UNIT 1  PSYCHOANALYSIS, PSYCHODYNAMIC AND PSYCHOTHERAPY

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1.0  INTRODUCTION

In this unit we will be dealing with psychotherapy, psychoanalysis and other related therapies. It provides a detailed account of psychoanalysis and presents the component factors in the same. We then discuss the essentials of Psychotherapy and point out its importance. Then we take up psychoanalysis and as the first step we elucidate the evolution of psychoanalysis and then follow it up by presenting a history of psychoanalysis. Then we take up the functions of a psychoanalyst and detail the same. This is followed by the goals of psychoanalysis and the techniques of psychoanalysis. The next section deals with the psychodynamic therapies and their significance. Then we point out the differences between Psychodynamic Therapy and Psychoanalysis.
1.1 OBJECTIVES

After completing this unit, you will be able to:

- Discuss the concept of psychotherapy;
- Define psychoanalysis;
- Describe the goals of psychoanalysis;
- Identify the difference between psychodynamic therapy and psychoanalysis; and
- Explain the techniques like dream analysis and free association used by the psychotherapist.

1.2 PSYCHOTHERAPY

Psychotherapy consists of the whole range of psychologically based treatments by which trained practitioners help people who have psychological problems. Sometimes it is used in more restricted way. It refers to forms of treatment in which a psychotherapist and a client tackle client’s problem through talking. Traditionally it focuses on serious problems associated with intra psychic, internal, and personal issues and conflicts. Characteristically, it emphasises the following issues:

- The past more than the present
- Insight more than change
- The detachment of the therapist
- The therapist’s role as an expert

Psychotherapy is a systematic interaction between a therapist and a client that brings psychological principles to bear on influencing the client’s thoughts, feelings, or behaviour to help that client overcome abnormal behaviour or adjust to problems in living. The interaction is between two or more individuals where one of them, called client or patient, is seeking help for a problem and the other participant, called therapist, provides necessary therapeutic help. The interaction is usually mediated by verbal means although facial expressions, bodily gestures and movement are also used. It usually involves a long term relationship that focuses on reconstructive change. Psychotherapies are procedures in which persons with mental disorders interact with a trained psychotherapist who helps them change certain behaviours, thoughts, or emotions so that they feel and function in a better way. It helps the patients to manage their symptoms better and function at their best in everyday life. It consists of a series of techniques for treating mental health, emotional and some psychiatric disorders and helps the individuals understand what helps them feel positive or anxious, as well as accepting their strong and weak points.

1.2.1 Essentials of Psychotherapy

i) **Systematic Interaction:** Psychotherapy is a systematic interaction between a client and a therapist. The therapist structures the therapy process based upon a theoretical viewpoint and an understanding of the client’s cultural and social background.
ii) **Psychological Principles**: Psychotherapy is based on psychological theory and research in various areas such as personality, learning and abnormal behaviour.

iii) **Thoughts, feelings and behaviours**: Psychotherapy influences clients’ thoughts, feelings and behaviour.

iv) **Psychological Disorders, adjustment problems and personal growth**: While psychotherapy is often used with people who have psychological disorders, it can also be used to help people with adjustment (loss of spouse, shyness) and personal growth.

Psychotherapy or talk therapy is currently used by psychologists and other professionals in different forms. It uses varied range of procedures and can be conducted with individuals as well as with groups. There are many different therapy styles and techniques including Psychodynamic Psychotherapy, Cognitive Behavioural Therapy (CBT), Group Therapy, and Couples Therapy. The unique elements of psychotherapy are that it varies according to different theoretical perspectives. The first organised system of psychotherapy which has a considerable influence in the field of Psychology was Psychoanalysis by Sigmund Freud.

### 1.3 PSYCHOANALYSIS

Psychoanalysis is a very significant perspective in the field of psychology. It is a method of analysing psychic phenomena and treating emotional disorders that involves treatment sessions during which the client or the patient is encouraged to talk freely about personal experiences and especially about early childhood and dreams. Psychoanalysis is both a theory of mental functioning and a specific type of psychological treatment philosophy. It is generally known as a theory of human behaviour.

