WHAT IS PSYCHOANALYSIS?

WHAT CAN PSYCHOANALYSIS OFFER ME?

AN UNDERSTANDING WHAT PSYCHOANALYSIS HAS TO OFFER....

PSYCHOANALYSIS AS HELP WITH PSYCHOLOGICAL PROBLEMS:

PROBLEMS WITH RELATIONSHIPS

PERSISTENT DISSATISFACTION WITH MY LIFE

PERSISTENT DISSATISFACTION WITH MY LIFE

PERSISTENT ANXIETY

PERSISTENT DEPRESSION

EATING DISORDER PROBLEMS

ADDICTION PROBLEMS

THE "E-BOOK" OF PSYCHOANALYSIS

[by Courtesy of the Public Information Committee of the International Psychoanalytic Association]
WHAT IS PSYCHOANALYSIS?

Psychoanalysis is a therapy based on the observation that individuals are often unaware of many of the factors that determine their emotions and behaviour. These unconscious factors may be the source of considerable distress and unhappiness, sometimes in the form of recognizable symptoms and at other times as troubling personality traits, difficulties in work and/or in love relationships, or disturbances in mood and self-esteem. Because these forces are unconscious, the advice of friends and family, the reading of self-help books, or even the most determined efforts of will, often fail to provide relief.

Psychoanalysis, as a treatment method, is based on concepts concerning unconscious mental processes originally developed by Sigmund Freud and further developed by a considerable number of experienced psychoanalysts who have followed.

Psychoanalytic treatment can reveal how these unconscious factors affect current relationships and patterns of behaviour, trace them back to their historical origins, show how they have changed and developed over time, and help the individual to deal better with the realities of adult life.

In the course of intensive psychoanalytic treatment, the nature of the relationship which inevitably develops will have significant features deriving from the "internal world" of the analysand and become available for experience and exploration by the analysand and analyst together. It will become possible to understand many of these aspects more deeply and to work upon making meaningful desirable changes.

The most intensive form of psychoanalytic treatment is Psychoanalysis itself. This involves scheduling regular fifty minute “sessions”, four or five times each week for a number of years.

Psychoanalytic Psychotherapy, involves two or three sessions per week. Some patients cannot commit to the time and money involved in “full” analysis and may accept a lesser number of weekly sessions. Many of these patients come to feel the need for more frequent sessions and will “build up” from a lesser number to four or five sessions per week.

The commitment to these arrangements is seriously made by both patient and analyst, and also involves a commitment to pay for missed sessions, when these occur.
WHAT CAN PSYCHOANALYSIS OFFER ME?

AN UNDERSTANDING WHAT PSYCHOANALYSIS HAS TO OFFER ....

While psychoanalytic theories are of great value in understanding “human nature” itself and its cultural products in the fields of literature, theatre and, especially, cinema, its main value is to individual people who are troubled by their own distressing feelings and behaviour.

People who may be severely and chronically anxious or depressed, people who may have repeated difficulties in relationships, people who may have difficulty forming relationships at all, or people who feel an unexplained emptiness in their lives, can benefit significantly from psychoanalytic treatment.

Psychoanalysis occupies a very complicated place in the modern world: it has a great deal to offer in helping to understand one’s own “self”, and how one’s own mind operates – as well as helping to understand much of how other peoples’ minds work!

Yet, by its very nature it leads us into often quite threatening and unwelcome territory.

When “Psychoanalysis” as a treatment technique was discovered by Sigmund Freud in the very early 1900s, he quite quickly understood that his findings – through his clinical work with patients – would “disturb the world”. This has proved to be true and nowadays even the mention of the word “psychoanalysis” attracts a hostile response from many people.

Nevertheless, for those with courage to persist – either as patients, or students of the human mind – in trying to understand what psychoanalysis has to offer, there will be considerable reward.

Psychoanalysis, by its very nature, delves into the world of the unconscious mind. It operates on the basis that our early experiences – of whatever nature – strongly influence how our minds develop and how we interact with the other people around us.

Many significant psychoanalysts have contributed to our understanding of mental development and the operation of mental processes – especially those termed defence mechanisms – and how these help us to deal with the world around us. While “psychoanalysis” is still almost automatically connected to “Freud”, this does not acknowledge the very many advances in both theory and technique which have resulted from psychoanalytic therapeutic work and research over the past 100 years.

