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What is psychoanalysis?

Psychoanalysis is both a theory of the human mind and a therapeutic practice. It was founded by Sigmund Freud between 1885 and 1939 and continues to be developed by psychoanalysts all over the world. Psychoanalysis has four major areas of application:

- 1) as a theory of how the mind works
- 2) as a treatment method for psychic problems
- 3) as a method of research, and
- 4) as a way of viewing cultural and social phenomena like literature, art, movies, performances, politics and groups.

What is psychoanalytic treatment for?

Psychoanalysis and psychoanalytic psychotherapy are for those who feel caught in recurrent psychic problems that impede their potential to experience happiness with their partners, families, and friends as well as success and fulfilment in their work and the normal tasks of everyday life. Anxieties, inhibitions and depressions frequently are the signs of inner conflicts. These lead to difficulties in relationships and, when untreated, can have a considerable impact on personal and professional choices. The roots of these problems often go deeper than normal awareness can reach, which is why they prove to be irresolvable without psychotherapy.

It is with the help of an expert analyst that the patient can gain new insight into the unconscious parts of these disturbances. Talking with a psychoanalyst in a safe atmosphere will lead a patient to become increasingly aware of parts of their previously unknown inner world (thoughts and feelings, memories and dreams), thus giving relief from psychic pain, promoting personality development, and providing a self-awareness that will strengthen the patient's confidence to pursue their goals in life. These positive effects of psychoanalysis will last and lead to further growth long after the analysis has been terminated.

Freud's major discoveries and innovations

Freud, working with hysteric patients, came to understand that the symptoms from which they suffered embodied a meaning that was simultaneously hidden and revealed. Over time he learned that all neurotic symptoms were messengers carrying repressed – hence unconscious – psychic content. This led him to develop his “talking cure”, which revolutionized the interaction between patient and therapist. Freud saw his patients on six days of the week, listening and responding to what they were telling him, while they were lying on a couch. Invited to speak whatever crossed their minds, his patients provided Freud with associations leading back to repressed childhood experiences, wishes and fantasies that had resulted in unconscious conflicts; once brought into consciousness these conflicts could be analyzed, and the symptoms then dissolved. This

procedure became not only a potent method of treatment but also an efficient tool for studying the human psyche, leading to the development of an evermore sophisticated psychoanalytic theory of how the mind works and, in recent years, to joint and comparative studies in the new field of neuro-psychoanalysis.

Freud's early discoveries led him to some groundbreaking *new concepts*:

- **The Unconscious:** psychic life goes beyond what we are *conscious* of, also beyond what is *preconscious* in the sense of what we could become aware of once we tried to think of it. A major part of our mind is *unconscious*, and this part is only accessible with psychoanalysis.
- **Early childhood experiences** are an amalgam of fantasy and reality; they are characterized by passionate wishes, untamed impulses, and infantile anxieties. For example, hunger stirs a wish to swallow up everything, yet also the fear of being swallowed up by everybody else; the wish to be in control and independent is linked to fears of being manipulated or abandoned; to separate from an important care-taker could lead to remaining exposed, helpless and alone; to love one parent might risk to lose the love of the other. Thus early wishes and fears result in conflicts which, where they cannot be resolved, are repressed and become unconscious.
- **Psychosexual development:** Freud recognized that the progressive maturation of bodily functions centred on the erotogenic zones (mouth, anus, genitals) comes along with pleasures and fears experienced in the relationship with the care-taking objects, and these structure the development of the child's mind.
- **The Oedipus complex** is the core complex of all neuroses. A child of age four to six becomes aware of the sexual nature of the parents' relationship, from which they are excluded. Feelings of jealousy and rivalry arise and have to be sorted out, together with the questions of who is male and who female, who can love and marry whom, how are babies made and born, and what can the child compared to the adult do or not do. The resolution of these challenging questions will shape the character of the adult mind and the super-ego (see below in *The Ego, the Id and the Super-Ego*).
- **Repression** is the force that keeps unconscious dangerous fantasies related to unresolved portions of childhood conflicts.
- **Dreams are wish-fulfillments.** Most often they express the fulfilment of infantile sexual wishes or fantasies. Since they appear in disguise (as absurd, strange or incoherent scenes) they require analysis to reveal their unconscious meaning. Freud called the interpretation of dreams the royal road to the unconscious.
- **Transference** is the ubiquitous tendency of the human mind to view and identify new situations within the templates of earlier experiences. In psychoanalysis transference occurs when a patient views the analyst like a parental figure, with whom they can re-experience the major infantile conflicts or traumas as if within the original