It has three applications:

i) a method of investigation of the mind;

ii) a systematised set of theories about human behaviour;

iii) a method of treatment of psychological or emotional illness.

Psychoanalysis was first devised in Vienna in the 1890s by Sigmund Freud. It involves analysing the root causes of behaviour and feelings by exploring the unconscious mind and the conscious mind’s relation to it. It focuses on an individual’s unconscious, deep-rooted thoughts that often stem from childhood.

Freud believed that Id, Ego and Super-Ego are three major parts of personality which represent desire, reason and conscience.

He was of the opinion that the root cause of all mental disorders is repressed desired in the unconscious mind.

This repression occurs due to non acceptance of Id impulses to ego or superego. These urges persist in the unconscious and individuals devote a considerable time to have a check on them and to keep them out of conscious part of the personality. People often use defense mechanisms to protect the ego from feeling of anxiety generated by these inner conflicts.
1.3.1 Phases in the Evolution of Psychoanalysis

Freud (1914b, 1927) described three phases in the evolution of Psychoanalysis.

The first phase

During first phase of psychoanalysis, Freud found that the central aspect of human mind was unconscious thoughts that could be accessed through dreams, fantasies, jokes, slip of tongues, hypnosis, free association, and so on.

The second phase

In the second phase, Freud discarded hypnosis and emphasised on free association. He found that clients voluntarily permitted the emergence of unconscious materials in free association. As Freud always wanted a unique theory so he developed his own specific techniques like Dream Analysis, Free Association and so on.

Third phase

During the third phase, he elaborated his dream analysis technique and described primary and secondary processes. Primary processes are governed by Id, the pleasure principle and are illogical. They can be found in dreams, poetry, myth and magic. Psychosis is the ultimate form of this process.

Secondary processes are governed by logic and are associated with the ego and reality principle.

At the end of the third phase of Psychoanalysis, other analysts such as Jung(1875-1961), Adler(1870-1937), Horney(1885-1952), Sullivan(1892-1949) and Erikson (1902-1992) modified Freud’s psychoanalysis.

1.3.2 Brief History of Psychoanalysis

Psychoanalysis has also its roots in hypnosis. The first contributor was Franz Mesmer, who is known for inducing a mental state called Mesmerism. He has presented the idea of animal magnetism. He used magnets for the treatment of paralysis, later he claimed that he could treat paralysis without magnets by directing his own magnetic fluid to the patient’s body.

Liebault and Bernheim introduced Mesmerism in the Nancy school, France. Jean Martin Charcot was a French Neurologist who used hypnosis to treat hysterical patients. In 1885 Charcot introduced Freud to hypnosis. Freud began developing his own theory of psychoanalysis under Charcot’s influence. Josef Breuer introduced Freud to Cathartic method of treatment of hysteria.

Freud emphasised on unconscious drives. He used the term Psychoanalysis in three distinct ways: Firstly, it is a theory which describes the structure of the mind, the development of the personality, and psychopathology; secondly it is used as a technique to treat psychological difficulties; and thirdly it is a method of scientific investigation based on a clinical observation called case study.

Anna Freud (1895-1982) was especially instrumental in carrying on her father’s tradition, particularly in her pioneering work on defense mechanisms.

Carl Jung, viewed by Freud as his heir apparent, separated away from Freud’s inner circle. He had serious differences with Freud’s theory of drives. He agreed with the importance of the unconscious but condemned Freud for his
overemphasising the sexual and aggressive drives. Jung emphasised on collective unconscious which was consistent with Freud’s primitive universal fantasies. He laid emphasis on cultural symbols and believed that humans inherited a desire for higher religious fulfillment and self development.

Alfred Adler was the first disciple of Freud to disagree with the master. He developed individual psychology and emphasised on societal pressures which shape the personality and believed that behaviour is motivated by need to be superior.

Karen Horney disagreed with Freud’s premise that women have penis envy rather felt that men on the other hand envied women. She believed that the basic anxiety results from disturbances in parent child relationships and in attempting to deal with basic anxiety, individuals develop a characteristic social orientation (dependent, submissive, inflated self concept, avoidant etc.).

Erik Erikson agreed with Freud that development occurred in stages but emphasised social as opposed to sexual development. He described that development occurs across the lifespan and believed that ego is relatively powerful part of personality that functions to establish and maintain a sense of identity (ego psychology).

