UNIT 4: THEORETICAL APPROACHES TO COUNSELLING AND RELATED THERAPIES I: PSYCHODYNAMIC APPROACH*

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4.1 LEARNING OBJECTIVES

After studying this Unit, you would be able to:

- *Explain psychoanalytical approach to Counselling/therapy;*
- *Describe the goals and techniques of psychoanalysis;*
- *Understand the role of counselor/therapist in psychoanalytically oriented psychotherapy;*
- *Explain insight therapy and its' goals; and*
- *Describe the evaluation of insight therapies including psychoanalytical approaches.*

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4.2 INTRODUCTION

Psychodynamic approach to counselling has its roots in the classical psychoanalysis of Sigmund Freud. In fact counselling as a discipline owes a lot to the ideas and techniques of Freud. In this unit we shall discuss those counselling theories that have retained some of the defining features of the psychoanalytic tradition. Hence they all are grouped under the umbrella term *Psychodynamic approach.* These theories share the following psychoanalytical thinking:

- Belief in unconscious and psychic determinism (thoughts, feelings and behavior of the individual is determined by unconscious motivation or childhood events).
- Behaviour is the result of the interplay of internal drives.
- Role of childhood experiences, especially the first five years, in determining one's personality and present life issues.
- Client's insight during therapy as the key internal mechanism for change to occur.
- Use of defense mechanisms by the ego to avoid feeling anxiety

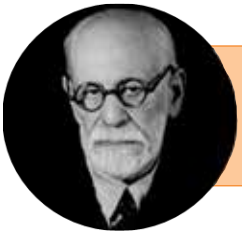
All these will be elaborated in the next section.

PSYCHODYNAMIC = PSYCHE + DYNAMIC

The term psychodynamic is a combination of *psyche* (soul translated as mind, spirit, or self) and dynamic (referring to the idea of forces, often moving in different and opposing directions)

Thus the psychodynamic approach is based on the concept of conflicting forces - inner drives, wishes, memories, and ideas – which interact within the psyche and are largely unconscious. The various theories that come under the approach differ in terms of the emphasis they lay on Freud's original ideas and techniques. However, in therapeutic practice they are quite similar. In this unit we shall study psychoanalysis proper or classical psychoanalysis, psychoanalytically oriented psychotherapy and insight therapy.

The psychodynamic therapies can be conceptually seen as existing along a continuum, with the most insight-oriented, exploratory and expressive on one end and the most supportive type at the other end of the continuum. At the expressive end of the continuum, lies psychoanalysis, with its focus on concealed meanings, past experiences and the relationship between the therapist and client, followed by analytically oriented psychotherapy. At the supportive end of the continuum, aimed at treating severe problems, the therapist provides more support and focuses on healthy adjustment and coping mechanisms.



Sigmund Freud was a student of neurology and spent 6 years dissecting brains of frogs to study them before he became the father of psychoanalysis

"The interpretation of dreams is the royal road to a knowledge of the unconscious activities of the mind".

4.3 PSYCHOANALYSIS

Psychoanalysis broadly refers to three things: a) a model of human and personality development, b) a theory of personality and human nature and c) a form of psychotherapy. In the present unit we shall be using it in the third sense. Developed in the 1890s by Austrian neurologist Sigmund Freud, psychoanalysis can be seen as a set of therapeutic techniques that help an individual release pent-up emotions or repressed thoughts, feelings and memories. Freud's theory was based on his observations and careful study of his own patients (cases). His interest in the role of the unconscious in influencing human behaviour was a result of the intriguing case of 'Anna O', who experienced physical symptoms like visual disturbances, speech problems, and partial paralysis without any apparent physical cause. It was only when she was able to recall memories of traumatic experiences in childhood that she had repressed (blocked), that her symptoms subsided. Her case was published in a book 'Studies in Hysteria' (1895) by Sigmund Freud and Josef Breuer. Breuer was Freud's colleague who was actually treating Anna O. It was Breuer who relayed the case to Freud. On the basis of this case Freud hypothesised that childhood sexual abuse or repressed sexuality was the basis of hysteria (later on called as psychosomatic disorder).

4.3.1 Psychoanalytic Theoretical Principles

In order to understand psychoanalysis as a method of therapy, one needs to understand certain concepts.

Role of Unconscious and Psychic determinism:

According to Freud, individuals are unaware of a big portion of their psyche - which he called the *unconscious*. As can be seen from the diagram (Fig. 4.1) below, all three elements of a person's personality - Id, ego and superego - are at least partially submerged in the unconscious. Freud hypothesised that the *unconscious* was composed of all the emotions and desires that would *threaten* the wellbeing of an individual if they were to become conscious, e.g., past trauma and aggressive desires. It also contains the *most basic impulses* that are not expressed in society as directly anymore, for example, the desire to defend one's territory and kill others in doing so, which was necessary for our evolution but is no longer needed or desirable; and the desire to procreate, which in modern society has become a source of shame and guilt (particularly for some communities more than others). Finally, the unconscious also includes thoughts of self-harm and self-destruction.

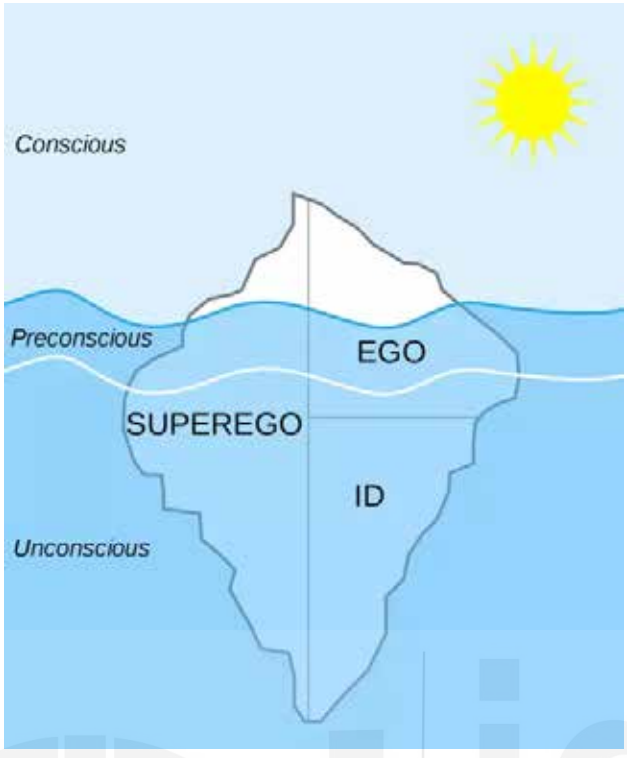


Figure 4.1: The Three Levels of Psyche given by Sigmund Freud

Source:https://commons.wikimedia.org/wiki/File:Diagram_of_Freud%27s_Psychoanalytic_Theory_of_Personality_.webp

