Definition: psychoanalysis from *Dictionary of Psychological Testing, Assessment and Treatment*

The treatment of mental illness by means of analysing the patient’s subconscious, which is argued to be the cause of aberrant conscious behaviour and/or negative feelings. Psychoanalysis is usually confined to the treatment of relatively mild complaints. See ego analysis, Freud’s psychoanalytic theory.

Summary Article: Psychoanalysis

From *The Corsini Encyclopedia of Psychology and Behavioral Science*

Psychoanalysis is a theory of the mind and a method derived from that theory to treat mental disturbances. It had its origins in the discoveries and formulations developed over some 50 years by its creator, Sigmund Freud, a neurologist, neuroanatomist, and neuropathologist living in Vienna, who had an inquiring mind about the nature of mental processes. Freud was born in 1856. During a travel grant at the famous Salpetriere Clinic in Paris for 4 months in 1885–1886, under the noted French neurologist Charcot, the young physician came to learn from his mentor, via now-classic experiments in hypnosis, that ideas can instill and then remove and abolish the central features of hysteria.

Previously, an older colleague, Josef Breuer, had informed Freud of a patient with a double personality, consisting of alternating states of normalcy and multiple hysterical symptoms coming on around the death of her father. The patient would induce auto-hypnotic states during which she would speak to Breuer of distressing events around the origins of each symptom, after which the symptoms would disappear one at a time. The patient herself called these treatments the “chimney sweep” or “talking cure.” Breuer then induced daily hypnoses, thus facilitating this process and furthering the birth of the cathartic method, part of the treatment armamentarium today.

Breuer had stopped this treatment abruptly as his own emotional involvement with the patient and the unusual intimacy of the process threatened his personal life. When the patient then suddenly became worse, demonstrating vividly the symptoms of pseudocyesis (false pregnancy), Breuer left “in a cold sweat” and the next day took his wife on a second honeymoon trip to Venice. The patient, known as Anna O., later became the first social worker in Germany and one of the first in the world.

Freud had expressed great interest in Breuer’s experience, which he put together with what he had learned from Charcot in Paris. On his return to Vienna, seeing patients with complex symptoms without neurological or other organic findings to explain them, he continued this experimental process, honing himself, however, to develop an objective scientific attitude toward emotional and mental life. This was the first necessary step if the goal was to develop a method of treatment under the rubric of science. A brief trial with hypnosis, followed by actively urging the patient to speak, then the method of asking the patient to say whatever comes to mind, without censoring, evolved into the free association technique now so familiar to the public.

The accumulated results of this type of investigation, by Freud and a cadre of early pioneers, came to constitute the clinical data of psychoanalysis. But this was only one source. Freud’s monumental *The Interpretation of Dreams*, published in 1900, brought in more ordinary, universal mental products (Freud, 1900/1953). These went on to jokes, slips of the tongue, and evidences of mental distortions in everyday life. The analysis of symptoms led to the analysis and understanding of character. The
abnormal was seen to merge with the normal. A science of the mind began to take shape.

During the first third of what became known as the century of Freud, Freud and many early adherents constructed a comprehensive and coherent theory of mental functioning to encompass and make comprehensible the vast body of accumulating data. As dreams, hitherto elusive and mysterious, came to be seen as subject to rational forces and to have meanings in everyday life, new veins of hidden meaning and purpose were applied and extracted from all of human mental products, which came to include art, literature, music, poetry, and every aspect of human culture.

The new theory evolved piece by piece, as an explosion of discoveries and insights into the operation of the human mind exceeded what had been known in all previous history. At the base of the new theoretical structure was a postulated unconscious layer of mental functioning, unknown to consciousness, which was a major determinant of external human behavior. Among many new formulations and perspectives that evolved under the new theory, instinctual drives are defended against and conflicts repressed, while compromise formations lead to mental constellations and behavior that emerge into conscious life.

