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Part I Therapy Theory and Practice

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Section 1 Psychodynamic Psychotherapy

Chapter 1

Psychodynamic Theory: The Development of a Model of the Mind

Jo O'Reilly

This chapter aims to describe the key contributions that psychoanalytic theory has made to our understanding of the mind.

The practice of psychiatry and the development of psychological treatments rest upon how we understand the mind and emotional life. As clinicians working with patients with difficulties in how they feel, relate and think we need an understanding of psychic life in healthy and more disturbed states, just as practitioners of physical medicine need to understand bodily processes in sickness and in health.

Since the late nineteenth century psychoanalytic theory has provided a platform from which a series of models of the mind have evolved. An underlying and fundamental tent of this approach is that most of mental functioning occurs at an unconscious level; a finding now widely supported within psychology and neuroscience [1]. The unique contributions of a psychoanalytic approach seek to elucidate and to understand the form and nature of these unconscious processes, both in healthy and more disturbed states of mind. Furthermore, clinical techniques derived from psychoanalysis such as free association and dream interpretation are specifically aimed at identifying unconscious mental processes and psychoanalysis has a great deal to offer a systematic study of the unconscious. Although the terms psychodynamic or psychoanalytic tend to be used in association with psychotherapeutic treatment, a psychoanalytic approach refers to a school of thought able to provide insights into the workings of the mind far beyond the treatment approaches derived from it.

The limits of rational thought and considered volitional action in explaining emotional life are blindingly evident from the complexities, extremities and non-common-sensical nature of much of human behaviour. Being driven by powerful emotional forces which we may struggle to fully know or to understand is intrinsic to human life. Our need to love, to connect and to relate contrasts with acts fuelled by hatred, cruelty and alienation. We can function in both highly creative and deeply destructive ways and a coherent model of mental life requires the capacity and vision to address this paradox. Psychoanalytic thinking draws upon the intensity and passion of early life, when the infant's survival is dependent upon his ability to secure a nurturing attachment, and to regulate and to manage his primitive terrors, as the starting point from which to consider the management of psychic energy throughout life. In taking a developmental perspective psychoanalysis seeks to identify the influencing factors determining how we feel, relate and behave from infancy and throughout life. This enormously ambitious project provides a means to consider how the internal world is formed at an individual and unique level, and also how we behave in groups and within society.

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The development of psychoanalytic theory has a fascinating history involving the evolution of ideas seen as provocative, enlightening, disturbing and controversial within the contexts of the times within which they have emerged. This chapter will introduce some of the key ideas and thinkers contributing to this body of work. Additional reading will be recommended at the end of the chapter for those who wish to further their explorations of this rich and complex subject.

Despite differences in emphasis and at times conflicts about key ideas, all schools of psychodynamic thought are concerned with both unconscious and conscious aspects of mental life and the interplay and tensions between them. A defining belief of a psychoanalytic perspective is that the unconscious forms a vast substructure underpinning the conscious mind and exerting pressures and influences upon it; all behaviour and subjective experience is therefore seen as having unconscious determinants.

Sigmund Freud: The Neurologist and Pioneer of the Unconscious

Dreams are the Royal Road to the Unconscious
Sigmund Freud, 1900 [2]

Sigmund Freud (b. 1856, Freiburg, d. 1939, London) trained in medicine and neurology; his early research interests lay in the area of brain damage linked with aphasia. He realised the limits of the mechanistic localisation-based theories in understanding the cases he saw and his first published book *On Aphasia* represented an early attempt to incorporate a dynamic and psychological model of the mind into the world of neurobiology [3]. His rejection of an anatomical brain model as adequately explaining his patients' symptoms was further fuelled by the cases he observed under the care of the renowned neurologist Charcot in the Salpêtrière asylum in Paris in 1885. He became deeply interested in the study of hysteria, recognised that paralyses, physical maladies, dreams and parapraxes of the patients he encountered could only be explained by models of disturbance of psychological function and that mental function could not be located within an anatomical structure. Furthermore, he recognised these symptoms as expressions of experiences consciously forgotten which could be remembered under hypnosis, a striking realisation captured by his words '*hysterics suffer mainly from reminiscences*' [4].

