**. Messer and Warren (2001) used psychodynamic principles to treat selective disorders within a preestablished time limit of 10 to 25 sessions. In contrast to psychoanalytic therapy, most forms of BPT require the therapist to use an active and directive role in formulating a treatment plan. Messer and Warren have asserted that the objective of BPT is "to understand and treat people's problems in the context of their current situation and earlier life experience" (p. 83). Prochaska and Norcross (2003) maintained that BPT shares the following common characteristics:

- BPT approaches establish a time limitation.

- BPT therapy identifies a specific interpersonal problem during the initial session.

- Therapists take a less neutral therapeutic stance than traditional analysts.

- BPT therapists use interpretation relatively early in the therapy relationship.

Major Contributor: Carl Gustav Jung (1875–1961)

PHOTO 2.4 Carl Gustav Jung

Photo courtesy of Library of Congress

I have treated many hundreds of patients. Among those in the second half of life—that is to say, over 35—there has not been one whose problem in the last resort was not that of finding a religious outlook on life.

The greatest and most important problems of life are all fundamentally insoluble. They can never be solved but only outgrown.

—Carl Gustav Jung

Brief Biography

Carl Gustav Jung was a Swiss psychiatrist who was one of the first to say that the human psyche is by nature religious, and he is perhaps best known for his emphasis on the spiritual and the religious. He was a pioneer in dream analysis and spent a great deal of his life exploring Eastern and Western philosophies (Casement, 2001). His therapeutic approach highlights the importance of helping clients become aware of their unconscious aspects via dreams and fantasy material. Jung studied symbols that all humans have in common, for which he used the term *archetypes*. Jung stressed the importance of the individual's social role—the persona and the *anima* or *animus* (the unconscious other-sex side of a man's or woman's personality).

Jung was born on July 26, 1875, at Kesswil by Lake Constance in Switzerland (Casement, 2001). Family legend held that Jung's grandfather was the natural son of Johann Wolfgang von Goethe, the great writer

of *Faust*. Carl's father, Paul Achilles Jung, was a parson of the Basel Reformed Church, and his mother, Emilie Preiswerk, was the daughter of Paul Jung's Hebrew teacher (Jung, 1961). Prior to Carl's birth, two elder brothers died during infancy. Jung was an only child for 9 years; then Gertrude, a younger sister, was born (Casement, 2001). Jung has described his mother as "enigmatic" because she had unpredictable moods (Jung, 1961). When Jung was a young child, his mother spent a few months in a mental hospital. As a consequence, he felt abandoned by her, and the relationship between Jung and his mother was challenged throughout his life.

Jung studied medicine at the University of Basel and earned his medical degree as a psychiatrist in 1900. In 1902, he received a Ph.D. from the University of Zurich. Despite his professional success, Jung's personal life was turbulent. He was actively involved in a number of affairs. It has been said that his wife had to tolerate one such woman, Toni Wolf, as a regular guest at Sunday dinner (Dunne, 2002).

Inner Reflections

As you read about Jung's life, consider how his family background and early life experiences influenced the development of Jungian psychotherapy.

Suppose that you become a famous psychotherapy theorist. What factors in your family background and life experiences might contribute to your theory?

What name or label would you give to your theory of psychotherapy?

On a scale of 1 to 10, how would you rate Jung's professional reputation?

Jung was once considered Freud's heir apparent, although the two later parted ways. Jung and Freud's relationship became strained, however, when Jung began to reduce the importance of sexuality in psychoanalysis and to be interested in parapsychology and the occult (Charat, 2000). During 1911, Jung wrote *Symbols of Transformation* (1911/1956), in which he described the Oedipus complex not as sexual attraction but rather as an expression of spiritual or psychological needs and bonds. In response, in 1913, Freud wrote Jung a letter stating, "I propose that we abandon our personal relations entirely" (McGuire, 1974, p. 539). Jung resigned as president of the International Psychoanalytic Association and from his editorship of the *Psychoanalytic Yearbook*.

Carl Jung died on June 6, 1961, at the age of 85 in Kussnacht, Switzerland. Prior to his death, he had reported a number of dreams portending a transition to a tower bathed in light on the "other side of the lake" (Dunne, 2002). The cause of his death was unspecified.

Jung's Legacy

Jung's theories have received limited acceptance in mainstream psychology. The Myers–Briggs Type Indicator (Myers, McCaulley, Quenk, & Hammer, 1998) is based on Jungian concepts. Jung is also credited with developing the following:

- The concept of introversion and extraversion as two personality types

- The concept of the complex

- The concept of the archetypes and the collective unconscious

- The influence of spirituality in psychotherapy

Key Concepts of Carl Jung

Levels of Consciousness and the Collective Unconscious

Jung proposed three levels of consciousness: (1) the conscious, (2) the personal unconscious, and (3) the **collective unconscious**. Consciousness is always in a process of being developed. The ego is at the center of consciousness. Under the conscious realm resides the unconscious. From Jung's perspective, the unconscious level of awareness dominates the awareness of people in primitive cultures. The personal unconscious contains temporarily forgotten information and repressed memories (McLeod, 2014). Although materials stored in personal unconscious are usually trivial, the unconscious also contains personal conflicts, unresolved moral concerns, and emotionally charged repressed thoughts (Wolitzky, 2011). An important feature of the personal unconscious is what Jung called a complex. A **complex** is defined as a collection of thoughts, feelings, attitudes, and memories that focus on a single idea (McLeod, 2014).

