A Theoretical Investigation of the Psychoanalytic Process

Working Through

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Abstract

This thesis theoretically investigated the psychoanalytic process working through with the purpose of clarifying and refining the concept. The literature on working through and its elements, resistance and interpretation was examined. The concepts of working through of the school of ego psychology, the school of object relations and the school of self psychology were compared. Theoretical analysis involved explaining the working through process by simple analogy. My findings were that working through decreases the patient's defensive anxieties through the medium of words. This explanation applies to all three schools. In addition, a model of psychic development was derived, which integrates the theories of the ego school, the object relations school, and the school of self psychology.

Keywords: psychoanalysis, working through, interpretation, resistance, theory, explanation, analogy.

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Working through

This thesis theoretically investigates the psychoanalytic process working through. It is conducted from the approach of scientific realism (the idea that all objects, processes and events are real). Scientific realism can be contrasted with the logical positivist approach of behavioural psychologists such as Watson and Skinner. According to Gregory (1987), the behaviourists held that only directly observable events existed. Therefore for them, working through as an internal phenomenon did not exist. Behavioural change was postulated to result from stimulus-response learning. Emotional expression was also held to result from learning experiences. Behavioural psychology theory dominated in the literature during the first three quarters of the 20th Century.

The logical positivist approach competed with the ideas of Freud, for whom behavioural and psychological disorders had internal and unobservable origins. Psychoanalysis was concerned with psychic events and the patient's feelings and emotions. The schools of ego psychology, object relations and self psychology

were chosen for comparison in this thesis, as each of these schools
has evolved from Freudian psychoanalysis, emphasising various
levels of development of the psyche.

According to Kukla (2001), the principles of realist theory
evaluation are called the 'logic of justification'. He held that
theories are evaluated in terms of their 'virtuosity', or values that
can be attributed to them. Of these, the *truth* value of a theory is the
most important. Kukla wrote, however, that the actual truth value
can be difficult to ascertain. Instead, other theoretical virtues are
used in the *justification* (evaluation) of a theory as an
approximation to its truth value (Haig, 2005).

The logic used to study and evaluate the working through
process in this thesis employs aspects of the method of scientific
reasoning called *abductive inference.* The idea is that knowledge is
advanced when phenomena, such as working through, are
explained. Phenomena are empirical consistencies, whose
processes are unobserved. Phenomena can be contrasted with
observable events. Reasoning is from effect to cause. Agreed upon
aspects (of working through) provide the basis for further
postulations (Haig, 2005).

Theory evaluation by explanation involves a judgment of the *explanatory worth* of competing theories (Haig, 2005). The set of standards on which an explanation can be judged were outlined by Thagard (2006). He described several theoretical principles required for theory evaluation. Thagard's principles are encompassed by three criteria, simplicity, analogy, and explanatory breadth. Of these three, the criteria chosen for this thesis are *analogy* and *simplicity*. According to Haig (2005) analogy can be used to improve the explanation of a theory by expounding the processes involved in greater detail. The criterion of simplicity is important on the basis of ease of use. The simplest hypothesis makes the fewest assumptions. The reason for this choice was the diversity of opinion in the literature on what working through is, and is not, and for the clinical understanding an explanation based on analogy and simplicity provides.

Analogical models of relationships, the psyche and its development, and working through were developed. It became evident that rather than one school of psychology providing a better explanation of working through than the others, the views of each school on working through were very similar. Differences between the schools lay in their postulations of the structure and function of

the psyche, and of the origins of psychopathology. In many respects these postulations complemented each other. A more complete picture, and far better account of working through was arrived at, when a model of the psyche was derived which incorporated the concepts of all three schools. The explanation offered forms a more comprehensive picture of psychoanalysis and working through than is found in the literature at present, and provides a new basis for understanding the topic.

Psychoanalysis

Psychoanalysis has many concepts that are difficult for the lay reader to grasp immediately. To understand what working through is, some background information is needed. This section introduces the relevant terminology and concepts.

Current psychoanalytic theory and practice has its origins in the writings of Freud (Etchegoyen, 2005). The aim of therapy is to effect structural changes in the patient (Sandler, Dare, & Holder, 1970). Psychoanalysis consists of five key elements: (a) *resistance,* (b) the *transference* of the patient and the *countertransference* of the analyst, (c) the verbal material provided by the patient according to the principle of *free association,* (d) *interpretation,* and (e) *working through*. Thus it relies on the work of the psychoanalyst, and the work of the patient (Green, 2005).