Freud's private practice as a neurologist enabled him to study patients and their symptoms in detail. The case of Anna O, a young woman who presented with a host of physical symptoms including a cough, paralyses, disturbances of speech and sight and fainting fits after her father's death, led him to conclude that traumatic experiences can be repressed and continue to reside in an area of the mind which is entirely unconscious, yet these experiences make their voices heard by re-emerging as symptoms. If the trauma can be remembered and spoken about – a process he called **catharsis**, there is no further need of the physical symptoms that resolve accordingly. This formed the basis of what he referred to as **the talking cure**. Drawing on his background in physical sciences Freud developed the idea of a mental apparatus that, in common with other bodily systems, aims to maintain a steady homeostatic state against internal psychic energy that is seeking discharge. He saw the mind as being dominated by instinctual drives to ensure basic needs were expressed and met which he considered as largely residing in the unconscious – a vast substructure underpinning the volitional conscious mind and with a distinctive nature and functioning [5].

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As a scientist Freud continually modified his ideas on the basis of clinical observation and experience, leading to a series of theoretical models and emergence of developing clinical techniques. His early work included the use of hypnosis, which he later abandoned in favour of **free association**, or encouragement of the patient to speak openly and freely about whatever comes to their minds. Free association has been called the **fundamental rule** of psychoanalysis and assumes that everything that emerges in thoughts and communications has meaning. Further clinical techniques followed such as dream interpretation, the neutral stance of the therapist and a way of listening, all of which sought to access and to tune into the workings of the unconscious as they reveal themselves in everyday life [6].

Hence the scene was set for the exploration of this vast territory; the unconscious aspects of the mind to which Freud devoted much of his subsequent career. Although in parts controversial, challenging and, in common with all great advances in understanding, modified by later discoveries, it is remarkable how much Freud's ideas have contributed to our understanding of mental processes. Like Darwin and Einstein, Freud changed the paradigms through which we understand ourselves – the modern world is familiar and comfortable with the concept of unconscious processes and how they may affect our emotional and social functioning. More contemporary discoveries within neuroscience support his finding that the vast majority of mental life occurs at an unconscious level.

In keeping with his medical training, Freud's ambitions lay in developing a general theory of the mind from which pathology could be understood. But he was interested in more than just illness; he also sought to understand the breadths and depths of human functioning at its most creative and destructive, from the individual to societal level, from sadism to war, from infancy to schizophrenia; the scope of his work was vast and his writing prolific.

Freud's evolving models of the mind followed his shift in thinking from the anatomical to the psychological. His earliest **topographical model** divided the mind into three parts – the **conscious**, the **unconscious**, serving as a reservoir of instinctual urges and repressed memories, and the **preconscious**, representing areas of the mind requiring attention and prompting to make themselves consciously known. However, the topographical model ran into difficulties and in 1923 Freud introduced a major revision with the **structural theory** of the mind in which the conscious, unconscious and preconscious are all understood as dynamic, fluid qualities of mental processes as opposed to discrete areas of the mind. The structural theory divides the mind into the **id**, the **ego** and the **superego** in which mental processes are grouped together in terms of their functional significance [7].

Within Freud's structural theory of the mind the id is entirely unconscious and holds the basic instinctual urges such as aggression and sexuality. (More recent findings from the developing world of neuropsychoanalysis dispute this as the affective states from them seem to be conscious [8].) Psychological processes of the id are primitive and entirely different to rational thought. Referred to as **primary process thinking** the mental life of the id knows no shame, guilt or inhibition and operates entirely under the reign of the **pleasure principle**. In the magical land of primary process thinking logic is disregarded, opposites can co-exist without conflict, external reality is ignored and instant gratification of all urges and appetites with avoidance of all pain and discomfort is the aim, resorting to hallucinatory wish fulfilment or magical thinking to avoid frustration. Primary process activity is evident in the play of young children, revealed in glimpses in mental and verbal slips and more fully in dreams and psychosis. The id was referred to by Freud as the **seething cauldron** of unacceptable impulses such as the desire to kill or insatiable cravings for sexual satisfactions.

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Unimpeded by input from perceptual organs about external reality, the id functions under the sway of its own wishes and appetites.

Instinctual urges and the vast resource of psychic energy seeking discharge from the id require active management and are censored by the **superego** which functions as a conscience, repressing what it considers to be morally unacceptable and supporting the ego in making realistic judgements and decisions. Freud conceptualised the superego as socially conditioned and developing from the internalisation of parental attitudes and approval. The **ego** has the task of mediating between external reality, the superego and the needs and demands of internal needs and urges. The ego strives to function in keeping with the **reality principle**, ensuring both executive thoughts and motor actions are able to negotiate and manage the expectations, opportunities and limitations of the external world while also relating to the appetites and needs of the id.

The ego develops as the central aspect of the psyche; it comprises both conscious and unconscious aspects and is the seat of thought. Ego structures are informed by the perceptual organs about external reality; it controls motility and is tasked with managing the passions of the id, which it does with varying degrees of success. Balancing the primitive appetites and survivalist instincts of the id alongside the pressures of the superego, which can be unduly harsh or tolerant, is a precarious task for both the individual and for social groups and behaviours. Freud wrote about the tension between these processes on the world stage and how in Europe the First World War showed that the deep human instinct to kill overwhelmed the use of negotiation and diplomacy [9].