Freud believed that the conscious mind put all these emotions, beliefs and tendencies out of the awareness to protect an individual. These thoughts were deemed unreasonable or unacceptable. And in order to protect oneself from these dangerous thoughts, Freud suggested that individuals used *defense mechanisms* which allowed these things to be stored in the unconscious without any conscious processing.

In this way, Freud suggested that human actions were a result of unconscious desires. This meant all the actions that we described as *"accidental"* were a result of unconscious desires and even actions we described as *"intentional"* actions towards our career goals, or helping our friends, were actually rooted in unconscious desires. This tendency to view behaviour as a result of something predetermined and not free choice is known as *determinism.* When it is believed that the unconscious determines one's behaviour, it becomes a subcategory of determinism known as *psychic determinism.* It proposes that there is an underlying psychological explanation for every emotion, thought, impulse, and behaviour (Sommers-Flanagan & Sommers-Flanagan, 2015, p.45), for instance, if you get angry at your colleague at workplace for no reason, may be he reminds you of your earlier boss who was very demanding and wanted perfection.

The Structure of Personality

Freud gave a tripartite theory of personality, that is, an individual's personality comprised of three distinct parts such as the Id, Ego and Superego.

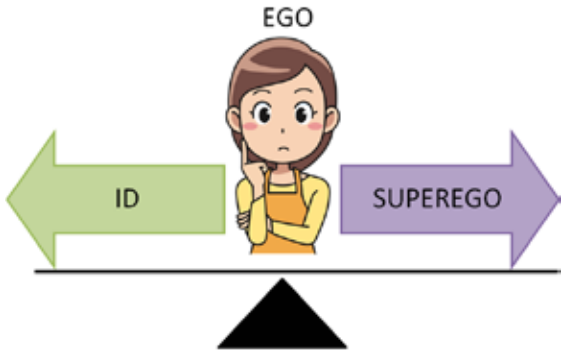


Figure 4.2: Freud's Tripartite Personality Theory

1) The Id

What it is: The id is the only component of personality, according to Freud, that is completely unconscious (as can be seen in the iceberg diagram above). It includes biological desires and contains two of the most basic urges of human beings: *aggression and sex*. Going back to our evolution, it becomes obvious why these two would be the most basic impulses. Aggression was labelled the death impulse *(Thanatos)* and sex was labelled the life impulse *(Eros)*. As the human being only needed to think of surviving and procreating during that time, we have all inherited these traits from our predecessors. However, in today's world, these impulses have either no or much less of a role. We hardly have to fight fellow human beings to survive anymore and procreation is something that has been shifted to the back burner and things like career, education and other activities have taken the front seat. While during the early days of our species, anyone who attained puberty would have to fight and procreate, now a child that age is considered a young student, who hasn't even graduated from class 12th.

What it wants: The id wants to fulfil all its desires and act on all the basic instincts. It wants the individual to act impulsively and take whatever she desires, without caring of anything or anybody else. The id does not care for the complicated cognitive processes that humans have developed since: like self-regulation, empathy and feelings of community. Whenever we fail to let the id express itself, we experience longing and intrusive thoughts (thoughts which occur when we are at work or immersed in something else and disrupt our attention).

What principle does it function on: The id functions on the *Pleasure Principle:* i.e., it would want to do anything that provides a person with momentary pleasure.

2) The Superego

What it is: This is the part of the personality that contains all our "shoulds". It contains our ideal self (what we *should* be and do) and our conscience (largely derived from what the society thinks we *should* be and do).

Going back to the iceberg diagram (Fig.4.1), you would see that the superego takes up the most space and is equally in the conscious and the unconscious areas of our psyche. This shows how expectations we have from ourselves and expectations that others have from us are *deep-seated* and therefore, when we act against these expectations, for example even when we oppose

our parents over something that is valid and important, we are punished by the superego in the form of feeling guilt and shame.

Unlike the id which is passed down to us from our forefathers and is present in us even as babies, the superego is acquired through our experiences. Children develop the superego by the ages of 3-5 years. As this superego is not a need, but an internal representation of external values, interaction with other humans and society becomes important to develop it.

What it wants: It wants individuals to be good boys or good girls in the eyes of society, follow the moral values. Whatever image that we create of the perfect version of ourselves also comes into play here. When the superego does not get its way, we experience emotions of shame and guilt (as discussed above) but also feelings of being dirty, less-than, etc., all of which make us want to behave in accordance with the wishes of the superego.

What principle does it function on: The superego functions on the principle of *Morality.*

3) The Ego

What it is: The ego is that part of the personality that is situated mostly in the conscious and preconscious area of the iceberg. It is the part of our personality that is visible to other people. It operates in the real world, within an objective reality. Its function is to sustain a person on the basis of this reality (as opposed to surviving on impulses or ideals).

The ego serves as a middle man between the id's desires and super ego's demands to channel a personality that balances the extremes and tries to achieve pleasure and resist pain. This makes the ego the *decision making component* of the personality. The strength of a person's ego determines their mental health. Since ego is the part of the personality that tames the id and avoids pain while keeping social demands in mind, if the ego becomes weak, the personality can become extremely impulsive or extremely fearful of society. In this way, a healthy ego is a marker of good mental health.

