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The Psychoanalytic Method

Introduction

I truly believe Freud to have been a mental case in his own right, in need of some substantial psychoanalysis pursuant to what has come to be described as the psychoanalytic method; but definitely not by himself. I can totally understand and empathize with the outrage that must have been felt by intelligent, capable women as, for example, Karen Horney, who must have cringed at the preposterousness of Freud's notion of penis envy suffered by women everywhere which, after all, must have brought a good old boys back-slappin' chuckle by real men at the men's clubs who, presumably endowed with penises, were the envy of women everywhere without even trying, by virtue thereof. While I could understand her outrage and frustration at being the brunt of such a ridiculous position, having been born with a vagina and not "graced" with a penis, I do think she would have been more intellectually honest and ultimately taken more seriously by resisting the 'tit-for-tat' (also preposterous) notion of 'womb envy' and focused upon Freud's unsupported theories as merely a projection of his own neuroses. Specifically, she might have said that Freud, the apple of mommy's eye, upon being spurned by mommy as to his sexual advances, in protest and to punish her developed a latent tendency to fixate on men's penises which that constant phallic cigar in his mouth represented. I realize it would less than scientific for me to say that because I have never known any person, male or

female, who suffered from womb or penis envy respectively, or that because it seems so outlandishly ridiculous, it is. However, I think they both with their respective aforementioned preposterous notions shared that same position of lack of empirical evidence/support. That said, there is no question but that Freud's psychoanalytic method, so obvious and simple as great ideas / approaches are with hindsight, was groundbreaking brilliance at its best since I believe all treatments for mental disorders/illnesses must incorporate some of that; particularly because, in my own view, it is or should be the essence/focus of treatment; hence, the reason for my topic herein.

Psychoanalysis

“Psychoanalysis is a body of ideas developed by Austrian Physician Sigmund Freud and continued by others. It is primarily devoted to the study of human psychological functioning and behavior, although it also can be applied to societies.

Psychoanalysis has three applications:

1. a method of investigation of the mind;
2. a systematized set of theories about human behaviour;
3. a method of treatment of psychological or emotional illness.^[1]

Under the broad umbrella of psychoanalysis there are at least twenty-two different theoretical orientations regarding the underlying theory of understanding of human mentation and human development. The various approaches in treatment called "psychoanalytic" vary as much as the different theories do. In addition, the term refers to a method of studying child development.

Freudian psychoanalysis refers to a specific type of treatment in which the "analysand" (analytic patient) verbalizes thoughts, including free associations, fantasies, and dreams, from which the analyst formulates the unconscious conflicts causing the patient's symptoms and character problems, and interprets them for the patient to create insight for resolution of the problems.

The specifics of the analyst's interventions typically include confronting and clarifying the patient's pathological defenses, wishes and guilt. Through the

analysis of conflicts, including those contributing to resistance and those involving transference onto the analyst of distorted reactions, psychoanalytic treatment can clarify how patients unconsciously are their own worst enemies: how unconscious, symbolic reactions that have been stimulated by experience are causing symptoms.” Wikipedia

I think it important to emphasize at this juncture that the foregoing (psycho)analytic (method) procedure in no way constricts the analyst to the narrow confines of an archaic and I believe eccentric/neurotic and ultimately incorrect Freudian view/orientation/bias where such as “Oedipal and Electra” dynamics, etc, are considered omnipresent; but rather in the course of employing the method might among other conflicts be revealed. Indeed, I’d be the last person to dismiss entirely the Oedipal aspect inasmuch as I had occasion to lunch periodically with the son of a commercially successful man, often discussing the very attractive girls he was able to bed at what was essentially his father’s firm. (His mother and father were divorced). In fact, he was also having sex with his mother’s friend to the exclusion of other girlfriends as he was often available to her, helping with her kids (We surmised her husband must have been having his own affair but there was no evidence of same and maybe said consideration was more an effort to soothe a troubled conscience?) . He blurted out that he wanted to “f**k his mother” which caused me to exert tremendous effort not to look shocked (in my way of thinking that’s pretty sordid and disgusting), and quickly rebounded to advise him not to repeat that to anyone other than his doctor or psychologist (also to gently let him know I thought it wrong without sounding too judgmental). I additionally felt compelled to suggest

that he get a younger girlfriend nearer his age since I felt he was somewhat troubled by said liasons with his mother's friend.