Hence our psychological functioning is constantly challenged and informed by pressures from the unconscious, which contains the most primitive and survival-oriented drives and urges, and from the prohibitions and limits of the superego which strives to regulate them. According to Freud the mind's ability to function depends on the balance between these different forces, most of which are beyond conscious awareness. An overly powerful superego, for example, can lead to punitive ways of seeing oneself, excessive self-criticism and self-inhibition, while an excess of id, or an ego too fragile to manage the forces of id, means the ability to function in keeping with the demands of external reality is threatened.

Freud saw psychological symptoms as expressions of unconscious conflict between unconscious urges and conscious behaviour. He referred to this as **psychic determinism** – that our feelings, thoughts, behaviours and symptoms are inherently filled with meaning how is beyond conscious awareness. As he wrote in 1895 '*dreams are never concerned with trivia*' [2] – we may like to see ourselves as rational and in control, or at the mercy of random and arbitrary experiences, but in psychodynamic theory our internal and experiences and the situations we find ourselves in are full of meaning. The best jokes for example may have some primary process in them and often have an aggressive component, the laughter discharging the underlying aggressive wish. **Freudian slips** in speech and the forgetting of undesirable realities may all be signs that a wish from the unconscious has gained entry into the conscious mind in disguised form, so the lapse is far from meaningless and may reveal powerful unconscious urges.

In Freud's early work with patients with conversion disorders he found that the repressed knowledge of childhood sexual trauma seemed to be the foundation of his patients' symptoms, which became known as the **seduction theory** [10]. This emphasised the causative impact of abuse in adult cases of hysteria and obsessional neurosis and placed trauma and nurture at the heart of his early theories. However, for reasons not fully elucidated, but seemly linked to the frequency with which sexual material emerged during

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his work with his patients, Freud turned his attention to developing ideas about childhood sexual curiosity and urges, abandoning the seduction theory. This remains one of the most controversial areas of his work with far-reaching consequences for psychoanalysis. Criticisms followed that the child's actual experience and the prevalence of childhood sexual abuse was denied and neglected in his subsequent theories [11]. However, Freud's ideas about childhood sexuality led to his discovery of key concepts such as the transference, repetition compulsion, and personality development. Freud saw infantile sexuality as different to mature adult sexuality and described **stages of psychosexual development**, meaning that different areas of the body become the focus of instinctual sexual energy or **libido**, depending on the prevailing developmental preoccupations [12].Hence in the first year **or oral stage** satisfaction via feeding means the main source of pleasure is the mouth, the **anal stage** (1–3 years) refers to the acquisition of bowel control through toilet training and the **genital stage** (3–5 years) refers to anxiety about the genitals and recognition of difference. Each stage has its associated nature and functions and if not satisfactorily navigated the individual may become fixated at certain stages with implications for character development (it has become common parlance for example to describe people as being 'anal' in keeping with this idea).

Freud used material from his own dreams to further his understanding of the unconscious and discovered strong feelings of love for his mother and jealousy towards his father in this analysis. He believed these to be universal themes and linked this discovery to the **Oedipus Myth** in which Oedipus unwittingly kills his father and marries his mother. Freud saw this myth as capturing a universal developmental challenge and central to psychological development – the unconscious rivalry and murderous wish towards the same sex parent, with a desire for exclusive ownership of the other. The term **Electra complex** was used to describe a similar constellation of unconscious desire in girls. Freud thought that oedipal issues come most overtly to the fore between three and five years of age, such as may be expressed in acceptable form by the 'daddy's girl' type behaviours of a daughter or 'mummy's little man' of a son. He considered that the development of healthy superego function depended in part on a satisfactory resolution of anxieties linked with oedipal urges, allowing adult sexuality to be enjoyed within societally accepted parameters and at the same time free from excessive inhibition.

Although issues arising from oedipal urges and anxieties continue to play a central role in psychoanalytic theory, there have been marked departures and developments from this earlier model – most strikingly by Melanie Klein. Recognition and negotiation of triangulation in relationships and the experience of exclusion is seen as a key developmental challenge, alongside the universal longing for the exclusive love of another and intense hatred when this is denied.

