Distance Learning
Diploma
In
Counselling, Psychotherapy, & Psychoanalysis

Unit 6
 Contents ................................................................................................................. 1

• Introduction ........................................................................................................... 2 - 7
• Introduction to the Major Post-Freudian Schools .............................................. 8 - 17
  Including: Ego Psychology, Interpersonal Psychoanalysis, Object Relations Theory,
  The British Independents, Self Psychology, The Frankfurt School
• Carl Jung .................................................................................................................. 18 - 24
  (Analytical psychology)
• Alfred Adler ........................................................................................................... 24 - 31
  (Individual Psychology)
• Anna Freud .......................................................................................................... 31 - 35
  (Ego Psychology)
• Erik Erikson ......................................................................................................... 35 - 42
  (Developmental Psychology)
• Karen Horney ....................................................................................................... 43 - 49
  (Psychoanalytical Social Theory)
• Otto Rank ............................................................................................................. 49 - 54
• Harry Stack Sullivan .............................................................................................. 54 - 57
  (Interpersonal Psychoanalysis)
• Melanie Klein ....................................................................................................... 57 - 62
  (Object Relations Theory)
• Heinz Kohut .......................................................................................................... 62 - 66
  (Self Psychology)
• Erich Fromm ........................................................................................................ 66 - 69
  (Social Psychoanalysis)
• Why Be A Helper .................................................................................................. 70 - 76
• Caregiver Burnout .................................................................................................. 76 - 77
• The 12 Commandments of Wellness .................................................................... 77 - 79

• Sources .................................................................................................................. 80 - 81
Introduction

Unit 6 looks at the people who followed Freud. It starts with a brief introduction to the main schools of psychoanalytic therapy, then examines in more detail the particular contribution made by some of the more influential people.

Freud's work attracted many followers, but his theory also generated much debate and controversy. His notion of 'infantile sexuality' outraged Victorian society. Many psychologists believed his methods of study to be unscientific and the concepts he employed vague and difficult to verify. Even among his original followers there were dissenters, such as Carl Jung and Alfred Adler, who eventually broke away from Freud to develop their own modified versions of his theory.

Jung's version of psychoanalytic theory differed from Freud's in two main respects:

Freud's conceptualisation of the unconscious mind was extended by Jung, who proposed that a collective unconscious also existed. Jung reasoned that the human mind should contain a record of human experience in the same way as the body reveals the past structures of our ancestors. The collective unconscious, Jung believed, is not directly available to us but is revealed in the myths and artistic symbols that different cultures create. The collective unconscious contains archetypes, universal symbols that occur again and again in art, literature and religion.

The libido was seen by Jung as primarily spiritual in nature rather than essentially sexual, as had been posited by Freud.

Jung was also concerned with personality 'types'. He was responsible for proposing that humans are born with a temperament that is either introverted (primarily concerned with oneself) or extraverted (primarily concerned with the outside world). Introversion and extraversion have subsequently become important concepts in contemporary theories of personality.

Jung emphasised that the psychotherapist must help the individual replace his neuroses and 'build' an individual self. Hence, he placed high value on religion and the integration of religion and psychology. Jung's descriptions of the paradoxes in human personality, such as the feminine and masculine components, are often useful concepts in the interpretation phase of psychotherapy.

Adler regarded the need for power and superiority as the most important human drive. Whilst not denying the existence of unconscious motives, he saw human motivation as being largely conscious.
Adler emphasised the goal-directedness or purposiveness of human beings more than did Freud, who saw clients more as blind victims of their impulses operating in a rather mechanical deterministic fashion. Adler felt that power and status motives were more significant for behaviour than the broadly sexual motives of Freud. Adler saw superiority attitudes as compensations for perceived weakness or the ‘inferiority complex.’ Related to Adler’s drive for mastery is his notion of the ‘masculine protest’ of some women who envied the status and power of men.

Adler emphasised also the ‘social interest’ or current ‘life style,’ as well as the biological determinants of behaviour. One of the Adlerian therapist’s devices to gain clues to his or her client’s life style is to ask for ‘first recollections.’ This approach gives the therapist an idea of the experiences on which the client’s style of life is based.

Adler is well known for his concept of the ego ideal or the person’s model of the kind of person he would like to be, a prelude to the now popular concept of self-image. Helping the client become more aware of his unique life-style, ideals, and self-images is one of the major goals of counselling. Adlerian concepts form the basis of a currently popular form of family counselling.

Many of Freud’s original ideas have been adopted and in some cases modified by subsequent psychoanalytic theorists, known as Post-Freudians.

**Post-Freudians (or Neo-Freudians)**

‘Neo-Freudian analysis’ is not a happy name since it tends to distract from the specific identity of what the Neo-Freudians have accomplished and keeps them too much in the master’s shadow. Nonetheless, it has stuck.

One ground for the name ‘Neo-Freudian’ is clear: These approaches all stemmed from dissatisfaction with Freud and the official Freudian establishment.

The clash between personalities and ideas in a movement that was transforming twentieth-century thought is complex. Psychoanalysis in its earlier days was not a line of work to attract the timid or banal. On the contrary, many of its pioneers were storm-tossed individuals with more than a touch of megalomania. As for Freud himself, everything we know tells us he was a heroic genius but no angel, and that his character, no less than his work, was well suited to stir up extremes of loyalty and rebellion in those who followed. Indeed, the personal and conceptual issues are bound to run together in a field such as psychoanalysis, where the instrument of knowledge is the self of the analyst.
In any event, the key distinctions from Freud that crystallised out of all the personal, intellectual and political turmoil to form the nucleus of Neo-Freudian thought may be summarised as follows:

- Rejection of Freud's theory of instinctual drive, also known as the 'libido theory'.
- A complimentary emphasis on 'culture' or 'interpersonal relations' – i.e. on the influence from the world of other people.
- Co-ordinated with the above, an emphasis on those areas of mental life that reflect the interpersonal world: self-assertiveness, feelings of self-evaluation, security and so forth.
- Modifications in practice that reflected this theoretical shift.

There are, of course, many areas of continuity with Freudian thought, in particular the idea of intra-psychic conflict and an emphasis on development and childhood experience. Neuroses are still seen as unassimilated particles of infantile life, and analysis – i.e. resolving current experience into its neurotic elements through verbal exploration – is still the major means of intervention. Nonetheless, there is a shift of focus and of emphasis out of which emerges a human image distinctly different from Freud's vision.

Of the Neo-Freudian schools - the best-known are Anna Freud, Otto Rank; Karen Horney, Melanie Klein, Harry Stack Sullivan, Erik Erikson, Erich Fromm and Heinz Kohut. They represent the differentiated effort of powerful figures each of whom stamped his or her work with individuality, wrote extensively and coined many notable concepts.

Neo-Freudian man is clearly a less driven creature, more directly in touch with his environment, less demonic and much more hopeful. Hence the theoretical necessity to downplay Freud's libido theory in favour of an equally powerful force that may be roughly described in the terms of Karen Horney, as the 'healthy striving towards self-realisation'. There is, in short, a 'real self', constituted of-one's 'particular human-potentialities' with 'unique alive forces' and 'that central inner force, -common to all human beings and yet unique in each, which is the deep source of growth.'

With prime position given to the self system, it follows that the infantile sexual forces, for which Freud claimed so much, fade out of their privileged role in psychological causation. Harry Stack Sullivan (whose theory is the most systematic of the Neo-Freudians) eschews the concept of libido entirely, and discusses sexuality under the rubric of 'lust dynamism'. By this he means that lust is one of a number of 'patterns of energy transformation' which develop in the growing organism, are extensively modifiable by experience and interact with
each other. For example, what is most important about the lust dynamism is its collision with other dynamisms that centre about the need for intimacy and security. And in these conflicts the sexual force, lust, is given no special status, as Freud accorded it when he held that infantile sexuality was radically repressed. Instead, direct social influence in general, and ‘interpersonal relations’ in particular, are the main forces for Neo-Freudians. Therefore, security needs (Sullivan) the pride system (Homay) and their felt aspect, self-esteem, are the prime movers of the person, subordinating sex to their social interests.

Closer inspection reveals however that Neo-Freudians and Freudians are not really talking about the same things in the realm of sexuality. As Sullivan wrote, ‘lust, in my sense, is not some great diffuse striving, ‘libido’ or what not. By lust I mean simply the felt aspect of the genital drive.’ The differences here are indeed striking, for we see that what Sullivan has in mind are mainly the conscious (‘felt’) aspects of sex. Moreover, these are referred to the genitals - naturally enough, since feelings arise so strongly there. But what Freud postulated was drastically different: an unconscious, radically split off, repressed system of sexuality, not of libido as such, but of fantasies which involved every sexual facet of the body, and, so to speak, chronicled the individual’s lost past as it was bodily played out.

So what critically differentiates Freud from the Neo-Freudians is not so much sex as the concepts of repression and unconscious thought. These are considerably weaker in the Neo-Freudian view, their strength having been ceded to the direct relationship with the interpersonal environment. We have here a view that lends itself to an optimistic interpretation of the human situation, since improved infantile experience - i.e., more love, acceptance, constancy and so forth from the parent - will have a more beneficial effect on a creature who accepts experience directly than on one who screens it through a mediating system of unconscious fantasy.

This is especially true in that Freud held that repressed fantasies were formed in a state of terror and impossible yearning, hence were turned away from the start from any beneficial ministrations of the external world. Freud saw the person as being somewhat like Dostoyevsky’s ‘underground man’, who has seen too much and walled it off, unable to forgive, because he has forgotten, yet who must live with the source of his rage and spite.

Thus in Freud we have a quite radical conception of human evil, a concept foreign to Neo-Freudians. Sullivan for example, is readily able to dispense with evil on the basis of his direct reading of experience: ‘ My interest in understanding why there is so much devilry in human living culminated in the observation that if a child had certain kinds of very early experience, this malevolent attitude towards his fellows seemed to be conspicuous. And when the child did not have these particular types of experience, then this malevolent attitude was not a major component.’ And so, malevolent development which is
Sullivan’s term for the evil, or demonic, in man, ‘is obviously a failure of the parents to responsibility to produce a well-behaved, well-socialised person’.

Given this basic view, the nature of therapy itself follows logically: If what is wrong with people follows directly from bad experience, then therapy can be in its basics nothing but good experience as a corrective.

Neo-Freudian analysts recognise this in their technique, which bears down heavily then upon the actual relationship with the analyst as a reliving of outside and past relationships. By the same token, the relationship is less structured towards exploration of the unconscious mind. Missing from the technique is that strict emphasis on the Basic Rule - to say what comes to mind - which characterises the Freudian approach.

The Neo-Freudian analyst actively intervenes to a much greater extent. Although past development has its role in theory, therapeutic practice is inevitably drawn towards the here and now, and, as Adler emphasised, beyond, to the goals, the active strivings of the patient. As a consequence the regressive fantasy tie to the hidden, impersonal analyst is considerably attenuated; treatment tends to be briefer and more immediately productive of discernible change; and the techniques and strategies of living - what might be called our adaptation to the world and the feelings of self-evaluation connected with adaptation - become the centrepiece of what is altered.

In conclusion, Neo-Freudianism comprises an important school with wide influence throughout the world of therapy, social work and education. Its basic thrust is to de-emphasise the repressed and to focus on interpersonal factors. Thus it remains a psychotherapy, yet one weighted in a straightforward, positive way with the psychosocial dimension.

Neo-Freudian treatment varies widely. As an outline it can be said that the followers of Adler, being uninterested in working analytically with the unconscious life, practise an active, focussed, goal-setting kind of therapy; that Fromm, though influential for his social point of view, is not particularly identified with any particular variant of therapy; that followers of Horney have split into several factions; and that the Sullivan groups are the most institutionally organised and influential amongst the Neo-Freudians, especially in the treatment of psychosis.

Each of the schools offers its own direction, and each direction has an area within which it makes sense and will satisfy some value positions. Differences in emphasis still emerge because of the Freudian interest in infantile sexuality and the schools range along the following spectrum: Freud-Sullivan-Horney-Adler; the former end more concerned with analysing split-off fragments of early experience, and the latter more interested in the holistic current functioning of the total person.
A good practitioner of any school begins with the actual person before him, not with a theory. The theory may help him select various things for emphasis, but these always have to be communicated in recognisable terms to the patient if they are to have any bearing on his life.

The main advantage of many Neo-Freudian schools is that they have been more open to innovation and more accessible to social intervention, thus it allows for a more flexible repertoire of therapeutic strategies and is more readily attuned to problems where the external situation plays a heavy role.

A disadvantage is that it is more likely than the Freudian treatment to settle for a shallower self-understanding in instances where a person might otherwise go on to a deeper reflectivity. There is also the question whether making social influence the main force leads to the imposition of conformity. Possibly so, because of the greater weight placed on confrontation with unrealistic attitudes. Such judgements always involve the benchmark of what is ‘realistic’, and this is likely to touch upon social mores.
The Different Schools of Psychoanalysis

Freud was very protective of his theory, and he entered into conflicts with various colleagues who offered alternative theoretical perspectives, including Alfred Adler, Carl Jung, Otto Rank, and Sandor Ferenczi. All of these brilliant thinkers anticipated what would become central themes in contemporary psychoanalytic thought, even in Freud’s later thought, although their contributions to these discoveries are often overlooked. Freud’s psychoanalytic theory was the beginning. Even those faithful to Freud would significantly expand upon and, ultimately, transform Freud’s original insights into the nature of psychological life.

- Ego Psychology

Ego psychology is the tradition of psychoanalytic thought which was, perhaps, the most faithful to Freud’s original theory. Largely building on Freud’s structural model of the psyche, involving the id, ego, and superego, ego psychology largely focused on the structures of the ego, particularly ego defences, without modifying Freud’s instinct theory.

The ego psychologists were interested in all areas of structural theory, including the id. They contributed to the elucidation and recognition of the aggressive drive on a par with the sexual drive, as well as studies of the development and function of the ego and superego.

Ego psychology, reacting against id psychology, emphasised attention to the psychic surface. The analyst noted the manifest mode of defence and disguise, the patterning and style of character, cognition, affect, and behaviour. There was greater focus on the surface as derivative of and indicative of the deeper unconscious conflicts.

Anna Freud (1895-1982) was especially instrumental in carrying on her father’s tradition, particularly in her pioneering work on defence mechanisms. As was the case with Freud, much of the work of post-Freudians was centrally concerned with clinical problems and the treatment of mental disorders.

Anna Freud, Sigmund Freud’s daughter was part of the Continental school of psychoanalysis, though she came to Britain shortly before the Second World War, at the same time as her father. As part of the movement, starting in the 1930s, to apply a full psychoanalytic approach to problems of childhood, Anna Freud worked largely with older children and adolescents.

The publication of ‘The Ego and the Mechanisms of Defence’ (1936) encouraged a new tendency in psychoanalysis to attach more importance to the conscious mind, or ego, than had previously been the case. Anna Freud believed that the term ‘psychoanalysis’ could not be applied to any technique that focused
attention on the unconscious mind to the exclusion of everything else. She also expressed the belief that her father had over-stressed the influence of sexuality in early childhood and had neglected its importance in adolescence. She saw adolescence as a time when there is an upsurge in the activity of the libido (sexual energy) and young people experience renewed sexual feelings and strivings. The intensity of these inner drives, she contended, results in excessive emotional upset as the adolescent tries to cope with the resulting impulses and desires.

It is Heinz Hartmann (1994-1970) who has come to be known as ‘the father of ego psychology.’ Hartmann increasingly focused on the interpersonal aspects of psychoanalytic work, the field in which ego defences become evident. Hartmann wished to retain the foundation of Freud’s drive theory. Influenced by Charles Darwin, as Freud himself had been, Hartmann felt that ego defences need not always be a source of conflict, but, with psychological maturity, can and do, in fact, develop into ‘conflict-free ego capacities’ which are well-adapted to the environment. Since ego defences, as Hartmann asserted, could become adaptive through psychological maturation, this opened the way for a more fully elaborated developmental ego psychology.

While the tradition of ego psychology remained faithful to Freud’s original drive theory, this tradition also significantly contributed to a much more sophisticated conception of the drive model.

The clinical implications of ego psychology were far-reaching. In particular, ego psychology emphasised an interpersonal approach which mapped out the ego defences which provided the structure of the client’s personality, and, further, this organisation was traced to development processes which could be verbally articulated and thereby repaired in the therapeutic process. The ego psychologists developed more and more sophisticated ways of using the transference to assist the client in reworking early developmental disruptions and to provide the client with the opportunity to fulfil unmet development needs in the therapeutic relationship.

Erik Erikson began his psychoanalytic training with Anna Freud, whose interest in child analysis greatly influenced his work. In 1933, Erikson left Europe and began to practise as a child analyst in the USA. Though subscribing to much orthodox psychoanalytic theory, Erikson believed that Freud over-emphasised the role of sexuality in the personality and neglected the importance of the social forces that influence development. He therefore proposed a series of psychosocial stages (rather than psychosexual stages, as proposed by Freud) through which individuals pass during their lifetime. In contrast to Freud, who particularly emphasised the importance of the childhood years for later personality, Erikson viewed the stages of development as covering the whole life-span. Each stage was
marked by a central crisis, the successful management of which would lead to the development and maintenance of a well-balanced personality.

Much of Erikson’s clinical practice was carried out with troubled adolescents. His view that the conflict of ‘identity versus role confusion’ encountered during adolescence is the central crisis of all development has received wide support amongst psychologists. Erikson has made a substantial contribution to the field of developmental psychology, and in particular to the area of life-span development, where his theory is the single most important influence.

Theorists such as Karen Homey, Anna Freud and Erik Erikson emphasise the strength of the ego in the individual (as well as the id) and suggest that ego strength is why people take such an active role in trying to control their environment. Therapists seek to assist their clients in recognising their ego functions (a set of conscious aims and capabilities, which can control both the id and the environment) and to select the optimum ways of changing themselves in order to interact with their environment to their best advantage.

Karen Horney, who may be classified among the so-called neo-Freudians, differs from the earlier psychoanalysts in that she too stresses the cultural determinants of behaviour and emphasises that maladaptive behaviours arise largely from disturbances in human relationships.

Horney, while remaining in the general framework of psychoanalytic theory, shifted the stress from early childhood experiences and repression of biological drives to presently existing character structure and conflicts. She does this, however, without negating the significance of early experience in personality formation. Horney feels that the totality of early childhood experiences and conflict forms a unique character structure which predisposes the person to later neurotic difficulties. This view differs somewhat from the earlier Freudian idea that adult conflicts and neuroses are essentially repetitions of isolated childhood experiences.

Otto Rank contributed much to psychoanalytic theory by his emphasis upon the traumatic events of birth and separation from the mother. These ideas were expanded to include the security-seeking efforts of people. Rank pointed out many implications from the growth and development as a child for development of independence and security as an adult, thus offering counselling theory a significant and meaningful developmental point of view.

One implication, for example, is the importance of ‘limits.’ According to this concept, the client is helped to gain a feeling of security by setting limits to his behaviour, such as making him stay within the time and place of the
interview. With children, especially, this is a significant part of the therapeutic process.

Rank’s central concept is the **will**, which is a guiding, integrating, and instinct-inhibiting force. He views resistance as the operation of the will in maintaining the integrity of the personality. Rank’s views placed considerable emphasis upon the positive motivations of the client and his present feelings, rather than upon the therapist and his interpretations of the past.

Rank’s major contributions to therapy were his insistence on viewing the client as a person, and his casting of the psychotherapist into a more personalised role. Rank believed strongly in ‘ethical self-determination,’ implying that the counsellor should be careful not to force values on the client. Rank’s view sharpens another significant issue in therapy: where should the content of the process come from, primarily - the client’s field of awareness or the therapist’s?

