

Psychoanalysis

The ego

- is responsible for the interests of the person as a whole
- is in a dependent relationship to the claims of the Id
- is the expression of the defensive pole of the personality in neurotic conflict
- is reality oriented
- is not a term used by Kleinian analysts

Ego functions

1. relationships with reality
 - adaptive
 - reality testing
 - maintenance of a sense of reality
2. regulation and control of drives (libido theory)
3. relationships with other people (object relations theory)
4. cognitive
5. defensive
6. synthetic – the ability to hold together as a person
7. autonomous – derived from autonomous energies of the ego

Ego strength

- is an important requisite for psychoanalytic therapy
- includes an ability to:
 - integrate interpretations
 - replace reality with fantasy
 - observe intrapsychic processes
 - function responsibly in a relationship

Ego defence mechanisms

- **described by Freud :**
 - repression
 - denial
 - projection
 - displacement
 - regression
 - reaction formation
 - sublimation
 - identification
 - rationalization
- **Neurotic defence mechanisms:**
 - repression
 - denial
 - displacement

- regression
- reaction formation
- identification
- rationalization
- distortion
- turning against the self – seen in passive aggressive individuals and hypochondriasis
- projective identification
- acting out
- intellectualization
- isolation
- **Primitive defence mechanisms:**
 - splitting
 - projection
- **Normal/ healthy defence mechanisms:**
 - sublimation

Components of repression

1. *Dissociation* from the self of the unconscious idea leads to
2. Failure of comprehension of the enacted idea, so there is then
3. Unresponsiveness to feedback, and acts are not regulated (leading to *repetition compulsion*)
4. *Abnormal motivational state* – since unconscious motivation still drives the acts
5. Repression of memory – but the data are preserved in the unconscious and *normal forgetting is prevented*

Psychoanalytic techniques

1. Free association – interruptions in the flow were felt to be indicative of *resistance*
2. Interpretation of dreams
3. Exploration of parapraxes

Epinosic gain

- means secondary to illness, i.e. synonymous with secondary gain
- the patient may exercise control over the environment, including those people around him
- it assists in the maintenance of symptoms

The Freudians

Sigmund Freud (1856-1939)

- symptoms disappear after *abreaction* – intense release of emotions upon recall of forgotten idea or memory
- important ideas were often sexual, especially memories of sexual trauma in childhood = *seduction theory*
- *pleasure principle vs. reality principle*
 - repression manifested clinically as ‘blocks’ in exploration – *resistance*

Dreams

1. **Dreams consist of:**
 - a) the day residue
 - b) nocturnal stimuli
 - c) unconscious wishes
 - d) the latent dream
2. **Components of the latent dream include:**
 - a) the day residue
 - b) nocturnal stimuli
 - c) unconscious wishes

Dream work

- is the process which turns the hidden ‘latent’ content into the reported ‘manifest’ content of the dream
- consists of:
 1. Condensation – the manifest content shows ‘over-determinism’
 2. Displacement
 3. Dramatization
 4. Symbolization
 5. Secondary elaboration (secondary revision) – this is the process of revising and/ or elaborating the dream after awakening in order to make it more consistent with the rules of secondary process

Parapraxes

- apparent errors or omissions in everyday life that symbolize underlying attitudes
- they may be:
 1. Symptomatic – the emotional urge is not repressed at all
 2. Disturbed – incomplete repression is present
 3. Completely inhibited – with complete repression

'The two principles of mental functioning' (Freud 1911a)

Primary process thinking

- **attributes:**
 - *displacement* – an apparently insignificant idea is invested with all the psychical depth originally attributed to another idea
 - *condensation* – all the meanings and several chains of association converge on to a single idea standing at their point of intersection
 - *symbolization*
- **characteristics:**
 - timelessness
 - disregard of reality of the conscious world
 - psychical reality – memories of real and imagined experience are not distinguished; abstract symbols are treated concretely
 - absence of contradiction – opposites have a psychic equivalence
 - absence of negation

The pleasure principle

- the motivating principle of primary process
- mainly inborn
- pleasure is sought through tension discharge
- leads to:
 - wish fulfilment
 - the discharge of instinctual drives

