Psychodynamic Approaches in Counselling and Therapy

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Abstract

This essay is an introduction to psychodynamic psychology and a summary of psychodynamic approaches in counselling and psychotherapy which are psychoanalysis, individual psychology, analytical psychology, object relations therapy and attachment-based psychotherapy.

Freud's Development of Personality

Psychodynamic psychology has its roots in the pioneering work of Sigmund Freud (1856 – 1939). Freud stated that the human personality is a structure made up of the id, the ego and superego. The ego is the conscious aspect of personality and the id and the super-ego are unconscious. These separate aspects of mind interact with each other and determine a person's motivation and behaviour. The id is present at birth and is our instinct or animal nature. The id is governed by the pleasure-pain principle. It seeks pleasure and avoids pain. The id is impulsive and seeks immediate gratification with no concern for how it achieves this. The ego is not present at birth and develops through interaction with others and starts appearing around the age of one or two. 'The ego is governed by the reality principle – which means that it must devise ways of satisfying the demands of the id, while simultaneously deciding what behaviour and actions are appropriate at any given time' (Hough, 2014, p. 79). The super-ego is our conscience and emerges around the age of three. It forms from the introjected values and beliefs of our primary caregivers. The super-ego is governed by the morality principle and gives us our sense of right and wrong. We experience guilt and shame when we transgress the principles of the super-ego. Freud saw sex as the primary motivation for human development. He stated that there were six key psychosexual stages in our development. The psychosexual stages of development are the Oral, Anal, Phallic, Latent and Genital.

Psychoanalysis

Originator and Development

Sigmund Freud is the originator and pioneer of psychoanalysis. He was a neurologist who came to realise that there were patients presenting to him with hysterical symptoms in which he could find no neurological or physiological cause. Freud identified this type of neurosis as a mental disorder whose cause was psychological. He initially used hypnosis to treat these types of neurotic patients. Under hypnosis patients would talk about their symptoms and become aware of traumatic memories which caused their onset. This procedure reduced their symptoms. Eventually Freud stopped using hypnosis and developed a talking cure which encouraged people to talk about their problems and become aware of painful and traumatic memories which were underlying their neurosis and thus remove their symptoms.

Freud encountered resistance from his patients in this process due to the ego's defence mechanisms such as repression and denial. The ego will deny experiences and repress memories which are the cause of anxiety, guilt and shame. He developed techniques to overcome the ego's defences and bring unconscious memories into consciousness. These techniques were free association, dream interpretation and transference interpretation. In free

association he would get his patients to describe the first thing that came to mind when presented with a word. This helped to bring unconscious ideas and conflicts to the surface. Freud stated dreams were the royal road to the unconscious and developed the technique of dream interpretation which brought the unconscious into consciousness. He also pioneered the technique of analysing a patient's transference (which will be discussed in the client-counsellor relationship) from which he saw how past experiences were influencing present relationships.

Freud stressed the importance of childhood experiences in psychological development and saw the cause of psychological disturbance as resulting from traumatic experiences and abuse in childhood. Freud's techniques are still practised by psychoanalysts and psychodynamic counsellors today. Clients are helped to explore their past and gain insight into how they developed past behaviours in response to their environment. Contemporary psychoanalysts will also stress the importance of a child's genetically inherited temperament in the development of their personality and 'attachment experiences between the mother and infant, they also recognise the significant effects [of] later development experiences in childhood and adolescence' (Yakeley, 2014, p. 23).

Client-Counsellor Relationship

The client-counsellor relationship is a cornerstone of psychoanalytic and psychodynamic therapy. The counsellor will utilise the transference of the client to gain insight into the past experiences and relationships of the client. The emotional reactions from the client to the counsellor are the transference of earlier experiences, childhood feelings and ideas developed from their relationships with parents, primary carers and authority figures. The counsellor will work through the client's transference with them until they are free from unhealthy projections.

Applications

Psychoanalysis would benefit people who are experiencing difficulties due to past traumatic experiences and clients who are repeating destructive behaviours. It will appeal to people who want to gain insight into their past and the workings of their mind. It is not suitable for people in the first stage of crisis or people who have suffered a bereavement.

Individual Psychology

Originator and Development

Alfred Adler (1870 – 1937) is the originator of Individual Psychology and Adlerian Therapy. Adler was a disciple of Freud and practised psychoanalysis. He broke away from the psychoanalytic school as Freud's theories were too deterministic, restricted motivation to sex alone and had a negative view of people. Adler expanded on Freud's theories and not only saw people as being motivated by sex and the pleasure principle, he also saw that people had a will to power and placed motivation on the individual values of a person and emphasised the social needs of people. He viewed a person individually and holistically, taking into account their personal experiences and saw a person as being self-determining and essentially good. This influenced Maslow and Humanistic Psychology.