Psychoanalysts have also worked with very highly disturbed patients, who would be diagnosed as “psychotic” by many psychiatrists. But if both the patient and the psychoanalyst have the required motivation and courage, good results can be obtained. Nowadays, medication is sometimes used alongside the psychoanalytic
treatment, but the reliance is heavily on the part of the treatment which is the relationship which develops with the analyst.

Further information about psychoanalysis and what it has to offer will be found in other “pages” on this website.

PSYCHOANALYSIS AS HELP WITH PSYCHOLOGICAL PROBLEMS:

PROBLEMS WITH RELATIONSHIPS

RELATIONSHIPS WITH OTHERS - HOW CAN PSYCHOANALYSIS HELP?

Many people, sadly find, that despite their best efforts, they are repeatedly frustrated in their search for romance and love in an intimate relationship and find themselves perplexed about how to become involved with someone, with whom to establish a mutually satisfying bond.

Other people – if they are honest enough! – may have to acknowledge that people with whom they have established some kind of relationship find that the relationship is untenable because of some behaviour or other in themselves. Somehow, people just can't stand to be with them!

Yet other people experience significant difficulty in making a commitment to a relationship at all. They may fear the closeness involved and may find themselves more vulnerable to being hurt or disappointed than they can bear.

Being in psychoanalysis can be a tremendous help in exploring why this may be so. An analyst can help you by looking with you at your childhood experiences with love and attachment. Together you can examine your patterns in present relationships in order to see what is being repeated that is healthy and not so healthy for you. You can explore the potential of a life partner when you have worked out what you really need from another person and what you yourself are able to give to that person.

Romantic relationships are not the only ones that concern people. It is important to have good friends or one will lead a lonely life. The psychoanalytic situation can provide you with an arena in which to consider how you make friends and what you do in friendships. For example, do you cling to and overpower the other - or do you withdraw and become overly sensitive. Do you come late for dates, etc.?
With your analyst you can think about whether your choices of friends are healthy - or mere repeats of unhappy aspects of your past.

Similarly, psychoanalysis can provide you with valuable insights regarding your work relationships. Some people have difficulty holding a job or getting ahead. Early struggles with parents or adolescent rebelliousness can be repeated with bosses and other authority figures with resultant career problems. Similarly old childhood rivalries with siblings can be reactivated in dysfunctional ways with peers on the job and often lead to bad references for future job applications.

Whatever your character structure, an exploration of your relationships and your choices with your analyst can provide you with invaluable tools and social skills and insights that will last you for life.

**PERSISTENT DISSATISFACTION WITH MY LIFE**

A not uncommon reason for which some people seek treatment is experiencing persistent dissatisfaction with their life: they experience emptiness and boredom and even feel nihilistic. They may have experienced several unsatisfactory relationships – or may not have succeeded in establishing any relationships at all.

Such people find that they derive no pleasure from their work and feel hopeless about improving this situation.

They may not regard themselves as being “depressed” – but they would share many features with people who could be diagnosed with depression: lack of enjoyment, poor appetite, trouble sleeping, lack of an enjoyable sexual relationship and little interest in anything at all! Such people might even attract a diagnosis of clinical depression and might have anti-depressant medication offered to them.

Whatever it is that causes this chronic dissatisfaction does not respond to anti-depressant medication. The underlying causes and explanations can only be reached in the context of an analytically guided therapeutic relationship in which the person’s current experiences as well as their past experiences are explored within the safety and confidentiality of the therapy relationship.

It will take time (and courage) – but there is hope that satisfaction and purpose can be achieved.

**CONCERN ABOUT MY CHILDREN**

Psychoanalysis originally began as a method of treating psychological problems in adults through the so-called “talking cure”. Very soon, two leading early psychoanalysts – both women as it happened! – began to try to treat young children who were showing problem behaviours by play therapy. It was found that just as
adults could express themselves with words, children would express themselves in the way they played in the presence of their analytic therapist.

Nowadays, there is separate “career path” for child psychoanalysts and psychoanalytically-oriented child psychotherapists. These professionals are especially trained to assess and treat problems in children.

Parents – or other relatives, teachers, neighbours or friends - who become concerned that a child is showing evidence of being seriously troubled should seek assessment for that child with a well qualified professional, who may recommend referral to a child analyst.

Many behaviour disorders such as inappropriate aggression, panic and anxiety disorders, inappropriate sexualized behaviours, depression-like symptoms, phobias, school refusal, eating disorders and many others can be treated by psychoanalytic methods.