Defence Mechanisms

Humankind cannot bear too much contact with reality
T S Eliot

The struggle for the ego to manage instinctually based urges, and the demands and challenges provided by privations, losses, frustrations and traumatic experiences in external reality means the mind needs to be able to manage potentially overwhelming urges, emotions and anxiety. To preserve its capacity to function the mind has developed a wide range of **defence mechanisms** – in essence these are the mind's tactics employed against the

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pressures of unacceptable desire or unbearable experiences and are mobilised in response to anxiety. Defences are unconscious, universal, constantly in action, and adaptive. They allow the ego to think by titrating contact with both painful reality and primitive impulses from the id.

In more extreme forms however defensive functioning can develop into more problematic behaviours, distortions of reality or psychological symptoms. The latter may develop when an unacceptable urge from the id, or an experience repressed beyond conscious knowledge, cannot be adequately defended against, and a compromise has to be reached between the unconscious forces and the failing defence – usually this means that the unacceptable impulse or experience may present in a sufficiently disguised form to be consciously acceptable. This can become the basis of a neurotic disorder, phobia, psychosomatic complaint or conversion symptom. Defensive organisations can also become excessively rigid and dominate mental functioning to the extent they become entrenched in the personality, such as in obsessional, anankastic or borderline personality organisation.

Defence mechanisms are historically categorised in relation to the stage of development when they are most commonly prevalent, although all forms can continue to be operative throughout life; they overlap and are interdependent on one another – we all operate under the influence of a community of defensive activities that relate to and inform each other. The immature defences for example are most frequently deployed in infancy and early childhood and are also powerfully operative in psychotic and borderline states. The more mature defences are generally seen as more adaptive and also importantly as the source of much or man's creative endeavours in channelling the energy from id impulses towards alternative means of expression. Table 1.1 illustrates some common defence mechanisms, based on Freud's early conceptualisations, but added to and modified by subsequent psychoanalysts.

Freud and Transference/Countertransference

The processes of transference and countertransference refer to how the minds of people interact and impact on one another through unconscious means. These are ubiquitous processes that inform our perceptions and responses to others and allow us to intuit about another's state of mind. In infancy when at our most dependent and vulnerable, the mind is exquisitely sensitive to the reactions and responses of others; this is key to survival. The quality of these early essential and nurturing relationships powerfully affects our unconscious expectations of, and responses towards others. These early templates continue to be added to and modified throughout life and are present to varying extents in all our interactions and relationships. Someone with secure and nurturing early relationships for example may respond to an angry interaction with calmness and confidence, whereas if early life has been characterised by neglect and fear then the perception of threat may be more easily triggered and the response may be to feel threatened or paranoid. Freud recognised and named the transference in his early work, initially seeing it as a form of resistance against therapeutic change, later seeing it as a potential path to unconscious material. Use of the transference and countertransference remain cornerstones of psychoanalytic technique, although as ubiquitous processes the power and effects are not confined to the consulting room and powerfully inform how we perceive and respond to others at an unconscious level.

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Table 1.1 Psychological defence mechanisms

	Meaning
Primitive/Immature defences	
Repression	The unconscious forgetting of what is unbearable to know about
Denial	Refusal to accept a threatening reality
Projection/Projective identification	Expulsion of any thoughts, qualities or feelings which the individual rejects about himself
Splitting	The binary separation of good and bad experiences
Idealisation/Denigration	Seeing something or someone as all good, perfect and the Attribution of entirely bad qualities to another
Regression	Reverting back to an earlier stage of development to avoid responsibilities, demands and conflicts associated with current stage of life
Acting out	Taking action to avoid painful affect
Reaction formation	Assuming an attitude diametrically opposed to a repressed wish
Somatisation	The location of emotional tension or pain into the body and focus of concern becoming on physical symptoms
Schizoid	Avoiding relating to others and substituting gratifying fantasy
Dissociation	Temporary loss of awareness of reality, state of extreme detachedness, loss of memory and loss of identity e.g. in extreme trauma
More mature defences	
Displacement	Avoiding conflict by expression towards a substitute person or object
Identification	The qualities of another person become part of one's own identity
Identification with the aggressor	Becoming the threat oneself to master fear of being the victim
Introjection	Internalising the qualities of another to avoid awareness of loss
Intellectualisation	Use of theoretical abstract concepts in order to manage and distance oneself from painful feelings
Isolation of affect	Separating an idea from its accompanying affect to make it more acceptable
Rationalisation	Justification made to explain away a thought, feeling or experience unbearable to know about
Sexualisation	Turning an encounter or experience into an exciting and sexualised experience as a defence against intimacy and anxiety

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Table 1.1 (cont.)

