PSYCHOANALYTIC THERAPY

Course: PSYCHOTHERAPY EC-2 Paper 2 (M.A PSYCHOLOGY; SEM IV); Unit II

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PSYCHOTHERAPY

Definition of psychotherapy by Wolberg (1967):
Psychotherapy is a form of treatment for problems of an emotional nature in which a trained person deliberately establishes a professional relationship with a patient with the object

- **of removing, modifying or retarding existing symptoms,**
- **of mediating disturbed patterns of behaviour, and**
- **of promoting positive personality growth and development. (Rotter): "Psychotherapy … is planned activity of the psychologist, the purpose of which is to accomplish changes in the individual that make his life adjustment potentially happier, more constructive, or both.**

J. D. Frank (1982) elaborates this general theme as follows:

Psychotherapy is a planned, emotionally charged, confiding interaction between a trained, socially sanctioned healer and a sufferer. Psychotherapy also often includes helping the patient to accept and endure suffering as an inevitable aspect of life that can be used as an opportunity for personal growth.

The psychodynamic approach to therapy focuses on unconscious motives and conflicts in the search for the roots of behaviour (Shedder, 2010). It likewise depends heavily on the analysis of past experience. The roots of this perspective reside in the original psychoanalytic theory and therapy of Sigmund Freud.

PSYCHOANALYSIS:

THE BEGINNINGS

In 1885, Freud was awarded a grant to study in Paris with the famous Jean Charcot. Charcot was noted for his work with hysterics. Hysteria then was viewed as a "female" disorder most often marked by paralysis, blindness, and deafness. These symptoms suggested a neurological basis, yet no organic cause could be found. Earlier, Charcot had discovered that, while under hypnosis, some patients with hysteria would relinquish their symptoms and sometimes recall the traumatic experiences that had caused them. It is likely that such recall under hypnosis helped stimulate Freud's thinking about the nature of the unconscious. In any event, Freud was greatly impressed by Charcot's work and, upon his return to Vienna, explained it to his physician friends. Many were quite sceptical about the benefits of hypnosis, but Freud nevertheless began to use it in his neurological practice.

Anna O.

A few years earlier, Freud had been fascinated by Josef Breuer's work with a young patient with "hysteria" called Anna O. She presented many classic hysterical symptoms, apparently precipitated by the death of her father. Breuer had been treating her using hypnosis, and during one trance, she told him about the first appearance of one of her symptoms. What was extraordinary, however, was that when she came out of the trance, the symptom had disappeared! Breuer quickly realized that he had stumbled onto something very important, so he repeated the same procedures over a period of time. He was quite successful, but then a complication arose. Anna began to develop a strong emotional attachment to Breuer. The intensity of this reaction, coupled with a remarkable session in which Anna began showing hysterical labour pains, convinced Breuer that he should abandon the case. The jealousy of Breuer's wife may also have played a part in his decision. These events, with which Freud was familiar, undoubtedly helped prompt his initial theories about the unconscious, the "talking cure," catharsis, transference, and moral anxiety. He treated many of his patients with hypnosis. However, not all patients were good candidates for hypnotic procedures. Others were easily hypnotized but showed a disconcerting tendency not to remember what had transpired during the trance, which destroyed most of the advantages of hypnosis.

TECHNIQUES

Some of the specific techniques used in psychoanalysis are

Free Association

A cardinal rule in psychoanalysis is that the patient must say anything and everything that comes to mind. This is not as easy for the patient as it may appear at first glance. It requires the patient to stop censoring or screening thoughts that are ridiculous, aggressive, embarrassing, or sexual. All our lives we learn to exercise conscious control over such thoughts to protect both ourselves and others.

According to Freud, however, if the therapist is to release patients from the tyranny of their unconscious and thereby free them from their symptoms and other undesirable behaviour, then such an uncensored train of free associations is essential. From it, the patient and the therapist can begin to discover the long-hidden bases of the patient's problems. Traditionally, the psychoanalyst sits behind the patient, who reclines on a couch. In this position, the analyst is not in the patient's line of vision and will not be as likely to hinder the associative stream. Another reason for sitting behind the client is that having patients stare at you 6 or more hours a day can be rather fatiguing for the analyst. The purpose of the couch is to help the patient relax and make it easier to free-associate. The psychoanalyst assumes that one association will lead to another. As the process continues, one gets closer and closer to unconscious thoughts and urges. Often, but not always, these associations lead to early childhood memories and problems. Such memories of long-forgotten experiences give the analyst clues to the structure of personality and its development.

Analysis of Resistance

During the course of psychotherapy, the patient will attempt to ward off efforts to dissolve neurotic methods of resolving problems. This characteristic defense, mentioned earlier, is called resistance. Patients are typically loath to give up behaviours that have been working, even though these behaviours may cause great distress—the distress, in fact, that led the patients to seek help in the first place. In addition, patients find painful subjects difficult to contemplate or discuss. For example, a male patient who has always feared his father or has felt that he did not measure up to his father's standards may not wish to discuss or even recall matters related to his father. Although a certain amount of resistance is expected from most patients, when the resistance becomes sufficient to retard the progress of therapy, it must be recognized and dealt with by the therapist.