Carl Rogers Client Centered therapy’s core focus is on analyst’s patient, empathetic, uncritical and receptive approach.

Otto Rank, a devoted follower of Freud, rejected theories of Oedipus complex. He related all neurotic anxieties to birth trauma. The central part of his theory was separation anxiety and believed that all forms of separation reactivated the primal anxiety of birth trauma.

Sándor Ferenczi, a close colleague of Freud’s, is known as one of the most daring experimenters of the early psychoanalysts. He anticipated the humanistic movement in psychotherapy by emphasising that the analyst could not be a mere detached observer. He felt that the analyst must have an attitude of genuine caring in order to assist the patient’s healing caused by past abuse and the analyst cannot be in the position of an authority because it creates a hierarchal relationship between the analyst and client.

He experimented with a technique called “mutual analysis,” where he and the patient would take turns lying on the couch and free-associating but this technique did not work out.

Melanie Klein’s work is an extension of Freud’s work, but also a transformation of Freud’s original insights through her unique interpretive perspectives. Klein was also profoundly influenced by Sandor Ferenczi, her own psychoanalyst. Working with children, Klein felt she had observed processes in pre-Oedipal children that were very similar to oedipal conflicts in older children. Throughout her career, she attempted to theoretically justify these observations.

In turn, Klein and her followers applied her practice and theory to work with psychotic adult patients. Klein’s technique, in all cases, involved a method of using “deep” interpretations which she felt communicated directly to the unconscious of the client, thus by-passing ego defenses. The term “object relations” ultimately derived from Klein, since she felt that the infant introjects the ‘whole’ other with the onset of the depressive position during the ontogenesis of the self.
As a therapy, psychoanalysis is based on the concept that individuals are unaware of the many factors that cause their behaviour and emotions. These unconscious factors have the potential to produce unhappiness, which in turn is expressed through a score of distinguishable symptoms, including disturbing personality traits, difficulty in relating to others, or disturbances in self-esteem or general disposition (American Psychoanalytic Association, 1998).

### 1.3.3 The Work of a Psychoanalyst

- The psychoanalyst basically helps the person to tell his or her story by establishing a solid working alliance with the client.
- He gathers background information and history and then selects the problem or issue to be worked on.
- He tries to explore the precipitating events and deals with resistance shown by client.
- He then collaborates with the client to form a diagnosis and treatment plan and increase the client’s awareness regarding defensiveness.
- The psychoanalytic process helps in exploring the client’s transference and monitors the therapist’s counter transference.
- Psychoanalyst helps in examining how the past is impacting the present.
- The psychoanalyst helps the client to behave more effectively.
- He provides feedback and confronts discrepancies, negotiates with the client regarding homework assignments.
- The psychoanalyst reminds the client of the termination date and end therapy as agreed upon with the client.
- The psychoanalyst schedules follow-up too as needed.

### 1.3.4 Goal of Psychoanalysis

The goal of psychoanalysis varies according to the client, but they focus mainly on personal adjustment, usually inducing a reorganisation of internal forces within the person.

**The primary goal** in most cases is to help client in achieving insight which can consciously make them aware of the psychodynamics that underlie their problems. This awareness helps the clients to make adjustment to their current life situations. People repeatedly encounter and deal with repressed emotions, motives and conflicts.

**The second major goal** is to help client work through a developmental stage, not resolved in primary goal. If accomplished, clients become unstuck and are able to live more productively.

**The final goal** is to help clients cope with the demands of the society in which they live.

The goal of psychoanalysis is to enable the person to deal with the unconscious urges in a realistic and mature manner. But the question arises how to penetrate the unconscious mind.
The ways to penetrate take on a variety of forms varying from practitioner to practitioner. Freud suggested certain methods to achieve the aim or goal of psychoanalysis. Some of these methods include the following:

- Free association
- dreams or fantasies

clients can learn how to interpret deeply buried memories or experiences that may be causing them distress.