What it wants: The ego aims to provide a compromise between the other two extremes of the personality. Sometimes the metaphor of the horse and horse rider is given to understand the relationship between id and ego. The id is an untamed horse and the ego is the horse rider who tames it. In this metaphor two things can be noted about Freud's concept of ego, one, both the id and ego seek pleasure, though in separate ways; and second, the horse (id) is stronger in might as compared to the rider (ego). Freud believed that the ego seeks pleasure and avoids pain. As opposed to the id which wants pleasure without regard to the society's rules, the ego tries to look for ways to obtain pleasure through socially sanctioned ways. Also unlike the id, the ego uses all higher order thinking methods to obtain its goals and calculate the best way to attain pleasure.

What principle does it function on: The ego functions on the basis of the *Reality principle*.

According to Freud, ***anxiety*** is a result of intrapsychic conflict. When the three components of personality begin fighting for domination, anxiety is born. He described three types of anxieties based on the components which is dominating the fight:

- When the superego begins dominating the ego with demands , the individual fears violating his morals and virtues. This is called *moral anxiety.*
- When the urges of the id grow so intense the the the individual begins fearing the loss of control over his/her urges, it is called *neurotic anxiety*.
- Anxiety based on real-world events where the cause can be pointed out easily (like a snake or earthquake) is known as *reality anxiety*.

Defence Mechanisms

The ego makes use of different defenses to protect itself from being overwhelmed due to these different anxieties. They are called defence mechanisms or ego defenses. They are strategies that are unconsciously used to ward off anxiety arising from unacceptable thoughts or feelings.

Some of the ego defense mechanisms are presented below.

1) **Repression:** This is the principal defense mechanism where the ego *unconsciously* pushes the painful, troubling or threatening thoughts, experiences, events into the unconscious. A lot of survivors of childhood abuse tend to forget the details of the abuse. This has not happened because they *wanted* to forget, but because the psyche couldn't go on functioning with the memories of trauma continuing to remain in conscious memory.
2) **Regression:** During stressful times we go back to behaving in ways as we did as a child, e.g., reverting to thumb sucking when in a stressful situation.
3) **Suppression:** When the ego *consciously* tries to push experiences into the unconscious, it is known as suppression. An example of this would be trying to forget being scolded in a class.
4) **Displacement:** When the impulse is satisfied by substituting the object. For example, a woman who is upset with her mother-in-law might show her anger on her child.
5) **Denial:** Overwhelming situations are blocked by the ego from awareness. For example, believing that COVID-19 is a hoax or showing unwillingness to take vaccination for it.
6) **Intellectualization:** This defense mechanism uses intellectual components to distance painful emotions related to an event. Its aim is to relieve anxiety that is attached to a particular event. An example of this would be telling oneself that a loved one who has passed away has gone to a better place, and is no longer sick and in pain. In this way, sense can be made of a loved one's death, without it causing a psychological breakdown.
7) **Rationalization:** When an individual uses logic to explain his or her mistakes away, it is called rationalization. It absolves an individual of accountability, e.g., saying "he was the one who hit me first" as a way to justify physical violence.
8) **Reaction formation:** When the ego cannot accept the unconscious desires and beliefs, it transforms the individual to act in a way which is completely opposite of those very thoughts and beliefs.

9) **Sublimation:** Freud believed this was a defence mechanism which was not only accepted, but celebrated by society. Sublimation is when an individual can express one's basal needs (sex and aggression) in another form. He believed all forms of arts and sports were sublimation.

10) **Projection:** This defence mechanism was an addition made by Freud's daughter, Anna Freud. She believed that individuals tend to attribute their own unacceptable motives, emotions and feelings onto others. For instance, if an individual feels attracted to his cousin, the superego would forbid such an attraction and this individual would settle it by believing that actually it's the cousin who's attracted to him.

4.3.2 Goal of Psychoanalysis

The overarching goal of psychoanalysis is to make the unconscious conscious. Thus resolution of problems lies in the understanding and resolution of unconscious conflicts, strengthening of the ego, reducing the intensity of instinctual strivings as well as superego's demands and facilitating insight into one's unconscious. This results in enhancement of client's coping and adjustment to life.

The mechanism through which these goals are attained is called *insight.* Insight has been defined as the self-realization or self-knowledge that occurs when the client gets in touch with their unconscious mind and is able to connect past experiences and conflicts with the present problems and behaviour.

The insight into the unconscious dynamics leads to the reorganization of personality. This self-understanding is brought about through the analysis of childhood experiences, significant past relationships, and interpretation of the unconscious material brought forth in therapy.

In psychoanalysis, analysts are more likely to allow the full exploration of unconscious and early childhood development as compared to what psychoanalytically oriented counsellors do.

Role of a classical psychoanalyst is that of an expert, detached and distanced. Neutrality and abstinence are the two central stances adopted by a classical analyst. Neutrality fosters a "blank-screen" approach with little self-disclosure and affective expression. This is regarded as essential to promote projections of clients on to the therapist (a process termed transference, which we will study under the section on techniques). Analyst's subjective experiences and reactions to the client are considered to contaminate the therapeutic process. Therefore the analyst is expected to adhere to the rule of abstinence - that is avoiding expression of affection, advice or displaying too much of their own issues.

This in no way implies that the analyst is aloof or non-caring. Rather, the analyst is deeply involved in understanding the client's inner world and listens attentively to all that the client is saying or not saying.

The therapist's main task is that of interpretation – interpretation of the unconscious material shared by the client during therapy.

It is important to note that such an objective neutral stance of a therapist characterized classical psychoanalysis. Contemporary variations have

moved toward a more active stance, where the analyst doesn't ignore his/her subjective experiences and reactions. They rely on their feelings to understand and empathize with the feelings of the client, a process that is called counter-transference.

A primary ***requirement for a client seeking psychoanalysis*** is the readiness to commit to an exhaustive long term therapy (2-4 times per week for 3-6 years). Another requirement from the client is adherence to the fundamental rule, i.e., speaking freely whatever comes to their mind without any kind of censorship. Usually, the analysis is conducted with the client lying on a couch and the analyst sitting in a chair behind him/her. This enables the client to deeply reflect and speak without much interference. This is necessary since all that the client shares becomes the material for interpretation.

The therapy eventually is able to answer some of the client's why questions, as the client gains insight into the workings of the unconscious (Why a particular symptom occurs? Why does the client feel a certain way? What patterns are repeating in the client's life?)