child-parent relationship.

- **Free association** describes the emergence of thoughts, feelings and fantasies when they are uninhibited by restrictions through fear, guilt, and shame (see below in *The Core Psychoanalytic Method and Setting*).
- **The Ego, the Id and the Super-Ego:**
 - The *Ego* is the major seat of consciousness, the mind's agent that exercises the repressions, and integrates and consolidates various impulses and tendencies before they are translated into action.
 - The *Id* is the unconscious part of the mind, the site of the repressed and the unknowable memory-traces of early life.
 - The *Super-Ego* is the mind's guide and conscience, a retainer for prohibitions to keep to, and ideals to strive for.

**Major discoveries and additions to psychoanalytic theory since Freud:
the different strands and schools within psychoanalysis today**

- **Classical and contemporary Freudians.** Sigmund Freud (1856-1939) created a model of the mind with a few basic theoretical assumptions: Psychic life is activated by the energy of *two primal drives* (in his first drive-theory the *sexual* and the *self-preservation drives*; in his second drive theory *life-* and *death-drive*, or *sexuality* and *aggression*). These drives represent the body's demands on the mind and make themselves known by eliciting *wishes* and *needs* that seek for the *specific object* to find *satisfaction*. The memory traces of these interactions (including the representations of important objects and relationships) structure the whole mind, building increasingly complex formations, which are eventually divided in three major sections. In his first topographic model Freud called the systems *Unconscious*, *Preconscious* and *Conscious*; in his second structural model he spoke of the *Ego*, *Id* and *Super-Ego*. The structures of the mind regulate the drives' energies according to the (homeostatic) *pleasure principle*. *Metapsychology* is the theory of the mind that expresses psychic functions with regard to their *dynamic (drives)*, *economic (energies)* and *topic (structural)* aspects.
- **Sándor Ferenczi** (1873-1933) and the Budapest school of psychoanalysis stressed the importance of considering and recognizing real childhood traumatization, the specifics of the early mother-child relationship, and the impact of a "confusion of tongues" (a confusion between the child's tender attachment and adult's sexual needs), which severely impact the psychic development and later psychopathology. Ferenczi focused on the mutual, inter-subjective processes between patient and analyst, and on the exquisite role of the analyst's honesty and internal work (self-analysis) in the analytic encounter. More recently his work has been reappraised and became a new focus in French psychoanalysis as well as in the Relational School (see *French Psychoanalysis and "Relational Psychoanalysis"*, below).