The term *resistance* is used to describe any client action or behaviour that prevents insight or prevents bringing unconscious material into consciousness. Resistance takes many forms. Patients may begin to talk less, to pause longer, or to report that their minds are blank. Lengthy silences are also frequent. Sometimes a patient may repeatedly talk around a point or endlessly repeat the same material.

Analysis of Dreams

A related technique is the *analysis of dreams*. Dreams are thought to reveal the nature of the unconscious because they are regarded as heavily laden with unconscious wishes, albeit in symbolic form. Dreams are seen as symbolic wish fulfilments that often provide, like free associations, important clues to childhood wishes and feelings. During sleep, one's customary defenses are relaxed, and symbolic material may surface. Of course, censorship by the ego is not totally removed during sleep, or the material from the id would become so threatening that the person would quickly awaken. In a sense, dreams are a way for people to have their cake and eat it too. The material of the dream is important enough to provide some gratification to the id but not usually so threatening as to terrorize the ego. However, in some cases, this scenario is not applicable, and traumatizing dreams do occur.

The *manifest content* of a dream is what actually happens during the dream. For example, the manifest content of a dream may be that one is confronted with two large, delicious-looking ice cream cones.

The *latent content* of a dream is its symbolic meaning. In the preceding example, perhaps there is a message about the need for oral gratification or a longing to return to the mother's breast. To get at the latent content, the patient is often encouraged to free-associate to a dream with the hope of gaining insight into its meaning. Normally, the manifest content is an amalgam of displacement, condensation, substitution, symbolization, or lack of logic. It is not easy to cut through all this and find the latent meaning.

Transference

A key phenomenon in psychoanalytic therapy is transference. It occurs when the patient reacts to the therapist as if the latter represented some important figure out of childhood. Both positive and negative feelings can be transferred. In short, conflicts and problems that originated in childhood are reinstated in the therapy room. This provides not only important clues as to the nature of the patient's problems but also an opportunity for the therapist to interpret the transference in an immediate and vital situation. Many characteristics of the psychoanalytic session—the patient is seated on a couch facing away from the analyst, the analyst does not give advice or reveal personal information—serve to encourage the establishment of transference.

Positive transference is often responsible for what appears to be rapid improvement at the beginning stages of therapy. Being in a safe, secure relationship with a knowledgeable authority can produce rapid but superficial improvement. Later, as the patient's defenses are challenged, this improvement is likely to fade, and marked negative transference may intrude.

Transference can take many forms. It may be reflected in comments about the therapist's clothing or office furnishings. It may take the form of direct comments of admiration, dislike, love, or anger. It may assume the guise of an attack on the efficacy of psychotherapy or a helpless, dependent posture. The important point is that these reactions do not reflect current realities but have their roots in childhood. It is all too easy to view every reaction of the patient as a manifestation of transference.

Counter transference

Countertransference is redirection of a psychotherapist's feeling towards a client- or, more generally, as a therapist's emotional entanglement with a client.

Interpretation

Interpretation is the cornerstone of nearly every form of dynamic psychotherapy. Although the content may vary significantly depending on the therapist's theoretical affiliation, the act of interpreting is perhaps the most common technique among all forms of psychotherapy. From the psychoanalyst's perspective, *interpretation* is the method by which the unconscious meaning of thoughts and behaviour is revealed. In a broader sense, however, interpretation is a process by which the patient can be induced to view thoughts, behaviour, feelings, or wishes in a different manner. It is a method calculated to free the patient from the shackles of old ways of seeing things—ways that have led to the patient's current problems in living. It is a prime method for bringing about insight. Of course, significant insight or behavioural change rarely comes from a single interpretation. Rather, it is a slow, repetitive process in which the essential meaning behind certain behaviours, thoughts, and feelings is pointed out to the patient in one context after another.

CONCLUSION

Psychodynamic Psychotherapy (Shedler, 2010)

- **Encourages patients to focus on affect and the expression of emotion.**
- **Helps people explore their attempts to avoid distressing thoughts and feelings.**
- **Identifies and focuses on recurring themes and patterns in patients' thoughts, feelings, and behaviours.**
- **Helps patients discuss how past experiences affect their current relationships, feelings, and behaviour.**
- **focuses on interpersonal relationships and interpersonal experience.**
- **focuses on the current therapy relationship.**
- **Encourages patients to explore fantasy life (e.g., uncensored thoughts, feelings, dreams).**

REFERENCES

Andrew M. Pomerantz; Clinical Psychology, Science, Practice and Culture, 2nd Edition; 2011; Sage Publications.

Palmer, S. (Ed.) (2006). Introduction to counselling and psychotherapy; The essential guide, New Delhi, India Sage.

Trull J. Timothy, Mitchell. J. Prinstein; Foundations of Clinical Psychology.

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