The task of the patient is to provide material for discussion by saying whatever enters his/her mind (free associations). He/she also projects onto the analyst the affects and qualities of previous significant relationships (the transference). The work of the analyst is to interpret this material, with the assistance of his/her own cognitive, behavioural and affective responses to it (i.e., the countertransference). Through interpretation the patient becomes conversant with his/her resistances. Resistances prevent the patient's conscious awareness of memories, affects and impulses, which are located in the *unconscious*. The content of the unconscious is manifest in the transference. Transference interpretation gradually decreases the resistance of the patient, 'uncovering' *repressed* (forgotten) material in the unconscious. The result is the 'mobilisation' of deeply repressed material, which allows the unconscious aspects of the patient's psyche to become conscious. However, this mobilisation alone does not result in lasting changes to the patient (Sandler et al., 1970). The resistances need to be 'worked through' by giving the patient *time* to become familiar with them and to 'overcome' them (Freud, 1914g/1957). That is, to allow emotional change to occur

The structure of the psyche. The progression of Freud's ideas about psychoanalysis and working through is demonstrated by his models of mind. From 1897-1923, Freud held a view that the psyche consisted of layers, known as the topographical model. The conscious lay in the surface layer and the unconscious was located in a deeper layer. According to this model, the patient's free associations were a reflection of his/her unconscious memories, impulses and feelings (Vaughan & Roose, 1995). Interpretation was considered a method of arriving at an understanding of deep (unconscious) material. At that stage Freud had not yet written about the concept of working through.

When Freud (1923) arrived at his second model of the psyche, called the *structural* model. The mind was held to be composed of three parts: the *id*, the *ego,* and the *super-ego*. Unconscious impulses and drives originated from the id, and the super-ego acted as the conscience of the individual. The ego had the task of finding compromise solutions to the demands of the id on the one hand, and the limitations to behaviour imposed by the super-ego, and by reality on the other (Sandler et al., 1970). Interpretations now were directed to the ego, and were delivered with an awareness of how the comments were likely to be received

(i.e., with tact). Interpretations were limited to comments on the patient's resistances and defences, rather than any understanding the analyst had of the patient's material (Sandler et al., 1970). With Freud's second model, working through was an integral part of analysis; some of the patient's resistances were worked through by the analyst's interpretations.

     Resistance. Resistance was initially held by Freud as those aspects of the patient's psyche that hindered free association, and the subsequent recollection of memories in psychoanalysis (Sandler Holder & Dare, 1970). After 1900, this concept was expanded to include all obstructions to the analytic process, including change, which originated from the patient. Resistances can present themselves in analysis both verbally, and in non-verbal behaviour (Anthi, 1995). Sandler, Holder and Dare (1970), citing Glover (1995) said that resistance can take the form of such actions as breaking off treatment, lateness, missing appointments, or more subtly, by agreeing with everything the analyst says. Schuller, Crits-Christoph and Connelly (1991), in an empirical study of resitance, found that resistance has four independent factors of (a) a sudden shifting of topic, (b) opposition to the opinions of the

analyst, (c) flat, halting speech, and (d) vagueness and doubt on the part of the patient.

In his book *Inhibition, Symptoms and Anxiety* (1926/1957) Freud held that there are five types of resistance: one belonging to the super-ego; three to the ego (resistances from repression, transference, and gain from illness); and the id resistance. Freud held that working through involved just the id resistance. Recent authors, however, hold that only the gain from illness is not relevant to working through. The current view of resistance is usually that it is a form of anxiety (Stewart, 1963). Stewart (1963) gave this view of resistance as one reason for the paucity of recent literature on working through. As science lacks a clear concept of anxiety, how the analyst's interpretations operate on anxiety is then also difficult to describe.

Interpretation. The other half of the working through process is that of interpretation (of the patient's resistances) by the analyst (Sandler Dare & Holder, 1971). Sandler et al. (1971) defined interpretation as those 'verbal interventions made by the analyst aimed at effecting lasting changes in the patient, (including) those that elaborate on and reinforce those interventions' (p56). These comments and verbal interventions are intended to bring the

patient's attention to his/her thoughts, feelings, behaviour and/or resistances, of which he/she was previously unaware (Loewenstein, 1951).

Fencihel (1942) conducted a postal survey of British psychoanalysts on usual analytic practice. He found that the analyst intervenes only occasionally during a 1 hour session of psychoanalysis. The frequency of interpretations ranges up to ten per session, and the majority are short comments rather than long explanations.

Working through. Working through is mostly effected once the transference has been established. *Mutative interpretations* occur when the patient's projections onto the analyst result in the forming of a transference *auxiliary superego* (Strachey, 1934). The auxiliary superego functions as a lenient substitute for the patient's superego. The analyst does not behave as the historical parent, and the difference between the behaviour of the analyst and the parent enables the patient to become aware of the 'distance' between childhood and adulthood, and of the suitability of his/her feelings and behaviour. Change is gradually effected, reducing the patient's anxiety, and the patient's habitual perception of the responses of others.