4.3.3 Techniques in Psychoanalysis

Psychoanalysis is a technique driven approach to therapy unlike other approaches such as the person centred approach. These techniques are used by the psychoanalyst in the safe environment of a clinic or an office. Clients are asked to lie down on a comfortable couch and to face away from the therapist so as to reduce any inhibition or intrusion by the presence of the therapist.

Interpretation*:*

Interpretation is the key technique in psychoanalysis, as it is a part of all the techniques that we shall discuss below. It comprises the explanations provided by the analyst to the client with respect to his/her behavior, based on the theory of psychoanalysis. The analyst helps the client understand the meaning of past and present behaviours, their symptoms, conflicts, emotions and other experiences in the light of repressed id's irrational impulses, defense mechanisms and resistances of the ego, the punitives of the super ego, role of parents and caregivers, emotional challenges while growing up, underlying motives etc.

It is the means by which the material that is repressed in the unconscious is brought forth into the client's consciousness. Dreams, free association, resistances, therapeutic relationship (transference) serve as the sources of material for interpretation.

Interpretation serves an important function, i.e., it allows the ego to integrate new understanding and insights (into awareness) and expedites the uncovering of the unconscious mind. Thus the life energy that was used up in repression and other defenses becomes free for healthy use.

Interpretations need to be timed appropriately as per the readiness of the client. If the client is not in a position to listen to, tolerate, incorporate or work with the interpretations, change is not likely. The analyst should also base the interpretation on sufficient material shared by the client, and avoid premature conclusions. Offering partial interpretations over a number of

sessions throwing light on the unconscious working of the client's mind can also be done.

Free Association:

In free association clients are encouraged to be relaxed and speak whatever comes to mind, without applying any kind of reasoning. At times they are also asked to recall childhood memories or difficult emotional experiences. The key is to suspend all kinds of rational judgment, self-criticism and censorship. The therapist provides reassurance that everything the client is speaking is relevant.

The assumption is that when free association flows spontaneously, the repressed material buried in the unconscious gets released. In the typical psychoanalytical parlance, it is the id that speaks, and the ego is silent, thus the repressions are lifted to some extent. It often results in catharsis (release of intense emotions). Free association also forms the basis of dream interpretation.

The analyst listens carefully to unravel the hidden meaning, with the assumption that everything the client speaks is relevant and reveals the unconscious. Special attention is given to any kind of resistance that client shows during free association like blocking thoughts, silence etc. and is interpreted. Resistance is the reaction by the ego to any anxiety arousing repressed material (thoughts, conflicts, wishes, memories) that might come up in free association. The task of the analyst is to identify the repressed material and see connections between events.

Resistance:

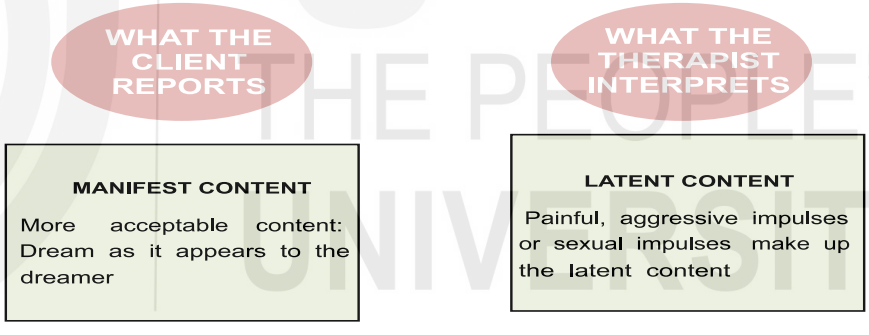
Any change process is met with inhibitory forces. So is therapeutic change, which is often met by resistance on part of the client. It is anything that works against the progress of therapy and stops the client from generating previously unconscious material. It is a kind of reluctance to reveal, that gets manifested in diverse behaviors. Side-tracking the discussion, refusing to recall dreams or childhood memories, changing the subject of discussion, irrelevant small talk, missing appointments with a therapist, coming late for therapy or postponing sessions, not paying fees, forgetting to do what was agreed upon in therapy are all interpreted as resistance.

The analyst deals with resistance immediately. Client might or might not be aware of the resistance in him/her. However, the reasons for resistance are largely unconscious. They are basically defenses against the unbearable anxiety or pain that would result when the client becomes aware of the unpleasant repressed thoughts, feelings, impulses, memories etc during the course of therapy. This is repression resistance. Resentment could also set in when the analyst does not cater to the client's unreasonable and unrealistic expectations, resulting in what is called transference resistance. Some resistance stems from the unwillingness to forego the secondary gains (like getting attention, avoiding responsibilities) from illness. Resistance comes from the id too, as the therapy puts a stop to the need gratification that was happening through symptoms or changes the direction/object of need satisfaction. When a sense of guilt for getting better or a sense of deserving punishment in the form of illness arises in the client, it is resistance of the super-ego.

Dream Interpretation:

In psychoanalysis, dreams are considered as the "royal road to the unconscious". It is because dreams are regarded as disguised forms of unconscious material. All the traumatic, unacceptable, painful experiences, conflicts, motivations and emotions are buried deep within the unconscious. Dreams are symbolic expressions of these. They are a compromise formation (the process by which ideas, memories or wishes that are repressed become safe for expression). The expression is not direct but disguised, as direct expression would be too painful for the ego. Thus dreams could fulfill desires, wishes, fears or needs which were too threatening for the individual to fulfill directly in reality. For example, sexual desires in childhood are often repressed. The ego defenses are weakened during sleep and hence repression is lifted, and the unconscious materials take the form of dreams. Dreams have both conscious as well as unconscious elements. The conscious elements results in those aspects of dream which relates to our real life and appears familiar. While the unconscious element looks unfamiliar and often bizarre.

Content of dreams has been divided into two: latent content and manifest content. Latent content consists of all the hidden aspects of the unconscious finding expression in symbolic language, the true meaning of which has to be interpreted. M**anifest content** consists of all the observable, conscious aspects of dreams that the dreamer sees with apparent meaning.