If, after suitable assessment of the child with the co-operation of the parents and even other siblings, psychoanalytic treatment is recommended, then the parents will need to support the child being seen, perhaps for several sessions each week, by the therapist. The sessions will consist of play with the child in a suitably set-up play room.

Somewhat older children or adolescents may be able to undergo a modified form of the “talking therapy” without relying so heavily on play itself.

Older children and adolescents may have a form of what in adults is diagnosed as “depression” and may in fact be significantly depressed and suicidal. It is very important that such children and adolescents be given the opportunity to have their distress listened to and, hopefully, its causes understood.

Psychoanalytically trained therapists are especially equipped to listen to their young patients and to hear what is underlying the surface of the disturbing and disturbed behaviour.

Seeking suitable therapy for a child or adolescent in need of help – who is generally hardly in a position to seek out help for themselves – can avert many years of psychological disturbance and even may turn out to be life saving.

**PERSISTENT ANXIETY**

Feelings of anxiety and restlessness up to a certain degree are completely normal and inherent in our condition as human beings from the moment we are born into this world. As babies, we are subject to so many new experiences which need to be
absorbed into our mental lives that it makes babyhood and infancy a crucial time in our development.

When we get a bit older, people might ask us: “How old are you?”

How old are you for what? Say if you are only 3 years old! But from the time you are born you are old enough to die! Isn’t this quite distressing in itself?

Therefore, this feeling of anxiety becomes one of the familiar companions of every human being. It is what we call “real anxiety”.

But when can we say this emotion becomes troublesome or even disturbing?

When it pops up “automatically”, without any prior indicator or sign, and sweeps away all our psychic defenses, leaving us with a feeling of helplessness leading the way to other emotions such as fragmentation, disintegration, dissolution, groundlessness, weakness and even futility.

It is one thing having ordinary anxieties but quite a different thing to be permanently upset by unwelcome sensations of restlessness or uneasiness. These assault the individual at any given moment, taking them by surprise, producing all sorts of symptoms, from simple or complex inhibitions, which might impair their daily activities, to dreadful, painful, attacks of disintegration of the self.

Most frequently people try to automatically account for their pain by seeking for a motive; this is what psychoanalysis calls ‘rationalization’, so to make it more bearable, in an unconscious attempt to avoid the core situation. But most of the time these are only secondary causes. The real one should be looked for by means of some “talking work” within a psychoanalytical relationship, which might uncover the “mysterious” underlying facts.

There are many “causes” for permanent anxiety, some are easily graspable and become available for treatment and consequent relief and some others are found at a deeper level or have remained pent up within the individual’s personality, without specific treatment. All of them are potentially “understandable”, and it is important to confront them, so as not to let them develop into organic, psychic pain, which happens quite often.

It is also quite clear that there are different strengths of anguish and anxiety feelings and reactions, depending on personal background and education, as well as parental relationships.

Sometimes this degree of anxiety organizes itself into a variety of symptoms, such as phobias or fantasies of body illness and in other cases stays free, lying dormant, waiting for an unconscious reason to trigger an episode. But if any body damage should occur this anguish must be promptly treated.
When the psychic symptom has been structured, as in the case of phobias or even some addictions or obsessions, then comes the struggle to fight against these symptoms, and this becomes the most important goal requiring quite an amount of energy, taking away from the individual’s potential strength and resources.

Both the realistic anxiety, from which it is possible to free oneself and get on with living, and the automatic or traumatic anxiety, which will make one feel that one does not have peace of mind of any kind: nowhere, with no-one at no time, no matter what one does to prevent it, it renders one useless and all efforts to cope efficiently and pleasantly with daily challenges and activities are futile.

So, what is it that psychoanalysis offers? Perhaps to not only, put up with, but soften or mitigate this pain and even get rid of this suffering.

Treatment with a specialist in psychoanalysis, over a period of time, will let this anxiety find and/or create the symbolic roots and will let recover the lost psychic resources. This may bring about a real enrichment as well as a feeling of resourcefulness and healing, opening new possibilities of facing life with more pleasure.

PERSISTENT DEPRESSION

THROWING A DIFFERENT LIGHT ON DEPRESSION

Despair, helplessness, hopelessness ... these are words commonly used when we talk about and write about Depression. Winston Churchill’s now famous phrase “the black dog” has gained currency for its economy of graphic expression. Patients with depression frequently talk about “black holes”. This phrase, too, succinctly conveys both the blackness and the quality—borrowed from the world of physics—of sucking in and crushing everything, and no light being able to emerge. Depression involves this particular hopelessness—that there will never ever be any light again. Both “light” as in something to see by and “light” as in a relief to the heaviness.