Secondary process thinking

- is the operating system of the preconscious and the conscious
- **characteristics:**
 - time – flows linearly
 - reality – is regarded; uses thoughts and mental models to look for logical connections
 - verbal word-presentations are used
 - contradictions are recognised and should not exist

The reality principle

- the motivating principle of secondary process
- it is the result of external reality
- leads to:
 - delayed gratification

Instinct theory

- relates to the *topographical model* of psychoanalysis - the **unconscious**, the **preconscious**, and **conscious** systems

- Freud saw the internal world as dominated by man's struggle with his instincts or drives - basic developmental needs constituted from phantasies, which had a peremptory quality and required expression and gratification
- the **dual-instinct theory** emphasized the struggle between the life force (*eros*, which manifested its energy through *libido* – the sexual instinct) and the death instinct (*thanatos*)
- the individual was at the mercy of these instinctual wishes, with adult symptoms arising from the psychological defences mobilized to deal with their infantile demands - each wish has an innate need for *discharge*
- instinctual wishes have a *source* (body, e.g. erogenous zone) and an *aim* (discharge) as well as an *object* (e.g. mother's breast)

Structural theory

- three components of the human personality, mistranslated as:
 - **id**
 - refers to the basic inborn drives, and the sexual and aggressive impulses
 - **superego**
 - describes conscience and ideals which are derived through the *internalization* of parental or other authority figures; usually results via resolution of the *Oedipus complex*
 - the superego is involved in the experience of guilt, perfectionism, indecision, and preoccupation with right or wrong > depression, obsessional disorders, sexual problems
 - **ego**
 - the more rational, reality-orientated and executive aspects of the personality
 - partly conscious and partly unconscious

Conflict and adaptation

- instinctual wishes cannot obtain direct expression
- by the time they reach the ego, they have been modified to such an extent that they can only be pieced together through dreams, parapraxes, and the *transference*
- modification of instinctual wishes is effected through the use of ego defence mechanisms :
 - **repression**
 - **displacement**
 - **reaction formation**
 - **sublimation**
 - **projection**
 - **denial**
 - **rationalization**
 - **compensation**
 - splitting
 - avoidance
 - introjection
 - identification
 - regression

- conflict occurs between the instinctive drives under the sway of the *pleasure principle* and the demands of reality, the *reality principle*

The Cathartic Model

- therapy releases the blocked emotions

The Topographical Model

- set out in *The interpretation of dreams (1900)*

1. **Unconscious**

- a) contains repressed ideas and feelings
- b) characteristics:
 - i) outside awareness
 - ii) operating system – *primary process*
 - iii) motivating principle – *pleasure principle*
 - iv) access – when the censor gives way, by becoming relaxed, fooled, or overpowered
 - v) contents seen through neurotic symptoms, jokes, dreams, parapraxes
 - vi) system position:
 - a) no negation
 - b) timeless
 - c) image oriented
 - d) *connotative*
 - e) symbolic
 - f) non-linear

2. **Preconscious**

- a) maintains the ‘censors’ (repression barriers)
- b) characteristics:
 - i) it is outside awareness, but superficial layers are easily accessible
 - ii) operating system – uses *secondary process*
 - iii) motivating principle – the reality principle
 - iv) access – can occur through focused attention
 - v) system position:
 - a) bound by time
 - b) word oriented
 - c) *denotative*
 - d) linear

3. **Conscious**

- a) awareness of external world by perceptual stimuli
- b) characteristics:
 - i) within awareness
 - ii) operating system – *secondary process*
 - iii) motivating principle – *reality principle*
 - iv) easily accessed
 - v) system position:
 - a) bound by time