**Interpersonal Psychoanalysis**

*Harry Stack Sullivan* (1892-1949) developed his theory and practice of Interpersonal Psychoanalysis in the 1920’s. His insights largely derived from his work with schizophrenics. An American psychiatrist, Sullivan, along with his contemporaries, had not yet felt the impact of Freud’s psychoanalysis, and, thus, many of Sullivan’s insights were derived from his own observations. His theory and practice, while having many similarities to psychoanalysis, is different than Freud’s theory and practice.

Sullivan’s work with schizophrenics, in particular, led him to reject the traditional psychiatric approach, which asserted that the symptoms of schizophrenia are meaningless. Sullivan, on the contrary, felt that the symptoms of schizophrenia are meaningful, but only appear meaningless when taken out of the context of their development in the interpersonal field between self and other. For Sullivan, personality cannot be found to reside within the person, but rather is the continual unfolding product of an individual’s interactions and relationships with others.

Like Freud, Sullivan used the therapeutic relationship for the benefit of the client, but, while Freud did so in the service of liberating libidinal energy, Sullivan did so in the service of making the client aware of interpersonal processes which occur between him - or herself and others. From these basic premises, Sullivan developed sophisticated theories of anxiety, motivation and the self-system. Sullivan’s work also had a profound impact on contemporary psychologists such as R.D. Laing and Timothy Leary.
• Object Relations Theory

Particularly in the United States, there was an idealisation of structural theory influenced by Hartmann (1939) and co-workers. What was not appreciated at the time was that these were also independent authors, and especially that international psychoanalysis was moving in other directions.

In the Anna Freud group in England, there was far more emphasis upon issues of defence and upon newer interests in development than abstract discourse concerning ego functions and energy transformations. Attempts to make psychoanalysis a general psychology rather than primarily a psychology of unconscious conflict were perhaps admired but hardly endorsed or followed. Paradoxically, it may be noted that the concepts of the conflict-free sphere and adaptation were introduced in 1937 at the time of extreme external conflict.

Object constancy is characterised by an integration of good and bad object representations, tolerance of ambivalence, greater independence, and a complementary self-constancy. The concept of developmental lines (A. Freud), attempted to integrate structural, dynamic, and developmental considerations, introducing new theoretical perspectives.

As object relations became of more central interest, there were original efforts to integrate ego psychology and object relations theories with implications for the theory of technique.

While traditional structural theory has put primary emphasis upon oedipal conflict and the tripartite contributions to unconscious conflict, ego psychological object relations theory tends to describe conflict in terms of internalised object relations and the opposing units of self, object, and affect. The definition and role of internalised object relations vary with different theorists. The different theories lead to different formulations of technique, particularly in the analysis of transference and counter-transference, and work with the primitive transferences of borderline and/or severely regressed patients.

Object Relations Theory emerges wholly from the profound impact of the work of Melanie Klein (1882-1960). Klein sought to elaborate on and extend Freud's original theory through her observations and clinical work with children. Indeed, Klein’s work as a whole is an extension of Freud’s work, but also a transformation of Freud’s original insights through her unique interpretative perspectives. Klein was also profoundly influenced by Sandor Ferenczi, her own psychoanalyst. Klein’s insights were so transformative of Freud’s work, in fact, that her theoretical work was rejected by many orthodox Freudians – a clash best represented in the split between Klein’s 'London school' and the 'Viennese school,' most closely associated with the figure of Anna Freud. The initial clash between Klein and Anna Freud, leading to this profound and lasting split, involved differences in opinion regarding the treatment of children.
Klein used play therapy and used interpretative techniques which were very similar to the techniques used with adults. Anna Freud, on the other hand, held that children's egos were not yet developed enough for classical analysis, and, instead, she advocated a more educative role for the analyst who works with children. The heated debates in WWII Britain -- within the British psychoanalytic society -- led to a profound schism in the psychoanalytic community.

Klein's student and analysand, Wilfred Bion (1897-1979), has been one of the most influential and gifted of Klein's followers. Bion's work is very complex and difficult to understand, even for one who is well-versed in Kleinian theory. Many of Bion's insights came from his work with schizophrenics, and these observations led him to significantly advance and re-conceptualise Klein's original thinking regarding envy and projective identification. In the case of Bion, the mother has a significant impact on the child by the way she assists the child in coping with his or her anxiety. By 'containing' the anxiety of the child, Bion felt, the mother teaches the child to cope with the anxiety. Drawing on this fundamental insight, Bion felt that one of the central tasks of the psychoanalyst is to contain the anxiety of the client.

**The British Independents**

The British Psycho-Analytical Society was founded by Ernest Jones in 1919. There were soon more than fifty members. Although rather autocratic by nature, Jones was a convinced egalitarian in his principles so that the Society soon became thoroughly democratic in spirit. For instance, medicals and non-medicals, and men and women, were equally allowed to join from the start, so the Society soon became remarkably wide-based in skill and knowledge.

British object relations theory, is indebted to the work of Klein. Interestingly, however, the major figures of object relations theory, including Fairbairn, Winnicott, Balint, Bowlby and Guntrip, developed their positions without taking sides in the debates at the British Psychoanalytic Society. Although billing themselves as 'independent' from the traditional Freudians of the 'Viennese school' and the Kleinians of the 'London school,' they were deeply indebted to Klein's work, and, vice versa.

In 1925 Alix Strachey met Melanie Klein in Berlin and recognised her qualities. Klein was invited to London to speak and came for good the following year. About the same time Anna Freud in Vienna published her first book on child analysis. Encouraged by Jones to give her opinion, Melanie Klein trenchantly attacked the book. The Freud's, father's and daughter's, suspicion of Klein probably started from that time. This was only one cause of friction between London and Vienna; more generally, a competitiveness between the analysts in the two cultural centres developed. By the early thirties the
atmosphere was so tense that an exchange of views was arranged to inform both sides. Meanwhile Klein herself continued to be liked and respected in the British Society.

However, events in mainland Europe halted hopes of further peaceful debates between analysts. Hitler came to power; Jewish analysts were particularly under threat and Jones fearlessly went to Berlin to start helping people to leave. Anna Freud, equally bravely, helped from Vienna. But in 1938 Hitler marched into Austria and the Freuds themselves were under threat. Again Jones went bravely to Vienna to help them out. The Freuds came to London. Anna and Melanie were now together in the same Society. With the outbreak of war in 1939 most people in England forgot their differences to fight the common enemy. However even by 1940 the tension between Anna and Melanie was becoming acute. By 1941 the atmosphere in the Society was electric. In 1942, after much debate it was decided to hold a series of formal discussions in the Society to air the differences between the Anna Freudians and the Kleinians.

These are now well known in psychoanalytic history as ‘The Controversial Discussions’. It should be noted that neither of the two warring factions consisted of much more than a dozen analysts each. The vast majority of the Society, about sixty members, took neither side. Unfortunately the discussions failed to bring peace between the two factions. However, an important fruit of the debate was that by the late 1940s major changes in the Society’s structure were beginning to be shaped. Anna Freud and her colleagues were recognised as a particular group in the Society’s training.

The same was accorded to Melanie Klein and her associates, however she still wanted to be part of the main body of the Society; so, formally, only two training groups were formed. The ‘A Group’ consisted of the original British and the Kleinians while the ‘B Group’ consisted of the Anna Freudians alone - later called the Contemporary Freudians. The original British members were called non-aligned or the ‘Middle group’ (the name was changed later to ‘The Group of Independents’).

By the mid-1950s the three groups had become quite distinct in the Society.

• **Self Psychology**

  **Heinz Kohut** (1923-1981) developed his Self Psychology theory with influences from ego psychology, object relations theory, and humanistic psychology, but, for the most part, his insights were derived from his initial work with patients with narcissistic disorders. Using what he calls ‘empathic immersion’ and ‘vicarious introspection,’ Kohut endeavours to understand the experience of the patient from the patient’s point of view rather than from the perspective of dogmatic psychoanalytic categories. In doing so, like Rogers,
Kohut made empathy the most central and vital ingredient of his work with patients. Kohut has a similarity to Carl Rogers also, in postulating that humans have a tendency toward growth, health, and fulfilment.

Using this approach, Kohut came to develop a sensitivity to the experience of the narcissistic patient. He saw in the narcissistic the exuberance, vitality and expansiveness of the child, not mere regression, and he took great pains to preserve the patients healthy sense of omnipotence; in fact he utilised it to bolster the fragile ego of the narcissist. And most importantly, this is a process which occurs in the transference between client and therapist which is slow and gradual, yet has powerful and lasting effects.

From this initial work with narcissistic patients, Kohut developed a theory of various types of transference which develop in almost all therapies. Kohut's concept of the self involves three constituents, the maturation of which constitutes healthy development.

One sector consists of the child's exhibitionistic and grandiose needs.

A second constituent is referred to as idealising needs-the normal child needs to admire, idealise, and seek strength and nurturance from an all-powerful other.

The third constituent need is an alter-ego need to be close and yet separate from a significant other.

In each case, the patient is made to re-experience early object relationships within the therapeutic relationship in such a way that the patient is permitted to meet essential, unmet psychological needs from early development.

Healthy development is facilitated when empathic others provide for these early developmental needs. Over time, children gradually acquire the capacity to take over the functions of the empathic other. Thus, needs for a significant other's approval become less important as the child can provide more internal nurturance. These needs gradually become transformed into healthy self-esteem, ambitions, talents, values, and principles. If the childhood environment is not sufficiently empathic, the self becomes fragmented. The person is not able to regulate his or her self-esteem, nurturance, or other needs and seeks external sources, such as people or drugs to meet these needs. Like other psychoanalytic therapists, Kohut takes a 'reconstructive-interpretive' approach to work through childhood transference.

- The Frankfurt School

The Frankfurt School was a tradition of continental philosophy which emerged in the mid-1920's and consisted of Leftist intellectuals who formed the Institute for Social Research in Frankfurt, Germany. The philosophy of the Frankfurt School is 'critical theory' in the tradition of Kant and Marx, respectively.
In this sense, the Frankfurt School is the arena in which philosophy first felt the impact of psychoanalysis. For the critical theorists, Freud's theory and practice of psychoanalysis held the promise of liberation, fundamentally, as being in the service of the unconscious -- and this is clearly the promise of Freud in that repression is a social phenomena, and, thus, ultimately political in nature. One of the leading proponents was Erich Fromm.

While Erich Fromm ultimately ventured away from the circle of Frankfurt scholars, his Neo-Freudian theory remains closely tied to the influence of critical theory. In turn, Fromm returned to psychoanalysis the influences of critical theory even as critical theory became informed by psychoanalysis.

Like Freud, Fromm paints a portrait of the human being as torn between nature and the social world. And, following Marx, Fromm also sees the human being as, when most healthy, growing toward balance, growth and liberation rather than imbalance, decay and alienation.

In this sense, Fromm is both a Freudian and a socialist humanist, a reflection of his influences from the Frankfurt School. Fromm's major criticism of Freud, however, is Freud's predominate focus on parental influences. Instead, Fromm focused on the influence of society -- of which the parents are also impacted -- upon the child. Fromm's description of neurosis is more accurately understood as 'sociosis,' our personalities shaped by the values of one's culture.

Erich Fromm (1941; 1947), like Sullivan and Horney, is concerned with the social influences on behaviour. He, too, stresses the client's individuality, goal-directedness, and productive possibilities.

Fromm was one of the first to use the term self-realisation in a therapeutic context, viewing growth as an unfolding process of psychological powers. He places the responsibility for many personal conflicts on the economic structure and guilt formation. More broadly, Fromm conceives that the main problems of the modern person centre around ethical conflicts and relatedness, particularly in regard to loving and being loved. An example would be the social emphasis upon unselfishness versus social competitiveness and self-interest, both of which involve problems of relatedness and ethics. The relatedness of people to their world, particularly to other people, is an unending human problem. The counsellor helps clients on these matters through improving their ability to lead creative lives and to relate to their worlds. The unifying 'glue' in Fromm's discussion of human relationships is mature love.
Summary of Recent Psychoanalytic Positions.

There are now many points of view and shades of difference. After World War II psychoanalysis was advancing, structural theory was being refined, and technique was gradually changing as it both leaped ahead and lagged behind theoretical advance.

Analytic controversies and divergences have, in many ways, served to enrich and refine traditional structural theory. There have been great advances, e.g., in our understanding of female psychology, borderline personality, trauma, the ageing process, etc. Structural theory continues to evolve and expand, with greater recognition of its limits and limitations. Ego psychology greatly contributed to Freudian structural theory and stimulated later concepts, but has now faded into history. It was overtaken by its own isolation, idealisation, efforts at a general psychology, theoretical developments and competing formulations within and outside structural theory.

In summary, the current directions and implications of neo-psychoanalytic theory are as follows:

- greater recognition of the cultural determinants of behaviour;
- more concern with clients' present circumstances, especially people close to them, and less preoccupation with infantile development and traumata;
- more emphasis upon the quality of the therapeutic relationship and how the client perceives it;
- a de-emphasis of sexual needs and aberrations, and increasing stress on other needs and feelings such as love, hostility, and ambivalence; and
- a greater emphasis on rational ego functions in solving life problems.
The particular theories of some of the more well-known post-Freudians are presented next. For each, only a brief outline can be included, but hopefully enough to give a flavour of the differing approaches.

**Carl Jung (1875-1961)**

Jung disagreed with Freud on a number of issues and broke away from the original psychoanalytic school in 1913. After the break he formulated his own theories which he termed *analytical psychology*. The areas of disagreement with Freud included the subject of sexuality; in Jungian terms, this represents a small function of the mind and body, and is only one of a number of important drives. (Others include spiritual and cultural drives which are especially significant in the second half of life.)

Carl Jung stands as a monumental figure in the history of psychology. Although his influence has not been as pervasive as Freud's, his unique theoretical contributions to our understanding of personality have been considerable.

Jung was, perhaps, the most scholarly of all the personality theorists, and though his theories were derived primarily from his experiences with patients in psychotherapy, he also drew upon important secondary sources in support of his ideas. In addition to his own medical and psychiatric training, Jung had a scholarly command of comparative religion, mythology, cultural anthropology, philosophy, and history. In important ways, Jung brought his vast storehouse of knowledge from many disciplines to bear on his multidimensional theory, a theory that recognised the wholeness, uniqueness, and the deep creative resources of the human personality.

**Conscious and unconscious**

In Freudian theory, it is important to make the unconscious conscious if neurotic problems are to be effectively reduced. In Jungian terms, the activities of the unconscious and conscious minds should be co-ordinated as well as being made conscious. Fantasies of the unconscious should be highlighted so that they can be used to facilitate the development of the individual.

Analytical psychology does acknowledge that the unconscious contains much that is brutal and objectionable that people often want to forget, but it also emphasises the positive and life-enhancing possibilities of unconscious material. In Jungian psychology, the word ‘psyche’ is a broad term, which encompasses not just the mind, but the soul as well. Psychic energy, referred to as *libido*, is viewed as a life force which flows between two opposite points creating tension and energy; it is constantly regulating itself in order to maintain the individual’s equilibrium and sense of well being.
The Collective Unconscious

In Freudian theory, childhood is the most important factor in shaping adult personality. Jung, on the other hand, puts less stress on the individual's past experiences, and places more emphasis on the way humans have developed historically. In his view, ancestral history has shaped the human brain, so that influences from the past are constantly with us. Jung clearly saw the influences of both evolution and heredity in forming the mind as well as the body. According to Jung's theory of the collective unconscious, we inherit characteristics which are manifest in our behaviour, especially in instinctive behaviour.

With this theory Jung added a significant new dimension to our concept of the unconscious, which, until his theory, had been limited to the repression of individual feelings and experiences. This view of the unconscious as an individual phenomenon was the one developed by Freud. In sharp contrast, the collective unconscious recognised the primordial imprinting of important species experiences that have been shared throughout human history. We have, in other words, inherited the potential for thought and response patterns, symbols, and images that have emerged from the most central experiences of the human race. Thus, for Jung, the collective unconscious represents a creative resource rather than a defensive system.

These primordial images or collective symbols Jung called archetypes. Each archetype represents a certain psychic disposition and potential. From the dawn of human consciousness, for example, the human race has shared the experiences of mothers, birth, death, God, power, magic, the hero, the stranger, and prejudice. Each of these psychic motifs in our lives can be traced back to earliest human history.

As Jung (cited in Campbell, 1971) emphasised, 'There are as many archetypes as there are typical situations in life. Endless repetition has engraved these experiences into one's psychic constitution, not in the form of images filled with content, but at first only as forms without content, representing merely the possibility of a certain type of perception and action'.

Although much of this archetypical material remains unindividuated, lying within the collective darkness of the unconscious, many aspects are available for individuation.

Archetypes can also appear in shared emotional experience, and these unconscious ideas and patterns of thought are likely to surface during momentous human events such as birth and death. The people directly involved in such experiences often have similar dreams with similar recurring themes and symbols. This shared psychological experience was regarded by Jung as evidence of a collective unconscious.
Major Archetypes

There are four major archetypes of the collective unconscious:

- the persona,
- the anima/animus,
- the shadow,
- the self.

The Persona

The word 'persona' means a mask and refers to the outward appearance which people use in everyday life. According to Jung, we are all expected to play the parts assigned to us by society, and this means that groups of people are assigned specific attributes and characteristics. In this way, persona becomes a collective archetype. Policemen, for example, are meant to display attitudes of authority and reliability, while artists are expected to be colourful, bohemian and perhaps eccentric...

The persona is the side of the personality that one presents publicly. It exhibits those aspects of personality that are acceptable to others. To put our 'best foot forward' reduces conflict by meeting the needs and expectations of others and enhances the smooth functioning of social and community life. For example, in our society we tend to present ourselves as healthy, happy, successful, and 'cool' while, in reality, we may feel lousy, be depressed, and be worried about our next car payment.

In our private moments with a friend, however, we can 'let our hair down,' be more genuine, and share our concerns.

Throughout human history the persona, as an archetype, has held an important survival value for the individual by acknowledging the demands and expectations of the society.

Our persona may be in conflict with more genuine features of our personality. It is very important, therefore, to realise that the persona has significant dangers, as well as assets, for the personality. We may identify so strongly with our persona or social role that we lose touch with our uniqueness and individuality. We may, in other words, play the role so successfully that we fail to develop other, more authentic aspects of our personality.

The Anima and Animus.

The anima is the feminine side of the personality in males, and the animus represents the masculine aspects of personality in females. For the male, the anima archetype has developed out of thousands of years of experience with women: mothers, wives, lovers, and friends. The same holds true for its counterpart, the animus, in females.

Both the anima and the animus archetypes of the collective unconscious help us, male and female, to develop a more nearly complete understanding of
ourselves and the opposite sex. Thus, to ensure harmonious and balanced living, the feminine side of the male’s personality and the masculine side of the female’s personality need to be conscious and free for appropriate development and expression. As males we need to recognise our feminine qualities, and as females we need to recognise our masculine qualities. If not, our lives will be one-dimensional, and our sexual identity may become more a persona than a richly integrated aspect of our personality.

The feminine element which is contained in each man’s unconscious is only one aspect of the anima, however; each man also carries with him an inherited image of women, and each woman carries an inherited image of men. These images are collective archetypes, and they are projected on to prospective partners and to all the significant people with whom an individual comes into contact throughout life.

*The Shadow.*

This archetype represents aspects of our personality we wish to hide from ourselves and others. The shadow is composed of any aspect of self that we are reluctant to face whether it is positive or negative. It is important for psychic health and wholeness to bring the shadow aspects of our personality into awareness so that we can work with them constructively. Jung considered the realisation of the shadow to be an act of courage.