Dr. Lothane, a fervent admirer/defender of Freud and clinical associate professor of psychiatry

at Mount Sinai School of Medicine, CUNY succinctly states in pertinent part:

“...Healing human suffering through the spoken word has its roots in such a common experience as the soothing words of the mother to a child that is hurting, whether physically or psychologically. Later in life such solicitude is sublimated as care and empathy, the sympathy for another person's suffering, an essential ingredient of every therapy. Anna O. made history when she called the conversations with her doctor, Josef Breuer (1895d), the future mentor of Freud, the "talking cure," at a time when cure still meant treatment. Here is another interesting connection between words and what they stand for. Today treatment means physical therapy of physical illness, but etymologically treatment is related to tractatus and treatise, i.e., discourse. Similarly, doctor, one who treats the body, derives from the Latin verb docere, to teach, as in doctrine, or teaching. Today psychotherapy is practiced formally by professionals-psychiatrists, psychologists, social workers and psychoanalysts-and informally, by others, in ways folksy or fancy, in all walks of life. It is also practiced in dealings with doctors, dentists, lawyers, clergy and in the mass media. Prominent in the history of psychotherapy and its entry into medical science were pioneers Franz Anton Mesmer and his followers and Sigmund Freud, the founder of psychoanalysis. The Method Freud coined the term psychoanalysis as a synonym for psychotherapy and developed a method, or technique, for understanding and interpreting the verbal productions of persons in health and disease. He enriched the method of psychotherapy he learned from Breuer by adding the technique of free association and the concept of transference. This enabled Freud to discover depth psychology, an analytical method for understanding the meaningful connection between manifest content of symptoms, thoughts, dreams and acts and their latent content, and hence the motivational dynamics of consciously deliberate versus covertly-driven behavior. The discovery that symptoms had this dual structure, conscious and unconscious, that they were not just brain events but mind events, enabled Freud to elucidate the role of fantasy, the emotions, psychological trauma and the role of sex and love in human relations. But experiences are told in words, meanings are shaped into memories, metaphors, and myths, i.e., stories. In time, the above-defined aspects of Freud's method became the generic foundation for all the other schools of dynamic verbal therapy, whatever their theories (Lothane 1981, 1983, 1984, 1994a)... In summary, psychotherapy is an

empirical method, or technique, based on procedures and processes employed in the therapeutic situation, and in keeping with ethical principles... The Theories The method of psychoanalysis is most often confused with the various theories or doctrines or schools of psychoanalysis, a confusion that began with Freud himself. One of the reasons for the confusion is a tendency to overgeneralize empirical data of observation, converting them into universal theories of causation... ”

Though he seems to defend Freud without reservation, Dr. Lothane does in his article separate Freud and the psychoanalytic method in discussing them in such a way as to mask the preposterousness of some of Freud’s views rightfully criticized. He seems to inextricably link the two so as to lend greater weight to Freud’s quirky personal views since it is the method that is key and truly Freud’s great (and only, in my view) contribution.

In their instructive work, *Psychoanalytic Method in Modern Dress* (Bucci and Maskit 2007) Bucci and Maskit dismiss Freud’s casual treatment of the need for empirical evidence in favor of mere inference, even just plausible inference. They in turn fault such by pointing to the less than scientific nature of such an approach where the case report will contain data of a single observer, himself an active participant with a perspective based on personal experience and approach who selects both the case and what to report (Bucci and Maskit 2007).

Reduced to essentials, the basic method of psychoanalysis is interpreting the patient's unconscious conflicts that are interfering with current-day functioning – conflicts that are causing painful, potentially life altering symptoms such as phobias, anxiety, depression, and compulsions.

“Strachey (1936) stressed that figuring out ways the patient distorted perceptions about the analyst led to understanding what may have been forgotten (also see Freud's paper "Repeating, Remembering, and Working Through"). In particular, unconscious hostile feelings toward the analyst

could be found in symbolic, negative reactions to what Robert Langs later called the "frame" of the therapy – the setup that included times of the sessions, payment of fees, and necessity of talking. In patients who made mistakes, forgot, or showed other peculiarities regarding time, fees, and talking, the analyst can usually find various unconscious "resistances" to the flow of thoughts (sometimes called free association).

When the patient reclines on a couch with the analyst out of view, the patient tends to remember more, experience more resistance and transference, and be able to reorganize thoughts after the development of insight – through the interpretive work of the analyst. Although fantasy life can be understood through the examination of dreams, masturbation fantasies (cf. Marcus, I. and Francis, J. (1975), *Masturbation from Infancy to Senescence*) are also important. The analyst is interested in how the patient reacts to and avoids such fantasies (cf. Paul Gray (1994), *The Ego and the Analysis of Defense*).^[30] Various memories of early life are generally distorted – Freud called them "screen memories" – and in any case, very early experiences (before age two) – can not be remembered (See the child studies of Eleanor Galenson on "evocative memory")” Wikipedia.(see also conflict theory).