	Meaning
Undoing	Negation of shameful urges revealed through a behaviour using excessive activities to undo them
Mature defences	
Altruism	Prioritising other's needs beyond one's own
Ascetism	Excessive self-discipline as a defence against greed or anxiety
Anticipation	Worrying ahead for perceived painful events
Sublimation	'Purification' of urges with a sexual or aggressive component into a socially acceptable form
Suppression	Consciously diverting the mind away from anxiety or pain
Humour	The making bearable of painful events through comedy and irony

Freud has been hailed as one of the great thinkers of all time and has been a hugely influential figure on our cultural, societal and clinical landscapes. He was however a man of his times and many of his ideas have been considerably modified by subsequent theorists. He did not tolerate dissent and some of his early collaborators fell out of favour. He has attracted criticism including from leading feminists [13] for his rather limited theory of the sexual development of women, and he had little to say about the role of mothers or of the importance of early nurture; he admitted he did not understand women very well. He did however make a huge contribution towards understanding the struggles and conflicts inherent in emotional life, highlighted the significance of unconscious mental processes and linked the biological with the complexity of psychological life. Having witnessed the horrors of the First World War, and fleeing the Nazis for London during the second, he did not pull back from a full and frank appraisal of all the urges, creative and destructive, and the cruelty inherent in human behaviour and was entirely committed to seeking ways to understand all aspects of the mind. In emphasising the importance of ego function in controlling the impulses of the id he provided psychological ways to understand the danger when thought breaks down and is replaced by action fuelled by primitive urges seeking gratification. As part of his legacy he left a metapsychology of a scale unmatched by any other model.

Anna Freud

Freud's younger daughter, Anna (b.1895, Vienna, d.1982, London) became a leading figure in the psychoanalytic world, and a pioneer in child psychoanalysis. From her extensive experience she developed further ideas about ego development and the defences, emphasising the interplay between the internal and the external worlds, and first described the defences of **identification with the aggressor and altruism** [14]. The Anna Freud Centre in London remains as testament to her ideas and clinical contribution.

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Carl Jung

Until you make the unconscious conscious, it will direct your life and you will call it fate.

Carl Gustav Jung (b.1875, d.1961, Zurich Switzerland) was a psychiatrist who worked with Bleuler in schizophrenia research before developing a close collaboration with Freud. Despite the excitement and closeness of their early relationship, developing differences in theoretical approaches led to the irretrievable breakdown in their professional and personal friendship, a schism with repercussions lasting into contemporary times in terms of limiting potential cross-fertilisation of ideas. Jung felt that in addition to the psychic structures that Freud had identified there was a spiritual dimension to internal experience that had central importance and which could not be reduced to Freudian drives. Jung emphasised the importance of **symbolism** in our individual and **collective psyche** finding common themes in myths from around the world. He postulated a **collective unconscious** populated by **archetypes** – universal themes of meaning that lies beneath and transcend our personal ego structures.

Jung's thinking was profoundly influenced by **synchronicity** – the concurrence of an event and an inner experience, which are connected by a sense of meaning for the individual experiencing them. He introduced the concept and his personal experience of these meaningful coincidences in everyday life led him to the conclusion that there was a **causal order** that linked the inner world of the mental with the outer world of the physical through their meaning.

At the apex of Jung's hierarchy of archetypes is the **Self.** The Self is a mysterious concept that can be understood in prosaic terms as the best possible version of ourselves and which involves a unification of the conscious and the unconscious aspects of the psyche. Jung coined the term **individuation** to describe the death rebirth process and psychological transformation that marks the transition from ego to Self in advanced stages of ego development. The **anima** (and its masculine version the **animus)** occupied a central role in Jung's model as the archetypal feminine that has to be owned and integrated by ego structures for individuation to progress [15].

Jung was considered one of the great thinkers of the twentieth century although his ideas have been less influential in modern psychiatry and psychotherapy. He described his own *confrontation with the unconscious* in his autobiography and how the material that emerged in this personal crisis shaped his subsequent work, referred to subsequently as a creative illness [16]. Jung thought of psychotherapy as a developmental journey of psycho-spiritual maturation and Jungian depth psychology provided for many a modern method of accessing the spiritual power of the deep psyche at a time when traditional religion was losing its relevance.

Melanie Klein

The study of the adult neurosis led Freud to discover the child in the adult, the study of children led Mrs Klein to the infant in the child [17].

Melanie Klein (b. 1882, Vienna, d. 1960, London) further developed ideas about unconscious processes from her groundbreaking psychoanalytic work with infants and young children. While Freud extrapolated backwards from his work with adults in developing ideas about early development, Klein used her understanding of infantile and primitive psychological processes and raw states of affect to generate ideas about adult psychic life. She placed early emotional experience as central to the development of adult psychic life. Klein's

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