In interpreting dreams, the client is encouraged to free-associate to the various aspects of the dream and to recall feelings associated with parts of the dream. The client free associates with the manifest content, while the analyst derives the underlying hidden meaning (latent content). While the client is engaged in exploration of the dream through free association, the therapist/analyst looks through their associations to look for links and patterns. The interpretation offered by the therapist helps clients become aware of the repressed aspects of their life, thus getting new insights into their problems.

Transference and interpretation of transference

This technique deals with the relationship between the client and the therapist/analyst. Transference occurs when clients redirect onto the counsellor their emotional response to a past significant relationship, often unconsciously. In the context of therapy, it is the client's emotional response to the counselor as he/she did to some significant other in childhood like

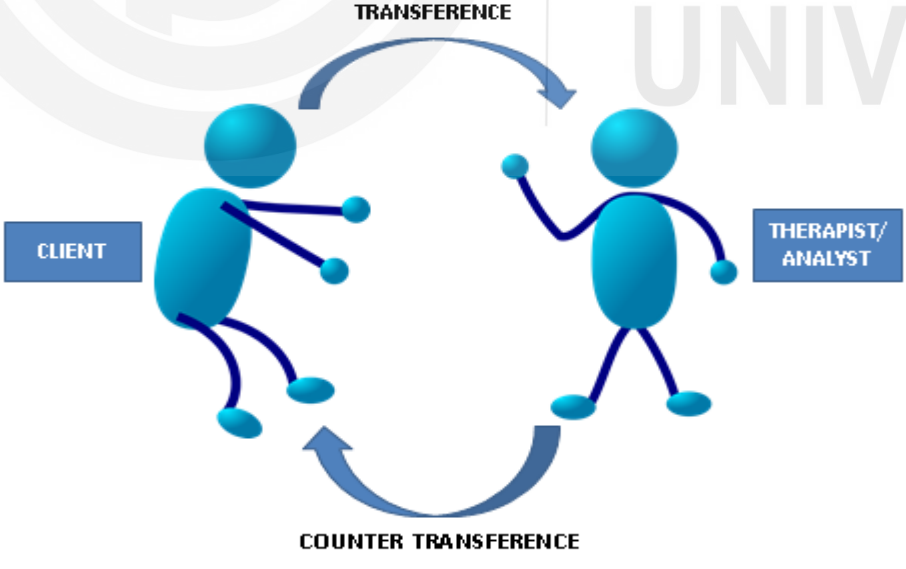
father, mother or sibling. Transference feelings are not based on real relations between client and the therapist; it operates on an unconscious level. It is the reproduction of past relational patterns in the present context with the therapist. Transference is cathartic, as it gives the client an opportunity to re-experience inaccessible feelings and emotions that were repressed in the past.

Transference could be positive or negative. When the client projects positive emotions like love and respect, onto the therapist, it is positive transference. When the client projects negative emotions like anger and frustration, it is negative transference.

Transference is an extremely valuable aspect of psychoanalytic treatment. It gives deep insights into how the past relationships of the client are influencing their present functioning. Depending on the kind of past relationship that is being replayed with the therapist, transference could be paternal, maternal etc.

- Paternal transference occurs when the client looks to the therapist as father or idealized father figure who is supposed to be wise, authoritative, controlling or powerful.
- Maternal transference occurs when the therapist is perceived as a mother or an idealized mother figure who is expected to be comforting, loving, nurturing.

Therapists/analysts are trained to look through the transference reaction and not react to them. If the therapist does not understand the reasons for the feelings that the client has towards them, and starts reacting to them, therapy could be hindered, e.g., if the analyst gets flattered on receiving love or admiration from the client and starts responding to the client based on the same. Supervision of counsellors is must in this regard.



This brings us to another technique, not so much used by classical psychoanalysts, but by other modern psychodynamic therapists. It is called **counter transference.** It is the therapist's emotional response to the client. It can also be seen as therapist's transfer of feelings from the past into the present relation with the client.

Countertransference reactions induced in the therapist can also be utilized to understand the clients' issues better, thereby helping the client achieve deeper understanding of his problems.

In this context, objectivity on the part of the therapist in responding to the client is required, so that therapists personal issues do not influence their reactions to clients. For example, a therapist might see the client as a helpless victim because of his/her need to control and end up overprotecting the client. Overprotecting the client could hamper clients' autonomy in therapy. Hence the therapist can take supervision to examine counter-transference. Objective counter transference is used to understand the feelings that the client is unconsciously communicating.

4.3.4 Evaluation of Psychoanalysis as Therapy

The fact that psychoanalysis is still practiced today after over a century of being first advocated proves its merit. The theory has been developed, updated and has inspired many other forms of therapy. Concepts like transference, defense mechanisms, resistance, dreams are utilised in other therapeutic approaches as well. The approach provides support for a number of diagnostic instruments like Thematic Apperception Test, Rorschach Inkblot tests and other projective tests and techniques. It was the first theory that affirmed childhood sexuality and inspired a lot of research.

However, psychoanalysis continues to be one of the most controversial approaches to psychotherapy. Some significant criticisms of psychoanalysis are listed below.

- It is an intensive form of therapy that is expensive and long. Hence, it is not preferred by individuals preferring a brief, problem-focused or economical approach to therapy.
- In traditional psychoanalysis, the anonymous and detached stance of the therapist creates a sense of aloofness and distance which can be difficult for some people to accept
- The therapeutic approach is available mostly in urban areas, limited to educated, middle to upper-class clients and also clients who have enough ego strength to engage in self exploration or work through conflicts. Thus it is not suitable for psychotic or disoriented clients.
- It is not useful for older clients or people who have memory lapses.
- It is not very effective for clients in crisis or bereavement.
- Thorough rigorous training required for the counselor, which is costly, time consuming and requires emotional commitment of the practitioners (mandatory personal therapy of considerable duration).
- The approach is highly deterministic in nature and ignores the impact of cultural and social factors.
- Many of the hypotheses or assumptions of psychoanalytic theory cannot be tested by empirical means, or the concepts are difficult to define. This makes empirical research difficult.

Despite these criticisms, research has found credibility in Freud's therapy. Fisher and Greenberg (1977) did a synthesis of 2000 individual studies on psychoanalysis and found support for its efficacy.