In a book on the subject of anxiety, probably second in importance only to his work on dreams, Freud refers to anxiety as “the fundamental phenomenon and main problem of neurosis” (1926/1959, p. 144). Later, anxiety was seen by Ernest Jones as the most frequent single symptom perhaps in all of medicine. Among other central concepts are the importance of childhood in future mental development and a new role of sexuality in childhood that altered previous thinking. The Oedipus complex, the name of which derived from the Greek myth, occurring at the age of 4 or 5, is the peak period of “the infantile neurosis,” an internal psychic conflict during a crucial developmental phase of individual growth. It is from the type and degree of resolution of this childhood conflict that much of future mental life devolves.

To characterize the analytic process, Freud named two special mechanisms as central to the therapeutic procedure. One was the presence and analysis of transference and the transference neurosis, which come about as the patient displaces repressed conflicts onto the person of the analyst. The other is the analysis of resistances, which are obstacles to insight that point to inner defenses, also operative in the unconscious, that keep forbidden wishes and thoughts from becoming conscious. A third therapeutic path is the special interest in dreams, which early in the history of the field became “the royal road” to the unconscious.

A number of “principles of mental functioning” were described that reign over large swaths, if not all, of psychic functioning (Freud, 1911/1958). These include the pleasure–pain principle, the reality principle, and five metapsychological “points of view” (Freud, 1915/1957), which later became six, that represent converging approaches to the understanding of any psychic phenomenon. These are the dynamic, topographic, genetic, economic, and structural approaches of Freud, and the adaptive approach added later by others. The structural approach, which describes three psychic systems conducting the conflicts and also nonconflictual issues that course through life, became dominant and pathognomonic symbols for psychoanalysis. These three systems—the ego, the id, and the superego—have become part of language throughout the civilized world.

Spawning a veritable new industry, the total theoretical system, as it evolved and was applied, struck receptive chords in multitudes of people and became the intellectual signature of the twentieth century, known as “the century of Freud.” Psychoanalysis, theory and method, spread rapidly throughout
the Western world. From Vienna, it centered quickly in Zurich, Berlin, and Budapest. Ernest Jones brought it to England, and A. A. Brill brought it to the United States.

Not unexpectedly, the new or expanded view of the psychology of humans met with a mixed reception, ranging from strong advocacy to aversion. This is no different in the wider society than it is in the treatment of an individual. Conflicts that the conscious ego prefers to keep unconscious are lifted into conscious vision with varying degrees of acceptance, from readiness to rejection.

The history of development within the profession itself has similarly forked. Along with the steady development of the mainstream theory over the century has been the growth of many alternative and parallel theories, all supported as under the rubric of psychoanalysis. Such a tendency toward dissension was characteristic of the field from the beginning, resulting in such early names as Jung, Adler, Rank, and Ferenczi, each espousing a different center of theory or method.

Some of the suggested new directions of influence today include a focus on an earlier phase in life, from postnatal to the first year or two, in preference to the oedipal period (Klein); objects, or attachment to others, rather than drives, as the main inner source of motivation (Fairbairn, 1954); interpersonal (Sullivan, 1953) and cultural (Horney, 1937) factors playing more of a role in etiology than intrapsychic conflicts; self-preservation and maintenance of cohesion of the whole (Kohut, 1971) as the main source of anxiety, rather than specific fears of mutilation and separation; and on the side of technique, the use of empathy and reassurance rather than insight as the major curative factor.

The field is currently divided into two general orientations. One holds a pluralistic view that the existence of these many alternative theories is the best solution to differing views that are equivalent in their scientific validity and therapeutic methods. The other, probably a minority view, is that all valid additions and discoveries can be grafted onto a single group of enduring findings, the trunk of the theoretical tree, for a coherent unitary theory that includes and can sustain the infinite number of variations that constitute humankind (Rangell, 2007). All alternative theories either borrow from this trunk or, if not, are questionably psychoanalytic.

See also
Insight-Oriented Psychotherapy; Psychoanalytic Theories; Psychodynamic Psychotherapy.

References

**Suggested Readings**

LEO RANGELL  
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