The shadow is the inferior being within us which is primitive and animal, as well as reckless and uncontrolled. It is also the personal unconscious, and is similar to Freud’s concept of the id. The emotions and desires contained in the shadow are incompatible with civilised expectations, so people tend to conceal them as much as possible. The shadow is common to all of us, and in this sense can also be a collective phenomenon. According to Jung, it is useless, as well as harmful, to deny the existence the shadow, since the shadow is not just destructive, but the source of creativity as well. When the shadow is severely repressed, it tends to grow in strength so that when it does eventually emerge, the individual feels overwhelmed by it. Its recognition, acceptance and integration is essential not just for the health of the individual, but also for the health of society as whole.

*The Self*

The term ‘self’ describes a state of complete integration of all the separate elements of personality. This includes an acceptance of good and bad of male and female, as well as a unity of conscious and unconscious. The process of reaching a state of self-hood can last for a lifetime, and very few people ever achieve it. The concept of ‘self-hood’ is similar to that of ‘oneness’, and it involves an awareness of the inter-relatedness of all aspects of life, as well as an acceptance of the individual’s uniqueness within the larger scheme of things.
**Dreams**

A therapist who is interested in analytical psychology will regard dreams as an important source of information and material which can be used by clients to develop self-awareness. Jung was especially interested in dreams and, in common with Freud, regarded them as the most significant manifestation of the unconscious. However Freud described dreams as wish fulfilment, whereas Jung believed that they represented a completion of the waking state. In other words, when something is neglected during the day, the dream will deal with it at night. Jung also regarded dreams as partly responsible for restoring balance and equilibrium, but he believed that in order to understand them, it was necessary to study a series of dreams instead of just one.

In Jungian psychology, dreams can have more than personal significance and sometimes the detail and symbols contained in them can only be deciphered through mythological and historical symbols. In other words, a person's dream may contain material which is not just relevant to the dreamer; it may also have something to say to, or about, other people. A collective dream, for example, may contain archetypes from the collective unconscious and, in this sense, may be of relevance to other people as well as to the dreamer. Biblical dreams provide some interesting examples of this last point.

**Structure of Consciousness – The Basic Attitudes of Extraversion & Introversion**

Jung was also concerned with the structure, operation, and impact of consciousness on the personality.

He identified two primary attitudes, extraversion and introversion, that determine the orientation and direction of the conscious mind. Both are basic attitudes toward self and the world.

*Extraversion.*

Extraversion is an attitude characterised by a direction of psychic energy outward, toward the objective world and away from the subjective. The extravert focuses attention outward upon people, objects, and the external environment. Extraverts tend to be sociable, friendly, open, and approachable. Again, as with all other aspects of Jung’s theory, there is danger in one-sided development. The danger for extraverts, as Jung saw it, was getting ‘sucked into objects’ and ignoring the important subjective side of personality.

*Introversion.*

The introvert, on the other hand, is oriented toward the subjective where energy is focused toward inner psychic processes. He or she tends to be reserved and shy and defends self against people, external objects, and demands. The
introvert will frequently ignore objective and external realities and favour subjective qualities and ‘inner data.’ The danger for the introvert is losing touch with people, with the objective, and getting lost in subjective concerns.

Corrective Function of the Unconscious.

Central to Jungian theory is the compensatory or corrective function of the unconscious. Any highly developed (and therefore conscious) aspect of personality has its opposite in the unconscious. The unconscious plays, therefore, a compensating role in pressing for the development of the recessed or neglected characteristic. If we become too ‘highly specialised’ (too strongly introverted or extraverted, dominated by our persona, one-sided in our masculine or feminine features, etc.), the unconscious serves a vital corrective function by asserting itself through certain symptoms and behaviours. This compensatory dynamic of the unconscious functions to open the neglected area to consciousness and create greater flexibility and balance within the personality.

The Four Functions of Consciousness – Thinking, Feeling, Sensing & Intuiting

Jung identified four primary psychological or mental functions: thinking, feeling, sensing, and intuiting. These four functions or types are our primary ways of perceiving the environment and integrating experiences.

- The thinking type is focused on making judgements from a logical and rational process. For those of us in whom the thinking function predominates, there is concern for arriving at objective truth through logical analysis and other cognitive processes.
- The feeling type is also concerned primarily with making judgements, not on the basis of objective and logical criteria, but on the basis of how one feels about something. The validity of an idea for the feeling type is, therefore, to be found in one’s positive or negative feelings.

Both thinking and feeling are considered to be rational functions in that they are both concerned with making evaluations and judgements.

- The sensation type places supreme importance on tangible experiences and sensations. Thus, this type is oriented to details within the environment (he/she will usually remember where the car is located in the parking lot) and to all concrete sensations such as touch, smell, taste, and visual stimulation.
- The intuitive type relies heavily on past experience and unconscious processes. This type is inclined to operate on hunches and intuition, which may also involve extrasensory perception.

Since neither sensation nor intuition requires a rational process, both are considered to be irrational functions.
Whereas most of us have developed one or two dominant functions, the goal of individuation is to develop some strength and flexibility in all four functions.

In Jung’s typology each basic attitude is linked to a dominant function. For example, there is an extraverted-thinking type and an introverted-thinking type and so on. These are measured in the Myers-Briggs Type Indicator.

**Jungian Therapy**

Therapists who are interested in the Jungian approach view the client/counsellor relationship as essentially co-operative. A central goal in therapy is the integration of all aspects of personality, including the anima, the animus and the Shadow. The concept of personal unconsciousness does not, according to Jungians, adequately explain all areas of human existence. The human psyche is regarded as much more complex than this, and includes the important dimension of the collective unconscious which is present even before the individual has acquired any life experience. Dreams and their manifestations are especially significant in Jungian therapy, the first dream that a client recounts is often taken as a starting point for the therapeutic process. Clients are often asked to read recommended books and may even be given tasks to perform, including the illustration of dreams through painting or drawing.

The process of individuation, or the search for wholeness and wisdom, is a major goal of therapy, and although this may take different forms for different people, the client’s spiritual awareness and development are considered and discussed. The counsellor/client relationship is co-operative; it is also warm, relaxed and informal. The issue of transference is not regarded as particularly important, but when it does arise it is openly discussed between client and counsellor. Attention is paid, not just to the client’s past, but also to the present, and to the future as well.

******************************

**Alfred Adler (1870-1937)**

In 1902, after publishing a paper defending Freud’s book, *The Interpretation of Dreams*, Adler was invited by Freud to join the elite Vienna Psychoanalytic Society. Thus, as a member of this inner circle, he became one of Freud’s earliest associates. But Adler’s growing dissatisfaction with Freud’s view of infantile sexuality and his emphasis on the unconscious mind seriously compromised his standing with Freud and the Society. Thus, in 1911, only a year after he had served as president, Adler resigned from this prestigious group.
Soon after his resignation, Adler and his followers formed their own group known, initially, as the Society of Free Psychoanalytic Research, later, the group adopted ‘individual psychology’ to more clearly identify their commitment to a different set of assumptions about human personality.

Adler not only proved to be a gifted personality theorist but also became a pioneer in the field of community psychiatry. A leader in the development of child guidance clinics, he applied his personality theories in a helpful and practical way to the areas of child development, education, psychotherapy, and family counselling. Gradually, these important theoretical and practical contributions practical brought Adler wide recognition, and he was in demand as a lecturer all over the world. It was while he was on one of his many lecture tours that he died of a heart attack in May 1937.

Following his death Adler’s impact waned. For the last two decades, however, owing in no small measure to the interpretive work of Heinz and Rowena Ansbacher, Adler’s theories have once again become well known and influential.

Early Recollections

*To understand a man we must know his memories.*

- Ancient Chinese Proverb

Early recollections were extremely significant to Alfred Adler as a way of understanding the personality and current life-style of the individual; he considered the discovery of the significance of early memories to be one of the most important findings of individual psychology. According to Adler there are no random selections or ‘chance memories.’ Of the thousands upon thousands of possibilities, you will remember those events and experiences that express and reinforce the most important aspects of your personality; your philosophy of life, your anxieties, your ambitions and goals, and so forth. In capsule, your earliest recollections will reveal important aspects of your current style of life. One’s earliest memories will, therefore, have purpose and meaning.

In individual psychology, it is not a person’s literal past which is important but the way each person interprets past events, and the meanings which are given to experiences. A person who had an unhappy childhood may be traumatised and crushed by it, while another person with similar experiences may transcend them and plan a better future for himself and his family. Each person is self-determined by the meanings they give to their experiences, and in this sense, individual psychology is quite different from Freudian psychoanalysis with its influence on instinctual determinism. Adler did, however, concede that there were certain situations and conditions which could predispose some people to
failure and lack of courage. These include physical disadvantage, spoiling and neglect.

It is not important whether your earliest recollections are entirely accurate or not. It is the way you remember certain experiences in your life that is the most important thing. It is your consistent life-style now that determines what and how you remember.

Principles of interpretation and suggestions for working with early recollections:

- If your recollections seem inconsistent, look for a pattern and unifying themes.
- Trivial events may be more significant than spectacular ones.
- In your recollections, is the environment friendly or hostile? Recounting accidents, dangers, and punishments may reflect a perception of the world as dangerous.
- Recalling the birth of a sibling may suggest feelings of dethronement.
- Are you usually alone or with others?
- Are you co-operative or competitive in your recollections?
- Are you active or passive in your early memories? For example, passive individuals often report watching events or other people.
- Is one of your recollections centred on your first day at school? This recollection usually indicates an attitude toward new situations.

The Inferiority Complex

Adler described the concept of the inferiority complex as one of the key discoveries of individual psychology. The term refers to the feelings of inferiority which people experience when they find themselves in situations which they would like to improve. The origins of inferiority stem from early childhood when a state of dependence is commonplace. Adults are obviously much more powerful than children, and this fact alone can inculcate feelings of inadequacy and a subsequent determination to achieve superiority. His original theory grew in large part from his own experience with physical weakness and from his belief that sickness and disability produced a sense of inferiority.

Every person experiences a sense of inferiority in childhood, but this varies in degree for each individual. Feelings of inferiority are always accompanied by stress, and this can have the unfortunate effect of propelling the person towards quick and easy solutions to problems. In other words, a person can try to achieve superiority through false means and selfish solutions. For instance, some people try to be superior through manipulation, illness, domination or bullying. By acting in these ways, they position themselves on what Adler described as 'the useless side of life'. Since life continues to present people with problems, the final goal of superiority is never reached; what matters, however, is the striving towards perfection and improvement in our common social situation. A person who is
neurotic will always favour superficial solutions to life's problems, while a person who is healthy will learn from mistakes and difficulties and keep going courageously.

In Adler's early work, *inferiority feelings* formed the basis for all human motivation and striving. Adler related these feelings to a sense of incompleteness, insecurity, and being in a minus situation. This became the primary factor leading to striving - for superiority and to the development of the strengths and skills of personality.

Later, Adler expanded his theory of inferiority in two important respects. First, he emphasised that inferiority feelings can come from *perceived* psychological or social handicaps, as well as from physically based disabilities. Second, Adler placed more and more emphasis on the *striving for superiority* as a primary motivation and not merely a compensation for inferiority feelings. Thus, the equation might look like this:

\[
\text{Inferiority feelings} + \text{striving for superiority} = \text{goal direction and life style.}
\]

Adler cited three conditions of early childhood that could lead to a complex of inferiority feelings:

- organ inferiority,
- excessive indulgence and pampering, and
- rejection and neglect.

Gender also plays an important part in the way that children view their positions socially. Adler was aware that sexual inequality exists in society, and he referred to what he described as the *masculine protest* which is expressed in a wide variety of behaviour, in boys as well as girls. Dislike of one's masculine or feminine roles arises when too much emphasis is placed on the concept of masculinity. This leads to denigration of their own femininity by girls, and to self-doubt and lack of confidence in their sexuality by boys.

**Birth Order & Personality Development**

An important subjective influence on personality development, according to Adler, is the order of birth within the family constellation. Owing to the order of birth, the psychological situation in the home will be different for each child. Thus, although born of the same parents and growing up in the same home, each successive child will develop within a different environment and will approach his or her situation from a unique perspective. Birth order becomes an important variable in generating inferiority feelings, as well as strategies for achieving superiority.

*The Oldest Child.*

The firstborn child eventually faces the crisis of 'dethronement.' With the new arrival he or she is likely to feel displaced, with a loss of power and control.
As a compensation, the oldest child may later enjoy exercises of authority, tend toward conservatism, and exaggerate the importance of authority, rules, and laws. Adler observed that a greater proportion of problem children are oldest children. If the firstborn feels loved, however, and is adequately prepared for the new arrival, the negative influences of dethronement may be minimised.

The Second Child.

The second child must share attention from the very beginning of life. One of the primary motivations of the second born is to catch up with and surpass the older sibling. The second child often behaves, therefore, as if in a race and, in an effort to compete successfully with the older sibling, may set his or her goals too high. The second child, Adler observed, is often more talented and successful than the firstborn.

The Youngest Child.

The youngest child has the advantage of having pacemakers within the family and is highly motivated to excel older brothers and sisters. The ultimate success of the youngest child in surpassing siblings has been a major theme in many myths and fairy tales from a variety of different cultures. Because of a desire to excel in everything, however, the youngest child may fail to develop one central ambition. Also, the youngest child is usually pampered and has difficulty achieving independence. This situation may lead to feelings of inferiority.

The Only Child.

Having no siblings, the only child directs his or her feelings toward the mother and father. The only child is usually pampered by the mother and needs to be the center of attention at all times. For this reason the only child may become self-centred and fail to develop socially.

Adler also observed that the only child may reflect a timid or anxious environment created by parents who fear or do not want additional children.

It is quite apparent that each birth order contains both advantages and disadvantages for the development of the personality. We must recognise, also, that there are many other variables at work within a given family constellation. Such factors as age difference between children and the sex of each child will also be important influences in shaping the child’s environment.

Fictional Final Goal

Adler believed that our primary goal in life is subjectively determined, created by us, and largely unconscious. Hence his use of the term *fictional*. According to Adler, the deepest, most pervasive goal in one's life has little or no objective basis in reality but is based on privately held beliefs and values. In important ways, of course, our fictional final goal is closely related to our sovereign striving for perfection and overcoming of inferiority. This goal is
uniquely our own and is formed out of the fundamental needs and experiences of childhood. The fictional goal was, for Adler, the goal around which all psychic life is integrated, forming a unified pattern of upward movement throughout one’s life.

Style of Life

*Style of life* was a primary theme in Adler’s later writings. Adler had a very specific meaning for his concept of *life-style*, which is different from the popular use of the term today. In Adlerian theory, style of life refers to the basic approach to life that enhances the goal of superiority. Our style of life is composed of those unique characteristics that identify the personality, including basic attitudes toward the self, our worldview, and our pattern of traits, behaviours, and values.

Rudiments of our life-style develop early, according to Adler, so that by the time we are 4 or 5 years old these patterns are already well established as a basic and relatively permanent structure. The childhood beginnings of life-style emerge out of one’s early experience and become a relatively enduring feature of personality. For this reason, Adler felt that one’s *earliest memories* and perception of these remembered events are good vehicles for gaining an insight into important aspects of our current life-style.

Early in life each child develops a strategy or ‘lifestyle’ in order to cope with feelings of inferiority. A child may try to change a weakness into a strength, or may overcompensate by trying too hard to reach goals which are essentially mistaken. An example of this is the cowardly person who becomes a bully.

*Successful compensation*, on the other hand is constructive, and has positive advantages for society as well as for the individual. Artistic and intellectual achievement, for example, often compensate for deficiencies in other areas, and sometimes stem from feelings of inferiority which originated through lack of physical or athletic prowess.

Some children simply decide to opt out early on, and may develop symptoms of illness which serve to deflect attention from their fear of failure. Other children learn to approach things in an extremely casual way, so that their abilities are not really tested, and failure never becomes a reality.

When a lifestyle has been adopted, it becomes the individual’s theme or pattern, and determines the kind of behaviour used to pursue personal goals. In individual psychology, it is assumed that all human behaviour has a purpose. The decisions which a person has made are based on their own unique experiences within the family, the community, and the present situation in which they are living. Striving for superiority is seen as innate, but the word superiority - as used in this context - refers to the attainment of one’s potential, the development of competence, and the pursuit of perfection. The goal of superiority is therefore a legitimate and healthy one, and does not include the idea of power or domination over others.
Adler observed that ‘As long as a person is in a favourable situation we cannot see his life-style clearly. In new situations, however, where he is confronted with difficulties, the style of life appears clearly and distinctly’.

In addition to early recollections, therefore, another means suggested by Adler of gaining insight into your life-style is to appraise your responses to a life crisis or an extremely difficult situation.

Adler identified four basic types of people according to their life-style attitudes:

- **The ruling type.** These are assertive, aggressive individuals who tend to dominate others and have a low degree of social awareness and interest.
- **The getting type.** These individuals tend to lean on others and to take much more than they give.
- **The avoiding type.** These individuals tend to avoid the problems of life, and they participate very little in socially useful activity.
- **The socially useful type.** These individuals have a high degree of social interest and activity.

**Adlerian Therapy**

The Adlerian approach to therapy and counselling emphasises the client’s subjective reality, and in this respect it is often described as ‘phenomenological’. Attention is paid to the way individual clients perceive their reality.

The relationship between the Adlerian therapist and the client is based on collaborative efforts and co-operation. The therapist’s role is, among other things, a teaching one, with the emphasis on re-educating clients whose life goals and assumptions may be dysfunctional and mistaken. The means which clients have chosen to achieve superiority may be unhealthy, and may work against them, so a basic aim of therapy is to help them understand their own thinking, and to identify more constructive ways of making progress. This approach includes encouraging clients to develop social interest and commitment, so that attention is focused not just on self, but on the needs of others and society as well.

The Adlerian therapist also provides interpretation for clients which should help them to identify faulty motivation and to gain insight. This, in turn, should provide the impetus for change in lifestyle, and a deeper awareness of individual and societal needs. In individual psychology, failure to relate to, and to show interest in other people and society is regarded as a fundamental cause of human failure and difficulty. Because of this, attention is directed in therapy towards encouraging clients to relate more effectively to others. This is certainly a goal of all forms of counselling, but individual psychology places a great deal of emphasis on it.
Adlerian therapists are interested in the client’s position within the family, and often clients are asked to complete questionnaires which detail this kind of information. This also helps clients to identify any mistaken views of the past which they may hold. Faulty thinking is also identified, and irrational beliefs, which often lead to behavioural and emotional disturbance, are discussed and analysed. (Rational-emotive therapy, developed by Albert Ellis and described previously, is influenced by Adlerian psychology, and is also concerned with clients’ irrational beliefs.)

Both client and therapist work towards agreed and specific goals in the Adlerian model, and a contract is often made between them. Clients are encouraged to recount their dreams, and these are discussed during sessions so that current preoccupations can be identified. Clients’ priorities are listed, so that these can be reassessed (by the client) if necessary. Throughout the course of counselling, encouragement is continually given by the therapist to the client, and the cognitive emphasis of the model also encourages clients to think for themselves. The issue of transference is not regarded as significant in Adlerian therapy, and the general view taken is that it is unlikely to be a problem when clients are treated as equals in the therapeutic relationship.

Anna Freud (1896 - 1982)

Born on 3 December 1895, Anna was the youngest of Sigmund and Martha Freud’s six children. She was a lively child with a reputation for mischief. Freud wrote to his friend Fliess in 1899: ‘Anna has become downright beautiful through naughtiness...’. She grew up somewhat in the shadow of her sister Sophie, who was two and a half years older than her. When her rival married in 1913, Anna wrote to her father. ‘I am glad that Sophie is getting married, because the unending quarrel between us was horrible for me.’

Anna finished her education at the Cottage Lyceum in Vienna in 1912, but had not yet decided upon a career. In 1914 she travelled alone to England to improve her English. She was there when war was declared and thus became an ‘enemy alien’. (25 years later, in 1939, this experience was to be repeated). She had to return to Vienna, with the Austro-Hungarian ambassador and his entourage, via Gibraltar and Genoa.