Literature Review

The term working through was introduced in the book *Remembering, Repeating and Working Through* (1914g/1957). Freud described working through as the work involved in over-riding the patient's resistance to change, or, in "acquainting" the patient with (his/her) reluctance to change. He also wrote that for the patients to *work through* their resistances and to "overcome them", time and patience was necessary. In his 1926 book *Symptoms, Inhibitions and Anxiety,* Freud wrote that working through was the effort of the patient in 'battling' with the id resistances. Freud held that working through is the efficacious aspect of treatment, implying that patient change, (i.e., in relation to resistance), rather than the release of any pathogenic memories, was the more important aspect of treatment. Thus, the analysis of resistance by interpretation was central to working through. Since then psychoanalysts have mostly regarded working through as interpretation of the patient's defences.

Since Freud, one new concept has appeared in the psychoanalytic literature concerning working through, the concept of *insight.* Etchegoyen (2005) held that the word insight was introduced into the literature with its present "technical" meaning

by Strachey (1934) when discussing mutative interpretation. Etchegoyen described insight, in the psychoanalytic sense, as new knowledge of the internal self, which is achieved via the analyst's mutative interpretations. He equated the process of acquiring insight to working through. Etchegoyen also wrote that opinion is divided amongst authors about when insight occurs during the working through process. Some authors hold that working through results in insight, others, that insight occurs half-way through the working through process, and yet other authors hold that working through is the work after insight.

Fialkow and Muslin (1987) in their review of the literature on working through have provided a summary of the variety of opinions on what happens during working through. In this article, the point of difference between the authors appears to be the explanation accounting for the length of time the working through process takes. Fialkow and Muslin divided the literature into two groups. The first group held that working through entailed cognitive changes, and particularly learning. The second group held that working through was a process involving changes of affect. A careful reading of the authors who emphasise learning and cognitive changes reveals that the majority of these authors hold

that working through is a learning process that occurs *after the patient has achieved insight*. Fenichel (1941) wrote that after (insight into a conflict) working through is the "rediscovery" of that conflict in a variety of situations, and often "unexpectedly". Fialkow and Muslin (1987) cited From-Reichman (1950) who used a jigsaw analogy. "New pieces" of psychic awareness are tried in many new situations and with "other interlocking experiences". Fialkow and Muslin also cited Peterfreund (1983), who held that working through involved learning and applying "new knowledge" to situations and relationships outside analysis. This was said to result in the "reprogramming (of) hierarchical representations of the patient's behaviour patterns" (Fialkow & Muslin, 1987, p.448).

The majority of authors who emphasise the action of working through on affect, consider that working through has parallels with slow gradual mourning. These authors include Greenacre, Novey, Sollars, and Muslin. Greenacre (1956) held that for working through to be effective, the recall and interpretation of trauma was required. This implies both mourning and abreaction. Novey (1962) wrote that working through was intermediary between interpretations as intellectual information, and the purely anxiety-relieving supportive actions of the therapist. This implies

that working through is a verbal process involving affect. Sollars

(2004) wrote that working through is more than the mourning of

trauma (i.e., decathexis of libido). He included the result of

mourning as well, holding that a "qualitative transformation of the

self" (p. 201) results. For him, working through also depended on

the patient being able to recognise and control his/her emotions.

Fialkow and Muslin (1987) cited Muslin (1986) for whom the

essence of working through was interpretation of the resistances to

establishing the transference of self-object relations. Muslin

distinguished between interpretation of the defences to establishing

the self-object transference, (called the working through phase) and

the task of re-establishing the fragile transference many times

during analysis (called the working through process).

　　　Fialkow and Muslin (1987) found that there was an

increasing recognition in the literature of the therapeutic

relationship as an intrinsic aspect of psychoanalysis and working

through. The relationship required empathy, understanding and the

providing of a "unique interpersonal experience" on the part of the

analyst.

　　　There are very few empirical studies of working through, or

of its component concepts, resistance and interpretation. Many of

the findings are inconsistent and contradictory between studies,

owing, in part, to the lack of commonly agreed system of

measurement (Shuller, Crits-Cristoph and Connelly (1991).

Burland (1997) analysed 450 case summaries of

psychoanalysis. He found that the majority of patients revisited the

past. Painful memories emerged, which were the cause of the

patient's symptoms. These patients firstly gained insight, secondly

there was abreaction with the recall of the memory, and thirdly

mourning occurred.

Working Through as a Process of Affective Change

These aspects of the working through process were isolated,

resistance to change, interpretation, time, insight, learning, affect,

mourning, and the therapeutic relationship. My first task was to

simplify the subject. Working through was considered as a vehicle

effecting change. According to Fialkow and Muslin's (1987)

literature review, psychic change can result from cognitive and

affective processes. Rather than develop an analogy that accounted

for both types of therapeutic change, the simplest course of action

was to choose one of these for study. I chose to investigate working

through as a process of affective change for these reasons.