To make it more responsive to the needs of managed care and brief therapies, shorter versions of psychodynamic therapy are being developed. Psychoanalytic oriented psychotherapy is one such version. It focuses on specific problem areas, the treatment is more individually designed and the therapist plays a more active role in interpreting.

Self Assessment Questions 1

Choose the correct answers for the following questions.

1) The primary aim of analysis of transference is:
   A) increase client's insight into themselves
   B) increase client's insight into how they relate to others
   C) Increase client's insight into their dreams
   D) Reduce the intrapsychic conflict of the client

2) The defense mechanism that pushes our unwanted thoughts and feelings into the unconscious and out of our awareness is called
   A) Regression
   B) Rationalization
   C) Repression
   D) Projection

3) Lata is an adult *client with depression and suicidal ideation. During one session, Lata began to speak in a little girl's voice and style. What defense mechanism is she engaging in?*
   A) Regression
   B) Reaction formation
   C) Projection
   D) Repression

4) According to Freud what are the two major components of dream?
   A) manifest content, presenting content
   B) latent content, dynamic content
   C) latent content, presenting content
   D) latent content, manifest content

5) Which part of personality functions as the conscience?
   A) Ego
   B) Id
   C) Preconscious
   D) Superego

Psychoanalytical school of thought underwent many changes. While most changes were a collective work of multiple psychologists across the globe and across generations, her a few important contributors relevant to the discipline of counselling and psychotherapy

Carl G. Jung (pronounced "Yoong") added the concept of a ***collective unconscious*** to the field of psychoanalysis, believing that our unconscious is not just made of our personal thoughts but of all unconscious thoughts of our predecessors. He also explored religious and spiritual nature behind human behaviour. His niche of psychoanalysis is Known as analytical psychology

Erik H. Eridson added social dimensions to psychoanalysis and gave a psycho-social theory of development. He expanded psychological growth to cover the entire life span and famously coined the term "***Identity crisis***"

Anna Freud, Daughter of Sigmund Freud, added to the field the importance of a healthy ego. Anna focussed on the development of both, a healthy and a pathological ego and her contributions are called ***"ego psychology***". She also pioneered an approach to child psychoanalysis

Karen Horney (pronounced "Horn-eye") was a voice of ***Feminism*** in the field of psychoanalysis, and she questioned many of Freud' theoretical suppositions built on a bedrock of patriarchy. Her contribution to the field was ***the theory of neurosis***, which examined the role that parental indifference played in the disorder

Otto Kernberg, developed ***transference focussed psychotherapy,*** specifically for the treatment of borderline personality disorder. He is an influential contemporary figure in this field. Listen to his lecture on psychoanalysis provided in the "web resources" section of this chapter.

4.4 PSYCHOANALYTICALLY ORIENTED PSYCHOTHERAPY

To put it simply, psychoanalytically oriented therapy can be regarded as a milder form of or low intensity psychoanalysis. The reason for the same is the flexibility in approach that a psychoanalytically oriented therapist takes, unlike a classical analyst. One of the prominent reasons for its development is practical considerations. As we have seen, psychoanalysis as a therapy is not very popular, as clients find it extremely intensive, long (lasting for several years) and expensive. Psychoanalytically oriented psychotherapy aims to widen the accessibility of the theory and practice of psychoanalysis to a greater number of people and also to a wide variety of problems.

The number of sessions usually ranges from 1 to 2 times a week in contrast to 3 to 5 times a week in psychoanalysis. Therapy could last from a few

months to years. The patient usually sits up in the treatment in contrast to lying on the couch as in classical psychoanalysis.

It is the contemporary approach utilizing modified psychoanalysis. It is brief and time-limited, and therefore not as intensive as psychoanalysis proper. The therapeutic relationship is more interactive and more emphasis is placed on the ego functioning as compared to id. More focus is on current problems rather than early childhood experiences.

Psychoanalytic psychotherapy is widely practiced and is quite successful in treating a wide range of conditions like emotional problems. It is also sought by individuals who would benefit from psychoanalytic treatment but cannot make either the financial or time commitment to psychoanalysis.

Psychoanalytic psychotherapy has limited problem-focus as compared to psychoanalysis proper. It focuses on core issues of the client's life and personality. Greater emphasis is on helping the client deal with real life problems, through the exploration of the intrapsychic factors.

The **goal** of psychoanalytic psychotherapy is to help the client explore their internal life and create a capacity for self-reflexivity. Psychoanalytic psychotherapy creates in client awareness and reflection, which results in on-going symptom reduction and resilience.

The outcome is a healthy re-synthesis of the personality and a reorganization of the psychic forces (forces emanating from id, ego and super-ego). The ego is strengthened so that it can be less defensive, face external reality better and master inner tensions.

The above mentioned goals are attained through the creative process of interpretive dialogue between the therapist and the client, in which each contributes to discovering how the client thinks, feels and behaves. The **techniques** used in psychoanalytic psychotherapy are the same as in psychoanalysis that we have covered earlier in detail. Interpretation is the key and there is reduced emphasis on free association. It relies strongly on transference interpretation. However, the frequency of sessions is lower as compared to classical psychoanalysis.

Strupp (1955) states that psychoanalytically oriented therapists use a variety of techniques, preferring exploration but also using passive acceptance, structuring, interpretation, and reassurance among others. They make use of suggestion, support, empathy, questions, and confrontation of resistance, as well as insight-oriented interventions in the form of clarification and interpretation (Patton & Meara, 1992).

Unlike the classical psychoanalysis in which the client lies down on the couch, in psychoanalytically oriented therapy the therapist and the client sit face to face, and interact with each other.

4.4.1 Role of the Counsellor/Therapist

Unlike classical psychoanalysis in which the therapist is expected to maintain "neutrality", in psychoanalytically oriented psychotherapy neutrality has sometimes to be suspended in order to stop severe acting out (Rössler-Schülein & Löffler-Stastka, 2013). The therapist plays a more active role in the use of techniques. He/she is involved in a give-and-take interaction with the client and guides the session more actively.

Psychotherapists who practice psychoanalytically oriented psychotherapy undergo rigorous training and supervision, often by other practicing psychoanalysts.