We are hoping to convey that we psychoanalysts are dependent on language for patients to describe to us in available words and phrases what it is like for them to suffer from depression. Our language, however, is sometimes inadequate to the task of conveying the feelings in our minds. Anguish is a stronger term for mental pain. Mental pain? Yes, a pain as real as physical pain. The old-fashioned term “melancholia” tried to grasp it.

The pain of “depression” can take many forms: tiredness, hopelessness, helplessness, despair, unexplained sadness, disinterest, listlessness, a sense of emptiness, purposelessness and so on.
We are all comfortable with that part of our brains and minds that does mental arithmetic and has memories. But referring to the part of our mind that hurts is not so easy. *Why* and *how* someone’s mind hurts is a much more difficult thing to understand.

A coined phrase used some years ago in a paper about suicide was *psych-ache*.

“*Psych-ache*” is when our psyche hurts. It is very different from “head-ache”. We are familiar and comfortable enough with “psych” when used in psych-iatry and psych-ology, perhaps less comfortable with psycho-therapy and psycho-analysis. But it is from the endeavours of psychoanalysts that we best learn from our patients the language and descriptions of what it feels like to suffer with depression – and if you listen sensitively enough and long enough, you usually find out why someone is depressed.

When it comes down to the individual suffering person, only the actual relationship which forms with the analyst can reveal what is going on in *this person’s* mind and in their experience of their own life.

If, however, the mental pain and anguish being described do not fall into easily recognizable patterns, then more talking and listening is called for until that person’s *psych-ache* becomes better understood by both clinician and patient.

All this takes time - and patience. Finding adequate words is often difficult and exploring possible reasons for suffering depressed feelings is often painful in itself.

Let us acknowledge that there are some relatively readily recognizable patterns of symptoms in depression which do respond well to medication or cognitive techniques – but what about the others?

Psychoanalysts’ clinical experience suggests that “the others” fall into two groups: depressions of loss, and depressions of not having had (enough). Losses and deprivations: losses of parents, children, spouses and other important relationships; losses of jobs or losses of self-esteem; losses of mobility or even body parts resulting from illness or accident. Optimally, we should go through a period of mourning and grief for our losses – but all too often, mourning and grief are complicated by mixed feelings and the pain goes “underground” and disrupts our well-being.

“*Depressions-of-loss*” are often hard to identify because the very reasons they have been too painful to work through in the first place, cause them to be disguised and hidden from awareness – not necessarily awareness as “facts”, but awareness as to their relevance to our suffering. Sensitive listening on the part of the clinician is often necessary to help make connections between onset of depressive symptoms and a preceding episode of significant loss. Sometimes many smaller and larger losses occur in a short space of time which might cumulatively overwhelm our ability to digest them.
“Depressions-of-not-having-had” are much longer term problems where the whole personality is and has been “depressed” and opportunities in life have not been able to be taken and potentials not been able to be realized.

Youth suicide, a tragic example of this unrealized potential, often involves an intuitive feeling of this kind of despair and hopelessness and sometimes, self-hatred, which cannot be articulated. Understanding often brings about relief of suffering and certainly offers us a better perspective. Again, the relationship which develops in the analysis is the vehicle which provides opportunities for changes in previously self-defeating behaviours.

An adequate number of therapy sessions with a psychoanalyst to try to understand and then work through the issues are what is required. What is “adequate”? That varies from person to person. But, at least taking the chance that depression can begin to become understood and then relieved, will require sufficient sessions to feel that the psychoanalyst is able to “throw light” on the heaviness and offer hope in continuing the psychoanalytic process.

EATING DISORDER PROBLEMS

EATING DISORDERS: HOW CAN PSYCHOANALYSIS HELP?

Eating disorders are rampant, almost epidemic, in our wealthier countries today. In spite of all the gains women have made in terms of freedom to be who they wish to be, the cultural demand that they be thin and well-toned has resulted in great unhappiness for many who find it difficult to always be on a diet. The following symptoms have been noted: acute anxiety, depression, low self-esteem, binge-eating and/or starving. Diet pills, diuretics and laxatives as well as smoking cigarettes are often used in order to get thin as well as plastic surgery and liposuction. (Although most of those suffering are women, many of today’s men are also affected by this imperative.)

