

The Evolution and Present Trends of Psychoanalysis²

Dr. Alexander is writing about the direction the psychoanalytic movement is taking in its theoretical explanations of human behavior and in its therapeutic methods. An important distinction should be kept in mind when considering the term "psychoanalysis." Psychoanalysis is a theory of human behavior. It is a description of different kinds of behavior and of the conditions associated with them. To a large extent, many of the relationships described by psychoanalysis require confirmation (see the article by Farrel, p. 448). On the other hand psychoanalysis also refers to a method of treating behavior problems. It consists of an interview technique wherein an association between therapist and patient follows special rules of procedure;³ the therapist behaves in a specified way with regard to his patient so that relief of his patient's symptoms will result. In the main, the psychoanalytic interview is the principal data-gathering device for the psychoanalytic theory.³ The therapist records the behavior of his subject, judges his own reactions to the subject's behavior, and acts to change the behavior of the subject.³

Although psychoanalysts do not usually consider therapy, technique, and theory separately, the reader may do so for the purpose of considering the psychoanalytic theory as another explanation of human behavior. The article by Kris³ and that by Farrell (see p. 448) review the current status of the theory and evaluate confirming or refuting evidence. The relation between psychoanalysis and experimental psychology is examined by Bergmann.⁴ Bergmann observes that there is no inherent contradiction between psychoanalysis and experimental psychology: psychoanalysis as a theory is an explanation of personality; experimental psychology, for the most part, is centered about the laws of learning (Bergmann,⁴ p. 359).

The general introduction to psychoanalysis by Thompson⁵ is of great merit.

¹ F. Alexander, *The Evolution and Present Trends of Psychoanalysis*, *Acta Psychologica*, 1950, VII, 126-133. Reprinted by permission of the author and publishers.

² This article is based on a report given at the Congrès International de Psychiatrie, Paris, September, 1950, under the same title.

³ E. Kris, *The Nature of Psychoanalytic Propositions and Their Validation*, in S. Hook and M. R. Konvitz (editors), *Freedom and Experience, Essays Presented to Horace Kallen*, Ithaca, New York, Cornell University Press, 1947.

⁴ G. Bergmann, *Psychoanalysis and Experimental Psychology*, in M. Marx (editor), *Psychological Theory*, New York, Macmillan, 1951.

⁵ C. Thompson, *Psychoanalysis: Evolution and Development*, New York, Hermitage House, 1950.

Freud's introductory works⁶ are classics containing the fundamental observations basic to psychoanalytic theory. Erikson⁷ and French,⁸ for example, have written more general theories of psychoanalysis. A contribution to the techniques of therapy is made by Alexander and French.⁹ The current status of the theory is reviewed by Hilgard, Kubie, and Pumpian-Mindlin,¹⁰ and by Kris and his associates in the annual volumes entitled: *The Psychoanalytic Study of the Child*.¹¹ Rapaport¹² has attempted to formalize some aspects of psychoanalytic theory. The main deviants from orthodox Freudian theory today are Horney,¹³ Kardiner,¹⁴ Fromm,¹⁵ and Sullivan.¹⁶

⁶ S. Freud, *A General Introduction to Psychoanalysis* (translated by J. Riviere), Garden City, N. Y., Garden City Publishing Co., 1943; S. Freud, *New Introductory Lectures on Psychoanalysis* (translated by J. H. Sprott), New York, W. W. Norton & Co., 1933.

⁷ E. H. Erikson, *Childhood and Society*, New York, W. W. Norton & Co., 1950.

⁸ T. M. French, *The Integration of Behavior*, Vol. I, Chicago, University of Chicago Press, 1952.

⁹ F. Alexander and T. M. French with collaborators, *Psychoanalytic Therapy*, New York, Ronald Press, 1946.

¹⁰ E. Pumpian-Mindlin (editor), *Psychoanalysis as Science*, Stanford, California, Stanford University Press, 1952.

¹¹ R. S. Eissler, A. Freud, H. Hartmann, E. Kris (editors), *The Psychoanalytic Study of the Child*, Vols. I-VII, New York, International Universities Press, 1945-1952.

¹² D. Rapaport, The Conceptual Model of Psychoanalysis, *J. Pers.*, 1951, 20, 56-82.

¹³ K. Horney, *The Neurotic Personality of Our Time*, New York, W. W. Norton & Co., 1937; *New Ways in Psychoanalysis*, New York, W. W. Norton & Co., 1939.

¹⁴ A. Kardiner, *The Individual and His Society*, New York, Columbia University Press, 1939; *The Psychological Frontiers of Society*, New York, Columbia University Press, 1945.

¹⁵ E. Fromm, *Escape From Freedom*, New York, Rinehart, 1941; *Man For Himself*, New York, Rinehart, 1947.

¹⁶ H. S. Sullivan, *The Interpersonal Theory of Psychiatry*, New York, W. W. Norton & Co., 1953.