Later that year she began teaching at her old school, the Cottage Lyceum. One of her pupils later wrote: ‘This young lady had far more control over us than the older ‘aunties’.

Already in 1910 Anna had begun reading her father’s work, but her serious involvement in psychoanalysis began in 1918, when her father started psychoanalysing her. (It was not anomalous for a father to analyse his own
daughter at this time, before any orthodoxy had been established.) In 1920 they both attended the International Psychoanalytical Congress at The Hague.

In 1922 Anna Freud presented her paper Beating Fantasies and Daydreams to the Vienna Psychoanalytical Society and became a member of the Society. In 1923 she began her own psychoanalytical practice with children and two years later was teaching a seminar at the Vienna Psychoanalytic Training Institute on the technique of child analysis. Her work resulted in her first book, a series of lectures for teachers and parents entitled 'Introduction to the Technique of Child Analysis' (1927). Later she was to say of this period: 'Back then in Vienna we were all so excited, full of energy: it was as if a whole new continent was being explored, and we were the explorers, and we now had a chance to change things....'

In 1923 Sigmund Freud began suffering from cancer and became increasingly dependent on Anna's care and nursing. Later on, when he needed treatment in Berlin, she was the one who accompanied him there. His illness was also the reason why a 'Secret Committee' was formed to protect psychoanalysis against attacks. From 1927 to 1934 Anna Freud was General Secretary of the International Psychoanalytical Association. She continued her child analysis practice and ran seminars on the subject, organised conferences and, at home, continued to help nursing her father.

In 1935 Anna became director of the Vienna Psychoanalytical Training Institute: the following year she published her influential study of the ways and means by which the ego wards off unpleasure and anxiety, - 'The Ego and the Mechanisms of Defence'. In examining ego functions, the book was a move away from the traditional bases of psychoanalytical thought in the drives: it became a founding work of ego psychology and established her reputation as a pioneering theoretician.

The economic and political situation in Austria worsened in the 1930s. Anna Freud and her lifelong friend, Dorothy Burlingham, were concerned by the situation of the poor and involved themselves in charitable initiatives. In 1937 she had the opportunity of combining charity with her own work, when the American, Edith Jackson, funded a nursery school for the children of the poor in Vienna. Anna and Dorothy, who ran the school, were able to observe infant behaviour and experiment with feeding patterns. They allowed the children to choose their own food and respected their freedom to organise their own play.

Though some of the children's parents had been reduced to begging, Anna wrote '... we were very struck by the fact that they brought the children to us, not because we fed and clothed them and kept them for the length of the day, but because 'they learned so much', i.e. they learned to move freely, to eat independently, to speak, to express their preferences, etc. To our own surprise the parents valued this beyond everything.'
But within a few months, in March 1938, the nursery had to be closed, Austria was taken over by the Nazis, and the Freuds had to flee, regardless of Sigmund Freud’s ill health. In early September 1939 war broke out and within a few weeks Sigmund Freud died.

Anna Freud had already established a new practice and was lecturing on child psychology in English. Child analysis had remained relatively uncharted territory in the 1920s and 1930s. It was Melanie Klein, in England, who was evolving her own theory and technique of early development of child analysis. She differed from Anna Freud as to the timing of the development of object relations and internalised structures; also she put the oedipal stage much earlier, and considered the death drive to be of fundamental importance in infancy. After Anna’s arrival in London, the conflict between their respective approaches threatened to split the British Psycho-Analytical Society. This was resolved through a series of war-time ‘Controversial Discussions’ that ended with the formation of parallel training courses for the two groups.

After the outbreak of war Anna set up the Hampstead War Nursery which provided foster care for over 80 children. She aimed to help the children form attachments by providing continuity of relationships with the helpers and by encouraging mothers to visit as often as possible. Together with Dorothy Burlingham she published studies of the children under stress in ‘Young Children in War-Time and Infants Without Families’. Later she was to say: ‘I have been especially fortunate all my life. From the very beginning, I was able to move back and forth between practice and theory.’

There was a further opportunity after the war to observe even more parental deprivation. A group of orphans from the Theresienstadt concentration camp came into the care of Anna Freud’s colleagues at the Bulldogs Bank home and Anna Freud wrote about the children’s ability to find substitute affections among their peers, in ‘An Experiment in Group Upbringing.’

In 1947 Anna Freud and Kate Friedlaender established the Hampstead Child Therapy Courses, and a children’s clinic was added five years later. Now that she was training English and American child therapists, her influence in the field grew rapidly. ‘The Hampstead Clinic is sometimes spoken of as Anna Freud’s extended family, and that is how it often felt, with all the ambivalence such a statement implies,’ one of her staff wrote. At the Clinic, Anna and her staff held highly acclaimed weekly case study sessions which provided practical and theoretical insights into their work. Their technique involved the use of developmental lines charting theoretical normal growth ‘from dependency to emotional self-reliance’, and diagnostic profiles that enabled the analyst to separate and identify the case specific factors that deviated from, or conformed to, normal development. In her book ‘Normality and Pathology in Childhood’ (1965) she summarised material from work at the Hampstead Clinic as well as observations at the Well Baby Clinic, the Nursery School and Nursery School for
Blind Children, the Mother and Toddler Group and the War Nurseries. In child analyses Anna felt that it was above all transference symptoms that offered the 'royal road to the unconscious'.

From the 1950s until the end of her life Anna Freud travelled regularly to the United States to lecture, to teach and to visit friends. During the 1970s she was concerned with the problems of working with emotionally deprived and socially disadvantaged children, and she studied deviations and delays in development.

She also began receiving a long series of honorary doctorates. Like her father, she regarded awards less in a personal light than as honours for psychoanalysis though she accepted the praise with good grace and characteristic humour - the speeches about her achievements made her feel as if she were already dead, she commented.

The publication of her collected works was begun in 1968, the last of the eight volumes appeared in 1983, a year after her death. In 1986 her home for forty years was, as she had wished, transformed into the Freud Museum.

Anna Freud's work continued her father's intellectual adventure. She said: 'We felt that we were the first who had been given a key to the understanding of human behaviour and its aberrations as being determined not by overt factors but by the pressure of instinctual forces emanating from the unconscious mind...'

Anna Freud's work

Her approach concentrated on the ways that the child developed ego-defence mechanisms. She considered that the ego worked towards balance and harmony, so that it would try to compensate for any extreme aspects of personality, such as by fostering a love of gentleness in a highly aggressive person. This meant that the defence mechanisms which the ego used would tend to work towards these goals.

Anna Freud identified five main ego-defence mechanisms:

- Denial in fantasy - for example, a child might cope with its fear of a powerful father by inventing an imaginary lion as a friend, making the child just as powerful as its father in its imagination.
- Denial in word and act - a child might simply refuse to acknowledge a threat, or source of threat. For instance a small boy might insist that he is just as big and powerful as his father.
- Restriction of the ego - the process of deliberately not allowing a part of the personality to develop, but cultivating other parts instead, e.g. a child told off for telling lies who refuses to play imagination games.
- Identification with the aggressor - for example, a child who has just been to the dentist's might play at being the dentist himself.
• Excessive altruism - an exaggerated concern that the child’s friends should achieve success instead of the self.

Although Anna Freud was mainly concerned with children, these defence mechanisms can also be observed among adults, and they were designed to clarify and add to those defence mechanisms outlined by Freud rather than to replace them.

Erik Erikson (1902 – 1994)

Erik Homberger Erikson was born near Frankfort, Germany, to Danish parents. Before Erik was born, his parents separated and his mother left Denmark to live in Germany. At age 3, Erik became ill, and his mother took him to see a pediatrician named Homberger. Young Erik’s mother fell in love with the pediatrician, married him, and named Erik after his new stepfather.

Erik attended primary school from the ages of 6 to 10 and then the gymnasium (high school) from 11 to 18. He studied art and a number of languages rather than science courses such as biology and chemistry. Erik did not like the atmosphere of formal schooling, and this was reflected in his grades. Rather than go to college at age 18, the adolescent Erikson wandered around Europe, keeping a diary about his experiences. After a year of travel through Europe, he returned to Germany and enrolled in art school, became dissatisfied, and enrolled in another.

Dr. Homburger was not cruel to his stepson - quite the opposite; Erik simply had to pass through what he would later call an identity crisis before the air could be cleared between him and his stepfather. When it was cleared and the smoke had settled, Erik had become a doctor of sorts. True, he had maintained his own integrity by not going to medical school and never earning a doctoral degree. Yet he entered the role his parents had hoped he would: ‘my son - the doctor.’ He worked as a doctor, but he did it on his own terms. He later acknowledged his gratitude to his stepfather by keeping Homburger, as his middle name; but he also forged his own identity by choosing his own last name, Erikson.

When Erikson went to Vienna, he discovered in Sigmund Freud exactly what he needed. Freud provided just the right balance of firmness and permissiveness as a father figure. And Freudian psychoanalysis offered just the right balance between culture and historical concerns, including the arts, and the individual psychic conflicts Erikson himself, was experiencing. With Freud’s help, Erikson worked out his identity and found his vocation. But more than that he found a theme that would occupy him for the remainder of his life. His
opinions on this theme would strike a sympathetic chord in thousands of
readers, especially young Americans in the 1960s - the identity crisis.

Erikson's Eight Stages of Development

Erik Erikson, a psychoanalytic theorist, proposed major revisions in
Freud's ideas about stages of development. Erikson thought that Freud had over-
emphasised the biological and sexual determinants of developmental change and
under-emphasised the importance of child-rearing experiences, social
relationships, and cultural influences on the development of ego or self. He also
believed that important developmental changes occur after childhood. He
proposed a series of eight stages of development stretching over the entire life-
span. Erikson's theory has stimulated little research on young children. However,
it has been influential in generating research on adolescent and adult
development.

Each stage is defined by a developmental task or crisis that needs to be
resolved, if the individual is to continue a healthy pattern of development.

The major concern of the first stage is establishment of trust. Erikson
believed that infants develop trust when their world is consistent and predictable-
when they are fed, warmed, and comforted in a consistent manner.

The second stage is described as a conflict between autonomy and shame
and doubt. In the toddler period children begin to assert independence-they say
no, and they can walk and run where they choose. Toilet training, often begun
during this period, can become a battlefield where the child refuses to do what
the parent wishes. Erikson believed that it is important to give children a sense of
autonomy and not to be harsh or punitive during this period. Parents who
shame their children for misbehaviour could create basic doubt about being
independent.

The third stage entails a conflict between initiative and guilt. The child in
this stage begins to be task oriented and to plan new activities. It is a period when
masturbation and sexual curiosity are often noticed by parents. The danger in
this period, according to Erikson, is that the child may develop excessive guilt
about his or her actions.

During middle childhood children need to solve the conflict between
industry and inferiority. Children enter school, begin to perform tasks, and
acquire important skills. Achievement and a sense of competence become
important; a child who has no particular competences or experiences repeated
failure may develop strong feelings of inferiority.

The major conflict in adolescence is between identity formation and role
confusion. The young person solidifies many elements of childhood identity and
forms a clear vocational and personal identity. Failure to resolve this conflict can
result in role confusion or diffusion of identity. Erikson acknowledged that
identity formation might proceed somewhat differently for males than for
females because society emphasises different adult roles for men and women. He thought that career identity is particularly important for males but that females’ identity might centre on their future spouses and their role as wife and mother. The changes in women’s roles in recent years have led many psychologists to revise this portion of the theory to include career goals as part of females’ identity as well.

In young adulthood the major conflict is between intimacy and isolation. Deep, enduring personal relationships need to be formed. A person who does not form such relationships may be psychologically isolated from others and have only superficial relationships. The most important intimate relationship, according to Erikson, is a committed sexual relationship with a partner of the other sex. Again, this view has been challenged as unnecessarily narrow; some people have argued that many kinds of intimate relationships are important and rewarding.

In middle adulthood the conflict is between generativity and stagnation. One form of generativity is having children, but being productive and creative in one’s work or other activities can also be important. Without a sense of producing or creating, Erikson argued, an adult stagnates and ceases to grow.

The final conflict is between ego integrity and despair. People with ego integrity have a sense of order and meaning in life and a feeling of satisfaction with what they have accomplished. There is a sense of being part of a larger culture or world. Despair can occur when people become afraid of death or do not accept the life they have led as satisfying or worthy.

Identity

Erikson was best-known for his work on identity. Adolescents and adults with a strong sense of their own identity see themselves as separate, distinctive individuals. The very word *individual* when used as a synonym for *person*, implies a universal need to perceive oneself as somehow separate from other people, no matter how much one may share with them. Closely related is the need for self-consistency, a feeling of wholeness. When we speak of the *integrity* of the self, we imply both separateness from others and unity of the self - a workable integration of the person’s needs, motives, and patterns of responding.

In order to have a clear sense of ego identity, the adolescent or adult must also have a sense of *continuity* of the self over time. In Erikson’s words, “The younger person, in order to experience wholeness, must feel a progressive continuity between that which he has come to be during the long years of childhood and that which he promises to become in the anticipated future”.

Finally, for Erikson a sense of identity requires *psychosocial reciprocity* - consistency ‘between that which he conceives himself to be and that which he perceives others to see in him and expect of him.’ Erikson’s assertion that one’s
sense of identity is tied at least partly to social reality is important; it emphasises the fact that societal or individual rejection can seriously impair a child or adolescent’s chances of establishing a strong, secure sense of personal identity.

Developmental influences that help establish confident perceptions of oneself as separate and distinct from others, as reasonably consistent and integrated, as having continuity over time, and as being similar to the way one is perceived by others contribute to an overall sense of ego identity. By the same token, influences that impair these self-perceptions foster identity confusion (or diffusion), ‘failure to achieve the integration and continuity of self-images’.

**Identity Foreclosure and Identity Confusion**

Erikson pointed to two important ways in which the search for identity can go wrong: It may be prematurely foreclosed (i.e., crystallised too early), or it may be indefinitely extended.

**Identity Foreclosure**

Identity foreclosure is an interruption in the process of identity formation. It is a premature fixing of one’s self-image that interferes with the development of other potentials and possibilities for self-definition. Youth whose identities have been prematurely foreclosed are likely to be highly approval oriented. They base their sense of self-esteem largely on recognition by others, usually have a high degree of respect for authority, and tend to be more conforming and less autonomous than other youth. They are also more interested in traditional religious values, less thoughtful and reflective, less anxious, and more stereotyped and superficial, as well as less close and intimate in both same-sex and opposite-sex relationships.

Although they do not differ from their peers in overall intelligence, young people whose identity has become fixed have difficulty being flexible and responding appropriately when confronted with stressful cognitive tasks; they seem to welcome structure and order in their lives. They tend to have close relationships with their parents (especially in the case of sons and their fathers) and to adopt their parents’ values with few questions. Their parents, in turn, generally appear to be accepting and encouraging while at the same time exerting considerable pressure for conformity to family values.

**Identity Confusion**

In contrast, other adolescents go through a prolonged period of identity confusion. Some never develop a strong, clear sense of identity; these are adolescents who cannot find themselves, who keep themselves loose and unattached. Such a person may exhibit a pathologically prolonged identity crisis, never achieving any consistent loyalties or commitments.
Young people who experience identity confusion often have low self-esteem and immature moral reasoning. They are impulsive; their thinking is disorganised; and they have difficulty taking responsibility for their own lives. They tend to be focused on themselves, and their relationships are often superficial and sporadic. Although generally dissatisfied with their parents’ way of life, they have difficulty fashioning one of their own.

Achieved Ego Integrity

Searching and confusion may sometimes be beneficial. Individuals who have achieved a strong sense of identity after a period of active searching are likely to be more autonomous, creative, and complex in their thinking than those whose identities were formed without a period of confusion. They also show a greater capacity for intimacy, a more confident sexual identity, a more positive self-concept, and more mature moral reasoning. While their relationships with their parents are generally positive, they have typically achieved considerable independence from their families.

Research comparisons show that young women who have achieved a clear sense of identity weighed a variety of occupational and ideological options and arrived at conclusions to which they are committed. They also yielded less to pressure for conformity and were less uncomfortable in resisting such pressure than other women. They chose relatively difficult college majors, and they manifested few negative feelings, such as anxiety, hostility, or depression, than women who lacked a firm identity.