Five Types of Archetypes

Jung (1961) proposed the concept of **archetypes**, which he conceptualized as images and thoughts that have universal meanings across cultures that show up in dreams, literature, art, or religion. All of us inherit the

same archetypes, the same invisible patterns or emotions that are built into the structure of the human psyche. Different cultures give their own special interpretations or stamps on various archetypes.

The *mother archetype* is our built-in ability to recognize a relationship of mothering. We turn our mother archetype into a storybook character. Jung suggested that the mother archetype is represented by the primordial mother or "earth mother" of mythology, by Eve and Mary, and by institutions such as the church or a nation. Other archetypes include the *hero* represented in movies by people such as Luke Skywalker in the *Star Wars* films. Also, in *Star Wars*, the wise old man is represented by Obi Wan Kenobi and, later, Yoda. Although Jung identified a large number of archetypes, he focused on these: the persona, shadow, anima or animus, and the self.

Persona

The term *persona* represents the aspect of a person that is in relation to the outer world. It is derived from the Greek word for "mask" and connotes that Greek actors wore masks in performing comic and tragic parts in plays (McLeod, 2014). People hide the less acceptable parts of their personalities behind the persona. Your persona represents your public image. It is the mask that you put on before you show yourself to the outside world. When viewed from the most positive perspective, our persona is the "good impression" that we want to present to others. A negative connotation of persona can be seen as our desire to give a "false impression" so that we can manipulate people's views of us. Sometimes, we can mistake our own persona as our true selves. That is, we begin to believe that we are who we pretend to be.

Shadow

Sex and the life instincts are represented in Jung's system as part of an archetype labeled the *shadow*. This archetype comes from our prehuman, animal past. The dark side of the ego is stored in the shadow. The shadow is the negative or inferior (undeveloped) side of one's personality (Sedgwick, 2001). It includes all of the negative or reprehensible characteristics that each of us has but wants to deny. If we are unaware of our shadow, it becomes blacker and denser. If we disassociate the shadow parts of ourselves from conscious life, it will become a compensatory demonic dynamism. We often project the shadow parts of ourselves outward onto other individuals or groups who then are believed to embody the immature, evil, or repressed parts of our own psyche. Some symbols of the shadow include the snake (as in the Garden of Eden) or dragons and monsters that guard the mouth of a cave (the collective unconscious). Dreams about wrestling with the devil may symbolize your wrestling with yourself (Sedgwick, 2001).

Anima or Animus

Our sex role constitutes part of our persona. We learn the role of male or female that we are supposed to assume in a given society. Jung felt that we are bisexual in nature. Our lives as fetuses begin with undifferentiated sex organs that become male or female under the influence of hormones. The expectations differ for men and women. The **anima** constitutes the female aspect present in the collective unconscious of men, while the **animus** represents the male aspect present in the collective unconscious of women (Wolitzky, 2011). The anima or animus is the archetype that is responsible for much of our love lives. Jung believed that both men and women contained anima and animus.

The Self

The self is the most important archetype. It represents the ultimate unity of an individual's personality and is symbolized by the circle, the cross, and the mandala, which is a drawing that draws a person's focus back to the center. A child begins in a state of unitary wholeness. Gradually, the process of living and socialization causes the child to fragment into subsystems (Sedgwick, 2001). Our conscious understanding of who we are derives from two sources: first, from our contact and interactions with others—what others tell us about ourselves—and second, from our own self-observations. If others agree with our view of ourselves, we see ourselves as normal. If there is disagreement, we tend to see ourselves as abnormal.

The goal of life is to realize the development of the self. The self is an archetype that is supposed to transcend all opposites within one's personality in order to allow every aspect of that personality to be expressed equally. As we age, we focus more on the self. The self-realized person is mature and less selfish than he or she was during youth. The most important part of the self is the ego, which begins when the child recognizes himself or herself as distinct from others. The child's ego becomes the "I" (Sedgwick, 2001).

Spiritual Self. Jung's early exposure to spiritual issues provided him with a different outlook on life than Freud's. Whereas Freud stressed the physical or animal nature as the primal driving force of people, Jung emphasized the spiritual self and the transcendent soul

as the more important force in a person's life. According to Jung, the spiritual self and our drives arising from it create our needs to grow, to experiment, and to achieve higher levels of purpose (Wolitzky, 2011).

