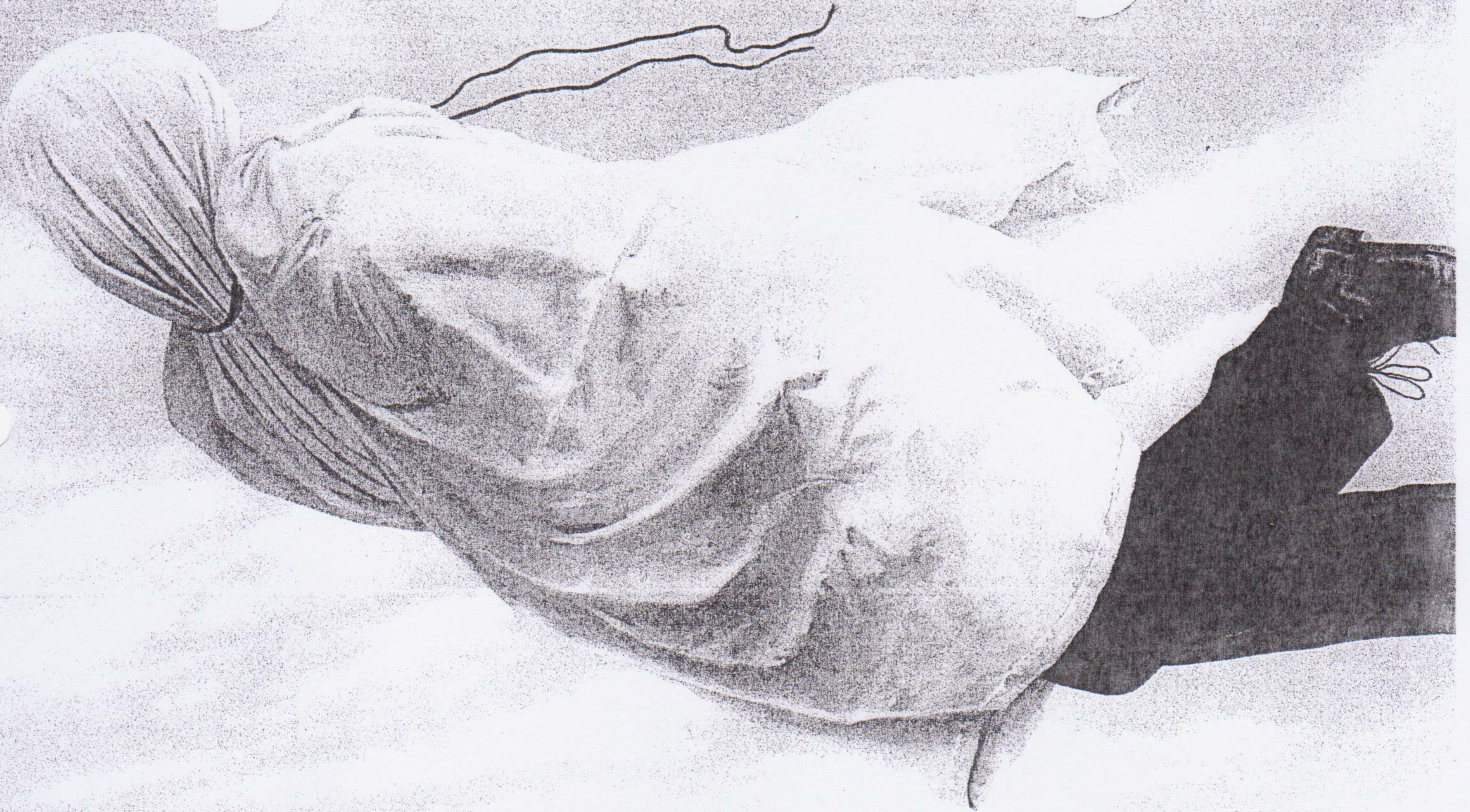


Psychoanalysis



Psychoanalysis is in some ways the poor relation of the other major approaches to psychology. Matt Jarvis discusses the usefulness of this much maligned and misunderstood approach.

Poking fun at Freud is a popular psychologists' sport, and it has even been suggested that the main reason we still teach his ideas is to show students how *not* to do psychology. The aim of this article is to try to tease out the central message of psychoanalysis, to look at just what problems psychologists from other camps have with it and to consider how justified their criticisms really are. I will also look at whether there might be reasons why many psychologists struggle with Freud, other than the inadequacy of the theory itself.

What is psychoanalysis about?

The term psychoanalysis has three meanings or definitions.

- First it refers to a body of psychological theory, most importantly that of Sigmund Freud.
- Second it describes an intensive long-term psychotherapy.
- Finally psychoanalysis is an approach to conducting research into human experience and development.

In introductory psychology we are mostly concerned with Freud's theory and psychoanalysis as a psychological therapy.