There are many variations in the process of identity formation. The popular stereotype of an acute and prolonged adolescent ‘identity crisis’ is probably exaggerated. Indeed, Erikson himself was moved at one point to ask, "Would so many of our youth act so openly confused and confusing if they did not know they were supposed to have an identity crisis?"
<table>
<thead>
<tr>
<th>Life Stage</th>
<th>Key Systems</th>
<th>Developmental Tasks</th>
<th>Developmental Resources</th>
<th>Developmental Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infancy</td>
<td>Family</td>
<td>Social attachment</td>
<td>Security</td>
<td>Basic trust or mistrust</td>
</tr>
<tr>
<td>(Birth – 2)</td>
<td>- nuclear</td>
<td>Sense of continued existence of non-self</td>
<td>Basic need fulfilment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- extended</td>
<td>Sensorimotor Intelligence and primitive causality</td>
<td>Stability</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maturation of motor functions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early</td>
<td>Family</td>
<td>Self-control</td>
<td>Basic human support</td>
<td>Independent sense of self or doubt</td>
</tr>
<tr>
<td>Childhood</td>
<td>- nuclear</td>
<td>Language development</td>
<td>Human interaction</td>
<td>and shame</td>
</tr>
<tr>
<td>(2 – 4)</td>
<td>- extended</td>
<td>Fantasy and play</td>
<td>Sensory stimulation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self-locomotion</td>
<td>Protective environment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stability</td>
<td>Limit setting</td>
<td></td>
</tr>
<tr>
<td>Middle</td>
<td>Family</td>
<td>Gender identity</td>
<td>Basic human support</td>
<td>Self as initiator or guilt concerning</td>
</tr>
<tr>
<td>Childhood</td>
<td>Neighbourhood</td>
<td>Early moral development</td>
<td>Appropriate models</td>
<td>wishes</td>
</tr>
<tr>
<td>(5 – 7)</td>
<td>School</td>
<td>Concrete mental operations</td>
<td>Explanation of rule setting</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Group play</td>
<td>Consistency in rule enforcement</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Peer-group interaction</td>
<td></td>
</tr>
<tr>
<td>Late</td>
<td>Family</td>
<td>Cooperative social relations</td>
<td>Basic human support</td>
<td>Industry or inferiority</td>
</tr>
<tr>
<td>Childhood</td>
<td>Neighbourhood</td>
<td>Self-evaluation</td>
<td>Cooperative learning environment</td>
<td></td>
</tr>
<tr>
<td>(8 – 12)</td>
<td>School</td>
<td>Skill learning</td>
<td>Cooperative recreational environment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Team membership</td>
<td>Effective skills teaching</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>learning to read</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>basic interpersonal relationships</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Feedback on self &amp; performance</td>
<td></td>
</tr>
<tr>
<td>Early</td>
<td>Family</td>
<td>Physical maturation</td>
<td>Basic human support</td>
<td>Belonging or social isolation</td>
</tr>
<tr>
<td>Adolescence</td>
<td>Peer group</td>
<td>Formal mental operations</td>
<td>Physiological Information</td>
<td></td>
</tr>
<tr>
<td>(13 – 17)</td>
<td>School</td>
<td>Peer-group membership</td>
<td>Cognitive problem solving &amp; decision-making tasks</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initial sexual intimacy</td>
<td>Relationship-building skills</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Knowledge of sex roles</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Opportunities for Independent</td>
<td></td>
</tr>
<tr>
<td>Life Stage</td>
<td>Key Systems</td>
<td>Developmental Tasks</td>
<td>Developmental Resources</td>
<td>Developmental Crisis</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td><strong>Late Adolescence</strong></td>
<td>Peer group</td>
<td>Independent living</td>
<td>Basic human support</td>
<td>Individual identity or identity confusion</td>
</tr>
<tr>
<td>(18 - 22)</td>
<td>School or work</td>
<td>Initial career decisions</td>
<td>Knowledge &amp; skills for financial independence self-exploration</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>Internalised morality</td>
<td>self-exploration making decisions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community</td>
<td>Initial sustained Intimacy</td>
<td>deepening relationships</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relativistic thinking</td>
<td>dealing with pluralism</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Responsibility for choices</td>
<td></td>
</tr>
<tr>
<td></td>
<td>New family</td>
<td>Family living</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Early Adulthood</strong></td>
<td>Work setting</td>
<td>Initial parenting</td>
<td>Basic human support</td>
<td>Social living competence &amp; intimacy or incompetence &amp; alienation</td>
</tr>
<tr>
<td>(23 - 30)</td>
<td>Friendship network</td>
<td>Career development</td>
<td>Knowledge &amp; skills for interpersonal negotiating &amp; conflict resolution</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community</td>
<td>Life-style management</td>
<td>parenting</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Capacity for commitment</td>
<td>Role discrimination &amp; integration</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pre-middle Age</strong></td>
<td>Family Re-evaluation &amp; re-dedication to commitments</td>
<td>Basic human support</td>
<td>Renewal or resignation</td>
<td></td>
</tr>
<tr>
<td><strong>transition</strong></td>
<td>Work setting</td>
<td>Parenting of older children</td>
<td>Opportunity for evaluation &amp; renewed decisions regarding relationships, career, lifestyle</td>
<td></td>
</tr>
<tr>
<td>(30 - 35)</td>
<td>Friendship network</td>
<td>Dealing with commitment re-evaluation on the part of significant others</td>
<td>Knowledge &amp; skills to form broadly based interpersonal support system</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pre-middle Age</strong></td>
<td>Friendship network</td>
<td>Re-evaluation &amp; re-dedication to commitments</td>
<td>Basic human support</td>
<td>Achievement &amp; meaning in social living, or incompetence &amp; meaningless</td>
</tr>
<tr>
<td>(36 - 50)</td>
<td>Family</td>
<td>Parenting of older children</td>
<td>Knowledge &amp; skills for higher-order role-taking</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Work setting</td>
<td>Dealing with commitment re-evaluation on the part of significant others</td>
<td>Higher order role differentiation &amp; integration</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mid-life evaluation of commitments</td>
<td>Basic human support</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children leave home</td>
<td>Knowledge &amp; skills for higher-order role-taking</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Changes in relationship with spouse</td>
<td>Higher order role differentiation &amp; integration</td>
<td></td>
</tr>
<tr>
<td><strong>Middle Age</strong></td>
<td>Involvement beyond family</td>
<td></td>
<td>Basic human support</td>
<td>Lasting contribution through involvement with others or self-stagnation</td>
</tr>
<tr>
<td>(51 - 65)</td>
<td>Completion &amp; winding down of career involvement</td>
<td></td>
<td>Knowledge &amp; skills for:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Confrontation with personal mortality</td>
<td></td>
<td>Involvement of self in community systems, teaching &amp; advising</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Confrontation with personal mortality</td>
<td></td>
<td>Increased reliance on cognitive rather than physical skills</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Confrontation with personal mortality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Stage</td>
<td>Key Systems</td>
<td>Developmental Tasks</td>
<td>Developmental Resources</td>
<td>Developmental Crisis</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Old Age</td>
<td>Family</td>
<td>Increased dependence on others</td>
<td>Basic human support</td>
<td>Sense of meaning &amp; worth or despair</td>
</tr>
<tr>
<td>(65 - death)</td>
<td>Friendship</td>
<td>Evaluation of one’s life</td>
<td>Opportunity for meaningful involvement with others &amp; in significant tasks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>network</td>
<td>Dealing with deaths of significant others</td>
<td>Survival skills with diminished physical resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community</td>
<td>Coping with one’s own death</td>
<td>Capacity to say ‘goodbye’ &amp; grieve</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maturation of motor functions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Taken from Erikson’s Stages of Development
(The eight original stages have been expanded)
Karen Horney (1885 – 1952)

Karen Horney was born in Hamburg, Germany, in 1885. After taking her medical degree at the University of Berlin in 1913, she studied psychiatry and became a founding member of the Berlin Psychoanalytic Institute. She came to the United States in 1932, serving as Associate Director of the Chicago Psychoanalytic Institute under Franz Alexander. She relocated to New York City where she was a sought-after instructor, analyst and supervisor at the New York Psychoanalytic Institute.

In 1941, she co-founded the Association for the Advancement of Psychoanalysis, The American Institute for Psychoanalysis, and The American Journal of Psychoanalysis.

She was Editor of the Journal and Dean of the Institute until her death in 1952.

Her friends and colleagues founded the Karen Horney Clinic in 1955 where Horney’s approach to psychoanalytic therapy could be provided at low-cost to those in need.

The author of numerous scientific papers, Horney wrote eight books:
- The Neurotic Personality of Our Time,
- New Ways in Psychoanalysis,
- Self-Analysis,
- Our Inner Conflicts,
- Are You Considering Psychoanalysis,
- Neurosis and human Growth:
- The Struggle Toward Self-Realisation,
- Feminine Psychology, and
- Final Lectures on Psychoanalytic Technique.

In these works Horney details her theory of the neurotic condition. It is a theory that departs from the Freudian view by emphasising the importance of interpersonal and cultural factors in personality development.

Although Horney focused on the development of the neurotic personality, she also deepened our understanding of the needs, conflicts, and coping strategies that we all share. She emphasised that ‘... the crucial conflicts around which a neurosis grows are practically always the same. In general, they are the same conflicts to which the healthy person in our culture is also subject’.

Karen Horney: Psychoanalytical Social Theory

Karen Horney’s approach to psychoanalysis and psychotherapy derives from her views of personality. She believed that parental influences as well as other socialising forces contribute substantially to how a child’s personality evolves. If a child has favourable conditions for growth, if the child is loved, respected and treated with consistency, lie or she will grow toward self-realisation.
and develop the feelings, wishes, strengths, and abilities that foster the
development of the real self, that central force which is the source of all healthy
growth.

If, on the other hand, the child is subjected to adverse influences (parents
who are dominating, overprotective, intimidating, unable to fully love the child)
they will have an adverse effect on the child's development. The child eventually
develops a profound insecurity, with feelings of apprehension, distrust, and
isolation. Horney refers to this condition in the child as one of basic anxiety.

Cultural Influences on Personality

One of the important ways in which Karen Horney helped transform
psychoanalytic theory was in her recognition of the importance of social and
cultural factors in fostering neurotic developments in the personality. Whereas
Freud viewed culture as the sublimated expressions of sexual and aggressive
drives, Horney saw cultural values and practices as being a major factor in the
formation and reinforcement of neurotic maladaptive behaviour.

She recognised that there are typical difficulties inherent in our culture
that 'mirror' themselves as conflicts in every individual's life and that often lead
to the formation of a neurosis.

Horney identified the following conditions in our culture that create
problems for all of us and that are strongly implicated in the formation of
neurosis.

- The irrational quest for possessions that is falsely associated with satisfying
  our need for security, power, and self-esteem.
- A destructive competition and rivalry that radiates from an economic centre
  into all areas of our life and impairs love, social relationships, school life, and
  play
- An exaggerated need for love, with the unrealistic expectation that love will
  resolve all the conflicts to which we are heir in our society.

A vital part of this process are how values embedded in our culture
become integrated in the course of childhood development.

In the healthy child, these cultural values are adaptively integrated. The
healthy child learns to appreciate his or her constructiveness, talents, and
limitations, leading to a resilient and authentic whole-heartedness.

But in neurotic growth, a hostile environment forces this process of
integration to yield to another process, one that is largely unconscious, in which
the person becomes alienated from his or her real self. The person's real self is
replaced by a false or invented self that becomes more and more dependent on
maladaptive defensive strategies or solutions. The person may become
compulsive, indiscriminate, and insatiable in an effort to actualise this invented
self in order to prove that he or she is a certain kind of person.
An example of the cultural origin of personal problems is the American emphasis on competition, which appears to produce considerable frustration and hostility. Our hostilities are projected to others who are then viewed as competitors. This creates anxiety about the potential danger from others and fear of retaliation for having hostilities of our own. This situation results in a need for security, which is satisfied partially through love relationships. Since deeply satisfying affectional relationships are infrequent for many persons in our society, we are subjected to further frustration.

Horney stresses the competing and contradictory demands of our culture upon the person as one source of tensions. Examples are the conflicts between stimulation of demand for material goods and the limited means for satisfying them, independence and free choice as opposed to the limitations imposed by birth and social circumstances, brotherhood and love for your neighbour against competition and ‘an eye for an eye and a tooth for a tooth.’

The conflicts in the culture are often internalised and express themselves in various forms of aggressiveness and yielding, personal power and helplessness, self-aggrandisement and self-sacrifice, trust of people and fear of them.

An implication here for therapy is that these conflicts, faced by all people in our society, become accentuated or reappear as un-integrated childhood conflicts, causing feelings of distress. Individuals may then develop defence mechanisms annoying to themselves or others.

Moving Towards Others, Moving Against others, Moving Away From Others

In order to cope with these feelings of being isolated and helpless in a hostile world, the child is driven by an inner necessity toward one of three neurotic trends: moving toward people, moving against people, and moving away from people. We can summarise these three trends as follows.

1. **Moving Toward People - the compliant type - the appeal of love.**
   This neurotic direction involves a craving for affection and approval; the person needs to be desired, needed, protected, eared for; feels weak and helpless.

2. **Moving Against People - the aggressive type - the appeal of mastery.**
   This neurotic direction involves a craving for power; the person assumes everyone is hostile; there is a strong need to exploit and outsmart others to achieve success and prestige.

3. **Moving Away From People - the detached type - the appeal of freedom.**
   This direction involves a craving for freedom and detachment. There is a general estrangement from people and a need to put emotional distance between self and others. They draw a ‘magic circle’ around themselves that no one can penetrate. They need to prove, through self-sufficiency, that they don’t need others.
In the neurotic personality these three neurotic directions are unconscious, exaggerated, and maladaptive. In the normal person, however, they can function in an adaptive and flexible manner and are complementary, making for a 'harmonious whole'. Horney describes the flexible and adaptive character of the three directions as they function in the relatively healthy person.

"In moving toward people, the person tries to create for himself a friendly relation to his world. In moving against people, he equips himself for survival in a competitive society. In moving away from people, he hopes to attain a certain integrity and serenity. As a matter of fact, all three attitudes are not only desirable but necessary to the development as human beings." (1966, Horney)

The important distinction is that, in the neurotic orientation to life, these trends become compulsive, rigid, indiscriminate, and eventually exclusive. In neurotic persons, for example, their very existence, happiness, and security depend upon the need for love, for power, or for freedom and isolation. Although one of these trends will eventually dominate the development of the personality, the central neurotic conflict lies in the fact that the neurotic, like all of us, has a need for a balanced satisfaction in all three areas, and he or she cannot achieve this.

The Tyranny of the Should

Horney points out that the neurotic's life is dictated by what she calls the 'tyranny of the should.' That is, the neurotic person structures much of life and personality around what he or she 'should' be like instead of responding to genuine needs, desires, feelings, etc. For example: 'I should never make mistakes' or 'I should be liked by everyone.' By following the dictates of the 'should,' the individual moves away from the real self and structures a pseudo-self built around false expectations, ideals, and goals and thus creates an idealised image of the self. Eventually, these inner dictates (the 'shoulds') move the personality from 'I should be this kind of person to 'I am this kind of person.' Thus, a false self is constructed and protected.

The tyranny of the should not only is a serious problem for the neurotic personality but also, at times, becomes a negative force for each of us. Horney points out that living by a set of 'shoulds' impairs our spontaneity and often produces a feeling of being cramped, tense, or hemmed in. It may also impair interpersonal relationships by making us demand too much of others, i.e. projecting our 'shoulds' onto others.

Normal and basic anxiety

Another useful distinction that Horney makes is between 'normal' anxiety, which is fear of concrete events such as accident and death, and 'neurotic' or 'basic' anxiety, which is fear that arises in early relationships when the person
faces a potentially hostile world and which leads to neurotic defences. One of the psychological counsellor’s tasks is to help individuals to recognise their basic anxieties and to help them build more satisfying ways of handling them.

Closely related to Horney’s concept of basic anxiety is Homey’s concept of the basic conflict, which exists largely at an unconscious level. This conflict concerns the feelings of dependence and affection which one has for parents versus feelings of hostility toward them for having to be dependent. The conflict may not be recognised at the conscious level because one cannot easily alienate one’s self from those on whom one depends. The more normal individual moves freely between the opposing tendencies of independence and dependence, whereas the more neurotic people are more compulsive about their behaviour and experience their independence-dependence feelings as being in direct conflict with one another. This condition has the effect of limiting spontaneity and of giving the victim a feeling of helplessness, indecision, and fatigue.

One of the therapist’s tasks, according to Horney, is to make the client aware of his or her basic conflicts and his or her attempts to solve the conflict by moving toward, against, or away from people.

Preconditions for Decision Making

Karen Horney emphasises that it is both the prerogative and the burden of human beings to make decisions. In doing so, we are often torn between contradictory needs, wishes, and impulses. We may want to be alone but also with a friend; we may want to study art and also want to study medicine; or we may be in a conflict between obligation and desire. Horney also emphasises in this connection that it is not neurotic to have such conflicts. But the more we are unaware of our inner conflicts or those we have with our society, the less we are able to recognise the contradictory issues in our lives that must be considered if we are to make good choices and decisions.

Horney discusses four important preconditions for healthy, productive decision making.

• We must be aware of our real wishes and feelings.
• We must have developed our own set of values. They must be our values and not values that we have merely adopted from our parents or environment.
• Even if we are confident in our feelings and values and clearly recognise a conflict, we must be able to renounce one of the two contradictory possibilities. That is, we must make a conscious choice to deny one option and affirm the other.
• We must be willing to take responsibility for our decision.
Masculine and Feminine Psychology

One of Karen Horney’s important contributions involves her reinterpretation of Freud’s account of male-female development. She was highly critical of the traditional psychoanalytic view, for example, that females were locked into a perpetual desire for a penis (penis envy), which represented a ‘superior endowment’ for development. In Freud’s view, promoted in much of the psychoanalytic literature, these phallic needs and strivings inevitably doomed the girl to feelings of deficiency and inferiority, often resulting in actual inferiority.

While not discounting the possibility of penis envy as a developmental stage in the young girl, Horney rejects the Freudian notion that ‘anatomy is destiny,’ that early penis envy accounts for the female’s ‘masculine complex’ and an underlying feeling of inadequacy and inferiority vis-a-vis male development. Instead, Horney felt that these unfortunate developments in the female personality were due largely to social forces and a predominantly masculine psychology. ‘In actual fact,’ observes Horney (1973), ‘a girl is exposed from birth onward to the suggestion - inevitably, whether conveyed brutally or delicately - of her inferiority, an experience that constantly stimulates her masculine complex’.

Owing to the masculine character of our civilisation and the traditional dogma of woman’s inferiority, Horney observed that men are under a greater necessity, often unconscious, to depreciate women than conversely.

Horney observed that ‘while men grew up with the conviction that they had to achieve something in life if they wanted to get somewhere, women realised that through love, and love alone, could they attain happiness, security, and prestige’.

Horney believed that this distinction has had a great impact on the psychic position of males and females and has resulted in the woman’s quest for love (over-evaluation of love) as a major source for security and happiness.

Horney’s describes basic types of personalities that come for psychotherapy:

- **Expansive types** give an impression of glorified self-regard, exhibit an arrogant and contemptuous demeanour, and seem to feel that they can impress and fool others into believing they are someone they are not. This type of client is difficult to involve in a therapeutic relationship initially, but later, when their defences are reduced, they become involved quite easily;

- **Self-effacing types** tend to subordianate themselves to others, to be dependent upon others, and to seek protection and affection. They are characterised by a strong feeling of failure, inferiority, and self-hate. They exhibit a demeanour of passivity and obsequiousness. They generally become involved easily in a counselling relationship.
- Resigned types put on an air of disinterest, reflecting retreat from inner feelings and from the rigors of life. They take on more of a detached observer’s role in life’s activities. They lack a strong achievement drive and avoid serious effort. This type of client maintains an emotional distance from others and avoids pressures to get involved in any kind of close human relationship. This avoidance behaviour makes involvement in a counselling relationship very difficult.

In Horney’s approach, the goal of analysis or analytic therapy is to bring about a basic change in the direction and quality of a person’s life, a reorientation through self-knowledge leading to a re-vitalisation of the person’s potential for self-realisation. Therapy is a complex co-operative process of working toward increasing awareness. Both insight and relationship with the therapist are viewed as essential to the re-emergence of the person’s real self.

Otto Rank (1884 – 1939)

In 1906, Sigmund Freud hired a young locksmith, Otto Rank, as secretary of the Wednesday Psychological Society - the future Vienna Psychoanalytic Society. Freud, then 50, became a second father to the brilliant, self-taught, working-class youth of who was alienated from his own father, Simon Rosenfeld, an artisan jeweller hot-tempered and given to alcoholic excess.

It was probably Alfred Adler, having read an essay by Rank on the psychology of the artist, who recommended the youth to Freud. Adler, Rank’s family physician and a member of Freud’s inner circle, recognised the value of Rank’s essay, which used the new psychoanalytic theory to create a ‘sexual psychology of the artist.’

Much impressed, Freud hired Rank and sent him back to complete the Gymnasium so he could go on to University. Thus began a 20-year professional and personal relationship between the two men, closer than those between Freud and his sons or Rank and his father. With Freud’s help Rank finished his education in six years, becoming the first ‘lay’ or non-medical analyst. When he obtained his Ph.D. at the University of Vienna in 1912, Rank already occupied an important role at Freud’s side as specialist in history, philosophy, art and mythology.

The year 1913 stands out in the history of psychoanalysis. After the departures of Alfred Adler and Carl Jung over theoretical differences, a Committee, ‘The Ring,’ was founded to guide and control the evolution of the new science.

The World War blocked communication among the Committee, but the members began to meet and correspond beginning in 1918. The northern axis of
the group, London and Berlin, tended to be conservative. Jones and Abraham interpreted psychoanalytic theory narrowly, at times opposing Freud himself, who was flexible and able to change his views. Supporting certain changes, Rank and Ferenczi, the southern axis, elaborated an ‘active therapy’: it made the analyst less isolated - more a partner in exploration than a surgical authority, masked and removed. Besides listening and interpreting, the therapist would guide, support and challenge the patient. Thus began relationship or interpersonal therapy as we know it today.

Freud heartily endorsed the innovation, proposing a prize for the best paper on active therapy in the next IPA Congress (1922). During the next two years disputes raged among the ‘brethren’ under Freud, as the northern and southern contingents strove for Freud’s approval and ultimately, his mantle.

Jones and Abraham saw a departure from the rigorous science begun by Freud, who in 1912 had written that the ideal analyst would conduct himself as a surgeon, with objective expertise, emotional detachment and authority. Even Freud did not conduct himself so. In both speaking and writing, he balanced scientific authority with human warmth, charm, humility. These qualities evidently resonated more in Ferenczi and Rank than in Jones and Abraham.

The Committee was shaken badly when, at age 67, Freud was afflicted with cancer of the palate. The next year, 1924, fraternal rivalry intensified for heir-apparent. Freud never attended another IPA Congress because of embarrassment or discomfort in speaking and eating due to a prosthesis. But he lived another 16 years, to age 83, enduring repeated operations.