Adler developed a theory of personality based on family position and environmental factors. He is best known for discovering and identifying a type of neurosis called the inferiority complex. If a child's nurturing environment has caused them to feel inadequate they will experience themselves as being inferior. In response to this a person may compensate for their lack of self-worth by overachieving in an attempt to make themselves worthy. In Adler's view 'Childhood experiences are not, as such, important in themselves. However, how we view them and our past is significant as this will have an effect on our current perceptions of

ourselves. He measures mental health by the extent to which we can create wholesome relationships with others and to what degree we can show and apply compassion towards fellow human beings (Smith, et al., 2012).

Adlerian therapy will help a client achieve insight into how their past experiences are manifesting currently. An Adlerian therapist will help the client to identify self-defeating behaviours and attitudes with the use of interpretations and will re-educate the client. Clients are motivated to change by goals they wish to achieve with the completion of therapy, however, the major goal of therapy is the insight they will gain. 'Contemporary Adlerian theory is an integrative approach, combining cognitive, psychodynamic, and systems perspectives' (Corey, 2001, p. 132).

Client-Counsellor Relationship

The client-counsellor relationship is collaborative and based on equality. The counsellor will have empathy for the client and honour their individuality. The counsellor will also take a didactic role in re-educating their client.

Applications

People who will benefit from this approach are people with relationship difficulties, addiction issues and generally people who need to change. It may not be suitable for people who are in deep distress and need immediate relief and may not be suitable for people who don't want to explore the past and their personality.

Analytical Psychology

Originator and Development

Carl Jung (1875 – 1961) was also a disciple of Freud and was influenced by Adler. Jung learned a great deal from Freud but eventually broke away from him and the psychoanalytic school when they couldn't reconcile their differences. 'The main point of difference between the two men was Freud's definition of sexuality and libido. Although Jung conceded the importance of the sexual instinct, he considered Freud's view of it to be imbalanced' (Hough, 2014, p. 113). Jung made the argument that in a tribal society where sex was available and food wasn't then food would be the primary motivating factor. Jung also saw a drive for creativity in some people. Therefore what is meaningful for a culture or person will depend on environmental factors and individual need.

Jung adapted and developed Freud's technique of dream analysis. He divided the unconscious into the personal and collective unconscious. The personal contains individual experiences and characteristics. The collective layer is common to all people. He discovered this layer by seeing common symbols and motifs in dreams which he called archetypes. These archetypes represent constituent parts of the psyche. For example, the anima and animus are archetypal symbols which represent the masculine and feminine in the psyche. Jung developed and expanded on Adler's theory of personality and gave us the attitudes of introversion and extraversion. He did not believe that people were born as a *tabula rasa*. He developed a phenomenological theory of personality types which is now the foundation of the Myers-Briggs type indicator. Jung pioneered the theory of individuation which was a forerunner of the humanistic approaches but he didn't see people as being entirely self-determining. He saw will as having an energy value which is shared between the unconscious and the conscious mind with the greater share belonging to the unconscious (1928). However, this proportion will vary at different stages of development. Jung was also inspired by Adler's theory of compensation and saw the unconscious as having a compensatory relationship with the conscious mind

(1938). For example, a child who has a domineering parent may experience dreams produced by the unconscious in which they are flying to compensate for their lack of freedom.

Jung understood psychological disturbance as unconsciousness (1935). That is to say, a person has become dissociated from aspects of their personality which are repressed and denied. These are splintered parts of the personality which have become alienated from the conscious mind due to traumatic experiences or socialisation. Jung called these complexes and they exist in the shadow (the unconscious) of a person. A Jungian therapist will help a person to integrate their shadow, expand their ego-consciousness and become their whole unique self. Techniques used to achieve this include free association, dream interpretation, active imagination and transference analysis. The goal of therapy is for a person to achieve wholeness. Contemporary Jungian analysts have successfully adapted the approach for brief therapy where the client is helped to focus on specific issues (Cassement, 2014, p. 94).

Client-Counsellor Relationship

The client-counsellor relationship is a cooperative one. Jung stressed the importance of building a rapport with the client.

Applications

Clients who have an interest in Jungian theories will benefit from the approach. It will be suitable for people who have reached midlife or struggling to find meaning in life. Creative people will be attracted to the active imagination medium of Jungian therapy. It will not be suitable for people who are experiencing acute crisis whose problems need to be addressed quickly. And it may be too intellectually demanding for some clients.

Object Relations Theory

Originator and Development

Object Relations Theory (ORT) innovators include Klein, Winnicott, Fairbairn, Guntrip, Bowlby and Kohut. Melanie Kline (1882 – 1960) has made the most significant contribution to ORT and is regarded as the principal figure. Klein trained as a psychoanalyst in the Freudian school. In Freud's theory infants are driven by the pleasure-pain principle of the id to satisfy their needs and survive. Klein introduced the concept of infants 'object seeking' rather than 'satisfaction seeking'. 'The object relations school moved away from the classical Freudian libidinal theories of instinctual pleasure-seeking drives, placing emphasis on human contact and relationships...The infant's instinctual drive is both to survive and to satisfy their needs in relation to a loving, nurturing 'object' or person, usually the mother or a central figure' (Milne, 2010, p. 152).