- As resistance is frequently described in the literature as anxiety, and the majority of writers agreed that working through involved the interpretation of some or all of the patient's resistances, the implication is that working through is a process involving changes of affect (particularly anxiety).

- Affective change is theoretically more consistent with the concept of working through as an internal, unobserved phenomenon. This lends itself to explanation by analogy.

- Learning and cognition have been studied extensively, while much less is understood about affective change.

A History

Psychoanalysis is described by Etchegoyen (2005) as form of psychotherapy. He defined psychotherapy as communication by verbal and non-verbal means within the framework of an interpersonal therapeutic relationship. He held that the aim of psychotherapy is cure within the confines of reciprocal communication, and therefore didactic forms of communication are not psychotherapy. Etchegoyen stipulated that psychoanalysis assumes neurosis is caused exclusively by psychic phenomena. Thus, the practice of psychoanalysis is a psychic method based on the assumption of a psychic cause of neurosis. The history of psychoanalysis traces four stages in the development of treatment of the neuroses: (a) the use of suggestion, (b) the cathartic method, (c) Freudian psychoanalysis, and (d) modern schools of analytical thought. The history finishes by describing how the concept of working through evolved.

Freudian psychology was described by Ellenberger (1970) as being founded in discoveries during the period 1770-1895. Ellenberger held that historical contributions towards dynamic psychotherapy during this period included: Mesmer's discovery of rapport; de Puységur's discovery of magnetic sleep, and his

realisation that unknown psychological forces exist; Bernheim's recognition of the importance of suggestion; and Charcot's idea of the unconscious origin of some neuroses. The initial principles of hypnosis, established by Mesmer and de Puységur, were given credibility by the status of Bernheim and Charcot, who both had university connections.

The importance of *rapport* was established by Franz Anton Mesmer (1734 –1815) who treated patients, in the 1770s, by (the) 'animal magnetism' (of magnetic fluid in his body). From his supposition of animal magnetism, Mesmer developed the concept of rapport, which was a reciprocal influence of the patient and magnetiser. Mesmer, an adherent of the Enlightenment Movement, was invited to give a demonstration of animal magnetism before a commission of inquiry into Father Johann Gassner's (1727-1779) practice of exorcism. Exorcism, performed by the clergy, was the prevailing method of psychological treatment at the time. The decision of the commission limiting exorcism was political, but it had the effect of opening the way for the dynamic treatment of emotional disorders by secular means (Etchegoyen, 2005). According to Etchegoyen (2005), Mesmer's methods weren't psychotherapy because they were essentially directive. However,

the discovery of hypnotism, which arose from Mesmer's magnetic therapy, led to genuine interpersonal psychotherapy.

Hypnotism

Hypnotism, as it is known today, was discovered by arguably the true founder of dynamic psychotherapy, Amand-Marie-Jacques de Chastenet, Marquis de Puységur (1751-1825). The Marquis noticed in 1783 that a peasant he was magnetising fell into an unusual type of sleep. Once the 'sleep' was over, the peasant had no recollection of those events. De Puységur called this artificial somnambulism. In 1843 James Braid (1808-1860) used the term hypnosis for magnetic sleep, or artificial somnambulism (Ellenberger, 1970). Although hypnosis can be used for therapeutic purposes in a variety of ways, hypnotic suggestion was the method de Puységur and many others used to treat a variety of conditions (Etchegoyen, 2005). Hypnotism is an observable and repeatable event. However, the practice fell into disrepute among the medical establishment, largely because of indiscriminate use and excessive claims. According to Etchegoyen (2005), de Puységur's methods still did not constitute proper psychotherapy, as they were also directive.

Suggestion

Suggestion was recognised as the effective agent of hypnotic treatment by Hippolyte Bernheim (1840-1919). Bernheim, an established academic, taught, studied, and practiced hypnotism after visiting Auguste Liébeault (1823 -1904), who practiced at Nancy. In 1886 Bernheim became leader of the school of hypnotism begun at Nancy. According to Ellenberger (1970) suggestion can take three forms: (a) imperative suggestion (a command), as practised during hypnosis by Liébeault and de Puységur (b) hypnotic suggestion involving "bargaining" within an interpersonal relationship and (c) suggestion while the patient was awake. Bernheim held that the hypnotic state itself resulted from suggestion, and that this form of suggestion was exactly the same as that of suggestion while the patient was awake. Bernheim eventually treated patients only while awake, which he called psychotherapeutics (Ellenberger, 1970). According to Etchegoyen (2005), Liébeault's form of suggestion was imperative (advising healthier modes of living to the patient). However, because Bernheim recognised the importance of suggestion within the doctor-patient interaction, his treatment was held as interpersonal. Etchegoyen wrote that interpersonal treatment actively drives a

change in behaviour, and is therefore therapeutic. Although

Bernheim's use of interpersonal suggestion was a true form of

psychotherapy, interpersonal suggestion was not psychoanalysis.