- b) word oriented
- c) *declarative*
- d) linear

The Structural Model

- set out in *The ego and the Id (1923)*
- 1. *Id*
 - a) unorganized reservoir of energy (libido)
 - b) instinctual drives seeking gratification
 - c) unconscious; uses primary process
- 2. *Ego*
 - a) develops from original Id due to impact of external world
 - b) Control and regulation of instinctual drives:
 - i) delay gratification
 - ii) impulse control
 - iii) secondary process thinking
 - c) Relation to reality:
 - i) sense of reality
 - ii) reality testing
 - iii) adaptation to reality
 - d) Object relations
 - e) Synthesis – integrating and organizing
 - f) Primary Autonomous Functions:
 - i) perception
 - ii) comprehension
 - iii) thinking
 - iv) language
 - v) learning
 - g) Ego defence mechanisms
- 3. *Superego*
 - a) internal representative of parental prohibitions
 - b) develops at age 5-6 as a result of resolution of the Oedipus complex
 - c) causes a primitive irrational guilt
 - d) unconscious; uses primary process
- 4. *Thanatos* and *eros*

Libido theory

- 1. oral stage (0-18 months)
 - a) mother loved as source of nourishment (*Primary Love Object*) or hated (bitten) as a frustrator of need
- 2. anal stage (2-4 years)
 - a) struggle for control with mother over bodily functions
 - b) faeces as something created
 - c) feelings of mastery by withholding
- 3. phallic stage (3-6 years)
 - a) *Oedipus complex* – fear that the wish to get rid of the rival father will result in retaliatory castration (*castration anxiety*)

- i) resolution by giving up mother, and identifying with father
 - ii) introjection of the castrating father leads to formation of the superego
- b) *Electra complex* – fear of mother’s disapproval over interest in father
 - i) phallic preoccupations demonstrate inferiority of clitoris to penis (*penis envy*)
 - ii) girl turns to father to provide missing penis and babies (*penis-baby*)
 - iii) gradually resolved by father’s continued interest in mother
- c) interest in urination
- 4. latency period (6 years - puberty)
 - a) energy is diverted into learning social relationships and play
- 5. genital period (puberty onwards)
 - a) establish mature heterosexual relationships

Karl Abraham

- wrote on character formation
- the first psychoanalyst to shift attention from symptoms to character
- most famous paper is ‘*A Short Study of the Development of the Libido, Viewed in the Light of Mental Disorders*’ (1924). In it he traces the individual’s libidinal development from the first oral stage, in earliest infancy, to final maturity with the establishment of genital sexuality
- recognized that immature modes of communication derived their colouring from the individual’s bodily relation to his or her earliest objects
- a fixation at one of these bodily stages structured future emotional responses to the social environment
- maturity, for Abraham, is an emotional relationship with a stable love object with a capacity for genital-sexual relationship. When this state has been achieved, the person lives in a friendly harmony with his social environment (Freud thought that there was an eradicable opposition between the individual and society)
- the aim of the analysis is to help the individual to full maturity
- those who present for analysis have remained stuck at one the six stages as outlined below :
 1. earlier oral stage - auto-eroticism, pre-ambivalent
 2. later oral stage - narcissism, oral-sadistic
 3. earlier anal-sadistic stage - partial love with incorporation
 4. later anal-sadistic stage - partial love
 5. earlier genital stage - object love with exclusion of genitals
 6. later genital stage - object love
- Abraham is the first analyst to signal the importance of the early relationship of the child to its mother, and in particular the mother’s breast - Freud had been much more concerned with the father
- in the early stages, the child is focused on the mother not as a whole, but on a part
- the child cannot distinguish between its own self and the external object

Ernest Jones

- theorized about symbolism
 1. a phenomenon of primary significance is represented by a lesser essential idea
 2. the symbol represents the primary element through having some perceptual element in common with it
 3. a symbol is sensorial and concrete but may represent a relatively abstract idea. It has its roots in childhood when matters are concretely represented
 4. symbols are primitive modes of thought and represent a reversion to an earlier stage of mental development
 5. usually the symbol is a manifest expression of a hidden idea
 6. symbols are produced spontaneously and are productions of the unconscious
- characteristic of the 'true symbol' is when it is interpreted it evokes surprise and repugnance

Sandor Ferenczi (-1933)

- published *The Development of Psycho-Analysis* with Otto Rank in 1923
- in it they stressed the communication that went on *between* patient and analyst - it should be an emotional reliving
- the analyst needs to divest himself of his narcissism
- object-relatedness needs adaptation
- stresses the trauma unconsciously inflicted by a remote and distant parent
- recommended warmth and friendliness towards patients; a spontaneous natural attitude
- recognised two particular forms of trauma :
 1. he identifies a stage of tenderness in the young child during which too much love can cause a trauma
 2. the 'terrorism of suffering' - a mother binds her child to her by complaining of all her miseries, and so turns her child into a mother substitute (the patient is very concerned in the transference to protect and look after the analyst)
- children have a compulsion to put right all disorder in the family