Jung's Theory of Personality

Jung's theory of personality is based on the concept of a dynamic unity of all parts of an individual (Casement, 2001). Throughout our lives, we strive to achieve wholeness. According to Jung, the major task of the first part of life involves strengthening the ego and assuming one's place in the world with others. The second half of life is to reclaim the undeveloped parts of oneself (Sedgwick, 2001). Jung labeled this second process as **individuation**, which implies becoming one's own self—something of "I did it my own way" or "I'm my own woman or man."

Jung proposed that individuation takes place in two stages: youth and middle age. Youth takes place from birth through the late 20s and early 30s. Middle age occurs sometime between 35 and 40 years of age. Jung maintained that the major task of the first part of life is to strengthen our egos, take our places in the world with others, and to fulfill our obligations to society (Sedgwick, 2001). The task of the second half of life is to reunite and to reconnect undeveloped or previously discarded parts of ourselves.

Jung's theory of personality emphasizes psychological changes that take place during middle age. Oftentimes, individuals come to therapy because of dealing with the task of individuation. During this time period, people begin to reexamine their values and to appreciate the opposites of their earlier ideals. While the first stage is marked by an extroverted attitude (directed outward toward material things, marriage, and a career), the second stage of individuation is characterized by introversion, with a focus on the person's inner world (Wolitzky, 2011).

Personality Types

In *Psychological Types*, Jung (1912/1971) outlined the different ways people habitually respond to the world. He developed a personality topology that is currently being used in the Myers–Briggs Type Indicator. According to Jung, people are either introverts or extroverts. **Introverts** are those who prefer their own internal world of thoughts, feelings, dreams, and so on to the company of others. In contrast, **extroverts** are those who prefer the external world of things, people, and activities. For the introvert, energy flows inward,

whereas for the extrovert, energy flows outward. Jung theorized that nations also are either introverted or extroverted. He saw Switzerland as introverted, while he viewed the United States as extroverted.

In addition, Jung (1912/1971) classified people's tendency to perceive reality through one of four mental functions: thinking, feeling, sensation, and intuition. Jung outlined a pair of types that he labeled as *sensing* and *intuiting*. These are two different modes of encountering the world. Sensing refers to getting information from our senses. A sensing person has good skills involving looking, listening, and taking in the world. Sensing people are usually those who are detailed, concrete, and present. In contrast, an intuiting person uses sensing that comes from the complex integration of large amounts of information, instead of just seeing or hearing. Intuiting people see multiple possibilities in situations; they go with their hunches; they may be considered impractical; and they sometimes become impatient with details.

The next pair involves *thinking* and *feeling*. Thinking refers to evaluating information or ideas rationally or logically. Jung labeled this a *rational function* because it involves decision making. People who are categorized as thinking are viewed as logical; they see cause-and-effect relations; and they may be described as cool, distant, frank, and questioning. Although feeling also involves evaluating information, it is completed by weighing one's overall emotional response to a situation. Individuals who use the feeling function tend to be creative, warm, and intimate. Under ideal situations, we should develop equally the two attitudes of extroversion and introversion as well as the four functions of sensing and intuiting, thinking, and feeling.

Jungian Psychotherapy

Jungian or analytic psychotherapy has four basic tenets: (1) the human psyche is a self-regulating system, (2) the unconscious has a creative and compensatory component, (3) the therapist–client relationship is important in facilitating individuation and healing, and (4) personality growth occurs during many stages over one's life span (Douglas, 2011). Jung theorized that people develop neuroses when they fail to accomplish some important developmental task. When people experience a neurosis, their equilibrium is disturbed. Jungian analysis focuses on bringing unconscious material into consciousness. Therapists make active use of clients' dreams. They engage in word association tests to assess clients' complexes.

Research and Evaluation of Psychoanalytic and Psychodynamic Approaches

Multicultural Positives

Psychoanalytic and psychodynamic approaches to therapy can be used for culturally diverse populations if therapists take into consideration clients' culture. Psychodynamic theories are useful because they point out that a client's presentation of an issue may not be the critical issue underlying the problem. As theorists from Freud to Bowlby have indicated, the unconscious is extremely powerful. All people undergo an attachment process that becomes a critical force in their later development. Psychodynamic theorists' emphasis on the unconscious has been adopted and integrated by most theories of psychotherapy.

The work of the ego psychologists seems to have solid relevance for individuals from ethnic minority backgrounds. The stages of development outlined by Erikson take into consideration psychosocial factors that can either impede or facilitate a client's forward movement. Erikson's theory of psychosocial factors shows how social and cultural factors influence individuals throughout their lives (Wolitzky, 2011).

Multicultural Blind Spots

Psychodynamic approaches have been criticized as irrelevant for anyone not coming from a verbal middle-class background. Feminist theorists (Hill & Ballou, 2005) contend that by continuing to emphasize individualistic approaches to therapy (as opposed to viewing women in society), psychodynamic theories perpetuate forms of patriarchy and male domination that are harmful to women's mental health. Both feminists and multiculturalists note that a major limitation of psychodynamic theories is that they focus on the individual rather than the family or elements of one's environment.