- **Ego-Psychology.** Anna Freud (1895-1982), Heinz Hartmann (1884-1970) and others focused their attention on the working of the *conscious and unconscious ego*, its particular role in *unconscious defences* and their inhibitory effect on psychic processes. Hartmann postulated a *conflict-free area of the ego* that performs major tasks like awareness, motor control, logical thinking, speech, sensory perception and reality testing – all of them vital functions, which secondarily can be drawn into neurotic conflict. By systematically analyzing the patient’s defences, psychoanalysis aims at *strengthening the ego* in order to increase impulse control, conflict resolution and the capacity to tolerate frustration and painful affect. Hartmann added to the four Freudian metapsychological points of view *the genetic* and *the adaptational aspect*.
- **Classical and contemporary Kleinians.** Melanie Klein (1882-1960) conceptualized early infancy as starting out with primitive impulses that are experienced within object-relations. The inward-directed *death-drive* (see above) is experienced as an attacking force, eliciting *persecutory anxieties* and the *fear of annihilation*, which is located (projected) outside the self and leads to destructive impulses towards the frustrating object (*bad breast*) followed by the *fear of retaliation*. By contrast, the satisfying object (*good breast*) is idealized and protectively *split off* from the bad object. This first phase is called the *paranoid-schizoid position*, “PS”, characterized by *splitting, denial, omnipotence* and *idealization* as well as *projection* and *introjection*. The ego’s growing capacity for integration will lead to *depressive anxieties* that the destructive impulses have damaged the good object/breast and elicit the wish for *reparation*. This second phase is termed *depressive position*, “D”. Contemporary Kleinians recognized that these phases are not limited to infancy but form a continuous dynamic within the mind, the *alteration PS ↔ D*.
- **The Bionian branch of the Kleinian School.** Winfried Bion (1897-1979), related to and departed from Freud and Klein and developed a new language for his *theory of thinking*. He introduced the idea that the infant’s mind first experiences an onslaught of raw sensory impressions and emotions, called *beta-elements* that don’t carry meaning and need to be evacuated. It is essential that the care-taking object (*container*) accepts these beta-elements (*content*), metabolizes and transforms them into *alpha-elements*, and feeds them back to the infant as such. The infant’s mind introjects them together with the transforming alpha function, thus building its own *alpha-function*, an apparatus capable of symbolizing, memorizing, dreaming and thinking thoughts; it also develops the concepts of time and space and allows for discrimination between the conscious and the unconscious. Psychic disturbances relate to disturbances in these basic functions of this apparatus for thinking.

- **Winnicott's branch of the Object-Relations Theory.** Donald Winnicott (1896-1971) laid out how the *holding environment* of a *good-enough mother* will enable the infant's mind to create representations of *self* and *other*. In the *intermediate space* between infant and mother the child finds and creates what he calls a *transitional object* (safety blanket) that *is and is not* the mother. It is this intermediate or potential space between the subjectively conceived internal reality and the objectively perceived external reality that will remain available as an inner space for experiencing life, creating new ideas, images, fantasies and art, and forming the many features of culture. If the mother can empathically respond to the infant's *spontaneous gestures*, the baby will build up the representation of a *true self* with the capacity to play and be creative. However, if the mother continuously misinterprets the infant's gestures according to her own needs, the child's true self will remain hidden under the shield of a *false self* that is put up to survive and can lead later in life to a sense of not being able to be real.
- **French Psychoanalysis** has thrived in dispute with and delineation from Jacques Lacan (1901-81), and his ideas (the significance of *language*, the *phallus*, *desire* and the *other*, and his concepts of the *imaginary*, the *symbolic* and the [unattainable] *real*). His call for a *return to Freud* initiated a serious debate and elaboration of Freud's core concepts, and ultimately established the primordial role of Freudian metapsychology in understanding the human psyche. This in turn was particularly fruitful in the advancement of *a new conception of the seduction theory*, the emphasis on the life- or death-drives, and *the theory of narcissism* in its various features. The recognition of the importance of drive theory yielded an emphasis on *sexuality*, *subjectivity*, the *language of desire* and *the structural function of the Oedipus Complex*, in particular with regard to the position of *the third* and *thirdness*. This then led to the idea of a *tertiary process*, in which unconscious (primary) and conscious (secondary) processes coexist and are creatively combined.
- **Self-Psychology** was founded in the United States by Heinz Kohut (1913-81), who focused on the individual's *sense of self* in particular with regard to the development and regulation of narcissism. He stressed the necessary role of the care-giving parent (and later the analyst) to *empathically* mirror the child's *self-states* and allow for idealizing *alter-ego/twinship-transferences*, thereby supporting the child (the later patient) as a *selfobject*, until the child has internalized its regulating functions. Over the years Kohut came to reject Freud's structural model of Ego, Id and Super-Ego as well as his drive theory and suggested instead his model of the *tripartite self*.
- **Relational Psychoanalysis**, founded by Steven Mitchell (1946-2000) in the United States, rejects Freud's biologically rooted drive theory suggesting instead a *relational-conflict-theory* that combines *real*, *internalized* and *imagined interactions* with meaningful others. Personality derives from and is built of structures reflecting learned interactions and expectations with the primary care-givers. Since the individual's *primary motivation is to be in relationships with others*, they will tend to