### 1.4 TECHNIQUES IN PSYCHOANALYSIS

The six basic techniques of psychoanalytic therapy are:

1) Maintaining the Analytic Framework,
2) Free Association,
3) Dream Analysis,
4) Interpretation,
5) Analysis of Resistance,
6) Analysis of Transference.

Each of the above is being discussed in detail below

#### 1.4.1 Maintaining the Analytic Framework

This refers to a whole range of procedural and stylistic factors such as the analyst’s relative anonymity, the regularity and consistency of meetings and in time conclusion of the sessions. The psychoanalytic process stresses upon to maintain a particular framework to accomplish the therapy’s goal. The consistent framework itself works as a therapeutic factor.

#### 1.4.2 Free Association

Freud and subsequent psychoanalysts widely used this technique as they considered that it provides important clues to the workings of the unconscious mind. They believed that mental events are meaningfully associated with one another and those clues to the contents of the unconscious can be found in the ongoing stream of thoughts, memories, images and feelings that we experience. It consists of the individual lying on a couch in a partly darkened room producing an uncensored, non-calculated account of what they are thinking and feeling during the session.

The nature of responses made during a free association session indicate the concerns and preoccupations of a person’s unconscious as there is no censorship by the conscious mind, the Ego. Client reports immediately without censoring any feelings or thoughts. The client is encouraged to relax and freely recall childhood memories or emotional experiences. In this way, unconscious material enters the conscious mind, and the counselor interprets it. At times clients resist free association by blocking their thoughts or denying their importance. Psychoanalysts make the most of these moments by attempting to help clients work through their resistance.

#### 1.4.3 Dream Analysis

Dream analysis is a particular tool of the psychoanalytic school of thought proposed by Freud and Jung, and is considered as the first scientific approach to the study
of dreams. It gives an important set of clues to the unconscious mind, because dreaming is thought to express levels of unconscious wish fulfillment expressive of the individual’s deepest conflicts and desires.

Freud was of the opinion that we can give expressions to our desires and impulses that we are unable to express during our waking hours because they are unacceptable by the society. Thus we can gratify illicit sexual desires and thoughts which we generally repress during the day. In this clients report dreams to counselor on regular basis.

Freud believed that dreams were a main avenue to understanding the unconscious. He reported that in this way he gained important insight into the causes of client’s problems. But Freud did not provide any specific and clear rule to interpret dreams and there was no way of determining whether that interpretation is right or wrong.

Counselor uses the free association and other techniques to bring unconscious material to the conscious. Clients are encouraged to remember dreams. The counselor analyses two aspects, viz., the manifest content and the other latent content.

### 1.4.4 Interpretation

Interpretation should consider part of all above mentioned techniques. It consists of the analyst’s pointing out, explaining and teaching the client the meanings of behaviour that is manifested in dreams, free associations, and resistances. When interpreting, the counselor helps the client to understand the meaning of the past and present personal events.

Interpretation is grounded in therapist’s assessment of the client’s personality and of the factors in the client’s past that contributed to his difficulties. Counselor points out, explains, and teaches the meanings of whatever is revealed. The therapist must be guided by a sense of client’s readiness to consider it and it should be well timed.

Counselors must carefully time the use of interpretation for better understanding of unconscious influences and impulses. A general rule is that interpretation should be presented when the phenomena to be interpreted is close to conscious awareness.

Another rule is that interpretation should always start from the surface and go only as deep as the client is able to go. Also it is best to point out a resistance before interpreting the conflict that lies beneath it.

### 1.4.5 Analysis and Interpretation of Resistance

Anything which works against the progress of therapy and prevents the client to produce unconscious material is called Resistance. The client shows reluctance to bring unconscious material at the level of awareness. Freud viewed resistance as an unconscious dynamic that people used to defend against the anxiety and pain that would arise if they become aware of their repressed feelings. Resistance is a defense against anxiety that prevents clients and therapist from succeeding in their effort to gain insight into the dynamics of the unconscious. The therapist must respect the resistance of clients and assist them in working therapeutically with their defenses. If the therapist handles it properly it can be the most valuable tool to understand the client.
1.4.6 Analysis of Transference

Freud discovered and developed this psychoanalytic concept of transference which later on developed by many other analysts and professionals. The concept developed out of the inappropriate ending of a treatment. It is the client’s response to a counselor as if the counselor were some significant figure in the client’s past, usually a parent figure. Transference is a displacement of attitudes and feelings originally experienced in relationships with persons onto the analyst in the long past history of the patient.