Multiculturalists hold that both psychoanalytical and psychodynamic therapies are insufficient because they do not deal adequately with present concerns or with issues related to social justice. There is a need for therapists to take into account external sources of a client's problems. More consideration needs to be made for the social, cultural, and political issues that contaminate a client's problems.

Cost or affordability is another issue with classical psychoanalysis. For the most part, classic psychoanalysis is very costly and is usually only affordable to those with a substantial income. Moreover, Freud's emphasis on psychosexual stages has been criticized as applying only to some cultures—mainly those that are Eurocentric in outlook.

Contributions and Limitations of Psychoanalytic and Psychodynamic Approaches

The major contribution of the psychoanalytic school and its modern derivatives is its emphasis on the unconscious. Things are not what they appear to be on the surface. Hence, **psychodynamic theory** provides a useful framework for conceptualizing clients and their issues. The concepts of transference and countertransference constitute two additional major contributions that psychoanalytically oriented approaches have provided to the field. It is highly probable that most clients transfer their past history of interpersonal relationships onto the therapist. Therapist awareness of clients' transferential patterns is critical to the counseling process. Likewise, it is important that therapists become aware of their own countertransference relations with clients.

Psychodynamic theories continue to grow well beyond the original theory of Sigmund Freud. Although contemporary psychodynamic therapy has branched out from the original Freudian emphasis on drives, most therapists who subscribe to a psychodynamic model of therapy still adhere to such basic Freudian concepts as unconscious motivation, transference, countertransference, and resistance. On the other hand, analysts have become more directive in their assessments and therapeutic interventions, and they have continued to adapt to change. For instance, one adaptation involves setting a limit on the number of sessions as contrasted with engaging in open-ended therapy, making interpersonal problems more central in therapy, becoming more active and less of a blank slate for transference, and establishing a strong working alliance.

Inner Reflections

Imagine that you have developed a famous integrative theory of psychotherapy.

Whom would you want for professional associates?

What rules would you develop in order for your associates to continue to be affiliated with your integrative theory?

Evidence-Based Research

Recent research has supported the efficacy of psychodynamic approaches to therapy (McWilliams, 2014, 2016). An extensive meta-analysis of psychodynamic therapies revealed that there is evidence for the efficacy of psychodynamic therapies; however, researchers have been stated that the process of how psychodynamic therapies affect change in clients remains unsettled (Barber, Moran, McCarthy, & Keefe, 2013).

Shedler (2010) investigated the efficacy of psychodynamic psychotherapy—in part to quiet the claim that psychodynamic approaches lack empirical evidence. After reviewing a number of meta-analytic studies investigating the effectiveness of psychodynamic therapy, Shedler (2010) concluded that "the effect sizes for psychodynamic therapy are as large as those reported for other therapies that have been actively promoted as 'empirically supported' and 'evidence based'" (p. 98). Moreover, clients who are given psychodynamic therapy maintain their therapeutic gains and seem to continue to improve after treatment is terminated. Pointing out that most therapies tend to borrow from each other such that no approach is actually free from being influenced by another, Shedler (2010) concluded his review of psychodynamic studies by asserting,

> Finally, nonpsychodynamic therapies may be effective in part because the more skilled practitioners utilize techniques that have long been central to psychodynamic theory and practice. The perception that psychodynamic approaches lack empirical support does not accord with available scientific evidence and may reflect selective dissemination of research findings. (p. 98)

The efficacy of psychodynamic therapy was also supported in randomized controlled trials for depression, anxiety, panic, somatoform disorders, eating disorders, substance disorders, and personality disorders (Leichsenring, 2005; Milrod et al., 2007). A study of clients with borderline personality disorder (Clarkin, Levy, Lenzenweger, & Kernberg, 2007) found treatment benefits for psychodynamic therapy that equaled or exceeded those of another evidence-based treatment—dialectical behavior therapy (DBT; Linehan, 1993). Clearly, psychodynamic therapy does help clients improve the psychological symptoms that brought them to therapy.

CASE ANALYSIS
PSYCHOANALYTIC AND PSYCHODYNAMIC THERAPY APPLIED TO JUSTIN

Every case conceptualization contains the following parts: (a) assessment, or the development of critical information related to the client; (b) theory, or the placement of the client's problem within a theoretical context; (c) treatment, or development of a change strategy; and (d) evaluation of the success or limitations of the treatment. Justin's case is examined using this four-part strategy.

The primary approach used with Justin in this case analysis is psychodynamic therapy. To help you review Justin's issues, refer to his case study in Chapter 1. Justin is working with a 45-year-old White male therapist. One of Justin's goals is that he wants to get in control of his behavior in school and at home. His second and third goals are that he wants to get along with his mother and doesn't want to get in any more fights at school. Otherwise, he will risk expulsion from school and may be forced to go to a residential treatment facility located about 150 miles from his home for 2 years.

The psychodynamic approach focuses on the unconscious forces that are operating in the present on Justin's behavior and emotions.

