Psychoanalytic Theories Answer Four Fundamental Questions

Our two-year introduction to psychoanalytic therapy will survey a number of different psychoanalytic theories and their corresponding recommendations for practice. Each theory provides a distinct set of answers to the following four questions. Because of their interrelatedness, we will focus on two of the questions in the first year and the second two questions in the second year.

1. In the first year, we will consider what motivates us to think, act, and feel. We will integrate answers to this fundamental question with consideration of a second question: how do various sources of motivation contribute to the structure of mind and our broader development?

What matters to us and moves us? Freud and some of the earliest psychoanalytic thinkers focused on our motivation to relate to others (objects) based on our biologically based need to gratify and discharge innate sexual and aggressive drives. Such overwhelming and inappropriate wishes and desires (ex. “I want to have sex with my mother and kill my father”) were thought to contribute to efforts to avoid, by rendering unconscious, certain aspects of our experience. We will consider the specific means by which psychoanalysts believe we organize, divide and work to disavow certain aspects of our experience (identification, repression, dissociation, splitting, etc) and how these efforts have been understood to contribute to the structure of the mind and nature of our subjective experiencing self. As psychoanalytic thinking continued to evolve, there was increased appreciation for the role of interpersonal and sociocultural, rather than solely intrapsychic, sources of motivation. The organization of self and mind came to be seen as something that emerges in the context of early relationships and one’s socio-cultural environment. There has been more interest in our motivation to relate to others (objects) not only to gratify and discharge innate drives but to meet important developmental needs on the way to becoming a self. New theories and understandings have emerged around our motivation to seek to relate to caregiving others to meet basic needs for protection, care and to establish a sense of safety, to be known, come to know the other, and come to know ourselves, to get help with and develop our own capacities for regulating our physiological needs and affective states, and to establish and maintain a coherent and relatively stable sense of self.

2. In the second year, we will focus on two more interrelated questions: how do we understand psychopathology and how do we think psychoanalysis helps people with different forms of psychopathology?

What do we mean by psychopathology? Is psychopathology caused by innate/intrapsychic factors? By developmental deficits or interpersonal traumas? By socio-cultural limitations, restrictions, or oppression? What does it look like, where does it come from, and what are the clinical implications of our answers to these questions? Our theories of mental structure and motivation shape ideas about psychopathology. Questions regarding diagnosis arise here, whether framed in terms of broad categories like neurosis and psychosis or more specific diagnoses. We will consider how our case formulations are shaped by our theories of psychopathology.

The way we think about psychopathology ultimately shapes our therapeutic interventions and informs our understanding of what brings about change in psychoanalytic treatment. How do we think psychoanalysis helps people? By making the unconscious conscious and helping the

patient to make peace with what was previously not acknowledged? This view of the path to psychological health shapes the way analysts practice: the analyst is a benign, neutral observer, analysing and interpreting the patient's responses to the analyst (transference) to help the patient to see more clearly who they are so they can consider alternative ways of being. Or is the patient to be helped not simply through increased self-knowledge and other forms of insight but through new relational experiences? In more contemporary approaches, the person of the analyst is taken into account. The unique qualities, educational backgrounds, personal histories, and cultural or socio-economic positions of patient *and* analyst are some of many factors that shape the analytic relationship and the kinds of experiences that are possible. Here, analysis doesn't just provide a chance to reconsider who one is, but a venue in which old developmental strivings may be reactivated, unmet needs may be satisfied, and new ways of being can be discovered, a process which depends not just upon the patient's self-reflective insight but upon the analyst's responsive collaboration in creating together a new form of relating.