It is a universal phenomenon. Patients are not aware at a conscious level of the displacement that has taken place. This allows the client to experience feelings that would otherwise be inaccessible. This is ambivalent in nature which can be positive (affectionate) as well as negative (hostile) towards the analyst. In positive transference, the patient has confidence in the doctor. If intense, the patient may over-idealise the doctor or develop sexual feelings toward the doctor. In negative transference, the patient may become resentful or angry toward the doctor if the patient’s desires and expectations are not realised. This may lead to noncompliance Counter transference.

These phenomena increase emotionality and may thus alter judgment and behaviour in patients’ relationships with their therapist (trans-ference) and therapist’ relationships with their patients (counter-transference).

1.4.7 Counter Transference

This is an analyst’s feelings that are thought to be related to what the patient is projecting onto the psychoanalyst. In this, feelings about a client and the reaction of the counselor towards the client who reminds the doctor of a close friend or relative may interfere with objectivity. The counselor encourages this transference and interprets positive or negative feelings expressed. Analysis of transference allows the client to achieve insight into the influence of the past. Analytically oriented therapists consider transference as the core of the therapeutic process as it aims in achieving awareness and personality change. It allows the clients to achieve insight into the influence of past on their present functioning and enables clients to work through old conflicts that are keeping them fixated and retarding their emotional growth. Through appropriate interpretation, clients become aware of their long standing inappropriate behaviours and gradually change some of them.

1.5 PSYCHODYNAMIC THERAPIES

Historically, psychodynamic therapies are based on the principles of psychoanalytic theory that mental disorders stem primarily from the kind of hidden conflicts first described by Freud. The term Psychoanalytic and psychodynamic have been used synonymously. Psychodynamic therapy or Psychoanalytic Psychotherapy is a general name for therapeutic approaches which try to get the patient to bring to the surface their true feelings, so that they can experience them and understand them. These therapies assume that the mental disorders occur because something has gone seriously wrong in the balance between these inner forces. These therapies assert that a person’s behaviour is affected by his or her unconscious mind and past experiences. Both psychotherapeutic approaches derive from a set of principles
Several different approaches to brief psychodynamic psychotherapy have evolved from psychoanalytic theory and have been clinically applied to a wide range of psychological disorders. There is a body of research that generally supports the efficacy of these approaches. Psychodynamic therapy is the oldest of the modern therapies. (Freud’s psychoanalysis is a specific form and subset of psychodynamic therapy.) As such, it is based in a highly developed and multifaceted theory of human development and interaction.

There are four major schools of psychoanalytic theory, each of which has influenced psychodynamic therapy. The four schools are:

- Freudian,
- Ego Psychology,
- Object Relations, and
- Self Psychology.

1.5.1 Freudian School

Freudian psychology is based on the theories first formulated by Sigmund Freud. It is sometimes referred to as the drive or structural model. The essence of Freud’s theory is that sexual and aggressive energies originating in the id or unconscious are modulated by the ego, which is a set of functions that moderates between the id and external reality. Defence mechanisms are constructions of the ego that operate to minimize pain and to maintain psychic equilibrium. The superego, formed during latency between age 5 and puberty, operates to control id drives through guilt.

1.5.2 Ego Psychology

Ego Psychology derives from Freudian psychology. It focuses upon enhancing and maintaining ego function in accordance with the demands of reality. Heinz Hartmann, the father of Ego Psychology, studied the ways in which the ego organises itself, adapts, and deploys ID drives. Ego Psychology stresses the individual’s capacity for defence, adaptation, and reality testing. Heinz Hartmann-leader of ego therapy. It focuses on the ego’s workings in creating defenses rather than focusing on the underlying id content. It engages the patient with less emphasis on uncovering hidden secrets but more on psychic structure-i.e. the relationships between the id, the ego, and superego (Mitchell and Black-1995)