Adler (1870-1937) – school of individual psychology

- psychic compensation
- fantasized *organ inferiority* leads to *Inferiority complex*, with compensatory *striving for superiority* – importance of power and social significance in psychodynamics
- fictive goals
- *Masculine protest* as an attempt to assert oneself
- described the importance of *birth order*

Wilhelm Reich (1897-1957)

- socio-political approach
- character analysis
- neurosis is due to sexual frustration and repression of sexuality
- *orgone energy* accumulator – to trap bits of libido (*Bions*)
- *character armour analysis*
- led to bioenergetics

Otto Rank

- neurosis originates in the trauma of birth
- denied the centrality of the Oedipus complex

Carl Jung (1875-1961) – The School of analytical psychology

Differences between Jungian and Freudian theory

- Libido theory:
 - Jung did not believe that libido was purely sexual
- Nature of the Unconscious:
 - Jung believed in the *collective unconscious*, later referred to as the objective psyche
 - the objective psyche gives rise to consciousness
- Causality:
 - teleology – offers an explanation in terms of future potential
 - synchronicity – offers an explanation in terms of causation at the boundary of the physical world with the psychological (mystical) world

Jungian theory

- 1) Three levels of psyche:
 - a) conscious – includes the *persona*; also includes the *ego*
 - b) personal unconscious
 - c) collective unconscious (racial, universal)
- 2) Events involve:
 - a) *causality*
 - b) *teleology*
 - c) *synchronicity*
- 3) The *persona* is “the individual's system of adaptation to, or the manner he assumes when dealing with the world”
 - a) it is the outer crust of the personality, which is the opposite of the personal unconscious on dimensions of:
 - i) thinking/ feeling
 - ii) sensuousness/ intuition
 - iii) extrovert/ introvert
- 4) *archetypes* are generalized symbols and images within the collective unconscious
 - a) the forms can be found in rituals, beliefs, and lifestyles throughout history
 - b) five important archetypes are:
 - i) *anima* – the feminine prototype within each person (not an internalization of the mother)
 - ii) *animus* – the masculine prototype within each person
 - iii) *persona* – the outward mask covering the individual's personality and allowing social needs to be balanced with individual needs
 - iv) *shadow* – repressed animal instincts arising from phylogenetic development
 - v) *self* – a central archetype holding together conscious and unconscious aspects
- 5) *Dreams*:
 - a) like Freud, Jung recognized the processes of displacement, condensation, and symbolization
 - b) dreams depict the psyche's forward and regressive moves
- 6) *Introversion/ Extroversion*
 - a) hysteria = extroversion

- b) schizophrenia = introversion
- c) consciousness receives data according to its own orientation, either introvert (consciousness directed towards the object) or extrovert (consciousness directed towards the subject)
- d) characterize the structure of consciousness, not of behaviour
- e) consciousness is then sorted out according to the functions of *sensation, thought, feeling, and intuition*
 - i) there are therefore 8 possible types of conscious orientation

The Neo-Freudians (Dynamic cultural)

- influenced by Adler
- emphasis on:
 - social processes
 - interpersonal processes
 - the 'here and now' rather than past history

Karen Horney (1937)

- neurosis is due to cultural factors
- need for actualization of ideal self
- challenged the view that women's lack of a penis caused them to feel inferior to men
- she argued that it is men who envy women since they cannot bear children - she called this '*womb envy*'
- *neurotic trends*

Henry Stack-Sullivan

- the self consists of:
 1. the *reflected appraisals* of others
 2. the roles it has to play in society
- in therapy there is *consensual evaluation*
- described the *self-system*:
 - the self-system is the series of behavioural controls and defensive operations that a person adopts to avoid anxiety
 - increased anxiety results in increased activity of the self-system