The leadership of the IPA was not elected by the membership, but chosen by the Committee from within. Freud never took the presidency, but approved the decision. Jones, on account of his power in the expanding English-speaking movement, presided for many years; Ferenczi, because of problems in Hungary, stepped down after brief tenure. Freud, always afraid that psychoanalysis would be identified as a Jewish science, acceded to Jones although he did not trust the man.

Jones and Rank despised each other cordially, and Jones merely gave lip-service to Freud’s support of lay analysis. Ferenczi also fought in the losing battle to keep the IPA open to non-medical professionals. The active, interpersonal, time-limited therapy which he initially championed with Rank came in response to the Freudian furor after World War I. Physicians and others were lining up to be trained in the new profession, patients were lining up to be treated, writers and critics were taking a new approach to literature, sex was discussed in a new way, and no field was immune to psychoanalytic interpretation.

Freud’s Introductory Lectures (1917) had been translated into at least seven languages. According to Ferenczi and Rank, the practice of psychoanalysis had stagnated due to overly strict devotion to theory, and clinical results were too often unsatisfactory. Freud wanted to work out a general psychology more than a
method of treatment and he did not presume much about the therapeutic effect of his discoveries. A pessimist, he said that successful psychoanalysis could only transform neurotic misery into ordinary unhappiness. Nevertheless the idea of real help became popular; Ferenczi and Rank firmly held this view and tried to understand and teach its basis.

They criticised the practice of the time for its
1. emphasis on the past;
2. need to uncover - in order to interpret - a basic oedipal complex in every analysand;
3. excessive use of the concept ‘transference’, which concerns the appearance in the analytic situation of a constellation of emotions in the patient toward the therapist, representing unconscious emotions attached to important (parental) figures from the past. Theoretically the process of analysis postulates an inevitable transference neurosis which can be analysed through profound knowledge of the history, fantasies, dreams and free associations of the patient.

But according to the new critique, too many practitioners strove to follow an exact - but non-existent - Freudian formula. Like Freud, they valued research above helping; at times they imposed inappropriate interpretations about a hidden oedipal complex, and analysed any resistance until the patient yielded to the truth.

Rank was the first to point out that in doing this the patient was led away from the living present, at the area of real feeling. As he put it, it is always easier to talk about the past because it is not present. He and Ferenczi stressed, for the first time, that not every attitude toward the analyst is transferred from the past, that there is some reaction to the analyst in his own right, and that it is actually anxiety-relieving and, therefore, stops the progress of analysis, to point out to the patient: ‘You do not really feel this way about me but about your father,’ etc.

Thus, if the patient finally gets the courage to tell the analyst he looks like a pig, the whole issue may be conveniently buried by referring it to the past, saying, ‘That must be what you thought of your father.’ Two things may happen as a result - the analyst does not have to face the fact that he does look like a pig and the patient feels ‘I got safely out of that one,’ but he does not feel more secure thereby because he knows he really meant the analyst and not his father. From that day on he is likely to assume that the analysts’ feelings have to be protected.

Realising this, Rank and Ferenczi discovered the importance of the picture of the analyst in his own right - thus transference became more precisely defined as only the irrational attitudes felt and expressed toward the analyst.

In 1924, at age 40, Rank sailed to New York for the summer to analyse and teach. Received warmly as Freud’s emissary and then in his own right, his
accolades included honorary membership in the American Psychoanalytic Association. Increasingly bitter about the attacks and Freud's withdrawal of support, Rank finally emigrated to Paris in 1926, visiting the United States almost every year until his permanent move there in 1934. He died a month after Freud in 1939, at 55.

Ferenczi died in 1933, having broken first with Rank and then, in the end, with Freud and the movement. Jones, who completed his massive Freud biography just before his death in 1958, attributed the defections of Rank and Ferenczi to mental illness!

Sigmund Freud attempted to secure a scientific basis for knowledge of the psyche belonging previously to poets and philosophers. The differences in viewpoint, ideology and practice which characterise the Freudian and divergent - Rankian - psychodynamic systems are presented below:

**Freudian:**
- classical: Science - objective, general

**Rankian:**
- modern: Art - subjective, unique

Freud admired artists but considered himself a scientist who worked to validate objectively the intuitions of poets and philosophers. Otto Rank willingly embraced philosophical and artistic sources, and once offered this paradoxical principle: 'For each patient I need a different theory'.

**Freudian:**
- Analysis, exploration

**Rankian:**
- Therapy, helping

Freud borrowed the word analysis (Greek: 'separation') from the vocabulary of chemistry. Therapy, on the other hand, derives from the Greek and Latin with meanings of serving, care and healing. Otto Rank, after leaving Freud, used the word 'psychotherapy' to describe his work, even alluding to himself as a philosopher of helping

**Freudian:**
- The past, memories, childhood

**Rankian:**
- The present, here-and-now

**Freudian:**
- The unconscious, repression, suppression by the ego

**Rankian:**
- The conscious, expression of the ego

**Freudian:**
- Wish, instinct

**Rankian:**
- Will, creativity

In psychoanalysis, conscious will has virtually no place; Freud dismissed the will as found in 19th-century psychology. Rank put it back as a central factor, the essence of human identity. Will expresses both ego and instinctual energy. His approach was called 'will therapy'. This signifies not wilfulness but the ability
to combine strong goal-directedness with self-discipline and free, spontaneous improvisation.

**Freudian:** Understanding, intellect  
**Rankian:** Experience, emotion

Rank believed that the neurotic suffers precisely because of too much self-analysis, while lacking the courage, on account of guilt and life-fear, to engage in appropriate experience and action. If for Freud the unexamined life is not worth living, then with Rank it could be said that the uncreative life is not worth living, and the unlived life is not worth examining.

**Freudian:** Transference, interpretation  
**Rankian:** Actual relationship, intimacy

Rankian therapy de-emphasises childhood projection, the kernel of the transference neurosis. Instead, Rank postulates real relationship as the core of therapy, one which (somewhat paradoxically) has a professional kind of intimacy and openness, in contrast with Freud’s method in which the analyst keeps removed and unknown.

**Freudian:** Biology  
**Rankian:** Psychology

Freud used the Oedipus myth as a deterministic model of human family dynamics. He argued that every boy unconsciously wishes to kill his father and marry his mother. But Oedipus, an adoptee, loved his psychological parents; of course, he did not know his biological ones because they abandoned him as an infant. Oedipus pursued literal truth over the edge, into tragedy. Knowing who he is biologically, historically, overcame prudent warnings and Jocasta’s petition that he abandon the quest and pursue life. Emotional truth is often not congruent with the factual kind; having relations can mean being related biologically or being intimate. With Jocasta, Rank favoured psychological over biological relationship, and he gave philosophical primacy to self-creation over pre-determination.

**Freudian:** Death fear  
**Rankian:** Life fear

According to Freud, the patricidal son controls himself for fear of paternal punishment, castration-fear, which symbolises death. In contrast, Rank sees the problem as one of individuation after involuntary birth. Can we, starting as unwilling new-born creatures, attain a stage in which we embrace our lives, affirming creative will and human responsibility without paralysing guilt and fear? If so, this signifies a psychological rebirth, the transformation of creature to creator.
According to Rank, the challenge to us in the post-Freudian world is to create an individual personality. In this respect, one who positively engages his/her own will becomes a successful artist, not by painting or composing, but by living according to one's own genius, spirit and limitations. Life is a loan, death the repayment. The creative type invests or spends it; the neurotic, also strong-willed but paralysed by fear, is a failed artist who (neurotically) tries to deny death: 'It can't be all over, I haven't begun to live yet.'

This schematisation oversimplifies categories, but may be useful in viewing the forest. It should be clear that Rank, if not the originating source of everything attributed to him, is a major forerunner - largely unacknowledged - of what is now accepted psychotherapeutic theory and practice.

Harry Stack Sullivan (1892 – 1949)

'I believe that it is fairly safe to say that anybody and everybody devotes much of his lifetime, a great deal of his energy - talking loosely - and a good part of his effort in dealing with others, to avoiding more anxiety than he already has and, if possible, to getting rid of this anxiety.'

Central to Sullivan's theory of interpersonal psychoanalysis is his understanding of the emotion of anxiety, which, for Sullivan, has a specific connotation.

Anxiety, in this sense, occurs with the experience of uncanniness - including emotions such as awe, dread, horror and loathing - and involves experiences which are undifferentiated and in which one feels powerless to instrumentally change one's condition. In short, in contrast to fear, the one who experiences anxiety does not know what the anxiety is about and, thus, is unable to produce an action to remove the uncanniness of the experience.

For Sullivan, these experiences are ultimately derived from very early, primitive anxieties in relation to one's primary caregivers. Specifically, anxiety for the infant is produced in reaction to the mother's anxiety - and, more specifically, in response to a mother's 'forbidding gestures'. Such experiences create the 'self system' of the person; in other words, anxiety is primarily an interpersonal phenomenon and, thus, our 'self system,' too, is interpersonally constituted.

The self system involves experiences which are categorised as the 'good me,' 'bad me,' or the 'not me.' In the case of the latter, the 'not me' involves experiences which arouse such primitive anxieties and, so doing, are dissociated,
severing whole experiences from conscious awareness. Following from his theory, Sullivan's practice of psychotherapy involved a process of catching sight of the anxiety in the interpersonal situation and thus bringing it to light.

Sullivan is known for his theory of interpersonal relationships, including the interaction between personality development and culture. According to the interpersonal theory, people appear quite different, both to themselves and to others, depending upon the particular personalities with whom they are interacting at the moment. The practical import of this view is that the individual can be understood only within the context of his or her friendships (real or imaginary), and broader social groups.

Sullivan postulates two basic goals of human behaviour - physical satisfactions (food, drink, rest, sex) and security (defined as a state of pleasantness or euphoria resulting from fulfilled social expectations). Children, in the process of acculturation, frequently find themselves in conflict between need satisfaction and security. As parents use prohibitions and disapprovals in the acculturation process, children begin to feel anxiety as a result of their inability to fulfil these expectations. They develop increased muscle tension. They exclude from consciousness selected phases of experience which have proved anxiety-provoking. Their attempts to resolve these tensions through activity do not result in complete relief since anxiety reduction does not tend to follow release patterns of other physiological tensions.

If children can obtain both satisfaction and security, they gain a sense of mastery or power; hence, they begin to experience a higher evaluation of themselves. This self-regarding attitude is thus determined by the attitude of others toward them. Self-attitudes, in addition, seem to determine the attitudes that they have toward others.

It is important to realise, therefore, that much anxiety originates in an interpersonal context. If considerable anxiety has been generated during the acculturation process, then useful learning, awareness, and capacity for insight will be greatly reduced. Sullivan speaks of this process as 'selective inattention.'

When other persons in the interpersonal situation mention words or feelings that provoke anxiety in one's self, the evaluation of others tends to change in a negative direction; hence, individuals are alienated from one another. It helps, therefore, to understand that aggressive clients respond in this manner largely because they have been rebuffed in their bids for affection and understanding. Through their inability to receive as well as to give affection, they maintain hostile attitudes even toward those who attempt to satisfy their needs.

Sullivan traces self-development through a series of stages from preverbal infancy through adult maturity.
The principal implications for therapists are the necessity to provide security relationships, to accept emotional outbursts, which are indicative of tension build-ups, and to organise learning situations, which result in enhancement of self-regarding attitudes of worth and confidence. Therapists and counsellors must realise that affectional growth may be poorly developed owing to disturbances in interpersonal relationships and, as a result, the client needs a treatment environment where he or she can develop self-esteem and confidence adequate to any situation. He or she needs an opportunity to develop the ability to love another person whose welfare is as significant as his or her own.

The therapist must be cautious, however, in interpreting the explanations of personality dynamics to the individual. Therapists must recognise also that they too have developed through the same social processes as their clients and that the present counselling relationship is changing them further through what Sullivan describes as his 'participant-observer' status.

In summary, the principal implication of Sullivan's theory for therapists is that the individual can be understood mainly in light of his or her interpersonal history. The quality of the client's interpersonal relationships must be examined, in particular, as a key to the client's understanding of his or her attitudes. The therapist must realise that the client's responses to them are affected by these past relationships and that feelings expressed are displacements of feelings from previous personal relationships. Sullivan's ideas are related to the current emphasis in counselling known as the 'communications approach.'

Quotations from Harry Stack Sullivan's 'The Interpersonal Theory of Psychiatry' (1953)

"Before anyone can remember, except under the most extraordinary circumstances, there appears in every human being a capacity to undergo a very unpleasant experience. This experience is utilised by all cultures, by some a little and by some a great deal, in training the human animal to become a person, more or less according to the prescriptions of the particular culture. The unpleasant experience to which I am referring I call anxiety."

"...the sort of experience which the infant probably has as primitive anxiety, or primitive fear, reappears much later in life under very special circumstances - perhaps in everyone, but certainly in some people...In these circumstances, anything from a hint to perhaps a fairly full-scale revival of the most primitive of anxiety arouses uncanny emotion.

By uncanny emotion - which is just a trick term, since it hasn't any divine warranties for existing - I refer to an indeterminately large group of feelings of which the most commonly experienced is awe...The rest of the unnamed uncanny emotions are less well known. I would number them as dread - dread in far more the purely conversational..."
sense - horror, and loathing. All of these uncanny emotions have a sort of shuddery, not-of-this-earth component which is, I believe, a curious survival from very early emotional experience, all of which can be thus characterised.

'...the need for interpersonal security might be said to be the need to be rid of anxiety. But anxiety is not manageable. It comes by induction from another person; the infant's capacity for manipulating another person is confined, at the very start, to the sole capacity to call out tenderness by manifesting needs; and the person who would respond to manifest need in the situation in which the infant is anxious is relatively incapable of that response because it is the parental anxiety which induced the infant's anxiety...anxiety always interferes with any other tensions with which it coincides. Therefore, there is, from the very earliest evidence of the empathic linkage, this peculiar distinction that anxiety is not manageable.'

'The self-system...is an organisation of educative experience called into being by the necessity to avoid or minimise incidents of anxiety.

'...before speech is learned, every human being...has learned certain gross patterns of relationship with a parent, or with someone who mothers him. Those gross patterns become the utterly buried but quite firm foundations on which a great deal more is superimposed or built. Sometimes these foundations are so esew from what I would describe as good foundations for living in a particular society that the subsequent development of the person is markedly twisted from conventional development...In those circumstances, we recognise the results as psycho-neurosis or psychoses. But to make anything useful in the way of thought about these psycho-neuroses and psychoses and to develop any certainly helpful techniques for dealing with these 'warped' people, your thinking has to reach very much further back than the presenting situation'.

Melanie Klein (1882-1960)

'...feelings of love and gratitude arise directly and spontaneously in the baby in response to the love and care of his mother. The power of love - which is the manifestation of the forces which tend to preserve life - is there in the baby as well as the destructive impulses, and finds its first fundamental expression in the baby's attachment to his mother's breast, which develops into love for her as a person. My psychoanalytic work has convinced me that when in the baby's mind the conflicts between love and hate arise, and the fears of losing the loved one become active, a very important step is made in development. These feelings of guilt and distress now enter as a new element into the emotion of love. They become an inherent part of love, and influence it profoundly both in quality and quantity.' (from Love, Hate, and Reparation)
Working with children, Klein felt she had observed processes in pre-Oedipal children that were very similar to Oedipal conflicts in older children. Throughout her career, she attempted to theoretically justify these observations.

In the beginning, the child will have two great classes of subjective experience - those experiences which are pleasant, gratifying, comfortable and associated with safety on the one hand, and those which are unpleasant, uncomfortable and painful, on the other. The child naturally reacts to experiences which are either pleasurable or unpleasurable. If he is confronted with a situation which he perceives, in his own primitive way, as a pleasant one, associated with pleasant feelings, he will respond to it by joyful gurgling, and by other signs of happiness. If he is subjected to a situation which is painful or unpleasant, he will show a response of withdrawal, distress or both.

Thus the first division of the child's world can be regarded as being the division into pleasure and unpleasure per se as objects. Because the child is in constant interaction with his environment, and constantly receives a feedback from his environment, a feedback which is intimately associated with feelings of one sort or another, he will attempt to maintain his relationship to the 'nice' or 'good' object as much as possible and to minimise, to the extent that he can, his contact with the 'nasty' or 'bad' object.

The wish to remove that which is unpleasant, to obliterate it, or to displace it so that it is disowned, mobilises all the resources of the infant, including what we normally refer to as his aggression.

Melanie Klein introduced the concepts of ego-splitting and projective identification. To understand these processes, it is first necessary to have an understanding of introjection and projection.

**Introjection**

For every human being, the outer world and its impact, the kind of life experiences he lives through and the objects he comes into contact with are not only dealt with externally, but taken into the self to become part of his inner life. This inner world is a collection of sights, sounds and sensory experiences; complicated and secretive, and constantly expanding as we introject new experiences into our personalities.

**Projection**

This is a process which goes on simultaneously. It is a manifestation of a child's ability to place onto other people around him his aggressive and envious feelings, predominantly those of aggression, which by the very nature of their 'badness' must be got rid of either by the process of siting them within another person or by repressing the acknowledgement of their existence within the self. The latter would cause major disruptions in the process of establishing one's own
identity and of feeling secure enough to establish other outward-looking relationships.

This two-way process of introjection and projection, continues throughout every stage of our lives, interacting and modifying in the course of maturation but never losing importance in relation to the world around us. Thus an internal world is built up in the child and the adult alike which is partially a reflection of the external one: the judgement of reality is never quite free from the influence of our internal world.

**Splitting**

Melanie Klein describes the situation which arises when the projected bad objects (those representations of the child's own ferocious and aggressive impulses) rebound upon him.

For example: A child may kick and scream even when he is desperately hungry, and push when he most longs for a hug. These stages can be identified with the delusional sense of persecution. Indeed, a residual persecutory element can always be found in the sense of guilt which is central to all civilisations. Persecutory anxiety reinforces the need to understand clearly how to separate the good object from the bad, the loved object from the dangerous one, and therefore differentiate clearly between love and hate. Since the infant continues to need a good mother - his life depends on it - by splitting the two aspects and clinging only to the good one, he has evolved for the time being a means of staying alive. Without this loving object he would in fact sink beneath the surface of a hostile world which would engulf him. The process of splitting continues throughout life, and in some forms is never relinquished.

**Projective identification**

Projective identification illustrates most clearly the links between human instinct, fantasy and the mechanisms of defence. Sexual desires, aggressive impulses can be satiated by fantasy. Fantasy can be as pleasurable and as explicit as we wish to make it, but it is also a safety net: it contains and holds those bad parts of our inner self.

The first good objects that the infant experiences centre around aspects of mothering. A loving attitude on the part of the mother ensures that this good object can be introjected to become part of the inner self. If this is successfully accomplished an element of strength will be added to the ego, which can then develop and flourish.

To put a part of yourself into another person, to project a part of your impulses and feelings onto another, is to achieve an identification with that person.
Our thoughts and feelings about the important objects in our lives, our behaviour towards them and our expectations from them are extremely complex. This begins with the intricate interaction between the child and his biological objects in the earliest weeks and months of life.

The relationship between two people, even if looked at from only one side in terms of the subjective experience and activities of one of the people concerned, involves very subtle and complicated cues and signs.

There are unconscious exchanges of messages, as well as the conscious or unconscious experiencing of all sorts of other interactions. Each partner, at any given moment, has a role for the other, and negotiates with the other in order to get him or her to respond in a particular way. A whole variety of feelings, wishes, thoughts and expectations are involved in the interaction which is characteristic of the ongoing relationship between two people.

The question of wish-fulfilment and gratification is extremely important in regard to object relationships. In this context wish-fulfilment is a far broader concept than that of the gratification of instinctual drives or their derivatives, or the obtaining of instinctual 'discharge'.