The therapeutic alliance and relational impact

The therapeutic alliance, as described by Bordin (1979), consists of three main components: agreement on: i) *goals* and ii) on the therapeutic *task*; and iii) the emotional *bond* between the client and the therapist. This conceptualization of the relationship between the client and the therapist not only emphasizes the classical Freud's formulation of unconscious distortions in the therapeutic relationship, but also underscores its conscious and collaborative aspects.

Psychoanalytically oriented therapies rely strongly on the therapeutic relationship. The idea is that the transaction and experience inherent in the client-therapist relationship contains curative elements. The therapeutic interaction leads to repairing skewed development of the client that have its origin in childhood experiences with family members or other important caregivers early in life. The outcome of this interaction is usually insight. It is a kind of relational learning that is called *corrective emotional experience* (Alexander & French, 1946). It lets the client re-experience the past unresolved conflict, but give a new ending to it. For instance, there might be ruptures in the therapeutic relationship which needs to be negotiated by both the therapist and the client. This reparation of therapeutic relationship provides opportunities for corrective emotional experience, at times through the confrontation of client's defences or through the analysis of transference reactions.

It is also through *internalization* that change is facilitated (Gabbard & Westen, 2003). When the client develops some attributes or affective attitudes that originally belong to the therapist, it is called internalization. For instance the client might internalize the ability to self-soothe after repeatedly being soothed by the therapists or the ability to self-reflect after internalizing the therapist's analytic attitude.

4.4.2 Evaluation

Psychoanalytically oriented psychotherapy emerged due to the falling interest in classical psychoanalysis. Relatively smaller number of therapists practice psychoanalysis proper, as brief, time-limited versions of psychodynamic therapy are becoming more popular.

Psychoanalytic oriented therapy is more interactive, emphasises ego functions in contrast to the id, and focuses on current problems more rather than early childhood experiences. Blomberg, Lazar and Sandell (2001) provide strong support for the relevance of psychoanalysis. Psychodynamic therapy is effective in treating people suffering from depression, somatoform disorders, anxiety, relationship difficulties, self-esteem issues, sexual issues and many more.

It can be noted here that insight is at the foundation of psychodynamic therapies. Let us now look into the depths of insight therapy.

Self Assessment Questions 2

1. What led to the development of psychoanalytic oriented therapy?

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2. How is psychoanalytically oriented psychotherapy different from classical psychoanalysis?

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4.5 INSIGHT THERAPY

The APA dictionary of Psychology defines insight therapy as any form of psychotherapy based on the theory that a client's problems cannot be resolved without his or her gaining self-understanding and thus becoming aware of their origins. The therapist's task is to help the client understand how their beliefs, thoughts, feelings, experiences and life events from their past impact their present issues and concerns. The past that we bury inside does have a rippling effect on our present.

There are different *types of insight therapies – psychoanalytic, psychodynamic, gestalt, existential and humanistic*. All these approaches to insight have the common emphasis on client's in depth exploration of their self-in-context, and involves interaction between the client and therapist. Depending upon the approach, the client would explore the deeper levels of their unconscious and their past or they would uncover their existential authentic self.

In this section we shall discuss insight therapy from the psychodynamic perspective.

Jopling (2001) summarizes the standard view of insight therapy as:

"(a) Insight-oriented psychotherapy is a valid method of personal discovery that allows clients to discover truths about themselves, and to acquire bona fide self-knowledge; (b) the methods of the insight-oriented psychotherapies have specific and non suggestive effects; (c) one of the primary agents of therapeutic change in the insight-oriented psychotherapies is the therapist's use of interpretations; and (d) the client's acquisition of truth-tracking insight is a necessary condition for therapeutic improvement." (p. 22).

4.5.1 Goals of Insight Therapy

As the name suggests, the goal of insight therapy is facilitating insight in the client. The idea that increasing the client's insight into his or her own unconscious psychological processes leads to change may be regarded as the core of the psychoanalytic tradition. It must be noted that insight cannot be given or planted by the counselor, rather through interaction with the counselor and self explorations the client arrives at insight.

The goal of this therapy is to make the clients' unconscious fears, unconscious desires and unconscious motivations conscious. This would give the client the required freedom to overcome hurdles, symptoms or behaviors that are

currently impacting clients' functioning. Insight therapy aims at helping the clients resolve conflicts and issues related to the following:

a) Childhood: Going back to the client's childhood is central in psychoanalytic insight therapy. A person's childhood can have a significant impact on their adult life. What we go through as a child shapes future experiences in life, shapes our personality, thoughts and beliefs. For instance, a child who lacks a warm and close relationship with their parents might grow up to be a very withdrawn person who dislikes connecting with others.

b) Abuse: Experiencing some kind of physical or sexual abuse in the past might also come up during insight therapy.

c) Struggles with interpersonal relationship/ Troubled relationship in the past: An individual's struggle with different relationships, e.g., with colleagues or friends or others in general might be indicative of an unhealthy relationship with a significant other in the past. This could also have roots in difficulties with parents or caregivers while growing up.

Studies have shown that as the client gains insights into their problems, which is basically understanding the unconscious causes of the problems, their symptoms get reduced.

From the psychodynamic perspective, insight can be defined as getting in touch with the unconscious and bringing the unconscious into the conscious. It is realizing the connections between past experiences, feelings, motivations and conflicts which have been repressed, with present behaviour, problems and perceptions. Insight can be a sudden flash of realization or a gradual self understanding.

Insight is both cognitive and emotional. Merely intellectual insight does not lead to behaviour change. For insight to be effective it needs to be accompanied by intense emotional experience. Thus insight is accompanied by catharsis - expression of pent up and repressed emotions. Freud regarded emotional insight as the most potent form of insight.

Insight can be the revelations of the maladaptive defenses being used to ward off anxieties or conflicted emotional states, recognition of unmet needs and motivations underlying behavior or relationship patterns, understanding symptoms or overt behaviour as a form of disguised inner conflicts, linking transference reactions and past relationships etc. In particular, increased understanding of recurrent patterns of maladaptive relating to self and others is often emphasised.