1.5.3 Object Relations Psychology

Object Relations psychology was first articulated Melanie Klein, W.R.D. Fairbairn, D.W. Winnicott, and Harry Guntrip. According to this theory, human beings are always shaped in relation to the significant others surrounding them. Our struggles and goals in life focus on maintaining relations with others, while at the same time differentiating ourselves from others. The internal representations of self and others acquired in childhood are later played out in adult relations. Individuals repeat old object relationships in an effort to master them and become freed from them.
1.5.4 Self Psychology

Self Psychology, founded by Heinz Kohut, observed that the self refers to a person’s perception of his experience of his self, including the presence or lack of a sense of self-esteem. The self is perceived in relation to the establishment of boundaries and the differentiations of self from others (or the lack of boundaries and differentiations). Self Psychology emphasises empathy which is used to describe an intra-psychic process in the therapist by which an understanding of the patient, particularly an emotional understanding, a capacity to feel what the other is feeling, is enhanced.

Each of the four schools of psychoanalytic theory presents discrete theories of personality formation, psychopathology formation, and change; techniques by which to conduct therapy; and indications and contraindications for therapy.

Like Psychoanalysis, Psychodynamic Psychotherapy uses the basic assumption that everyone has an unconscious mind and that feelings held in the unconscious mind are often too painful to be faced. Thus we come up with defenses to protect us knowing about these painful feelings. Psychodynamic therapy assumes that these defenses have gone wrong and are causing more harm than good. It tries to unravel them, as once again, it is assumed that once you are aware of what is really going on in your mind the feelings will not be as painful. Several forms of therapy are based on these assumptions, but the most famous is Psychoanalysis developed by Freud.

1.6 DIFFERENCE BETWEEN PSYCHODYNAMIC THERAPY AND PSYCHOANALYSIS

Although similar to Psychoanalysis as it was derived from a similar background, Psychodynamic therapy is distinguished from psychoanalysis in several particulars, including the fact that psychodynamic therapy need not include all analytic techniques and is not conducted by psychoanalytically trained analysts. It tends to differ in the following ways:

**Psychoanalysis**

Focuses on repressed childhood conflicts, Id content, Ego activity.
- Brings conflict to conscious awareness to overcome neurosis.
- All adult problems can be traced back to childhood
- An Interaction of ego, superego, and id.
- Tends to affect a lot more of your personality.
- Conducted more frequently over a longer period of time.

**Psychodynamic**

- Less emphasis on sexual and aggressive drives.
- Less emphasis on unconscious information.
- More emphasis on past relationships.
- Offshoot of the psychoanalytic school.
- Interpretation is main tool.
- Mediator, a conscience and a devil.
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- Has more specific goal e.g. sorting out a phobia.
- Conducted over a shorter period of time with less frequency than psychoanalysis

1.7 LET US SUM UP

Psychotherapy is procedures in which persons with psychological problems and mental disorders interact with a trained psychotherapist who helps them change certain behaviours, thoughts and emotions so that they feel and function better. The outcome of psychotherapy depends upon the client, the therapist and the techniques used by the therapist. Many forms of psychotherapy exist, ranging from the techniques used by Freud through modern techniques base on learning and cognitions.

Psychoanalysis is a form of psychotherapy focuses on helping individuals gain insight into their hidden inner conflicts and repressed wishes. The goal of Freudian psychoanalysis is to achieve insight into the unconscious dynamics that underlie their behaviour disorders so that they can deal adaptively with their current environment. The chief means for promoting insight is the interpretation of the client’s free associations, dream content, resistance and transference reactions. Psychodynamic therapists view maladaptive behaviours as symptoms of an underlying conflict that needs to be resolved if behaviour is to be changed.

1.8 UNIT END QUESTIONS

1) What is Psychotherapy? What are its essentials?
2) What is Psychoanalysis? Discuss the phases in its evolution.
3) Discuss the role of Dream analysis in Psychoanalysis.
4) Explain the techniques used by Psychoanalysts.
5) What are Psychodynamic therapies? How are they different from Psychoanalysis?
6) Discuss the schools of psychoanalysis which have influenced Psychodynamics.

1.9 SUGGESTED READINGS


References


Marty Sapp (2009): Psychodynamic, Affective, and Behavioural Theories to Psychotherapy. Charles C Thomas – Publisher LTD.