These needs may show themselves in the form of wishes, which may or may not be predominantly instinctual. There is a substantial part of the mental apparatus which is unconscious in a descriptive sense, but which is not id. Many wishes arise within the mind as responses to motivating forces which are not instinctual.

Perhaps the commonest of such motivators are anxiety and other unpleasant affects. The wishes which are aroused may be conscious, but may not be, and very often are not. They may have a drive component, or be developmentally related to the instinctual drives. Such a wish may, for example, be simply to remove in a particular way whatever is (consciously or unconsciously) identified as a source of discomfort, pain or unpleasure. The wish may be (and often is) motivated by the need to restore feelings of well-being and safety, or may be connected with any one of a whole variety of needs which are very far from those which we normally label as 'instinctual'. Wishes are aroused by changes in the object world as much as by internal pressures.

The individual is constantly obtaining a special form of gratification through his interaction with his environment and with his own self, constantly providing himself which in the object relationship is referred to as 'affirmation'. Through his interaction with different aspects of his world, in particular his objects, he gains a variety of reassuring feelings. The need for this 'nourishment', for affirmation and reassurance, has to be satisfied constantly in order to yield a background of safety.

An example may be toddlers who play happily while mother is in the corner of the room, only occasionally glancing at her, or running to her from
time to time, who can continue their play because of the constant interchange of signals with the mother, an interchange which provides a feeling of security and well-being. If, however, such a toddler notices that his mother has left the room, a need to perceive her and to interact with her, to hold on to her, will immediately become apparent. This will express itself in the form of a very intense wish with a very definite content. Later in life, the child (and adult) will increasingly be able to make use of an unconscious dialogue with his objects in fantasy in order to gain reassurance.

Although at one time such wishes may be acceptable to us, during development they may become unacceptable, and remain as urgent but unconscious wishful impulses which are defended against. Wishes which represent past solutions and adaptations, particularly childhood ones, constantly recur but may be kept back because they are no longer acceptable, because they arouse conflict.

Such wishes are not felt to be appropriate in the present, but still persist. We integrate such past wishes, which re-arise in the present, with new ones formed as a consequence of socialisation and other factors. The urge to re-experience important subjective aspects of object relationships from the first years of life constantly recurs and persists (i.e. represents unconscious wishes) particularly when our feelings of security or safety are threatened, as they constantly are.

One of the main aims of the mental apparatus can be said to be that of protecting consciousness. As a consequence, the way in which we gratify or fulfil unconscious wishes of all sorts may be extremely subtle and disguised, because of the need to protect consciousness from directly experiencing the ‘unacceptable’ content of the unconscious wish. Thus we may repeat the past object relationships embodied in an unconscious wish in a disguised form.

Although our behaviour does not, of course, consist only in repeating past object relations, it is certainly true that a great deal of our life is involved in the concealed repetition of early object relationships in one form or another. This includes those patterns of relationship which have developed as safety-giving or anxiety-reducing manoeuvres, as well as those which satisfy instinctual wishes.

Much of what we call illness, including occasionally quite severe psychological illness, may be looked at from this point of view. And, it need hardly be added, all the defensive displacements, reversals, and other forms of disguise, can enter into the way in which we repeat or attempt to repeat wish-fulfilling early relationships.

While childhood relationships may be repeated without much alteration in later life, they may equally be heavily disguised, and it is part of the work of analysis to trace the ways in which this disguise has been created, i.e. to examine
the defensive distortions of the original unconscious wishes and fantasies embodying the sought-for and gratifying role relationship.

In general, Klein imagined that all adults retain, at some level, such psychotic processes, involving a constant struggle to cope with paranoid anxiety and depressive anxiety. Klein was led, therefore, to apply her approach to adult neurotics, as well as psychotics and children.

Klein's technique, in all cases, involved a method of using 'deep' interpretations which she felt communicated directly to the unconscious of the client, thus by-passing ego defences.

Klein's theories, such as the paranoid-schizoid and depressive positions, her conception of sexuality and envy, and her discovery of projective identification as a defence have all been highly influential contributions to the field which, regardless of Klein's intentions, opened up new possibilities for psychoanalysis which were quite different than Freud's classical psychoanalytic practice and theory.

'It is an essential part of the interpretative work that it should keep in step with fluctuations between love and hatred, between happiness and satisfaction on the one hand and persecutory anxiety and depression on the other.'
(from 'The Psychoanalytic Play Technique: Its History and Significance,' 1955)

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

Heinz Kohut (1923 - 1981)

'...neither the patient's fantasies nor his social isolation are the cause of his illness. On the contrary, together they constitute a psychological unit which, as a protective device, attempts to maintain the patient's precariously established self by preventing its dangerous exposure to rebuff and ridicule... If ...the therapist can explain without censure the protective functions of the grandiose fantasies and the social isolation and thus demonstrate that he is in tune with the patient's disintegration anxiety and shame concerning his precariously established self, then he will not interfere with the spontaneously arising transference mobilisation of the old narcissistic needs.

Despite disintegration fears and shame, the patient will then be enabled, cautiously at first, later increasingly more openly, to re-experience the need for the self-object's joyful acceptance of his childhood grandiosity and for an omnipotent surrounding - healthy needs that had not been responded to in early life.'

Of Kohut, Mitchell and Black (1995) write that, in contrast to Freud's view of the human being as torn between animal appetites and the mores of civilisation, he:
offered a very different vision of human experience, consistent with the major themes in late-twentieth-century literature and social analysis. He spoke not of battles but of isolation - of painful feelings of personal alienation, the existential experience where a person is terrifyingly separated from a sense of his humanness and feels himself to be a 'non-human monstrosity.'

Kohut's man in trouble was not riddled with guilt over forbidden wishes; he was moving through a life without meaning. Devoid of that zest for life that infuses the mundane with interest, he looked and acted like a human being but experienced life as drudgery, accomplishments as empty. Or he was held captive on an emotional roller-coaster, where exuberant bursts of creative energy alternated with painful feelings of inadequacy in response to disrupting perceptions of failure. The creative process was short-circuited; creative strivings defied realisation. Relationships, eagerly, even desperately, pursued, were repeatedly abandoned with an increasing feeling of pessimism at ever getting what one really 'needs' from another. Freud's man was appropriately guilty; Kohut's man was decidedly 'tragic.'

Kohut caught sight of the pathos of contemporary culture, the post-modern age of alienation and anxiety so richly described by existentialism and late-20th century literature. Kohut's theory of the 'self disorders' describes the kind of person subject to an age in which identity is a precarious invention, fragile and quite easily subject to fragmentation.

Kohut began articulating his description of the self disorders through his work with persons with narcissistic characteristics, but soon discovered that what he found was applicable to the more general population of patients who arrive at the therapist's door.

Kohut's critics charge that Kohut has befriended the enemies of psychoanalysis by reducing the importance of sex and aggression as motivating factors, as well as for introducing what is perceived as 'the fuzzy warmth' of humanistic psychology into the 'diamond-hard discipline of psychoanalytic practice.' Others argue that these moves are precisely the strengths of Kohut's re-visioning of the psychoanalytic project.

Kohut's clinical experience lead him to re-vision the Freudian psychoanalytic project, beginning with a quite radical re-conceptualisation of narcissism, which allowed for the emergence of a psychology of the self (which, as Kohut himself points out, he saw as an additional dimension to traditional psychoanalytic theory rather than a break from it).

Kohut's discovery of this dimension grew from his observations of patients with narcissistic personality disorder, 'characterised by a specific vulnerability: their self-esteem was unusually labile and, in particular, they are extremely sensitive to failures, disappointments and slights.'
Kohut felt that classical Freudian drive and defence theory did not adequately explain what he was witnessing with these narcissistic clients; thus, he was led to re-examine Freud’s theory of narcissism.

Kohut proposed that there are two parallel lines of development rather than the single developmental line of primary narcissism and object-relatedness. Kohut agreed with Freud that there is an increasingly differentiated and mature capacity for object relatedness. However, he felt there is a second line of development, the development of the self, which continues to develop across the life-span.

Kohut’s formulation of the development of the self included the introduction of the term ‘Self-objects,’ ‘objects which we experience as part of our self; the expected control over them is, therefore, closer to the concept of the control which a grown-up expects to have over his own body and mind than to the concept of the control which he expects to have over others.’

There are two kinds of self-objects:

1. The Mirroring Self-object: ‘those who respond to and confirm the child’s innate sense of vigour, greatness and perfection,’ and
2. The Idealised parent image: ‘those to whom the child can look up and with whom he can merge as an image of calmness, infallibility and omnipotence.’

To summarise, regarding this second line of development (the development of the self), Kohut argued that there are three primary and very strong needs required for the self to thrive:

1. the need to be ‘mirrored,’
2. the need to idealise, and
3. the need to be like others.

When these needs are not met for the child, for whatever reason, a self disorder results. However, if these needs are adequately met, ‘the child develops a healthy self, which entails high self-esteem, a guidance system of ideals and values, and the self-confidence to develop one’s competence’

For Kohut the parents, of course, are essential for the encouragement necessary for the potentialities of the self to blossom. As the idealised parents are eventually discovered, with their inevitable failures, to be human, the original security of the idealised other remains as a secure foundation for the self.

Kohut found evidence for these self-objects in the transferential dynamics of narcissistic patients. In the case of narcissism, there are faulty interactions between the child and her self-objects which results in a damaged self. With such failures, the narcissistic child lacks the coherence, vitality and functional harmony of a healthy self, and a ‘self disorder’ results from such failures.

When a person has a healthy and strong sense of self, she can still experience ‘secondary disturbances of the self.’ In such cases, a person meets with everyday
success and failure in such a way that these are tolerated, along with the normal
emotions of triumph and joy or despair and rage. Self disorders, however, result
in 'primary disturbances of the self,' which fall into several different subgroups.

Serious damage to the self results in the psychoses, wherein the self is entirely
non-cohesive. When damage to the self is covered by complex defences,
'borderline states' result. A third group, 'narcissistic behaviour disorders' are
more resilient compared to the latter two kinds of self disorders.

Self disorders result when parents 'are not adequately sensitive to the needs of
the child but will instead respond to the needs of their own insecurely
established self.'

Kohut's approach to therapy is his primary focus and direction. For
Kohut, empathy is an essential if the therapy is to be successful in treating self
disorders.

For Kohut, the therapist's primary task is to make sure the client knows
that she is trying her best to understand the client from the client's point-of-view.
Further, the therapist does so best when she can demonstrate this understanding
to the client, and, even more, when she lets the client know that his or her her
view makes sense given his or her personal history. On this point, Kohut has
been most severely attacked as watering down the therapy process, and, more
specifically, for supposedly gratifying the client's omnipotent demands.

From Kohut's perspective, such an understanding does not necessarily lead
to gratifying the client's unreasonable demands; rather, it is a way of dealing with
the client's defences by honouring the fact that such defences initially developed
as adaptive ways to protect the threatened self.

Kahn writes:
'At the most primitive level, clients want to be gratified as children; that is, they
want to be hugged, to be told that they're wonderful, that you will protect them, and so
forth.' For all the empathy he provided, Kohut did not provide these
gratifications.

Kohut felt that the goal of therapy was to rehabilitate the weakened
condition of the self, the central pathology in the narcissistic disorders. In order
to assist the client in doing so, Kohut felt the therapist has to both understand
the client and provide the client with an explanation for her plight.
Understanding is essential in that it gives primacy to the client's perspective.
Rather than impose presupposed theoretical constructs onto the client, the
therapist endeavours to allow the client to discover that it is ultimately she who
knows what she needs to be healed. To be so deeply understood and highly
regarded by the therapist is therapeutic in itself. And, in this sense, Kohut is very
much indebted to Carl Rogers, who also felt that the therapist's 'unconditional
positive regard' for the client is a necessary condition for the client's growth.
When the client feels deeply understood and begins to develop an understanding of their life as a whole, the client develops a trust in the therapist that she can help her meet her unmet needs. That is, the therapist, in the transference, becomes a self-object for the client. Depending on the nature of the client's self disorder she will develop a self-object transference of three potential types: mirror, idealising or twinship transference.

Through a ‘corrective emotional experience,’ the client is able to heal their narcissistic wounds in the relationship with the therapist. In time, the patient's idealised transference is frustrated, but in a warm and supportive climate. ‘So, the analyst, like the adequate parent, fails the patient slowly and incrementally, allowing the narcissistic transferences to become transformed into a more realistic, but still vital and robust sense of self and other.’

***************

Fromm's Method of Social Psychology

Fromm's social psychological interest originated in his religious upbringing as well as in his academic interests; this is evident from his studies in sociology and his dissertation on Jewish law he finished in 1922 at Heidelberg University.

Seven years later Freudian psychoanalysis permitted a new formulation of his social psychological interest, at that time, namely, in the language of Freud's instinct theory.

If one takes seriously the basic sociological premise that there are forces and patterns that are rooted in society itself - a premise that is difficult for most psychoanalysts to accept - then the question can be raised as to whether or not there is something like an unconsciousness of society, and, if so, according to what patterns it develops and whether or not it can be investigated like the unconscious of an individual.

If one first accepts the possibility that society has an unconsciousness, which can be called the social unconscious, then the next step is to free oneself from a misguided understanding of society.

The individual must be understood as socialised first, and thus the psyche is to be understood as being 'developed and determined through the relationship of the individual to society'.

The difference between personal psychology and social psychology is only a quantitative one. Social psychology, just as individual psychology, tries to comprehend psychic structure from the individual's life experiences. So it proceeds according to the same methods: 'Social psychology wishes to investigate how certain psychic attitudes common to members of a group are related to their common life experiences.'
The idea of the 'common life experience' is distinguished from the 'individual life experience.' In the latter it is important to know the sibling order or if someone is an only child; sicknesses and 'chance' occurrences of an individual sort are significant because of their strong influence on libidinal structure.

On the other hand, the 'common life experience' of a group means mainly the economic, social and political conditions which determine the way of life for the group.

Fromm takes over from the Freudian instinct theory the fundamental insight that there are dynamic forces that originate from the instincts and are usually unconscious, and that these instincts develop a certain libidinal structure.

Which fate the instincts experience depends on the life experience of the respective individual. The principle that life experience determines libidinal structure is also valid for social dimensions. Fromm’s chief interest is the libidinal structure of the human being as a socialised being.

For him it is mainly a question of those passionate strivings and the unconscious of the socialised individual, as these factors make themselves evident when the unconscious of society is itself the object of study. Then there is a libidinous structure of society, which can be recognised as dependent from the socio-economic situation, since the life experience of the group is determined by the economic, social and political conditions, which are equally valid for it. Expressed in terms of the society, this means that it, the society, has not only a certain economic, social, political and intellectual-cultural structure, but also a libidinal one specific to it.

When Fromm embraced the idea of a socially moulded unconscious or an unconscious of society by which each individual is predetermined, he defined the correlation of individual and society anew. After that it was no longer valid to say 'here I am and there is society'; but rather, 'my passionate strivings are primarily a reflection of society, in that my unconscious is socially determined and I therefore reflect and realise the secret expectations and wishes, fears and strivings of society in my own passionate strivings.'

In reality neither the real separation of society and individual nor the real separation of conscious and unconscious, nor the real separation of society and unconscious exist. Both dimensions are in the social unconscious of every single human being.

The Significance of Fromm’s Social Psychological Approach in Psychoanalytic Theory

Fromm applies the insights of psychoanalysis to the dynamics of the unconscious and to the phenomena of defence and resistance on a social scale. But he does it from a genuine sociological standpoint, in terms of which the
passionate strivings of the individual are understood as being primarily a reflection of society, so that the social traits of an individual are not additional aspects of himself, but, rather, the opposite: the individual can only be properly understood as a modification of society.

The identification of psychoanalytic instinct theory with libido theory shifts the perspective to the recognition of the dynamics of the unconscious on a social scale. This finally leads Fromm completely to neglect Freudian instinct theory in order to avoid the temptation of giving an all-important position to insights into the regularities of this one libidinal structure, which is, besides, not at all relevant to the dynamics of the social unconscious.

Fromm summarises his new formulation with these words: 'We believe that man is primarily a social being, and not, as Freud assumes, primarily self-sufficient and only secondarily in need of others in order to satisfy his instinctual needs. In this sense, we believe that individual psychology is fundamentally social psychology or, in Sullivan's terms, the psychology of interpersonal relationships; the key problem of psychology is that of the particular kind of relatedness of the individual toward the world, not that of satisfaction or frustration of single instinctual desires.'

It may appear as if Fromm would reject all instinct-theoretical thinking. But that is not his point. Fromm's primary interest of study was also 'instincts,' namely, those which motivate the thought, feelings and behaviour of humans as social beings. The application of Freud's instinct theory to social groups permitted Fromm to recognise the limited validity of the libido theory and in 1935 brought him to the recognition that basically two kinds of drives must be distinguished. He was aware that this distinction introduced a principal disagreement with Freud's instinct theory.

He writes, 'The central point of this fundamental disagreement is that I try to show that drives which motivate social behaviour are not, as Freud assumes, sublimations of sexual instincts. Rather, they are the products of social processes, or, more precisely, reactions to certain constellations under which the individual has to satisfy his/her instincts.

These drives, which I divide into those having to do with human relations (love, hate, sadomasochism) and those having to do with methods of acquisition (instincts of receiving, taking away, saving, gathering, producing), are fundamentally different from natural factors, namely the instincts of hunger, thirst, sexuality. Whereas these are common to all human beings and animals, the former are specifically human products and not biological; they are to be understood in the context of the social way of life...'

Fromm's adherence to the perception that libidinal structure results from adaptation to life experience led him to a new conceptualisation of the drive theory, according to which psychological phenomena are disconnected from their physical source, sex drive, and acquire independence as 'psychological drives' as
opposed to 'physiological drives,' among which Fromm includes the drives of self-preservation as well as sexuality.

This re-vision of psychoanalysis also manifest itself in new terminology. Since Fromm used the concept of character for his social psychological insights, he called drive theory characterology; drive structure became character structure, instinctual impulses became character traits or simply passionate strivings; drive itself is conceptualised as psychological need, libidinal instinct is now called psychological or existential need (in contrast to instinctive or physiological needs); the libidinal structure of a society became the social character, and instead of libido, Fromm, similarly to Jung, now spoke of psychic energy.

The Significance of Fromm’s Social Psychological Approach in Psychoanalytic Therapy

Therapy must direct its attention first and above all to the study of the social character, which is to be understood 'as the core of the characteristics most of the people of a society or class have in common'. However much he may suffer from problems with his personal situation and constitution, the individual and patient is primarily determined by his social character.
The following articles which make up the final section of this course explore the motives that may be present in your desire to help, and how these may help/hinder you.

Why be a helper?

Without minimising the external demands of helping others, it seems fair to say that some of the factors that wear us down, we have brought with us at the outset.

(Ram Dass and Paul Gorman 1985)

No one can act out of exclusively pure motives. The greater the contamination by dark motives, the more the case-worker clings to his alleged objectivity.

(Guggenbuhl-Craig 1971)

With great puzzlement and a furrowed brow he said, ‘I don’t understand why you are so angry with me. I wasn’t trying to help you’.

(attributed to Wilfred Bion and quoted by Symington 1986)

How can I help is a timeless enquiry of the heart.

(Ram Dass and Paul Gorman 1985)

In this article we will look at some of the complex motives for wanting to work in the helping or caring professions. As the quotations above indicate, we do not think these motives are clear and simple. Sometimes helper and helpee are caught in a tangle of mutual misunderstanding, both feeling powerless but unable to share this.