recreate and *enact* these relational patterns throughout life. Psychoanalysis then consists of exploring these patterns and confronting them with what is *spontaneously* and *authentically co-created* in the psychoanalytic setting between analyst and patient.

The core psychoanalytic method and setting

- **Method.** Psychoanalysis is a *talking cure*, based on the method of *free association*. In its *fundamental rule* the patient is invited to say whatever comes to mind without restrictions, like considerations of context, decency, feelings of shame or guilt and other objections. By adhering to this rule the patient's thought-processes will make surprising links, reveal consciously unavailable connections to wishes and defences, and lead to the unconscious roots of hitherto irresolvable conflicts that shape the *transference*-occurrences. Listening to these associations, analysts will surrender to a similar mental process, called *free hovering attention*, by which they are following the patient's communications as well as noticing – at times as if in a *waking dream* – their own associations as they emerge in the *counter-transference*. The integration of these various kinds of information is a mostly internal work for the analyst shaping a view of the transference-counter-transference occurrences that eventually coalesce to an emerging gestalt (an unconscious fantasy), which can be experienced by both analyst and patient. With the help of the analyst's interventions – often transference-interpretations of what transpires in the *here and now* of the session – a new understanding of the patient's suffering will arise. Repeatedly applying these new insights to many similar situations, in which the same kind of conflicts arise, is the process of *working through*, which renders the patient increasingly capable of recognizing the thought processes that stir their conflicts. Resolving these conflicts and putting them into perspective or at rest will free the patient's mind from old inhibitions and make room for new choices.
- **Setting.** The method described above is best applied in the classical setting: the patient is comfortably *lying on the couch, saying whatever comes to mind*, without being distracted by seeing the analyst, who usually is sitting behind the couch. This allows both partners in the analytic endeavour to fully listen to and reflect about what transpires in the session: the patient will feel immersed in their inner world, revive memories, revisit important experiences, talk about dreams and create fantasies, all of which is part of the analytic journey that will shed new light on the patient's life, history and the workings of their mind. The analytic session usually lasts 45 or 50 minutes. In order to continuously deepen the analytic process, psychoanalytic sessions preferably take place on three, four or five days a week. A lower frequency of sessions per week or the use of the chair instead of the couch will sometimes be necessary. *All agreements* about the setting (including the *schedule*, the *fee* per session and the *cancellation policy*) will be binding for both patient and analyst, and have to be renegotiated if change is required. The *timeframe* for doing an analysis is hard to predict; an *average of three to five years* can be expected, even though any single case

may take more or less time for completion. Patient and analyst are nonetheless free at any time to decide to interrupt or end the analysis.

Various Psychoanalytic Treatment Methods (adult, children, groups, etc)