Emphasis is placed on Justin's anger, especially as displayed against his mother and classmates. The therapist has some hunches that Justin's anger may be related to the loss of his father. He theorizes that quite possibly Justin's anger toward his mother is because he blames her for the loss of his father.

At the onset, Justin presents certain challenges to the therapist. Justin views his therapist with suspicion because he seems to him primarily a White male who can't possibly understand how he feels. From his viewpoint, White males are implicated in some of his problems. Furthermore, he believes that Whites treat African Americans unfairly in Utah, and that they look down on him because he is poor and lives in a deteriorating section of the city. All the people who have any ability to take him away from his mother and brother are members of the majority group. The judge is White, the lawyers are White, and so are his probation officer and the police officer who took him into custody for stealing. Justin believes that his world is controlled by White people who don't like him because of his race and who don't care to understand him.

Other issues also exist that have the potential of derailing the therapeutic relationship. Justin is a resistant client who has been directed by the court to engage in counseling as one of his conditions of temporary probation. He does not want to be in counseling. Moreover, he has negative views about counseling. Counseling is for people who are mentally ill, and he believes that there is nothing wrong with him.

Furthermore, Justin has been raised in a family in which there is an unspoken rule that family members don't talk about their business with strangers. Instinctively, he senses that the therapist is going to try to make his mother out to be a bad mother, and he has decided to defend her at all costs.

Justin's age presents certain hurdles for the therapist. The therapist cannot ask Justin to free associate and to lie on a couch because Justin may be too young to respond to such requests. Psychodynamic therapy works better with adults who are highly verbal rather than with young children. Justin may tire of talking about his problems; hence, the therapist might consider some modified form of play therapy. Thus, it might be more beneficial for the therapist to use parts of ego psychology (Erikson), object relations (Winnicott), and self psychology (Kohut).

The psychodynamic approach focuses on the unconscious basis of Justin's behavior. A critical component is Justin's relationship with his mother (Sandy). From an object relations approach, the therapist might assess the type of object introject that Justin has related to his mother. The therapist might ask, "What's the first thing that comes to your mind when you think about your mother? Anything? There is no right or wrong answer, just anything that comes to mind." This series of questions is a modified way of asking Justin to free associate.

The therapist might also have several sessions with Sandy asking her to describe the type of pregnancy that she had (whether it was difficult or easy), how she felt about being pregnant, any complications that she had during the delivery process, and so on. Such questions are designed to get at the mother's mindset and feelings during and immediately after pregnancy. In addition, assessment questions focus on the early type of relationship that Sandy established with Justin. The therapist might assess the holding environment (Winnicott) that she created for Justin and whether she strove to be a "good-enough mother" or a "perfect mother." What does she think were the outcomes of her efforts on Justin?

Moreover, assessment inquiries ask how Sandy would describe Justin in each of Erikson's psychosocial stages. In each stage, the therapist asks Sandy to focus on the type of relationship that she attempted to establish with

(Continued)

(Continued)

Justin and the outcome of her efforts on Justin and herself.

Another critical area of assessment involves Sandy's relationship with and knowledge about Justin's father. How would she describe Justin's father's relationship with both her and Justin? What was Justin's reaction when his father left? Does Justin ever mention his father? The purpose of such inquiries is to construct Justin's object relations with both his mother and father, and how these early object relationships might be affecting his current relationships with his teachers and classmates.

After the initial assessment stage, which includes meeting with Justin's mother and teachers, as well as having a session with Justin, the therapist is in a position to frame a theory of the case. He places Justin's behavior and the other information that he has gathered into a clear theoretical framework. For instance, he might use Erikson's psychosocial theory as an overall framework. Within each of the stages (infancy vs. trust, autonomy vs. shame and doubt, initiative vs. guilt, and industry vs. inferiority), the therapist establishes tentative hypotheses about Justin's interpersonal relationships.

A key strategy is to trace the origin of Justin's anger. How did the key figures in his life (mother, father, and brother) handle anger? What influence has the brother's run-ins with the law had on Justin? What techniques has Justin learned for controlling his emotions? How does Justin self-regulate?

The therapist might form some beginning hypotheses, such as that Justin's anger is displaced on others. He is angry with both his mother and father for their failure to provide adequately for his needs of love and belonging. The therapist would note whether Justin had passed successfully through Erikson's first four psychosocial stages. If not, what kept him from making a successful stage completion? What introjects dominate Justin's current interpersonal relationships, both at home and at school?

After assessing Justin's case and placing it within a theoretical context, the therapist develops a treatment plan and a change strategy. The therapist uses strategies developed from relational analysis to establish a working alliance with Justin. Trust has to be developed between the therapist and Justin. In addition, the therapist must develop a change strategy for Justin. How can therapy help Justin to bring about the change that he desires—controlling anger, staying out of the residential treatment facility, not fighting in school, and achieving academically?