       Auguste-Henri Florel (1848-1931), professor of psychiatry

at the Burghölzli mental hospital in Zurich, visited Bernheim in

1887, and learned the art of hypnotism. Florel became influential in

the spread of the psychoanalytic movement. He and Bernheim were

more judicious with their use of hypnotism than Liébeault, who

used it to treat almost any condition. Freud visited Bernheim and

Liébeault at Nancy in 1889, to learn about hypnotism. He also

studied at La Salpêtrière in Paris.

La Salpêtrière

       The hospital of La Salpêtrière was a medical poor-house of

4,000-5,000 elderly women. After the French Revolution (1789-

1815), the French psychiatrist Philippe Pinel (1745-1826) and his

successor Jean-Étienne-Dominique Esquirol (1772-1840)

introduced reform at La Salpêtrière, and then at La Bicêtre, with

humane treatment of the mentally ill (Kring et al., 2010).

According to Etchegoyen (2005), the Moral Treatment of Pinel and

Esquirol was valuable as their approach was non-physical, which

improved patient morale, and reduced iatrogenic illness (induced

by hospital settings). Hospital conditions at the time included the use of starvation and chains to 'quieten' patients. Gerard (1997) cited Chiarugi (1794), a contemporary of Pinel, who wrote that restraint with chains incited fury, and increased the patient's madness.

Jean-Martin Charcot

Jean-Martin Charcot (1835-1893), a neurologist, was appointed to La Salpêtrière. In 1878 he began studying hypnotism as a means of distinguishing between convulsions caused by epilepsy and those caused by hysteria. In 1882 he read a paper on his findings to the Académie des Sciences. This paper gave hypnotism respectability. Shortly after Charcot's presentation of his paper, Bernheim read a paper on the same topic to the Académie. Charcot distinguished between dynamic amnesia (recall only possible under hypnosis) from organic (true) amnesia. By inducing the symptoms of hysteria, and noting that the patient was not conscious of these, he arrived at an early concept of the unconscious (Ellenberger, 1970).

Freud visited Charcot at La Salpêtrière from 1885-1886. Eugen Bleuler (1857- 1939) from the Burghölzli hospital in Zurich also studied at La Salpêtrière with Charcot. Bleuler continued

treating with hypnosis, and was involved in the spread of the psychoanalytic movement.

French culture was influenced by the Enlightenment Movement at the time hypnotism was initially observed and studied. The Enlightenment Movement emphasised reason, objectivity and measurement. This is the foundation from which the theory and practice of Pierre Janet, a Parisian, developed.

Pierre Janet

Pierre Janet (1859-1947) also studied at La Salpêtrière, and influenced Breuer, Freud, Adler and Jung. Janet observed what constituted normal behaviour, and compared that with the behaviour of "nature's experiments". He arrived at conclusions about normal and pathological fluctuations in mood, with concomitant variations of physical and mental activity, fatigue, and sleep. From these conclusions he described "mental depression" depicted by a "retraction of the field of consciousness" (i.e., reduced affective and cognitive capacity) and a breakdown of normal integrated function (Janet, 1910). He held that neurosis was manifest in the form of *fixed ideas*, the result of inadequate adaptation to trauma (Heim & Bühler, 2006). He also described dissociation of the personality, again a result of trauma.

Although Janet and Freud were contemporaries, Freud lived in Austria, where the culture was Romantic. Contrasting with objective, empirical emphasis of the Enlightenment, the emphasis of the Romantic period was on the subjective and the emotions (Gerard, 1997).

Sigmund Freud

According to Gerard (1997), psychiatry and psychotherapy reflect the nature of the society in which they are practiced. The society Freud grew up in was male dominated and authoritarian.

The cathartic method. In 1882, Freud (1856-1939), who wrote frequently to Josef Breuer (1842-1925), discussed Breuer's patient Anna O., whom Breuer had treated with hypnosis. Anna O. was encouraged to talk about distressing events from her past, which was accompanied by an emotional release. Freud's view was traumatic experiences earlier in life caused abnormal levels of energy in the psyche. The symptoms of hysteria were a maladaptive form of energy release (Freud, 1914d/1957). If the patient recalled the relevant trauma under hypnosis, this was accompanied by an emotional release (*abreaction* or *catharsis*), and the symptoms of neurosis (hysteria) eventually disappeared (Greenson, 1967/2000). Freud studied hypnosis under Charcot at

La Salpêtrière for a few months from 1885-1886, and then began to practice medicine.