- **Psychoanalysis** is applied in various forms. The classical psychoanalytic treatment (*see above*) was designed to best accommodate the capacities of an adult neurotic patient who is reasonably well adapted to the demands of life and work. Meanwhile high frequency psychoanalytic treatment is also applied to a broader range of psychopathology (widening scope), eg, severe narcissistic and borderline personality disorders.
- **Psychoanalytic or psychodynamic psychotherapy** with adults is usually applied with lower frequency (one or two sessions per week) and in a face-to-face, seated arrangement. Often its goals are more focused on the resolution of a particular kind of problem (eg, difficulties in relationships or at work), depression or anxiety disorders. Even though transferences and counter-transferences occur, as in psychoanalysis, they often stay in the background and remain un-interpreted, giving room to address and resolve more directly the problems in the patient's life. Sometimes both participants in a psychoanalytic psychotherapy decide at a later point of treatment to deepen their work and embark on psychoanalysis at higher frequency.
- **Children** (from infancy onwards) **and adolescents** can experience lasting problems (depression, anxieties, sleeplessness, extreme aggression and cruelty, obsessive thinking, compulsive behaviour, learning difficulties, eating disorders, etc) that may jeopardize their psychic development and raise concerns in their parents, teachers and friends. For them, modified age-specific psychoanalytic treatment methods have been developed (including playing with figurines, toys, and painting) that allow a child or adolescent to express what is troubling them. Child-analysts are specialists in noticing the unconscious portions of their patient's communications and responding to them appropriately, thus helping the child to solve emotional conflicts and problems that lie beneath their manifest symptoms and interfere with further mental growth.
- **Psychoanalytic Psychodrama** was developed (mostly in the US and in France) for *patients with massive inhibitions*, who need support in representing, expressing, and elaborating their difficulties in order to structure their inner world. The setting includes a *play leader or director*, who helps the patient to suggest, enter and develop a *scene* (eg, a memory, a feeling, the actual situation), which is the material of the therapeutic work. The patient plays with several *co-therapists* or *actors* who assume the roles assigned to them by the patient. The co-therapists' function is to empathically understand these roles as parts of the patient (eg, different sides of a conflict) or their significant objects, and translate the latent meaning of these roles by representing their underlying unconscious (mostly defensive) processes. The play leader may interrupt and interpret the play at any point. The play allows the unfolding of difficult

issues before the patient and facilitates their integration and internalization. The goal is to develop the patient's insight into their inner life (thoughts, feelings, fantasies, dreams, and conflicts), and to foster its activation, thus expanding the psychic (intermediate) space (inner theatre), in which its various components can be considered and understood.

- **Psychoanalytic Couples- and Family-Psychotherapy** applies the insights of psychoanalysis to the dynamics to be found between the partners of couples and families, who are stuck in recurrent conflicts. With the help of a psychoanalyst, aspects of incompatible positions and transferences, mutual projections, and the repeated enactment of unconscious fantasies can be interpreted and analyzed with regard to prevailing unconscious ideas of what marriage and family life might or ought to mean, thus easing the tensions and opening ways for new self-determined choices.
- **Psychoanalytic Groups** (usually 6-9 members) make use of the universal tendency that unstructured assemblies of individuals in small or big groups without a defined task experience regressions to primitive levels of psychic functioning, eg, dependency on, and submission under, an idealized or frustrating group leader, aggressive flight-fight reactions, pairing and splitting into subgroups, as well as defences against these processes. While some groups focus on the individual's participation and interaction in the here and now of the group dynamics, others address the overall group processes and the particular culture that emerges through free-floating discussions (the equivalent to free association). Psychoanalytic group work can serve various purposes: there are psychotherapeutic groups, groups that foster personal development, clinical discussion groups for the medical professions (Balint Groups, Tavistock-conference), as well as groups that encourage self-reflection and problem-solving in larger organizations.

Psychoanalytic Training

Training to become a psychoanalyst is regulated by the International Psychoanalytical Association (IPA) and its constituent organisations. In many countries anyone with the necessary skills and experience can train to be a psychoanalyst, although in some countries practice is limited to licensed professionals such as physicians, psychologists and social workers. There are three different training models (called the Eitingon, the French and the Uruguay model), all of which require the *personal analysis* of the candidate, the attendance at *theoretical, technical and clinical seminars*, and the *supervision* of the trainee's work. Psychoanalytic training takes an average of five to ten years and ends with graduation or the acceptance of membership (for further information see... on this website).