The therapist believes that Justin needs to gain better ego strength. Justin's weak ego strength has gotten him into trouble at school (fighting) and with the police (stealing). He allows others in his environment to provoke him because of their words or because he attributes to them negative intentions. Justin also needs to learn how to draw better boundary lines to separate himself from the negative influences in his environment, notably that of his older brother and friends. How is he negotiating the issue of separation and individuation from his mother? Has his brother taken on the role of his father?

The therapist investigates how Justin's unconscious forces are influencing his behavior. What are the kinds of defense mechanisms Justin uses to deal with anxiety? Are such defenses appropriate or are they in need of change?

The therapist focuses on Justin's transference relationships during therapy. The therapist is careful to examine any countertransference taking place between Justin and himself. The mechanism for change or strategy for achieving these goals is the therapeutic alliance. The belief is that Justin will eventually relate to the therapist as he does to his mother and quite possibly to his father. The goal would be to help Justin understand better some of the dynamics of his behavior.

The greatest threats to Justin are environmental challenges: poverty, gangs in the neighborhood, and an ineffectual mother. The therapist has to take these factors into consideration when making recommendations for Justin. Should Justin be placed in residential treatment so that he can get away from the environmental challenges, or should he remain at home with his mother, who loves him but who has her own share of psychological issues (smoking pot in front of her children)?

To evaluate Justin, the therapist gathers all relevant data collected during the assessment process. Although all children are oppositional at one time or another in their lives, a tentative diagnosis of oppositional defiant disorder is made based on the assessment. Children who are given a diagnosis of oppositional defiant disorder may argue, talk back, disobey, and defy parents, teachers, and other adults. Although oppositional behavior is often a normal part of development for 2- to 3-year-olds and early adolescents, it becomes maladaptive when it is so frequent and consistent that it stands out in comparison with the behavior of children of the same age and developmental level and when it seriously impairs the young person's life. Justin's

frequent temper tantrums, his excessive arguing with his mother and some teachers, his active defiance of school rules, and his frequent anger and resentment are all symptoms that suggest a tentative diagnosis of oppositional defiant disorder. Some children who have a diagnosed oppositional defiant disorder may proceed to develop a conduct disorder, which usually leads to contact with law enforcement officials and to an adult diagnosis of antisocial personality disorder. Justin appears headed in that direction, and the court's threat of residential treatment is designed to prevent his full-blown development of a conduct disorder.

If the therapist's tentative evaluation of Justin is one of oppositional defiant disorder, it is important for the therapist to prepare a comprehensive evaluation and to look for other disorders that might be present, such as attention deficit hyperactivity disorder (ADHD), learning disabilities, mood disorders (depression and bipolar), and anxiety disorders. It is recommended that Justin's mother participate in parent management training and that he receive individual psychotherapy to help manage his anger. Justin also needs therapy to help him develop greater ego strength or self-regulatory behavior.

SUMMARY

Psychoanalytic therapy represents the first powerful force in psychology. Currently, many therapists use Freud's basic personality constructs of the id, the ego, and the superego. His theory about the unconscious remains a dominant force in psychology. However, few psychologists practicing today accept unquestionably Freud's theory of psychosexual stages and conflicts.

Freud's disciples have made important contributions to both the psychoanalytic and the psychodynamic traditions. Ego psychologists continue to make important contributions to psychodynamic theory. Anna Freud's primary contributions were with children and in understanding defense mechanisms. Erik Erikson's theory about psychosocial development throughout the entire life span has had a lasting effect on personality theory.

Object relations therapists have been concerned with childhood development before the age of 3, the manner in which infants relate to people around them, especially their mothers, and how the disruptions in early relationships influence their later development. Self psychologists have focused on the development of the ego within an object relations framework. Relational psychoanalysts have bridged the gap between humanists and analysts.

Despite the fact that the death of psychoanalysis has been repeatedly predicted, it continues to live on and may be experiencing a resurgence under the banner of brief analytic therapy and relational analysis. The psychoanalytic influence on psychology and psychotherapy continues despite numerous objections regarding its lack of relevancy for women and members of ethnic minorities.

SUPPLEMENTAL AIDS

Discussion Questions

1. Describe three psychoanalytic concepts that you would incorporate into your integrative theory of psychotherapy. Provide the rationale for incorporating these concepts into your approach.

2. Each one of us uses coping mechanisms to get through the everyday issues confronting our lives. From the list that follows, choose the coping mechanism you use and indicate how it has helped and hindered you in life.

   - Projection
   - Reaction formation
   - Sublimation
   - Regression
   - Intellectualization

   - Displacement
   - Introjection
   - Denial

3. In groups of four, choose a famous celebrity, fictional character, or literary character, and analyze his or her core issues from a Freudian, Jungian, or Eriksonian viewpoint. What are the person's core issues? What developmental issues or phases have had an impact on the person's life? Discuss two treatment strategies you would use as the person's therapist.