A psychoanalytic exploration can enable you to try to understand the myriad reasons you have “bought into” a cultural demand that is not only unhealthy but often physically impossible. Together with a psychoanalyst you can explore the hidden and often unconscious roots of the need to conform and not stand apart from the crowd. You can explore the range of your “orality”, the meaning of food since your infancy, your individual history of maternal and other nurturance, feelings of being loved or unloved, acceptable or unacceptable. You can explore your “anality”, the meaning of food as something to be held onto or eliminated and your early proneness to negativity and/or need for control over your bodily functions. Patterns of passivity or rebelliousness are established early on. You can explore the healthy and not so healthy history of relations with the opposite sex in the context of paternal love and approval (often having to do with being “fat” or “thin”. What you do to win love is formed early on in relation to your parents and feeling loved by them, feeling that
they find you desirable and attractive. This pertains to the early years and the stormy years of adolescence as well.

In psychoanalysis you are given the opportunity to examine your feelings and fantasies about the analyst in order to better understand what is being repeated from early relationships and what goes on in your relationships outside the analytic situation. Psychoanalysts consider that eating disorders have much to do with unconscious fantasies about getting love from others, holding their attention, getting them to look at one’s body in order to consolidate one’s body image – or even expressing their anger at significant others.

The aim of psychoanalytic treatment is to enable you to find healthy physical and psychological solutions for your entire life.

**ADDICTION PROBLEMS**

**PSYCHOANALYSIS and ADDICTIONS**

Substance abuse problems and other “addictions” are – unfortunately – very widespread and take many forms. Alcohol abuse is probably the most common, but use and abuse of illegal drugs – as well as abuse of prescribed drugs are also serious problems.

Uncontrolled gambling is probably an addiction too.

When people think of “addictions”, they may not readily think of eating disorders as addictions [see link to eating disorders] – or of shopping addictions – or of addiction to sex!

Nevertheless, all these behaviours, which are normal when undertaken within acceptable (and not damage causing!) limits, can be understood to be “addictions” when they “get out of control”. The problem is that the “sufferer” of the addiction in question is often in strong denial as to the damaging nature of their own behaviour and needs to have this pointed out to them by someone close – who may indeed be suffering much of the damage caused, be it violence (due to alcohol or drugs), loss of money (due to gambling), personality changes (due to almost any of the addictions) and so on.

Partners and children of “alcoholics” and “addicts” often bear the brunt of the addict’s disorder. Workmates often do too.

In our society almost everyone from health care professionals, politicians, ministers of religion, policeman, magistrates and judges, “ex-addicts” and the man-in-the-
street all have their own opinions about addictions: these opinions vary from addiction-is-medical-illness to addiction-is-moral-failing.

Psychoanalysts differ from almost all of these in considering that all forms of addiction are **potentially understandable**!

If we make a subtle, but important, change in word from “addiction” to “compulsion”, then we can wonder why a person is unconsciously **compelled** to mis-use alcohol, drugs, gambling, eating, shopping, etc. to control unpleasant and unbearable feelings having to do with their personal lives. They are in a “perverse” way **medicating themselves** or **soothing themselves** by misusing these otherwise usually normal human activities.

A motivated person, who wishes to be courageous enough to explore – with a trained psychoanalyst - the reasons for their using any of these “addictions” will almost certainly come to understand what “leads them” – or indeed **compels them** – into these ultimately highly self-destructive behaviours. Psychoanalysts consider that making conscious what was previously un-conscious offers both a better sense of well being and the hope of changing behaviour – the first steps toward healing.

The psychological **meaning** of a given addictive behaviour varies considerably from person to person. The behaviour may have a **symbolic** meaning – or it may be a kind of **displacement activity**; it may serve as a **substitute** for some other important need – or it may serve a destructive purpose. This by no means exhausts the possibilities.

A problem with all forms of addictive behaviour is that it all too readily gets in the way of **thinking about oneself**. In fact, **addiction is the enemy of thinking**! It is too easy to get drunk, go on a “spree”, go on a “binge”, have a “hit” or a “fix” and so on. So much so, that the idea of undertaking a psychoanalytic exploration of one’s problems is very difficult when one is actively under the sway of one’s addiction. A period of detoxification or “drying out” is often advisable in conjunction with considering a psychoanalytic treatment.

Nevertheless, understanding does offer the hope of some conscious control over previously “mysterious” forces influencing one’s behaviour. Also, the psychoanalytic relationship will bring to light many important aspects of one’s personal issues in the hope of dealing with them too!

The combination of your courage and motivation, together with a psychoanalyst’s expertise, offers the best hope of getting free of the **compulsive** aspects of any of the **addictive disorders**.