For the first twenty months of practice Freud used the standard physical therapeutic methods of those times, including massage, hydrotherapy and electrical stimulation. According to Greenson (1967/2000), Freud reported that his success rate with hysteria using these methods of treatment was not high. In December 1887 he began using hypnosis as a method of treatment (Greenson, 1967/2000). In 1889, a cathartic effect was achieved with patient Emmy von N. while under hypnosis. Some five years later, Freud had reached the limits of his ability with hypnosis. He was still dissatisfied with his success rates (Greenson, 1967/2000). Freud ceased treating with hypnosis as he considered himself a "poor hypnotist" and began investigating other methods of memory retrieval, which led in turn to psychoanalysis (Etchegoyen, 2005).

Fantasy and psychic 'reality'. From 1892-1896 Freud held that was that hysteria was caused by childhood sexual trauma. Janet's dissociation theory and Breuer's cathartic method were consistent with that. However, complications arose for personal, societal and philosophical reasons (McNally, 2003). The inferred frequency of sexual assaults on children lead Freud to some

disbelief, and the ensuing hostile reaction of colleagues to his

seduction theory, as it was eventually called, was such that this is

given as one of the reasons why Freud abandoned the idea of

trauma as a cause of neurosis (McNally, 2003). Instead he became

more concerned with psychic reality (Garland, 1998). He held that

the patients were expressing psychic wish, or fantasy, a repetition

of the fantasies of infantile sexuality. Within psychoanalysis, the

psychic 'reality' of fantasy was considered more important than the

reality of betrayal and the memory of traumatic events as a cause of

neurosis.

According to Wastell (2005), Freud's view of the effect of

trauma continued to evolve, despite the abandonment of his initial

theory and his subsequent emphasis on the Oedipus complex.

Freud's position on the traumatic cause of neurosis, particularly

after WW1, progressed from a disturbance of sexual function (in

1914) to a conflict of the elements of the "fright and flight"

responses of the autonomic nervous system, where the fright of

trauma, especially the trauma of war, was overwhelming, and

above the physiological limits for the psyche (Freud, 1920).

Freud's Second (1923) Psychoanalytic Theory

Freud's second theory was called the structural theory. Freud introduced the concepts of the id, the ego and the superego. The id was the source of unconscious libidinal drives, the purpose of the ego was find a method of expressing the id drives, while the superego acted as a conscience. The ego was held to be under tension with the demands of the id on the one hand, and the restrictions placed on its activity by the superego. Freud now postulated that rather than traumatic events causing neurosis, the causes of illness lay in the reasons for not wishing to remember id content. Freud called this repression. Repression constitutes a resistance opposing the work of analysis. He argued id content was repressed (held in the unconscious) because of the content's disagreeable nature and associated pain, and because they were inconsistent with the patient's self-image and/or ethics. Freud stated that the manifestation of the transference indicates an underlying sexual cause to neurosis (Freud, 1914*d* /1957). Hence, Freud's theory of psychoanalytic treatment had two aspects, resistance of the recall of memories located in the unconscious, and the transference of sexual forces. Psychoanalytic treatment involved the working through of the patient's resistance of recall

and of resistance manifest in the transference of unconscious forces.

Freud's ideas on psychoanalysis did not develop in isolation. In addition to his frequent correspondence with his friend, Breuer, he conversed with his colleagues.

The Psychoanalytic Movement

The psychoanalytic movement began in 1902, when Freud had regular house meetings with a group to discuss psychoanalysis. The group called itself the Vienna Psychoanalytic Society. In 1908 a meeting took place in Salzburg of the group from Vienna, with people, including Bleuler and Jung, from the Burghölzli in Zurich. This meeting was the first Psycho-Analytical Congress. The second meeting of the Psycho-Analytical Congress occurred in Nuremburg in 1910, when the International Psycho-Analytical Association was established; Jung was elected president. Three local groups had now been formed: in Berlin, under Abraham; in Zurich, under Jung; and in Vienna, under Freud. The third meeting of the Congress took place in Weimar in 1911, and the fourth in Munich, in 1913. Jung was re-elected president. Local groups were soon formed in Munich, under Seif, and in America, under Brill. A second group was established in America, under Putnam; a group

in Budapest, under Ferenczi; and in London, under Jones. Several journals were published for short lengths of time.

During the period from 1902 -1914 the psychoanalytic movement spread at an accelerating rate. However, there were a number of secessions from the movement. Seceders included Breuer, Bleuler, Jung, and Adler, all of whom diverged in opinion from Freud.