Psychoanalysts referred to the notion of "classical technique," although Freud was more “patient-problem-centric” which required deviating from this considerably. Classical technique was summarized by Allan Compton, MD, as

“comprising instructions (telling the patient to try to say what's on their mind, including interferences); exploration (asking questions); and clarification (rephrasing and summarizing what the patient has been describing). As well, the analyst can also use confrontation to bringing an aspect of functioning, usually a defense, to the patient's attention. The analyst then uses a variety of interpretation methods, such as dynamic interpretation (explaining how being too nice guards against guilt, e.g. - defense vs. affect); genetic interpretation (explaining how a past event is influencing the present); resistance interpretation (showing the patient how they are avoiding their problems); transference interpretation (showing the patient ways old conflicts arise in current relationships, including that with the analyst); or dream interpretation (obtaining the patient's thoughts about their dreams and connecting this with their current problems). Analysts can also use reconstruction to estimate what may have happened in the past that created some current issue.” Wikipedia

The underpinning of most psychoanalytic techniques as discussed above seems to be conflict theory although there are other theories, all of which seem to

be evolving over time.* I believe that the most important interactions in the process for successful treatment require empathy, conveyance of trust and knowledgeable competence, and a neutral posture that conveys objectivity and genuineness.

Summary Conclusion

The importance of the psychoanalytic method in the context of therapeutic treatment of the vast array of psychological disorders/problems cannot be overstated. Indeed, the generic form thereof as alluded to above is in my estimation the essence of what a psychology professional / analyst can offer a troubled person in terms of conflict / problem resolution. One must consider the fact that many such conflicts are indeed repressed for their sheer unpleasantness to be thought of / discussed / or understood which affords the subject the ability to power on, however disfunctionally. While I hate to refer to movies when discussing real-life issues, I justify same here owing to the paucity of documented applications of the process owing to well-founded physician / analyst - patient confidentiality (to engender trust and candor) and invite attention to the movie *Equus* (the superlatively great actor Richard Burton's presence of himself warrants a look). The patient is in a position of not being able to discuss some horrific events from his perspective with anyone (mother extremely religious, father narrow of understanding and rather intolerant of views beyond his ken) until Burton, his psychiatrist is able ferret them out through a very generic application of the psychoanalytic method. He is able to do this with knowledgeable competence, objectivity, and most importantly, through the trust

he has engendered with the patient (Burton's personal crises in the film were great drama but I believe superfluous and a bit "over the top"). In sum, it is this 'no one size' fits all approach by way of application of the psychoanalytic method, employing all of the knowledge / theories at the analyst's disposal to resolve conflicts / problems, that is and should be the essence and thrust of psychotherapy.

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Signed: Albert L. Peia

* "As object relations theory evolved, grass supplemented by the work of Bowlby, Ainsworth, and Beebe, techniques with patients who had more severe problems with basic trust (Erikson, 1950) and a history of maternal deprivation (see the works of Augusta Alpert) led to new techniques with adults. These have sometimes been called interpersonal, intersubjective (cf. Stolorow), relational, or corrective object relations techniques. These techniques include expressing an empathic attunement to the patient or warmth; exposing a bit of the analyst's personal life or attitudes to the patient; allowing the patient autonomy in the form of disagreement with the analyst (cf. I.H. Paul, *Letters to Simon*.); and explaining the motivations of others which the patient misperceives. Ego psychological concepts of deficit in functioning led to refinements in supportive therapy. These techniques are particularly applicable to psychotic and near-psychotic (cf., Eric Marcus, "Psychosis and Near-psychosis") patients. These supportive therapy techniques include discussions of reality; encouragement to stay alive (including hospitalization); psychotropic medicines to relieve overwhelming depressive affect or overwhelming fantasies (hallucinations and delusions); and advice about the meanings of things (to counter abstraction failures). The notion of the "silent analyst" has been criticized. Actually, the analyst listens using Arlow's approach as set out in "The Genesis of Interpretation"), using active intervention to interpret resistances, defenses creating pathology, and fantasies. Silence and non-responsiveness was a technique promulgated by Carl Rogers, in his development of so-called "Client Centered Therapy" – and is not a technique of psychoanalysis (also see the studies and opinion papers of Owen Renik, MD). "Analytic Neutrality" is a concept that does not mean the analyst is silent. It refers to the analyst's position of not taking sides in the internal struggles of the patient. For example, if a patient feels guilty, the analyst might explore what the patient has been doing or thinking that causes the guilt, but not reassure the patient not

to feel guilty. The analyst might also explore the identifications with parents and others that led to the guilt.” Wikipedia

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Dr. Lothane is clinical associate professor of psychiatry at Mount Sinai School of Medicine, CUNY. <http://www.psychiatrictimes.com/display/article/10168/50631>

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