Jopling (2001) provides the following criteria for evaluating if insights are true (a) if they match with the facts of the client's psychology and life processes, (b) if they are followed by overt changes in the client's behaviour, (c) if the changes are internal, (d) the process of exploration moves forward, (e) they are analogous to and consistent with insights in other case histories, and (f) they make previously unintelligible experiences intelligible.

4.5.2 Techniques in Insight Therapy

Insight therapy relies on the same techniques that classical psychoanalysts use. These include free association, dream interpretation, resistance and

transference. As we have seen earlier, interpretation forms the backbone of insight therapy too.

Interpretation

Therapist's skillful use of interpretations help the client reach insight. The therapist links clients' past and present experiences in the here and now and helps the client develop a new explanation for their symptoms. This makes the symptoms appear more manageable to the client. The clients look at their symptoms with an increased understanding and evaluate their usefulness. The accompanying emotional catharsis frees the client to act in new, more constructive ways.

Insight is empowering for a client as it brings greater clarity in life and self understanding. They are empowered to make changes since they better comprehend how their past experiences are harming their present. It gives internal freedom to the individual.

For example, with a client experiencing low self esteem, the therapist might analyse the client's childhood years to find non-supportive parenting and bullying in school, which evoked negative emotions about self that were repressed.

Transference interpretation

Isight in the psychoanalytic sense often involves understanding of recurrent, maladaptive relationship patterns.Therefore use of transference interpretations becomes a key technique.

Exploration of affect

Emotional insight requires exploration of affect and emotional processing of memories and other psychological material brought forth in therapy. These experiences or memories can be from the client's childhood or previous adult years.

4.5.3 Evaluation of Insight Therapy

Like other psychodynamic therapies, effectiveness of insight therapy also depends upon the client-therapist relationship. Building rapport, trust and openness is essential for the client to open up about difficult issues. The therapist plays an important role in this. They identify behavioral patterns from the client's past that could be affecting their behavior and relationships at the present time.

Insight therapy has found some empirical support, indicating a positive link between increased insight during treatment and outcome. Few studies also suggest that increase in self-understanding precedes symptom change and regard insight as a curative factor in therapy. It is effective for anxiety, depression, eating disorders, relational, family or academic problems.

However, there is a need for more precise measurements as well as more research to specify the conditions in which insight facilitates change.

Some of the criticism is also based on the fact that the insights generated might be placebo insight and that the pressure in the therapeutic encounter may cause clients to experience "insights" such as illusions or deception, or adaptive self-misunderstandings which do not possess any explanatory

power (Jopling, 2001). Al-shawi (2006) also questions insight oriented therapies by asserting that such therapies *absorb* the client into the therapist's framework due to increased suggestibility, power and even deceptive control in the therapeutic settings.

Self Assessment Questions 3

State True or False for the following statements:

1) Cognitive insight is better than emotional insight.
2) Insight therapy is only psychodynamic in nature.
3) Insight is accompanied by catharsis.
4) Getting in touch with one's conscious and brining the conscious into unconscious is insight.
5) Transference interpretation is one of the major techniques of insight therapy.

4.6 LET US SUM UP

In this unit we studied psychodynamic approach to counselling, which is basically an umbrella term that incorporates several other theories and therapies that have their roots in Freudian psychoanalysis. Psychoanalysis theory and therapy have been described in greater details as they form the backbone of other therapies discussed. Techniques like interpretation, transference, dream analysis and resistance are common to all the therapies discussed. Psychoanalysis also relies on free association. It should be noted that insight is also the defining feature of all psychodynamic therapies. However, insight therapy has specifically been developed from the perspective of psychoanalysis with its focus on exploration of the client's past and identification of causes or origins for presenting problems. Contributions and criticisms of each of the therapeutic modalities discussed have also been presented.

4.7 KEY WORDS

Insight refers to gaining self-understanding and thus becoming aware of the origins of problems in oneself.

Transference is the client's emotional response to the counselor as he/she did to some significant other in childhood like father, mother or sibling.

Counter-transference involves therapist's transfer of feelings from the past into the present relation with the client.

Psychic determinism views that there is an underlying psychological explanation for every emotion, thought, impulse, and behaviour.

Defense mechanisms protet the individual from unreasonable or unacceptable desires and impulses by putting these in the unconscious without any conscious processing.

Thanatos is the death impulse which indicates the basic urge of agression as given by Freud's psychoanalysis theory.

4.8 ANSWERS TO SELF-ASSESSMENT QUESTIONS

Answers to Self Assessment Questions 1

1. B (increase client's insight into how they relate to others)
2. C (Repression)
3. A (Regression)
4. D (latent content, manifest content)
5. D (Superego)

Answers to Self Assessment Questions 2

1. In order to cater to the needs of managed care and brief therapies, shorter versions of psychodynamic therapy like psychoanalytic oriented therapy emerged. These were also shorter and economical.
2. Psychoanalytically oriented psychotherapy is brief and time-limited, and therefore not as intensive as psychoanalysis proper. The therapeutic relationship is more interactive and more emphasis is placed on the ego functioning as compared to id. More focus is on current problems rather than early childhood experiences.

Answers to Self Assessment Questions 3

1. False (emotions need to accompany intellectual insight for change to take place)
2. False (insight therapy is of different kinds like gestalt, existential etc.)
3. True
4. False (getting in touch with one's unconscious and bringing the unconscious into the conscious is insight.
5. True

4.9 UNIT END QUESTIONS

1. Explain the theoretical principles of Freud's theory of psychoanalysis.
2. Analyze the inter-relationship between the id, ego and superego.
3. Evaluate the importance of insight therapies.
4. Describe the role of counselor/therapist in psychoanalytically oriented therapy.
5. Explain defense mechanisms with examples.

4.10 REFERENCES

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4.11 SUGGESTED READINGS

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Web Resources:

1) https://courses.lumenlearning.com/hvcc-abnormalpsychology/chapter/psychoanalysis-and-psychodynamic-therapy/
2) https://www.simplypsychology.org/psychoanalysis.html

Videos:

3) https://www.youtube.com/watch?v=UOkG8J9OxKs (Lecture of psychoanalyst Otto Kernberg)
4) https://www.youtube.com/watch?v=7emS3ye3cVU (Yale university lecture on Freud's Psychoanalysis)