Erich Fromm

- emphasized the relationships between individual society rather than instinctual development
- *moral masochism*
- *automaton conformity*
- *sadism*
- importance of family influences

British Schools

Anna Freud (1895-1982)

- also developed child analysis
- elaborated *mechanisms of defence*
- *developmental theory*
- increased emphasis on environmental factors
- super-ego development over 4-5 years
- use of play, stories, dreams, talk

Melanie Klein (1881-1969)

- Pioneered child analysis after realizing that children enacted their phantasy life in play. The play then took the place of free associations and could be analysed
- her starting point is the fear of annihilation by a feared object, which is an element within, but is experienced as being outside
- like Fairbairn, believed that the infant is object-related from the start and distinguished between whole objects and part-objects
- at the beginning of life the child does not have a perceptual image of mother, but is aware of the smell and taste of milk, the feeling of the breast etc. All of these are part-objects, the whole object being mother. The most important part-object is the breast
- in this way, Klein gives the central focus to the object, the breast, and not to the mouth as the erotogenic zone
- at the breast the baby is satisfied and comforted, but when there is no breast he or she feels frustrated. Stimulated by frustration, the baby creates the phantasy of a bad breast through projecting the inner bad something into the phantasied breast, which then becomes not only bad, but also persecuting, because it is felt the breast will attack back. Melanie Klein termed this the *Paranoid-Schizoid* position. It is dominated by projective mechanisms and was felt to be psychotic. All the infant's hatred and violent hostility are projected into the bad breast
- the process which dominates this period is *projective identification*
 - dominant defence mechanisms include:
 - introjection (internalization)
 - projective identification
 - splitting
- if there is regression to the paranoid-schizoid position in adult life, the emotions are part-object related
- one day, usually around 3-4 months old, the baby puts together all the pieces and realizes that they form one whole - mother
- this is the *depressive* position - the baby feels sad and bad because it realises its hostilities are directed towards its mother
 - the dominant process is *introjection* - the baby perceives mother as a whole person and introjects her as a whole object

- if the caring and feeding situation is a good one, the infant will introject this, meaning that it will take in a good sense of things outside

Key terms and concepts, in chronological order during the first year

- *oral frustration*
- *oral envy* (or parental 'oral' sex) and *oral sadism*
 - occurs during the first year
 - together with oral sadism lead to Oedipal impulses
- a longing for the oral incorporation of father's penis, by aggressive desires to bring about the destruction of mother's body (which contains father's penis)
- *Castration anxiety* in boys and fear of destruction of her own body in girls
- emergence of the *primitive superego*
- *introjection* of pain-causing objects
- development of a *cruel superego*
- *ejection of the superego*

John Bowlby (1907-1991)

- importance of *maternal deprivation* and affectional bonds
- linked psychoanalysis with ethology
- *attachment theory*
- described *separation anxiety*:
 - protest
 - despair
 - detachment

Post-Freudians

Donald Winnicott (1896-1971)

- paediatrician and psychoanalyst
- development of *object relations theory* (with Fairbairn, Guntrip, and others)
 - satisfaction is sought in relationships – not only in sexual relief
- broadened the concept of the countertransference

Countertransference

- **Objective countertransference** – the objectivity derives from the belief that the countertransference was an understandable and normal reaction
- **Countertransference hate** – derives from the mother-child dyad; suggested that it should be articulated to the analysand at the end of therapy

Motherhood

- **Good-enough mother**
- **Pathological mother** – imposes her own needs over those of her baby, causing her baby to create a **false self** in order to protect their **true self**
- **Capacity to be alone** – the ability of the child to be themselves in the presence of their mother, and vice versa

Other concepts

- *transitional objects* are intermediate between oral eroticism and true object relationships
- a *holding environment* is a therapeutic ambience or setting that allows the patient to experience safety, and so facilitates psychotherapy
- the *potential space* is an area of experiencing identified as existing between the baby and the object; it underlies all play, imagination, dreams
- the *squiggle game*
- *at-one-ment*
- *primary maternal preoccupation*
- *regression to dependence*
- *going on being*
- *impingement*
- *object usage*