PSYCHOANALYTIC THERAPY from the beginning has been founded upon theoretical concepts concerning the underlying causes of mental disturbances. The development of psychoanalytic therapy therefore can be understood in the light of advancement in the knowledge of the human personality. In spite of changes in theory, the fundamental conception that psychoneurotic and psychotic symptoms are the manifestation of psychological tendencies which the ego could not harmoniously incorporate in its unity has remained the foundation of psychoanalysis. Accordingly, the aim of therapy crystallized itself in the task of establishing the causes of the ego's inability to harmonize and utilize in a constructive manner some impulses and, after having established them, to eliminate these causes.

In the early phase of psychoanalysis, the main interest of Freud and his followers was to identify unconscious mental content and to understand its archaic language. This is the art of interpretation which consists in reconstructing from conscious material the hidden unconscious factors.

More recently the interest has shifted to the study of the ego's functions and its failures since mental disturbances are considered as failures of the ego functions. We are assuming four basic ego functions: 1) internal perception of instinctive needs; 2) external perception of existing conditions upon which the gratification of subjective needs depends; 3) the integrative faculty by which the ego coordinates instinctive urges with each other and with the requirements of the superego and adapts them to the environmental conditions; 4) the executive faculty by which it controls voluntary behavior. Through the latter the ego can implement the results of its integrative function which consist fundamentally in the rational cognitive faculty. Only gradually does the ego develop the capacity to coordinate psychological impulses with each other and to adapt them to the external conditions in a way that assures the best possible deal in a given situation. To accomplish this, the ego must learn to postpone certain desires when their satisfaction might endanger more important ones. It has to learn to compromise, to modify the desires, to subordinate less important to more important needs. In other words, it learns what is considered rational behavior.

For psychopathology, it is important to realize that this coordinated rational behavior can be maintained only by a constant struggle on the part of the ego, because the instinctual tendencies retain their original

inclination for immediate gratification. This is the basis of Freud's structural concept in differentiating an ego from an id. He assumed that impulses retain their original tendency for noncoordinated isolated gratifications. This tendency manifests itself in all those psychological phenomena which are not rational or coordinated, such as dreams, free fantasy, impulsive behavior and all that is known as psychopathological. Whenever the ego is threatened by impulses which are not in harmony with its accepted standards or reality, a conflict and concomitant anxiety arises. To anxiety the ego reacts by defenses which are directed against these internally threatening tendencies. The most important defense is repression. Other mechanisms are either defenses which favor repression, such as over-compensation or rationalization or vents by which the repudiated tendencies can find an outlet such as projection, substitution, displacement or turning impulses directed against external objects against the self. Mental disease represents a failure of the ego to secure gratifications for subjective needs in a harmonious and reality-adjusted manner and a breakdown of the defenses by which it tries to neutralize impulses which it cannot harmonize with its internal standards and external reality.

As has been said before, in its main phases, psychoanalytic therapy has followed the development of theory. When the dynamic influence of unconscious tendencies was discovered, the therapy consisted in bringing repressed psychological content into consciousness. Cathartic hypnosis was such a procedure, a device by which the ego's rejection of repressed material was circumvented by the artificial hypnotic state. Freud soon realized that the mobilization of repressed material is not sufficient to cure neurotic symptoms but that the ego must undergo changes in order to become capable of integrating repressed material in its system. The therapeutic aim consequently must consist in achieving the required changes in the ego. In spite of this new orientation, the center of interest shifted only slowly from the understanding of unconscious material, the knowledge of symbolism, the art of translating the archaic picture language of the unconscious into verbal thinking—to the study of the defenses of the ego. The crucial discovery concerning the ways and means by which the ego's defenses can be influenced was that of the transference phenomenon. Its therapeutic significance was only gradually recognized.

The importance of the patient's emotional experiences in relationship to the analyst became more and more appreciated and, with this emphasis, the handling of the transference and the patient's resistance became the axis of the therapy. The present concept of psychoanalytic treatment can be formulated as follows: The neurotic condition is the result of the ego's failure to accomplish its integrative function of mediation between conflicting or partially conflicting needs and desires and their adaptation to environmental conditions. This faculty to a high degree depends upon the history of a person's emotional development. The most significant

factor interfering with adaptive behavior which has always been recognized by psychoanalysts is related to the basic mechanism of repression. Repression is the characteristic defense measure of the weak ego of the child who cannot control successfully those desires which appear in his consciousness and which are in conflict with the requirements of the environment or with other subjective needs. He has only one way to save himself from the painful experiences he was subjected to in the past when he gave in to such impulses: he has to exclude them radically from his consciousness. This saves him from a conflict with reality and/or internal conflict, but at the same time creates a frustration. Eventually the repressed impulse will seek outlet in symptoms. The ego is deprived of the repressed dynamic force which it could utilize if it were able to integrate the force within its system.

Recently French subjected the integrative function to a careful study in which he tried to evaluate not only the chronic factors which have an influence upon it, but also its temporary quantitative variations. Excessive intensity of an emotional need, for example, makes effective integration more difficult because urgent needs tend to seek immediate gratification and thus interfere with the often required postponement of immediate satisfaction. Low intensity of motivations may also decrease the integrative faculty and anxiety, too, depending on its intensity, may paralyze or favor the integrative function. Past successes and resulting hope increase integrative ability; consistent failures impair it.