4. Discuss two psychoanalytic or two psychodynamic approaches you might consider integrating as a therapist. What two theories would you integrate? Are there any points of incompatibility that would work against your integrating the theories? What would be the advantage of integrating the two theoretical approaches?

GLOSSARY OF KEY TERMS

anal personality A person who is fixated at the anal level of Freud's psychosexual stage of development. The anus is charged with energy. In general, people who are fixated at this stage tend to be parsimonious, stubborn, hoarding, and perfectionistic.

analysis Therapeutic strategy used for the purpose of giving a person's ego more control over id impulses.

anima The female component present in the collective unconscious of men.

animus The male component of the unconscious female psyche.

anxiety Three types: (1) reality (anxiety about the external world), (2) normal or moral (anxiety about the superego's [parents'] shoulds and wants), and (3) neurotic anxiety (anxiety that a suppressed sexual wish might surface). Anxiety is felt only by the ego. Freud described anxiety as a warning signal.

archetypes The contents of the collective unconscious. Archetypes point to the fact that all human beings share a common physiology and a common way of perceiving the world through our senses. Some examples of archetypes include the mother, the wise old man, and the innocent child. These archetypes are inherited at

birth and point to the belief that human beings share similar longings and perceptions. See also **collective unconscious**.

attachment theory A theory developed first by John Bowlby that described the bonding relationship between an infant and his or her mother.

blank screen The therapist's stance or position that is assumed during therapy. Classical therapists use it to promote client transference.

brief psychodynamic therapy (BPT) A time-limited and shortened approach to therapy that uses psychoanalytic principles.

collective unconscious The source of innumerable archetypes that influence our longings and relationships. Even though each of us grows up influenced by his or her parents and family, there is another level at which we are unconsciously driven or influenced by deep archetypal images. See also **archetype.**

complex A cluster of emotionally charged associations that are usually unconscious and gathered around an archetypal center. A complex can be conceptualized as repressed emotional themes. Both troubled and healthy people have complexes. Complexes first originate in childhood, and they are always either the cause or the effect of a conflict or a clash between the need to adapt and a person's inability to meet that challenge.

conscience One of two components that make up the superego. It is often used to refer to an internalized critical parent.

conscious (or consciousness) As defined by Freud, it is that part of the mind or mental functioning of which individuals are aware, such as sensations, feelings, and experiences.

countertransference The therapist's transference projections. The therapist enacts old conflicts from the family of origin onto the client. It is a type of inappropriate therapist projection unto the client. See also **relational analysis** and **transference.**

dreams Symbolic expressions of the unconscious. Psychoanalysts analyze dreams as a means to get to clients' unconscious.

ego Refers to the "I" that develops out of the id. The ego is formed by the child's identifications. Ego exists primarily at the conscious level. It has been described as the conscious self. The ego is often viewed as a mediator between the id and the superego. See also **relational analysis**, **id,** and **superego**.

ego defense mechanisms Intrapsychic processes that serve to protect a person from anxiety-provoking thoughts or threats to the self.

ego psychology That branch of psychology that is considered an offshoot of the psychoanalytic school and that focuses on the development of the ego or the self at various stages of development.

Electra complex A term Freud used to represent the feminine equivalent of the male oedipal complex.

erogenous zones Those areas of the body that provide sexual stimulation during various psychosexual stages of development, namely, the mouth, anus, and penis, although Freud regarded the entire body as an erogenous zone.

extroverts A personality typology developed by Jung that asserts that extroverts are people who prefer the external world of things, being with people, and participating in actions. See also **introverts**.

false self When an infant does not have good-enough mothering, the child adopts the mother's self instead of developing his or her own self. It is used in contrast with the true self.

fixation The state of being stuck at one of Freud's psychosexual stages of development. One can become, for instance, fixated at the oral or the anal stage.

free association A major psychoanalytic technique that therapists use to get the spontaneous and uncensored thoughts of a client. The therapist asks, "What does that bring to mind?" The client's responses are *free* because they are uncensored thoughts about a particular situation.

good-enough mother A term Winnicott used to describe a mother who responds adequately to her child's needs during early infancy and who gradually helps the child develop independence.

holding environment A holding environment may be defined as a space or setting that is psychologically safe for the infant. A good holding environment is a reliable one that makes one feel protected, understood, and loved. Therapists can provide a holding environment for clients.

id That part of a person's personality structure that is present at birth that functions to discharge tension and then to return to a state of equilibrium. From the id (the "it") originates all drives that propel psychic life. The id is sometimes referred to as the amoral beast within us that seeks only its own gratification through tension discharge. One task of the ego is to dominate the id. See also **ego** and **superego**.

identity crisis Term coined by Erikson to represent a developmental challenge that takes place during adolescence, whereby the youth attempts to define his or her place in life with regard to sexual, personal, and career identity, making a vocational choice.

individuation The process by which a person integrates unconscious material into consciousness, with the result being that he or she becomes a psychologically whole person. Jung used the term to represent self-realization. Individuation is the human expression of our urge toward growth.