The nature of the psychoanalytic movement changed after Freud's death in 1939. Freud's book written in 1938, and published a year later, *Moses and Monotheism* (Freud, 1939a/1957) exemplifies the culmination of his psychoanalytic approach. He had retained a topographical model of the mind, which consists of a conscious, preconscious and unconscious. Freud still held that material located in the unconscious tended to propel itself into the conscious, but this material was repressed by the activities of the ego. His structural model of the mind consisted of the id, with its unconscious drives, phantasies and wishes, and the ego, whose task is to effect the demands of the id, within the constraints provided by the super-ego (brought about by internalised parental values). According to Strachey (1999) Freudian psychoanalysis emphasised both the lifting of id resistances by interpretation (i.e., working

through) (1914-1917), and strengthening the ego enabling it to

"appropriate fresh portions of the id" (1933). From 1939 on the

earlier, pre 1923, aspects of Freudian psychoanalysis were left in

abeyance by most psychoanalysts. Psychoanalytic theory and

practice diversified. Freud's closest adherents went on to establish

the ego-psychology school. Other schools were also established

including the object relations school and the school of self-

psychology.

The School Of Ego Psychology

The school of ego psychology evolved in the US from

adherents to the traditional structural-model theories**.** The ego

psychologists were a group led by Heinz Hartmann, and included

people such as Kris, Loewenstein, Greenson, and Loewald, (Green,

2005). This group emphasised the importance of the ego in its

relations with the outside world, rather than the id drives. The

therapeutic aim is to increase the strength and control of the ego

over the drives (Sollars, 2004). Among the theoretical

developments was the inclusion of aggression as a drive, and the

recognition of pre-Oedipal conflicts (those arising from very early

mother-child interactions). Object relations theory also placed most

emphasis on early mother-child interactions.

The School Of Object Relations

The early object relations theorists were principally Fairbairn, Winnicott, and Klein (Beattie, 2003). They held somewhat diverse views concerning theory. However, generally, the group holds that the instincts, drives and affect are directed towards, and firmly attached to object(s) in the unconscious (Sollars, 2004). Winnicott (1971) held that the first few months of life are of critical importance in the development of the child. Very early emotional development depends on the adequacy of maternal care. The child projects affect onto the breast that feeds it, and is normally gradually "disillusioned" to the reality that the breast exists independently (Winnicott, 1971). In this way an object relation (with the breast) is established. As the child matures, affect is projected onto other objects, enabling increased independence from its mother. According to the object relations theorists, working through is interpretation of the resistance of loss of the libidinal affect invested in the object.

As an object relations theorist with an interest in the psychoanalysis of children, Melanie Klein's (1952) view of child development was characterised by her emphasis on the child's aggressive impulses. She held that the small child projects its own

destructive and sexual impulses onto the object. This is in addition to the aggression that the child encounters as part of its relationships with its parents (Etchegoyen, 2005). The child establishes its first object relation (the breast), when the ego projects libido and aggressive affect onto the object. The child then *introjects* (internalises) the object (Klein, 1952).

Through a series of relationships with the people in the child's world, a system of good and bad internalised objects is established (*the paranoid-schizoid position*). This process occurs within the first three –four months of life. With normal development, the child's projections of good and bad come to coincide on the same object, and are said to "synthesise". Klein (1952) called the realisation that good and bad projections were made onto the same object the *depressive position*. Working through was held by Klein to be a mourning process where the child came to terms with the recognition that it's good internal object was being attacked by its own aggressive feelings, and the consequent anxiety, depression, and guilt that ensues with retaliation of the object. The school of self psychology arose in the US at the same time as the school of object relations appeared in Europe.

The School Of Self-Psychology

Kohut was originally an ego psychologist from the Hartmann group. He established a theory of the self, which emphasised narcissism as a result of disruptions to very early development of the psyche (Etchegoyen, 2005). Kohut (1959) arrived at his theory concerning the self from studies involving introspection and empathy. He held that disorders of the self developed as a consequence of a lack of empathy on the part of the mother. *Self-object relations* (representations in the psyche), were formed which prevented further psychic development. Self-object relations are imbued with affect directed towards the self (Etchegoyen, 2005). There are three types of self objects in narcissistic personality disorders: *the idealising self-object,* where significant others are idealised; *the mirroring self-object*, where the self is idealised; and *the twin self-object,* equal to the self, a combination of "company and solitude" (Etchegoyen, 2005).

In summary, the history of psychoanalysis has the dual aspects of the recognition of reciprocity within an analytical setting, and the recognition of internal psychic forces, with the discovery of hypnotism and the development of the concept of the unconscious. Later developments have been in the theory of the

mind, the recognition of the importance of the mother-child relationship, and in the theory of psychopathology.

The next chapter discusses resistance. The concept of resistance is described in detail and placed into context with the theory of working through of each of the schools of psychoanalysis.