Different approaches to psychology are concerned with different aspects of human psychology. Behaviourists are interested in behaviour and cognitive psychologists in mental processes such as thinking and memory. By contrast, psychoanalysis is focused on human emotion. Psychoanalysis

is also concerned with early relationships and their impact on later psychological functioning, including the symptoms of mental disorder. Perhaps most importantly, psychoanalysis is about the unconscious mind, those aspects of mental functioning of which we are not aware. We can see how these work together in the case of Alex — see Box 1.

Looking at Alex's case, we see how the influence of significant childhood experiences can stay with us, affecting our emotional states in adulthood. In this case, Alex's panic attack could be linked to her relationships with both her parents and her sibling. Her early relationships and a particular traumatic experience appear to have affected her on an unconscious level, and

Whose problem is it anyway?



Floating (1998) by Irvine Peacock (b. 1948) Private Collection © Portal Gallery Ltd/www.bridgeman.co.uk

she only became aware of their continued influence following two apparently unrelated experiences, a panic attack and a dream. We might go so far as to speculate that on an unconscious level, Alex was still trying to kill her sister when she organised the boat trip.

So what's the problem?

There are a number of common criticisms of psychoanalysis and we can illustrate them with the case of Alex. First, psychoanalysis is often accused of poor science because some of its theoretical ideas are very difficult to test using scientific methods. Alex is a case in point; knowing a bit about Freud's theory we might *guess* that her childhood experiences, her panic

Box 1 The case of Alex (adapted from Lemma-Wright 1995)

Alex was the older of two sisters. She was fond of her younger sister, but had always resented her a little, believing that her parents spoiled her and ignored Alex. On one occasion in their childhood, Alex became so angry with her sister for being the centre of attention that she dragged her into the sea, frightening her badly. As an adult, Alex often felt obliged to organise things for her sister and to help her out with money problems.

One summer Alex organised a boat trip out to sea to celebrate her sister's birthday. This appeared to go well until Alex suffered a panic attack on the boat. She had no explanation for this as she had never had such an attack before. However, a few days later, Alex had a dream in which she fought with a friend who closely resembled her sister and wished her dead. Following this dream, it became clear to Alex that the boat trip, on which she had once again taken her sister to the sea, had stirred up guilty memories of the time she had dragged her into the sea and this guilt had caused her symptoms.

attack and her dream were all linked, but there is simply no way of being sure whether we are right or not. A related criticism is that psychoanalytic theory relies on case studies like that of Alex and lacks supporting evidence from other types of psychological research. Case studies, being one-off non-replicable cases of people in unique circumstances, do not generalise well to others and so do not constitute hard evidence in themselves.

Another criticism of psychoanalysis concerns its effectiveness as a psychological therapy. If Alex was a patient in therapy, would establishing a link between her childhood experiences and her adult symptom make her feel better? Hans Eysenck (1952) reviewed early studies and noted that typically around 66% of patients in analysis got better — and so did 66% of those who did not have therapy! Based on this statistic, Eysenck suggested that there was no evidence that psychoanalysis benefited patients.

An additional criticism of psychoanalysis is that it deals with sensitive issues, such as parent-child relationships, and that overemphasising these can have negative social consequences. For example, if we accept that Alex's problems as an adult are the direct result of her unfair treatment at the hands of her parents, it follows that her parents are *at fault*. This sort of parent blaming is quite common and a direct result of the influence of psychoanalytic ideas. In extreme cases, parents of children with developmental disorders that we now understand as biological in origin (such as autism), have had to cope, not only with having a child with severe disabilities but also with being told that the condition is the result of their poor parenting.

The case for the defence

The first issue concerns the lack of testability and hence evidence for psychoanalytic ideas. Although it is true that psychoanalysis

has relied heavily on case studies and that the unconscious mind is notoriously hard to study, it is quite incorrect to say that there is *no* supporting evidence for Freud's ideas. For example, evidence of the influence of the unconscious mind comes from a study of unconscious motivation in unplanned pregnancy. Harris and Campbell (1999) interviewed pregnant women, whose pregnancies were either planned or unplanned, about the secondary gains they would expect from becoming pregnant. These included earning higher status in their family and strengthening relationships with partners. It was found that 81% of the unplanned group expected secondary gains as opposed to 16% of the planned pregnancy group. This suggests that beliefs about the secondary gains of pregnancy were unconscious motivating factors in the women with unplanned pregnancies.

