The old rascal is still at it. May 6, 2006 was the 150th birthday of Sigmund Freud, celebrated by many who honored him and expressed their gratitude for opening the door to a sweeping view of subjective mental life. Others saw it as the occasion for reviling the man and disparaging the vast body of thought he spawned. As with Darwin, Einstein, Marx, and other intellectual giants of the last 150 years, this was not an anniversary that passed unnoticed.

One of Freud’s contributions to clinical work with patients is the recognition that a part of the patient will not want to change, even at the cost of forfeiting the opportunity to reduce the suffering of illness. There are several reasons for this. One is that some manifestations of what the patient and therapist consider to be illness are actually efforts to cope with unacceptable thoughts and wishes. Another is that to acknowledge these unacceptable things within one’s self is fraught with shame and sometimes guilt. The backlash comes from one’s own vision of the kind of person he or she would like to be (the ego ideal), as well as conscience if moral considerations of right and wrong are at stake. Both are components of what Freud called the superego.

At first Freud viewed such resistance to pursuing change as an impediment to psychoanalytic treatment. Eventually he realized that very important work lay in understanding the motivations for opposing therapeutic insight: one would have to acknowledge the hidden gratifications of not changing and elucidate the defense mechanisms by which people unconsciously avoid confronting anxiety-laden wishes and memories. In fact, once those issues were worked out, what was being avoided could seem less noxious and more manageable in conscious awareness. The disrupted equilibrium could be replaced by a new balance of forces, more accessible and flexible. Although clinically highly relevant, this concept is only one example of how Freud disturbed the peace at the time he proposed these concepts.

Many of Freud’s ideas that are generally taken for granted in 2006 were fiercely opposed when he first presented them.

- The idea of an extensive unconscious mental life was humbling to those who were dedicated to the primacy of reason and total self-control. We are now accustomed to daily references in the media to unconscious mental processes, as well as their manifestations in dreams, fantasies, “Freudian” slips of the tongue, and unusual behavior.

- Freud’s evolving ideas about infantile sexuality were an offense to Victorian sensibilities and met with scorn and derision. There is now abundant evidence that small children have sexual sensations and awareness, and that children go through many stages of maturation in which these feelings are integrated and managed in such a way as not to be overwhelming, disturbing, or uncontrolled in inappropriate relationships. Disruption of this maturational process is the outcome of child abuse, other forms of premature overstimulation, or punitive suppression of sexuality.

- A comprehensive view of childhood psychological development grew out of Freud’s work, which was then elaborated by his daughter, Anna Freud, and many others including Erik Erikson, Piaget, and more recent writers on self psychology and object relations. With this work came an awareness of how the present is built upon the past, with early childhood making a major contribution but all experience counting. Most relevant is the way in which past experience influences the present and is constantly re-enacted or consolidated into pervasive personality patterns that are operative in the here and now. Some modern forms of psychotherapy eschew any interest in the past of the patient, but usually patients expect and want to talk about their life history.

- Freud’s earlier ideas on the division of the mind into the conscious and unconscious realms were replaced later in his career by a “structural theory” that emphasized a constant interplay among different psychic functions—an Id, the biological drives; an Ego, the
extensive perceptual, reasoning, memory, and executive functions; and a Superego, the conscience and ego ideal (standards and expectations of oneself). Consciousness or the lack of it became an attribute of mental contents, rather than an entity in its own right. Most important was the idea of internal conflict among different agencies of the mind (or within those agencies, such as between love and hate, with both emanating from deep-seated emotional centers). Although the concept of inner mental conflict is a truism about human subjective experience that runs throughout the world’s great literature, history, art, and music, Freud helped us understand and define it much better. The terms that we use are less important than the fact that we can recognize internal conflict and address it. The awareness of a dynamic equilibrium among various agencies of the mind is the source of the term psychodynamic, for a form of psychotherapy derived from psychoanalysis. Current neurophysiological findings confirm the complex interaction, with excitatory and inhibitory feedback loops, among different functional parts of the brain.