The role of helper carries with it certain expectations. Sometimes clinging to our roles makes it difficult to see the strengths in our clients, the vulnerability in ourselves as helpers, and our interdependence. As Ram Dass says: ‘The more you think of yourself as a ‘therapist’; the more pressure there is for someone to be ‘patient’.’ In choosing to start here, we are again saying that a willingness to examine our motives, ‘good’ or ‘bad’, pure or otherwise, is a prerequisite for being an effective helper.

Aware of what Jungians call our ‘shadow’ side, we will have less need to make others into the parts of ourselves we cannot accept. The crazy psychiatric patient will not have to carry our own craziness, while we pretend to be completely sane; in the cancer patients who cannot face their impending death, we will see our own fear of dying. Focusing on our shadow, we will be less prone to omnipotent fantasies of changing others or the world, when we cannot change ourselves.

One aspect of his own shadow - the wish for praise/adulation - happened to Robin while we were writing this:
I was running a residential therapy group abroad on my own. After a group member had worked on her feelings involving the death of a child, the group began to share at a very deep level, with one person’s work triggering off another’s. As the group facilitator I found the work both rewarding and moving as people resolved some of their deep pain. Staying with the process was for me tiring, yet paradoxically effortless in the way people’s openness allowed their work to unfold. I could not remember any group which had consistently managed to face such trauma, and work through it successfully. At times like this I remember how privileged I am to be a witness to such work. At times like this ego creeps in. Look what I have done as facilitator. After the fourth session we sat around for dinner. I missed not having a co-leader and was wanting the group to give me some validation for (my) wonderful work. Just then a wasp came and joined us. I ran. There was much laughter. ‘So you are human after all.’ I laughed too, but not before I had caught a feeling of resentment at being lovingly mocked and not revered.

How often we find ourselves caught in the shadow side of helping, letting ourselves and others think we are special, creating that illusion and then being disillusioned when people want to take us down a peg or two.

The idea that we are helpers as opposed to a channel for help is a dangerous one. We want the praise for the success not the blame for the failure. We struggle with the idea of non-attachment, telling students and clients who thank us for good pieces of work that it is not us, but themselves they should thank, yet secretly saying ‘... and me’. It is hard really to accept the possibility of being only the vehicle of help. Yet this acceptance is the only way to get off the roundabout of being addicted to praise and fearful of blame, and to stop ourselves lurching wildly between impotence and omnipotence.

Non-attachment does not mean not caring. On the contrary it may be the nearest we can get to real caring, as we do not have to live through our clients, dependent on their successes for our self-esteem.

In different ways we were given the opportunity to learn this lesson early on in our helping careers working in a residential therapeutic community. The supervisor of the home came fortnightly to supervise the head of the establishment and then to do a group supervision for all the staff. In one of these sessions the staff were engaged in an intense exchange around how to treat one of the residents. The supervisor stopped the discussion in its tracks by saying:

You are not here to treat the residents, nor are you here to heal them or make them better. The job of the staff is to maintain the structure and keep open the space in which the residents can learn and grow. You are merely the servants of the process.

We had to learn (and are still learning) to give up the struggle for omnipotence, to let go of the idea that we were the ones that cured people, and learn the humility of being the care taker of the therapeutic space.
Yet humility too is not without danger. The word ‘caretaker’ reminds us of a Jewish joke.

One day a rabbi has an ecstatic vision and rushes up before the ark in his synagogue and prostrates himself, saying: ‘Lord, Lord, in Thine eyes I am nothing.’ The cantor (singer) of the synagogue, not wishing to be outdone, also rushes up to the altar and prostrates himself saying: ‘Lord, Lord, in Thine eyes I am nothing.’ The shamash (caretaker) sees the other two and decides to do the same. He rushes up and prostrates himself with the same words: ‘Lord, Lord, in Thine eyes I am nothing.’ Whereupon the rabbi turns to the cantor and says: ‘Look who thinks he’s nothing.’

A book that deals very succinctly and challengingly with the shadow side of helping is *Power in the Helping Professions* by Guggenbuhl-Craig (1971). He writes:

To expand our understanding… perhaps it is necessary to go more deeply into what it is that drives the members of these ministering professions to do the kind of work they do. What prompts the psychotherapist to try to help people in emotional difficulty? What urges the psychiatrist to deal with the mentally ill? Why does the social worker concern himself with social misfits?

Here is Peter’s story in response to that question.

I originally believed that I would work in the creative arts and that I was destined for a career in the theatre or television, but I was drawn away from performance to working in community arts, drama-therapy and from there into mental health work. I worked with people who were actively psychotic, who had murdered, burnt down churches, were violent, suicidal, alcoholic etc. - the whole gamut of human anguish, distress and pain. In this work I found relief, which many of my friends found strange, but which I now know was the relief that my own buried disturbance, hidden and denied within my family, school and culture within which I grew up, now had an outward reality. It was all being played out in the therapeutic community in which I worked.

Looking back I can recognise that I both did some very good work which came from a genuine wanting (and needing) to meet these people in their pain, but also I had, eventually, to move on from this work as I had not got to the stage where I could re-own the full depths of my own shadow disturbance that these clients were living out for me. I had not truly faced my own inner murderer, my paranoid fear, my fragmentation, my despair. So I was unable to meet them fully as equals and was only able to come alongside in an unequal relationship where they carried the dis-ease and I was reinforced in my role of the coping, caring and containing worker.

The journey from facing my own dark inner self through others, back home to facing the shadow deep within myself has been and is a long and painful process. It isn’t one simple cycle, but many small waves of discovering depths within others that I then
need to go back and find in myself. Now that I work as a psychotherapist I have a simple rule that if I find myself saying something more than twice to different clients, trainees or supervisees, I assume that I am also saying this to myself and I go away, write it down and explore it.

For most of us the answer to the question of ‘why’, would include the wish to care, to cure, to heal - an attraction to the ‘healer-patient archetype’. Alongside this, however, may be a hidden need for power, both in surrounding oneself with people worse off, and being able to direct parts of the lives of the people who need help.

Guggenbuhl-Craig also addresses this issue:

In my years of analytical work with social workers, I have noticed time and time again that whenever something must be imposed by force, the conscious and unconscious motives of those involved are many faceted. An uncanny lust for power lurks in the background. Quite frequently, the issue at stake appears to be not the welfare of the protected, but the power of the protector.

This is especially difficult to recognise, because at times of having to make decisions about clients, or their children, the worker very often feels incredibly powerless. This contrasts markedly with the power that he or she has and is seen to have. Here is an example which demonstrates the discrepancy in feelings of power, the value of supervision and the relevance of understanding motives even when it initially appears irrelevant to do so.

A client with a record of considerable violence threatened to kill his experienced social worker for removing his child from home. The social worker was understandably anxious at this; the anxiety escalated and could not be held within a loose framework of supervision. I was consulted and felt inadequate to contain this life-threatening anxiety. I decided that the only way I could help was to concentrate on a thorough understanding of the dynamics of the case, although this hardly seemed to be the crisis response that was being asked for. With this focus, we began to understand the covert rivalry between the worker and the parent to be the better parent, and the murderous, unmanageable rage the client experienced when his inferiority was confirmed and concretised by the making of a Care Order. An appreciation of the rivalry served to contain the anxiety in the worker, the agency and myself by providing pointers to planning the work. This served to release the anxious paralysis. The client, I am thankful to say, responded sufficiently for the situation to become diffused. I quote this example to illustrate my point that agencies concerned with public safety, and indeed the safety of their workers let supervision go at their peril.
We have come to believe that this case is not as exceptional as it may first look. In our experience, once workers have made a shift in acknowledging some aspect of their shadow side - in this case the competition - there is very often a shift in the client right from the start of the very next meeting.

The issue round the potential misuse of power was put very simply by one worker: 'We dabble in people's lives and make enormous assumptions about what we do. We don't sit back and think about what it really means. We can create dependency, undermine the client's worth ...' This can be done on a very subtle level. Here is an example from one of our supervisees. It comes from weekly psychotherapy where a male therapist had been seeing a female client in her mid-thirties for about eighteen months.

The client's presenting problem at the therapy session was her difficulties at work. There was a staff member there who was very offhand with her, treating her almost like some kind of servant, and she could not confront him with his obnoxious behaviour, although she very much wanted to. It transpired that this allowing him to treat her like an object even extended to his going to bed with her whenever he wanted. She did not know how to say no, and at some level they both knew this, which is why he could treat her with such contempt.

During the session the therapist suggested that she made an agreement with him, if she wanted, not to sleep with this man for three months, and see if it made any difference to her relationship with him. The following week she came back and said she had felt a lot stronger in the way she interacted with this man, and was very glad about the agreement. The therapist was pleased, but something did not feel right. He took the case to his fortnightly supervision, and realised that he had become just another man telling her what to do - perhaps with more benign intentions, but nevertheless undermining her. The fact that she had agreed to the suggestion and was happy with the outcome almost completely missed the point - namely her underlying problem in all relationships with men, which obviously included the therapist, was that she could not say no. The therapist knew that his suggestion was not a permanent solution, but had not realised how much he and his helpful suggestion was also part of the client's process of giving power to men.

In supervision the therapist faced the fact that it was the 'victim' part of himself which he felt so uneasy about, that had prompted his rush into this premature intervention. He came to realise that rushing into premature solutions was his way of attempting to deal with his own fear of powerlessness. In doing what he had done, he was creating an unnecessary dependence on himself for a behavioural solution instead of doing his job which was to help explore a fuller understanding of how she repeatedly got herself into such situations.
Another aspect of shadow we would like to look at is the helper’s attitude to needs - their own needs, both of the job and of their clients. As part of our training we are taught to pay attention to client needs, and it is often difficult to focus on our own needs. It is even considered selfish, self-indulgent. Yet our needs are there nonetheless. They are there, we believe, in our very motives for the work we do. As James Hillman (1979) writes:

Analysts, counsellors, social workers are all trouble-shooters. We are looking for trouble, even before the person comes in to take the waiting chair: ‘What’s wrong?’, ‘What’s the matter?’ The meeting begins not only with the projections of the person coming for help, but the trained and organised intention of the professional helper. In analysis we would say that the counter-transference is there before the transference begins. My expectations are there with me as I wait for the knock on the door.

In fact counter-transference is there from the beginning, since some unconscious call in me impels me to do this work. I may bring to my work a need to redeem the wounded child, so that every person who comes to me for help is my own hurt wounded childhood needing its wounds bound up by good parental care. Or the reverse: I may still be the wonderful son who would lead his father or mother out of their mistaken ways. This same parent-child archetype may also affect us, for instance, in the need to correct and punish an entire generation, its ideals and values.

My needs are never absent. I could not do this work did I not need to do this work ... Just as the person who comes to me needs me for help, I need him to express my ability to give help. The helper and the needy, the social worker and the social case, the lost and the found, always go together. However we have been brought up to deny our needs. The ideal man of western Protestantism shows his ‘strong ego’ in independence ... Needs in themselves are not harmful, but when they are denied they join the shadows of counselling and work from behind as demands ... Demands ask for fulfilment, needs require only expression.

It is not the needs themselves, but the denial of them that we believe can be so costly. Another need we would like to mention here, is the need to be liked, valued, to be seen as doing one’s best, to have good intentions even if we sometimes have to make difficult decisions for the ‘client’s own good’: in short, to be seen as the good guy. It is not easy for us, even after many years of working with people and attempting to face our shadow side, to accept a picture of ourselves, painted by a client, which does not correspond with how we see ourselves. It seems so unfair to be told that one is cold, rigid or misusing power. The temptations are either to alter one’s behaviour to be more ‘pleasing’, to counter-attack subtly or otherwise, or stop working with the person for ‘plausible’ reasons. The ingratitude is sometimes hard to accept. We may find ourselves thinking, ‘... after all I’ve done for you’, words we heard from a parent or teacher, and which we promised never to repeat.
One of the best ways we have found of accepting some of these negative feelings from clients (which usually have at least a grain of truth in them) is for us to remember how we feel as clients. We can also remember how in our own supervision, when we feel inadequate, we want to criticise our supervisors in order to make them feel as we do.

It would seem from the above that it is almost worth packing it in. It is full of lurking power drives, needy children, unclear motives, hostility to parents. To think this would be to miss the alluded to above - namely it is only the denial of needs, shadow, image, power that makes them dangerous. Knowing ourselves, our motives and our needs, makes us more likely to be of real help. In that way we do not use others unawarely for our own ends, or make them carry bits of ourselves we cannot face. For we believe that the desire to help, in spite of the unclarity surrounding it, is fundamental, and agree with Harold Searles (1975) when he says that:

_.innate among man’s most powerful striving towards his fellow men, beginning in the earliest years and even earliest months, is an essentially psychotherapeutic striving. The tiny percentage of human beings who devote their professional careers to the practice of psychoanalysis or psychotherapy are only giving explicit expression to a therapeutic devotion which all human beings share._

In other words the wish to heal is basic to helpers and non-helpers alike. We have found that when we have been able to accept our own vulnerability and not defend against it, it has been a valuable experience for both for us and our clients. The realisation that they could be healing us, as much as the other way round, has been very important both in their relationship with us and their growth. It is another reminder that we are servants of the process.

Finally, we believe that we are only in a position to give when our own needs go some way to being acknowledged and satisfied. To give when we feel that we have something to give and not just when the client demands, or when we feel we ‘ought’ to. This puts a lot of responsibility on helpers to be active in trying to satisfy their own needs.

**Caregiver Burnout**

Being able to cope with the strains and stresses of being a Caregiver is part of the art of Care-giving. In order to remain healthy so that we can continue to be Caregivers, we must be able to see our own limitations and learn to care for ourselves as well as others.

It is important for all of us to make the effort to recognise the signs of burnout, In order to do this we must be honest and willing to hear feedback from those around us. This is especially important for those caring for family or
friends. Too often Caregivers who are not closely associated with the healthcare profession get overlooked and lost in the commotion of medical emergencies and procedures. Otherwise close friends begin to grow distant, and eventually the Caregiver is alone without a support structure.

We must allow those who do care for us, who are interested enough to say something, to tell us about our behaviour, a noticed decrease in energy or mood changes.

Burnout isn't like a cold. You don't always notice it when you are in its clutches. Very much like Post Traumatic Stress Syndrome, the symptoms of burnout can begin surfacing months after a traumatic episode. The following are symptoms we might notice in ourselves, or others might say they see in us. Think about what is being said, and consider the possibility of burnout.

- Feelings of depression.
- A sense of ongoing and constant fatigue.
- Decreasing interest in work.
- Decrease in work production.
- Withdrawal from social contacts.
- Increase in use of stimulants and alcohol.
- Increasing fear of death.
- Change in eating patterns.
- Feelings of helplessness.

Strategies to ward off or cope with burnout are important.

The 12 Commandments of Wellness

There are many ways to stay well, and they all involve making choices. The key is to have many and varied skills to increase the number of choices available.

Here are 12 coping skills that can help with some of the major problem areas most people face.

- Practice quality. There is no greater satisfaction than knowing you are doing a good job. No matter how great or small the task, it will be a source of pride to you if you do it well. Striving for quality in all you do requires a commitment to continual learning, the fine-tuning of existing skills and the development of new skills. Enthusiasm for the work you do is also important. When you are able to see beyond the 'job' to the people you are serving, you will find more joy in your work.

- Set priorities. Your priorities – how you choose to spend your time, money and energies – make a statement about your values. Be realistic about what you expect of yourself, and avoid incongruences with who you are, what you
do and how you relate to others. Know what you can and cannot change, and
do not become frustrated by the latter.

- Establish support groups. Family and friends are very important sources of
  support, but outside groups are equally important. Consider joining one or
  more professional organisations. Professional groups can validate you and
  your work. Other support groups may develop from sharing a hobby or
donating time to special projects.

- Participate in community activities. Be active in your community, whether it
  is through involvement in a formal organisation or random acts of kindness.
  A sense of belonging fosters wellness, and the more you give, the more you
  will receive in return.

- Maintain a healthy lifestyle. Eat a nutritious diet, get enough sleep and rest,
exercise and find quiet time, all on a regular basis. Do not use alcohol, other
  drugs or work to cope with stress or avoid problems. Stop smoking; better yet,
ever start. Keep toxic substances and toxic people out of your life.

- Foster a healthy work environment. Insist on a safe workplace with adequately
  trained staff. Show interest in your co-workers without being too pushy.
  Compliment others for a job well done. Respect and assist your colleagues,
  and they likely will do the same for you. Make a conscious effort to keep
  workplace issues in perspective. Do not allow yourself to be bothered by
  things you have no control over.

- Take time off. Make plans for a real vacation - don’t take a trip to attend
  some work-related function and call it a vacation. Make quality time with
  family and friends a priority, but also give yourself permission to be alone.

- Deal with anger. Many events in life are beyond our control, but how we react
  to them is very much within our control. Being angry and upset are familiar
  feelings to us all, but do we deal with them in a healthy way? Suppressing
  anger can do real damage to the human body. You should be comfortable
  telling people that you are angry and that you need them to listen. If
  screaming helps, do it in private; if exercise helps, then go out for a run or
  workout.

- Take up a hobby. Seek interests outside your regular work, whether they are
  reading, sports, crafts or other activities. Be careful, however, not to over-
  commit yourself. Also recognise that it is OK to have interests that you do
  not share with your partner or spouse.

- Be honest. Be perfectly honest with at least one other person you trust to
  listen to all your negative feelings without making any judgements. This is
  one way to get to know yourself better.

- Be happy, don’t worry. Approach each new day rested and with a positive
  attitude. A healthy outlook on life can be contagious. Keep things in
  perspective. Learn to laugh at yourself more. Appreciate the humour of some
  situations, but never make someone else the brunt of it.
- Practice self-compassion. Learn to be kind and patient with yourself as well as others. The most compassionate thing you can do for yourself is become comfortable saying ‘I don’t know’ and ‘No, thank you.’

By acknowledging the reality that being a Caregiver is filled with stress and anxiety, and understanding the potential for burnout, Caregivers can be forewarned and guard against this debilitating condition. As much as it is said, it can still not be said too often, the best way to be an effective Caregiver is to take care of yourself.
Sources

Therapeutic Psychology – Fundamentals of Counselling & Psychotherapy
Lawrence Brammer, Everett L. Sholstrom, Philip J Abrego

The 12 Commandments of Wellness
Shay Bintiff
Family Practice Management, May 1997

Theory & Practice of Counselling & Psychotherapy
Gerard Corey
Brooks Cole, California, 1991

Individual Therapy in Britain
Windy Dryden

Personality Theories – Journeys Into Self
Willard Frick
Teachers College Press, New York, 1991

Fromm’s Method of Social Psychology
Rainer Funk
American Academy of Psychoanalysis Lecture, Texas, 1990

Introduction to Theories of Personality
Calvin S. Hall, Gardner Lindsay
John Wiley & Sons, New York, 1985

Supervision in the Helping Professions
Peter Hawkins & Robin Shohet
Open University Press, Milton Keynes, 1993

Psychology – An Introduction
Nicky Hayes & Sue Orrell

A Complete Guide to Therapy
Joel Kovel

The Evolution of Psychotherapy Since Freud
E. James Lieberman
Psychiatric Times, April 1997

Introductory Psychology
Tony Malim & Ann Birch
Heinz Kohut
Mitchell & Black
1995

The Theory & Practice of Counselling Psychology
Richard Nelson-Jones
Cassell Education Ltd, London, 1982

The School of Karen Horney
Isidore Portney
American Handbook of Psychiatry, 2nd Edition

The British Independents
Eric Rayner

A Brief History of Psychoanalytic Thought
Harry Stack Sullivan
Brent Dean Robbins

On the Development of Object Relationships and Affects
Joseph Sandler & Anne-Marie Sandler

Key Ideas in Personality Theories
James R. Scroggs
West Publishing Co., Minnesota, 1985

Caregiver Burnout
Dr M. Ross Seligson

www.freud.org.uk

www.human-nature.com