introjection A psychological term that indicates a psychological action by which a person is internalized and made a part of his or her own psyche. The term is often used by object relations and self theorists.

introverts Jung's term to refer to people who prefer the internal world of their own thoughts, feelings, dreams, and so on. See also **extroverts**.

latent content Term used to represent the disguised and repressed part of a dream. See also **manifest content**.

libido The psychosexual energy that originates in the id. The libido contains the instinctual drives of the id. It is a source of psychic energy. See also **id**.

manifest content What a dream represents on the surface level. Freud viewed the manifest content of dreams as a disguise of the true latent dream material. See also **latent content**.

mirroring When the parent or primary caretaker indicates that he or she is happy with the child, the child's grandiose self is supported. The caretaker mirrors or reflects the child's view of himself or herself.

morality principle The principles of right and wrong that are accepted by an individual or a social group. The superego governs the morality principle.

narcissism The investment of libido into oneself. Narcissism is believed to be extreme self-love in contrast to loving others. A narcissistic personality has a grandiose and exaggerated sense of self. He or she tends to display an exploitative attitude toward others; such an attitude hides a poor self-concept.

neurosis A conflict between the id and the ego that produces anxiety or symptoms of discomfort. The anxiety may not be conscious.

objects A term used in psychoanalytic theory to refer to significant people in a child's life.

object relations theory A relatively recent school of psychoanalytic thought that emphasizes the self in relation to others.

oedipal complex A boy's tendency (largely unconscious), usually occurring around the age of 5, to have sexual strivings toward his mother and to want to replace the father in her affections.

oral personality Person fixated at the oral stage of psychosexual development. One who has an oral personality wants to suck and to take in. Oral personalities are viewed as needy and forever hungry for approval.

penis envy The supposed envy of women toward males. Freud maintained that women blamed their mother for leaving them without a penis.

persona The socially acceptable mask that we wear to deal with the outer world; one's public image. Viewed positively, it is the "good impression" that we wish to make on others. From a negative perspective, persona suggests a type of falseness about a person—deceit.

pleasure principle Principle that represents our striving toward pleasure and movement away from pain. We feel pleasure when tension is relieved. The id operates on the pleasure principle.

preconscious One of Freud's three topographical divisions of the psyche. It includes those thoughts and memories that are not conscious but that may be brought into conscious by the client's or the therapist's efforts.

primary process In Freud's psychoanalytic theory of personality, resolves tension created by the pleasure principle. Instead of acting on the dangerous or unacceptable

urges, the id forms a mental image of a desired object to substitute for an urge in order to diffuse tension and anxiety.

psychodynamic theory A theoretical school that includes Freud's contributions as well as those of his followers. It maintains that (a) a therapist must take into account the unconscious factors in a client's life, (b) individuals use ego defense mechanisms to deal with anxiety, and (c) one's early upbringing in the family is the source of many difficulties presented in therapy.

psychosexual phases Freud's conception of life phases that individuals go through. Each phase has an erogenous zone, or an area of the body where people find sexual pleasure—the mouth, oral pleasure, and so on.

psychosocial stages The stages that Erikson identified from infancy to old age. Each stage contains psychological and social tasks to be mastered if the individual is to develop in a mature fashion.

reaction formation An ego defense against impulse that one views as threatening wherein one expresses the direct opposite of the impulse. This principle governs the pleasure principle.

reality principle The ego's sense of realistic and rational adaptation to life's issues.

relational analysis A relatively recent branch of psychodynamic therapy founded on the belief that it is the relationship between the therapist and the client that is most important. The therapist's countertransference during therapy is recognized and analyzed for what it says for the therapist's and the client's relationship. See also **countertransference**.

resistance The client's reluctance to deal with threatening unconscious material that usually has been repressed.

secondary process In Freud's psychoanalytic theory, process that discharges the tension between the ego and the id that is brought on by libidinal urges or unmet needs.

self-object Patterns of unconscious thoughts, images, or representations of another person within an individual; this representation may influence a person's self-esteem.

shadow A Jungian archetype that represents the dark side of the ego; the evil that we are potentially capable of is stored there. The shadow represents those parts of ourselves that we can't quite accept. Symbols of the shadow are the snake, the dragon, and demons.

superego That part of an individual's personality that represents one's moral training. It strives for perfection and is usually associated with the teachings of one's parents. See also **ego** and **id**.

transference The client's unconscious projection onto the therapist feelings and fantasies that are displacements based on reactions to significant others in the client's past, especially parents, siblings, and significant relationships. See also **countertransference**.

transmuting internalization Representations of interactions with others that gradually form a personality structure for the child. Children learn that they cannot always get what they want and that their parents make mistakes and are not perfect

unconscious That feature of a person's psychological function that contains experiences, wishes, impulses, and memories that are not within his or her awareness because they may provoke anxiety.

working-through phase A phase of psychoanalytic therapy that entails resolving clients' basic conflicts. During this phase, the therapist interprets the client's transference and resistance.

WEBSITE MATERIALS

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