Freud looked beyond symptoms to their unconscious causative processes. Examples of his brilliant explorations are treatises on depression and anxiety. His work on the relation of mourning and melancholia to grieving, rage, guilt, abandonment, and identification with the lost object continues to inform sensitive work with depressed and grieving persons today. He understood anxiety, not as just another symptom, but as an affect experienced when one is threatened by powerful, unacceptable impulses that could overwhelm one’s defenses; it may be resolved when more effective defenses, possibly resulting in other symptoms such as compulsions or phobias, can be instituted. These dynamic forces of psychopathology are open to psychotherapeutic work, an approach that remains in conflict with clinical approaches that rely wholly on finding the right medication to combat a DSM-IV-TR symptom-based diagnosis. Freud’s perspective on the whole psychological makeup of a person is more cohesive than the target symptom approach in dealing with the awkwardly common phenomenon of “comorbidity” within a symptom-based diagnostic classification.

Underlying the whole body of Freud’s work is the concept of free association. As a technical device, this is the foundation of psychoanalytic work. Allowing ourselves to depart from linear, goal-directed thinking, to say whatever comes to mind, becomes the source of rich data from which patterns emerge as well as links to previously unconscious memories, thoughts, and emotions. Dreams, fantasies, slips of the tongue, unaccountable actions—all become clues. Freud’s early ideas of nodal points in a vast network of associative thought patterns presaged modern concepts of the way billions of neurons interact with each other to integrate the ideational, perceptual, and emotional dimensions of a memory. Unfortunately, disincentives to free association with its open-ended approach to therapy abound in the world of third-party payment, complicated by the increased use of more structured treatment modalities that maintain firmly directive control over the patient’s communications.

Psychoanalysis and all psychotherapies take place in the context of a relationship. In his work with patients, Freud gradually became aware of transfer— the re-experiencing of important early relationships in the work with the therapist—and then counter-transfer— the effect of the therapist’s own life history on his or her responses to the patient. Here and now of the therapeutic relationship became the laboratory in which the underlying core conflicts and repetitive patterns could be experienced first hand, understood, and worked through over time to a new, more realistic resolution. More recent contributions, most with roots in Freud’s insights, have elucidated the roles of self-interest, self-preservation, and self-esteem (normal and pathological narcissism) vis-à-vis the complexities of relationships with others, in a constant interplay between self and other people. Study of the “intersubjective” engagement of the mind of the analyst and the mind of the patient has clarified what has always been evident from Freud’s clinical writings: the therapist is not simply a detached observer but rather an active participant in an interactive human relationship, even though the focus is on the patient.

Since the birth of psychoanalysis in Freud’s seminal study of The Interpretation of Dreams, psychoanalytic treatment methods have spread around the world. Freud continued to elaborate and refine psychoanalysis throughout his long career until his death in 1939. Psychoanalysts across Europe and the Americas contributed to an extensive literature that enriched the field during Freud’s lifetime and continued to do so during the seven decades following his death. Psychoanalysis became longer and more ambitious in dealing with major
personality issues. At the same time, it yielded up the treatment of psychotic disorders and major mood disorders to the realm of medications, although psychoanalytic understanding of the dynamics of mental life continued to contribute to the care of persons suffering from these illnesses. Along with this, modifications of psychoanalysis evolved into psychodynamic psychotherapy—more flexible, well supported by efficacy studies, and widely practiced. However, there remains a threshold of daily visits, along with use of the couch and an intense focus on the therapeutic relationship, that allows a transformative process to occur in psychoanalysis proper that is not usually possible in psychotherapy.

In the United States, where psychoanalysis was largely dominated by medical practitioners through most of the last century, a large number of psychologists, social workers, and counselors have become psychoanalysts in recent years, along with many young psychiatrists. The membership of psychoanalytic organizations continues to grow. Although recent statistics are not available, the average number of patients being treated in psychoanalysis by individual analysts has probably diminished in proportion to those being treated with psychodynamic psychotherapy, cognitive-behavioral therapy, other forms of psychotherapy, and/or medications. Nonetheless, Freud's legacy of psychoanalysis as a treatment remains vital as a uniquely powerful way of ameliorating certain forms of pervasive human suffering.

References