Klein worked very closely with children and observed stages in their early development which she called positions. These are the paranoid-schizoid position and the depressive position. The paranoid-schizoid position begins with the birth of the baby and lasts for three to four months. The baby has left the security of the womb and feels persecuted and under attack in the external world where it is defenceless and utterly powerless. The first object the baby encounters is the mother's breast. The baby vents its aggression towards the breast but comes to realise the breast is also a source of comfort. The baby copes with the dual negative and positive experiences of the breast by splitting the good and bad images in its mind so that subjectively the breast becomes two separate things. The baby will also introject how it is treated by others and form good and bad ideas about itself which will determine its sense of worth in later life.

The second position is the depressive position which begins around four months and ends around 12 months. In this phase the baby gradually realises that mother is a separate object from itself and that mother possesses good and bad qualities. The baby experiences sadness, guilt and anxiety for having directed its aggression towards mother. People who don't successfully complete this crisis stage of development will be stuck in this depressive stage. And moreover, people who experienced difficulties in either of these stages of development will have issues in adult life including low self-esteem, trust issues, relationship difficulties etc.

ORT has had a major influence on therapy and counselling with special significance given to the mother-child relationship which will determine the quality of future relationships of a person. Clients who did not experience a healthy mother-child bond will suffer as a result. 'Guntrip came to believe that the early relationship deficit suffered by his patients could only be ameliorated by a form of psychotherapy, in which the psychotherapist replaces the missing parent, who, in infancy, is essential for growth, development and a sense of self' (Hough, 2014, p. 131). Bowlby's attachment theory is a contemporary development of ORT and has had a massive influence on the understanding of early experiences and how they affect people and their ability to relate to others. Therapy using this model will help clients to develop self-esteem and personal identity, improve trust and establish healthy relationships with people.

Client-Counsellor Relationship

The counsellor becomes a temporary parental figure for the client to experience a secure attachment and develop a healthy sense of self and others.

Applications

Clients who experience relationship problems and interpersonal problems. People who are in immediate crisis may not be suitable for this approach initially.

Attachment-Based Psychotherapy

Originator and Development

John Bowlby (1907 – 1990) was a psychoanalyst whose work has its roots in Melanie Klein's Object Relations Theory. Bowlby developed a theory 'of attachment behaviour from an object relations perspective, identifying the early human need to maintain close contact with a parent or another significant person' (Milne, 2010, p. 151). Bowlby believed that how we experience our parents will influence our ability to make affectional bonds in later life (*The Making and Breaking of Affectional Bonds*). In other words, how we experience our parents and primary caregivers will determine how we experience and relate to other people.

'Bowlby asserted that human beings possess a basic need to form attachments with other people and that problems arise if they experience difficulties in forming secure attachments. Such difficulties tend to result if relationships with parents or carers have in some way been disrupted during childhood. Possible causes of disruption might include the loss of a parent through death or separation, or lack of consistent care due to mental illness or drug or alcohol abuse' (Smith, et al., 2012, p. 14). If a child experiences consistent care from its carer the child will form a secure emotional attachment and the carer will become a secure base from which the child will explore its environment. If the care is inconsistent or lacking the child will form an insecure attachment and will have difficulty forming healthy relationships in adulthood.

Mary Ainsworth built upon Bowlby's ideas and identified three different types of attachment styles: secure attachment, ambivalent attachment and avoidant attachment. When a child has experienced a secure attachment with primary caregivers, with the emphasis on the mother-child bond, the child will feel secure knowing that it is protected, provided for and

cared for. The child will feel confident to explore its environment with mother as a safe base. The child will trust in their caregivers and will form a positive self-concept. The child will feel secure, confident, have a positive view of others and will be able to form healthy relationships throughout life.

When a child has experienced inconsistent care the child will develop mixed feelings toward its caregiver and form an ambivalent attachment. For example, the child is distressed when the caregiver leaves and the child is distressed when the caregiver returns. The child clings to the caregiver but resists interaction with the caregiver. The child will develop a negative self-concept and will struggle to form healthy relationships. As an adult the person will be clingy in relationships and push people away when they try to get close.

A child with an avoidant attachment style will not seek the caregiver when they are distressed as the caregiver has been dismissive and unavailable for them in the past. It will learn to conceal its distress and detach from feelings. When a child has experienced insufficient bonding and care from an insensitive caregiver it will compensate by becoming independent. The child may develop a superior self-concept and view others negatively. A person with an avoidant attachment style will struggle to form relationships and will have a tendency to isolate.

Contemporary psychodynamic counselling has a strong foundation in attachment theory. Clients will be helped to see how past attachments are influencing present relationships. The client will develop a secure relationship with the therapist and will be helped to develop a positive self-concept and become aware of the whole range of their feelings and thoughts. As the client progresses their self-awareness and ability to relate to others will increase.

Client-Counsellor Relationship

The therapist will provide 'their role as an attachment figure and aim to provide the 'secure base' which many clients lacked as children and from which they can explore painful issues' (Smith, et al., 2012, p. 15).

Applications

Clients who have attachment disorders. People who are in immediate crisis may not be suitable for this approach initially.

References

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