The highest form of integrative function requires conscious deliberation. Everything which is excluded from consciousness is beyond the reach of the ego's highest integrative functions. Neurotic symptoms are like foreign bodies and represent isolated substitute gratifications which are the source of conflict and suffering. Psychoanalytic therapy aims at the extension of the ego's integrative scope over repressed tendencies by making them conscious. For this purpose it attempts to mobilize unconscious material. In order to overcome repressions by systematic psychological maneuvers one must know the causes of repression. The child represses those tendencies the expression of which caused him painful experiences, such as physical suffering, punishment, withdrawal of parental love and resulting insecurity. The emergence of such a tendency constitutes a danger to which the ego reacts with anxiety. Essentially this process is similar to conditioning. The sequence of events has three links, 1) the emergence of the impulse, 2) acting upon it, and 3) the painful results. Originally the anxiety was aroused by the memory of a painful experience. After repetition the anxiety becomes associated with the first link, with the emergence of the impulse itself which becomes repressed and thus excluded from motor expression; in this manner the resulting pain is avoided.

Psychoanalytic therapy in this light reveals itself as a process of reconditioning. The ego is induced to face a repressed impulse by eliminating

the anxiety which induced repression. This is achieved by reproducing the original situation but changing the conditions so that they lose their anxiety-producing effect. As soon as the patient senses that the analyst's response to expression of his impulses is different from that of the parents, their intimidating effect is removed. The aim of the therapy consists first in reviving the interpersonal situation which led to the original repressions and second, supplying a new kind of experience which is suitable to undo the effects of the parental responses. Accordingly, the analyst's response to the patient's material should be the opposite of the parental reactions. This can be achieved only if the analyst is able to reconstruct the pathogenic parental influences and respond to the patient's emotional manifestations in a manner appropriate to counteract and neutralize the disturbing influence of the parents. Essentially this is nothing but emotional reconditioning.

The objective non-evaluative attitude of the therapist which Freud recommended undoubtedly is different from anything the patient experienced before because objectivity without any emotional involvement does not exist in ordinary human relationships. The corrective influence of this objective attitude can be further enhanced if the therapist's reactions are specifically calculated to counteract the effect of parental reactions.

The practical conclusion from all this is that in place of his spontaneous countertransference reactions the therapist must assume an attitude towards the patient which in the light of the patient's history appears appropriate to undo the pathogenic influences of the parents. In this way the emotional experiences in the therapy will have a corrective influence resulting in the lifting of repressions. The patient will be able to face what he formerly repressed because of parental censure.

All this does not disprove, however, the value of insight. By his interpretative work the analyst assists the patient's ego to integrate the new material liberated from repression. Making conscious, however, what was hitherto repressed requires the reduction of anxiety. This is achieved not only by the corrective emotional experience but also by insight which in itself has an anxiety-reducing effect. The ego's function is mastery through insight. The integrative function is based on the appraisal of the total situation—both internal and external. Hence interpretative work increases the ego's self-confidence in dealing with newly uncovered material. Something a person understands loses its threatening quality; understanding means mastery. Properly devised attitudes and correct interpretative work together constitute psychoanalytic therapy.

Another important development is the special attention given to the patient's dependent cravings which always tend to prolong the treatment.

By its very nature the analytic technique necessitates the establishment of a dependent relationship between patient and therapist in order to allow

the patient to relieve and face again the old unresolved interpersonal relations with the parents. Inasmuch as it encourages dependence, the analytic technique which is devised to cure the neurosis carries in itself a factor which prolongs the neurotic condition. In order to resolve infantile reactions, one feature of which is always dependence, one must reproduce them in the transference; only then can one combat them. Much of the recent technical experimentation concerns this inherent difficulty of the analytical technique. Prolonged uninterrupted daily interviews in many cases favor the development of an intensive interminable dependent relationship and consequently postpone recovery. To overcome this weak spot of the analytic technique is one of the crucial technical issues. From the therapeutic studies of the Chicago Institute for Psychoanalysis, a series of technical recommendations resulted. The essence of them is that from the beginning, the therapist must be aware of the danger inherent in the regressive tendencies of the patients. To counteract this danger the analyst must consistently force upon the patient as much independence as possible. Interpretations alone cannot accomplish this. The dependent tendencies must be counteracted by reducing the contact with the patient to that minimum which is necessary to preserve the continuity of the treatment. Properly timed reduction of the frequency of interviews, shorter and longer interruptions are indispensable in every case. Encouraging the patient to new life experiences outside of the treatment suitable to increase self-confidence and encourage hope are also potent devices in weaning the patient from the dependent relation to his therapist.

Most important in these recent developments is the awakening of a fresh, undogmatic experimental spirit, the abandoning of a trend which was inclined to consider psychoanalytic theory and therapy as a static system which should be conserved in the form in which Freud left it to his followers. This new experimental attitude is truer to the heritage from Freud than the static one. Freud himself was one of the great experimentalists of all time who, in his relentless search for truth, was never averse to changing his previous concepts and therapeutic procedures whenever advanced knowledge required.

The Study of Personality

A BOOK OF READINGS

Compilation and
Commentary by

HOWARD BRAND

The University of Connecticut

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