There is also experimental evidence to support unconscious motives behind symptoms like slips of the tongue. Motley (1985) created conditions in which participants were influenced to make speech errors by lust and pain avoidance. Men were asked to read pairs of words from a screen. In one condition they were subject to random painful electric shocks and in another an attractive and provocatively dressed woman administered the experiment. In the pain condition, participants were more likely to make pain-related errors ('cursed wattage' instead of 'worst cottage'). In the lust condition, they were more likely to make sex-related errors such as 'bared shoulders' instead of 'shared boulders.' To return to the case of Alex, we would be hard-pressed to find direct support for the idea that her plan for the boat trip and her panic attack were unconsciously motivated. There is, however, evidence from studies like those of Motley and Harris and Campbell that behaviour and symptoms *can* result from unconscious factors.

If we are to justify why psychoanalysis continues to be used, we also need to demonstrate that it is useful. Eysenck would probably have cautioned Alex that she was unlikely to benefit from discussing her childhood, her symptoms and her dreams in therapy. However, modern research paints a much more optimistic view of the value of psychoanalysis and related therapies. Sandell (1999) studied outcomes for 756 Swedish patients receiving state-funded psychoanalysis or psychoanalytic psychotherapy and found strong support for the effectiveness of this type of treatment. Psychoanalysis was defined as having four to five sessions per week, in contrast to psychotherapy, which took place once or twice a week. Therapy continued for up to 3 years.

At the end of the treatment, there were substantial gains in both the psychotherapy and psychoanalysis conditions, but no difference between the two groups. At a 3-year follow-up, the psychoanalysis group was rated as having significantly fewer symptoms. It appeared that, unlike the psychotherapy group, the psychoanalysis group continued to improve after the end of the treatment.

It seems that we can make quite a strong case for defending both the theoretical and therapeutic aspects of psychoanalysis. But what of its social consequences? Although recognising the importance of parenting as an influence on a child's development has led to the unjustified blaming of parents, it has also had many more positive consequences. We now very much take it for granted that a child's relationship with its parents is important in affecting its development, but this has not always been the case and much of the credit for our current understanding must go to Freud. It was also Freud (1896) who first suggested a link between childhood sexual abuse and later symptoms. This has been tremendously important in understanding some people's experience of psychological problems, although Freud blotted his copybook somewhat by shifting the emphasis of his later work away from sexual abuse towards the role of sexual fantasy.

So why do psychologists still not like psychoanalysis?

One answer, of course, is that many psychologists do not accept the evidence, either that supporting Freudian theory or that supporting the effectiveness of psychoanalytic therapies. Many feel that the links between studies and psychoanalytic theory

A bad childhood experience of the sea can affect adult reactions to a boating trip



are tenuous, or that there is simply not enough evidence or that it is not of good enough quality.

However there are other possible reasons why psychologists struggle with psychoanalysis. One interesting suggestion is that scientific psychology attracts people with particular ways of thinking — to use a technical term — *cognitive style*. It may be, for example, that those who think in logical steps (a sequential style) do well in mainstream psychology but struggle with the sort of 'big picture' thinking needed to appreciate psychoanalysis. Also it may be that, because of the unpopularity of psychoanalysis, only rebels tend to like it while the conformist majority reject it. There is evidence to support both these hypotheses from a study by Arthur (2000). Arthur compared 134 cognitive-behavioural and 113 psychoanalytic psychotherapists for cognitive style and conformity. The psychoanalytic psychotherapists emerged as significantly less conformist and were significantly more likely to have a global (big picture) rather than sequential cognitive style.

Conclusions

Most psychologists do not have much time for Freud or psychoanalysis. Common criticisms include its lack of testable ideas and evidence, over-reliance on case studies, lack of support for the effectiveness of therapy and the negative social consequences of the influence of psychoanalytic ideas. All these criticisms are open to debate, however, and we would be unwise to dismiss psychoanalysis entirely. There is evidence to support many of Freud's ideas and most modern studies are supportive of the effectiveness of psychoanalytic therapies. Many psychologists are keen to dismiss this evidence, but that may say as much about

their cognitive style and conformity as it does about psychoanalysis.

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effectiveness of the therapeutic strategy. Therefore, gradually exposing someone with panic disorder to supermarkets will be more effective if the client focuses on gathering evidence that she will *not* have a heart attack even if her heart starts racing. To do this, the therapist may encourage the client to try and make her heart race in the supermarket, perhaps by pushing the trolley around very fast, to see what happens.

Cognitive therapists would argue that behaviour change *without* cognitive change is unlikely to result in significant or long-lasting improvement in symptoms. So, a client may have gone through gradual exposure to supermarkets but may still experience intense anxiety because she continues to believe that she will have a heart attack if she gets very anxious. If questioned carefully, the therapist may discover that when the client was in the supermarket she did things that she thought made her safer (taking aspirin or sitting down) and these safety behaviours stopped her changing her belief that she would have a heart attack in a supermarket.

Conclusions

Cognitive therapists use behavioural strategies in order to help change the maladaptive thoughts of their clients. However, much remains to be learned about exactly how best to implement lasting cognitive change and improvement in symptoms for people suffering from psychological disorders.

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