Psychoanalytic Research

Freud discovered that the best method of learning how the human mind works is to carefully study the sequences of its expressions, namely thoughts and feelings, dreams and fantasies, as they come up in particular contexts. The method of free association (see above) proved to be the central tool of psychoanalytic research. A patient who allows the analyst (as unrestricted as possible) to trace the emergence of their ideas will display their individually shaped version of the general working principles of the mind – eg, impulses and wishes that arouse fears, the latter stirring defences against the former; the idiosyncratic interpretation of present perceptions under the influence of unconscious unresolved conflicts of the past; or ways to handle fantasies and feelings with the aim of maintaining a basic sense of safety and inner balance. Thus the understanding of the individual's mind's working is simultaneously the method of the cure as well as the method of psychoanalytic research.

Psychoanalytic research, following the road described above, has over many years developed a host of new insights into mental functioning articulated in the various strands and schools of psychoanalysis (see above). Further, scientific research has set out and succeeded to show via comparative, long-term and follow-up studies the efficacy of psychoanalysis and psychoanalytic psychotherapy. Various elements of the cure like the style of interventions, the frequency of sessions, the relationship between the patient and the analyst/therapist, or the applicability of psychoanalytic treatment to different kinds of mental pathologies have been scientifically studied, leading to modifications and adjustments in treatment plans as well as (in some places) to the acceptance of psychoanalytic treatment forms for reimbursement by health insurance plans. Also inroads have been made in projects aiming at understanding the interaction and interdependence of mind and brain functioning.

The IPA supports psychoanalytic research by training psychoanalysts in basic research methods, building databases on research findings, initiating working parties and discussion groups, awarding grants to research proposals on a wide range of clinical, experimental, and conceptual topics, as well as by worldwide fostering the connection with universities and research institutions (for more information go to *Research* on this website).

Applied psychoanalysis

Freud recognized that the psychoanalytic understanding of the mind also provides a deeper understanding of culture and society. Most famous are his analysis of Sophocles' *Oedipus Rex* and Shakespeare's *Hamlet*. He analyzed works of literature and art, social behaviour like jokes, humour, slips of tongue and bungled actions and, more generally, phenomena like civilization, mass movements, war, and religion. The fruitfulness of his approach stimulated wide-ranging interest in applying psychoanalytic thinking in literature, art and cinema and their critical analysis, as well as in anthropology and political sciences.

The IPA, its organization and ethical guidelines

The *International Psychoanalytical Association* (the “IPA”), was founded in 1910 by Sigmund Freud. It is the umbrella organization for 72 constituent organisations with more than 12 000 full members in 63 countries. Its mission is to advance psychoanalysis worldwide (eg, by encouraging interregional exchange and organizing international congresses) and to ensure the continued vigour and development of its science. It is the world’s primary accrediting and regulatory body for psychoanalysts (for more detailed information see *About us* on the IPA website).

The IPA Ethics Committee has formulated basic ethical rules that are binding for all constituent organisations and each of their members and candidates. They reflect humanitarian values, psychoanalytic principles and professional obligations. Most importantly they demand that all the patient’s communications to the analyst are kept strictly confidential, and that the analyst may not engage in sexual relations or private financial transactions with the patient. In case of irregularities or transgressions of these rules, the patient has the right to complain to the Ethics Committee of the analyst’s society. Every component society of the IPA has set up rules and procedures to ensure a high ethical standard of the treatments performed by their members and to regulate the measures by which formal complaints are processed.

Where to encounter psychoanalysis?

Psychoanalytic events have long crossed over the boundaries of institutes and opened up to the general public. Psychoanalytic meetings and congresses have invited the participation of the broader mental health community, including in their programmes non-analysts such as scientists, scholars, politicians, writers and artists. Psychoanalytic societies offer publicly accessible lectures and panels held in psychoanalytic institutes, universities, libraries and bookstores. In some places art exhibitions, theatre productions and the screening of movies are introduced with, or followed-up by, discussions with the audience under the guidance of psychoanalysts. There are many opportunities to get a first glimpse of psychoanalytic ideas and to encounter an analyst. All psychoanalytic institutes provide information upon request, enabling anybody who is interested to find opportunities to get in touch with psychoanalysis.