W. Bion

- Asked the question, “how do I become my own subjective self?”
- realised that the difficulty is particularly great in the face of powerful projective mechanisms
- understood that this existed within the whole human community, not just in the consulting room
- one of the tasks of the analyst is to be free of such pressures

- proposed the concept of the *alpha function* - a presence in the personality through which emotional experience is transformed into dream thoughts; there are happenings made up of sense impressions and emotions, and through alpha function, they are transformed into dream thoughts
- in the absence of alpha function sense impressions, emotional happenings, inner and outer stimuli just sit in the personality (remaining as *beta elements*)
- thought that the alpha function could be destroyed by powerful envy
- it is consolidated if the mother of the young infant was able to contain the anxiety and projections of the young child
- developed his *Theory of Thinking* :
 - distinguishes between verbal thought, and thinking with imagery or ideographs
 - the latter kind has already developed by the paranoid-schizoid stage
 - he felt that perception is interpenetrated with cognition - we have cognitive templates so that we actively 'shape' the world we see; this kind of thought is not normally conscious
 - in a psychotic state the patient will revert back to the stage of thinking with images

Carl Rogers – the Humanistic School of psychology

- applied a phenomenological approach
- *Client-centred therapy* and the *Encounter* movement
- the therapist by use of :
 1. *genuineness*
 2. *unconditional positive regard*
 3. *accurate empathy*
 4. *non-possessive warmth*
- ..shows his acceptance of the client's real self
- in Encounter groups, non-directive acceptance leads to exposure of emotions, leading to *basic encounters* in which there is emotional and intellectual contact between individuals

Ronald Fairbairn – Object relations theory

- what man seeks most deeply is emotional contact with his fellow human beings
- two things are necessary if the emotional centre is to grow and become available and present in our interactions with others -
 1. the infant must feel loved by his mother first and foremost, then by his father and other family members close to him
 2. his own love must be received in a similar way
- the fundamental trauma for the child is either that he or she is not loved or that his or her love is not received
- if this happens the child withdraws and seeks comfort from an object inside, an object which he or she has internalized

- the relationship with the internalized object is accompanied outwardly by thumb sucking, masturbation, excessive feeding or drinking, homosexuality or incest
- he or she turns to these internalized objects in the face of the traumatic disappointment
- when the traumatic disappointment occurs then both the object structure and the ego structure split
- the splitting of the ego and the inner object leads to a psychological situation which Fairbairn named 'schizoid'. The schizoid person is emotionally withdrawn from those around him/ her
- Fairbairn (like Klein) believed we are all born with an intact ego, which can split in predictable places under the stress of emotional trauma
- differed with Freud who said that the aim of libido is pleasure; Fairbairn said that the aim of libido is the object
- libido does not end at the surface erotogenic zone, but when it makes contact with the person in the external world in his or her emotional centre

S. Foulkes (1898-1976)

- developed group psychotherapy - analysis of the individual through the group
- *group matrix*

Maxwell Jones

- developed concept of *therapeutic community*
- emphasised importance of *social therapy*

E. Berne

- developed *transactional analysis*
- the therapist explores, with the client' the *games* which he plays with others, and the *scripts* which he has made for his life
- based on the view that the personality consists of *parent, adult, and child* ego states

J. Moreno (1892-1974)

- involved in *theatre of spontaneity*
- developed *psychodrama*

F. Perls (1893-1970)

- developed *Gestalt therapy*
- active techniques within a group setting
- the therapist emphasizes *awareness* of *here-and-now needs* and how they are *blocked* by the use of various techniques:

1. 'hot seat' work
 2. 'doing a round'
- the client may experience himself as an organized whole

Frankl – Existential logotherapy

- the therapist seeks to bring spiritual realities to awareness and uses *paradoxical intention*
- based on the view that the individual is searching for meaning and purpose

Ellis – Rational-emotive therapy

- cognitive behavioural model of depression

Assagioli – Psychosynthesis

Janov – Primal therapy

Maslow – Self-actualization

Heinz Hartman – Ego Psychology

- 'conflict free sphere of the ego'

Michael Balint – Object relations theory

G. Groddich (1866-1934)

- concept of the 'it'
- founder of psychosomatic approach

Heinz Kohut – self psychology

- stresses how external relationships maintain self-esteem and self-cohesion
- 'mirroring transference'
- sees self in terms of 3 poles:
 1. ambitions
 2. ideals and values
 3. talents and skills
- used in the treatment of Narcissistic patients

Theory of Mind

- ability to recognize and understand another person's point of view
- psychotic and borderline patients have an unstable theory of mind
- autistic children may fail to develop theory of mind, and Asperger's children may develop it late

Group therapy

- developed from work by Pratt (1908) with TB patients
- J. L. Moreno was a pioneer, along with Foulkes and Bion
- *Universality* (the sharing of experience by all) is a recognized feature
- the ideal number is 6-8
- meetings last 60-90 mins; held once/ week for 12-18 months
- marathon groups are a type of encounter group
- Therapeutic factors are considered to be:
 1. universality
 2. support to and from group members
 - altruism
 - group cohesiveness
 3. socialization
 4. imitation
 5. interpersonal learning
- Three stages:
 1. dependence on the therapist to guide sessions
 2. members beginning to seek and find answers
 3. dominance by the most dependent members

Interpersonal Psychotherapy

- based on the work by Harry Stack Sullivan
- IPT refers to the model of treatment by Klerman & Weissman (1984)
- has two focuses:
 1. to reduce depressive symptoms
 2. to deal with the social and interpersonal problems associated with the onset of the symptoms

Characteristics

- structured
- individual
- time limited (8-12) sessions

The interpersonal inventory

- the following information is gathered about each person who is important in the patient's life:

- interactions with the patient, including frequency of contact, activity shares, etc.
- expectations of each party in the relationship
- review of the satisfactory and unsatisfactory aspects of the relationship
- the ways in which the patient would like to change the relationship

Problem areas

- IPT is usually concentrated on one or two of the four problem areas:
 1. grief
 2. interpersonal disputes
 3. role transitions
 4. interpersonal deficits

Diagnosis of interpersonal disputes

- different stages include:
 - *renegotiation*
 - *impasse*
 - *dissolution*

Training

- 2-5 day seminar including an exegesis of the written material and videotaped case material
- weekly supervision

Psychosomatic medicine – F. Alexander (1950)

- certain conditions were held to be psychological in origin:
 1. bronchial asthma
 2. rheumatoid arthritis
 3. ulcerative colitis
 4. essential hypertension
 5. neurodermatitis
 6. thyrotoxicosis
 7. peptic ulcer

Associated mental states

- **Neurosis** – the excessive use of a particular defence mechanism required to control the demands of (usually) stimulated sexual drives, the direct expression of which is unacceptable and gives rise to internal conflict and therefore anxiety

Hysteria

- *conversion* of anxiety into physical symptom
- *dissociation* of consciousness from the anxiety and conflict
- results in *symbolic* expression of the wish in the symptom
- *regression* (fixation) to phallic stage
- *denial* of the conflict

Obsessional conditions

- feelings and ideas which are unacceptable are separated by *isolation*
- regression to anal-sadistic level (pre-Oedipal)
- *displacement* of affect onto a more tolerable associated idea
 - including *reaction formation*
- *turning of impulses* against the self
- *magical thinking*
- *undoing*
- rigid and destructive superego

Paranoia

- e.g. defence against homosexuality:
 - “I love him” (unacceptable) (undergoes *reaction formation*) >>> “I hate him” (undergoes *projection*) >>> “He hates me”
- splitting

Depression

- *Introjection* of lost object and *identification* with it
- *Turning against self* –of the aggressive impulses originally directed against the lost *ambivalently* loved object

Phobias

- anxiety is modified by *displacing* conflict onto external object
- also oedipal-phallic *fixation*
- sublimation
- symbolization
- avoidance

Anorexia

- denial

Fugue

- dissociation

Schizoid (personality)

- unable to verbalise feelings
- detached, aloof, and humourless
- diffuse identity
- splitting of the self
- fear of being overwhelmed by another person

Asthma

- associated with *dependency*
- attacks are related to threat of loss or separation
- 50 % of attacks are precipitated by separation from the person they are dependent on

Anxiety

- homosexual libidinal drives
- fear of castration
- breaking off of affectional bonds