Resistance

Resistance is described by Sandler, Holder and Dare (1970) as those "elements and forces in the patient that oppose the treatment (working through) process" (p. 215). Busch (1992) described resistance as anything that prevents the patient from "looking at what is coming to mind, how it is coming to mind, and why it is coming to mind" (p. 1091). Resistance is a clinical concept and an important aspect of working through (Kohut, 1957; Sandler, Holder and Dare, 1970). The patient's resistances are 'worked on' by the analyst's interpretations, with an eventual reduction of their intensity. Freud (1914/1957) originally discussed resistance in terms of forces opposing the recall of pathogenic or traumatic memories. These memories were "driven out" of the conscious by a psychic force, and that same force then constitutes the resistance of their recall into the conscious. Freud's concept of resistances was subsequently expanded to include opposition to the surfacing of unpleasant ideas (libidinal impulses, wishes and fantasy of the id) from the unconscious. Repressed, unpleasant ideas were described as unleashing shameful, self-reproaching, and painful emotions, and the psychic pain of these emotions resulted

in resistance of their retrieval into the conscious (Sandler et al., 1970).

Freud (1914/1917) held that the deeper material is located in the unconscious, the greater the resistance, and this is proportional to the degree of distortion of the patient's behaviour (or manifestation of the material in symptomatic form). Resistance occurs continually during analysis, although its intensity is variable (Sander, Holder and Dare, 1970). The type of resistance demonstrated may also correlate with the form of neurosis (Freud, 1926/1959). For example, the pathology of the obsessive individual is held as deriving from the Oedipal conflict, where the relevant resistance is the id resistance; the pathology of acting out (the transference neurosis) is derived from traumatic memories, where the resistance is the transference resistance of the recall of those memories (Etchegoyen, 2005). Freud wrote in 1926 that resistance had five forms (superego resistance, repression resistance, transference resistance, gain from illness, and the id-resistance), but for Freud, only the id-resistance (resistance of libidinal impulses, wishes and fantasy), was worked through.

Modern writers hold that only the gain from illness is not worked through. Sandler et al. defined the *super-ego resistance* as

"resistance stemming from the patient's sense of guilt, or need for punishment" (p. 217). The ego *repression-resistance* was described as the need of the patient to "defend against impulses, memories and feelings" (p. 216) that would cause psychic pain if allowed into the conscious. The *transference resistance* is a defence from the manifestation of those same impulses, memories and feelings as they appear to the patient in the behaviour of the analyst. The *id resistance* is described as the resistance to changing from customary forms of expression of id impulses (those relating to aggression and sex). Traditionally, resistance has been thought of as an active process where memories, impulses and feelings are forcibly kept in the unconscious by a part of the conscious psyche (the ego).

Id-Resistance

The term *repression* is given to the defence mechanism (resistance) that defends the ego from id content. According to Freud (1939/1964) the id content (libidinal impulses, wishes and fantasy) become more pronounced after the Oedipus complex has been established, and "demand satisfaction". When the ego refuses the id that satisfaction, it does so by the mechanism of repression. The id content is in effect 'pushed down' into the unconscious. The

impulse then finds an alternative form of expression, or energy release, called *substitutive satisfaction* by Freud. A maladaptive substitute form of satisfaction was symptomatic of neurosis. Hence, the id resistance is a resistance of any alteration of the form or object of substitutive satisfaction that historically has provided a compromise form of energy release.

According to Stewart (1963), the id resistances are characterised by difficulties in object decathexis (a process similar to mourning). He described mourning as the loss, or transfer of libidinal energy (cathexis) invested in an object or idea, to another object or idea. Working through the id resistance enables this transition of affect from the customary object to another object or person to occur (Stewart, 1963). Stewart held there are three types of id resistance. These are psychical inertia, fixation, and adhesiveness of the libido. *Psychical inertia* is the name given to a general lack of libidinal energy. This is a form of resistance as sufficient id lability is a requirement for decathexis (Freud, 1946). *Fixation of the libido* refers to a halt in the development of the psyche at an immature stage, usually as a result of trauma. Fixations are abnormal concentrations, or focal points of libido, at the usual stages of development (oral, anal, genital) (Freud,

1938/1968). These are isolated from the rest of the psyche, with intense defences. *Adhesiveness of the libido* refers to a reluctance of the individual to relinquish cathected objects, or the "safety" of habitual forms of behaviour (Freud, 1937/1968).

Neurosis

According to Eissler (1953), working through the id resistances by interpretation was effective only in cases of neurosis. The neurotic patient is described as having reached the phallic level of development, with an ego of sufficient strength and organisation to maintain adequate relations with reality. Eissler held that the age of occurrence, and the severity of trauma, was among the determinants of the psychological status of the patient. Neurosis results from traumatic experiences, occurring after the Oedipus complex is established, and with normal prior development. The more severe psychological conditions resulted from traumatic experiences both prior to and after the establishment of the Oedipus complex. The therapeutic task in the treatment of neurosis is to work through the patient's resistances using interpretation. The traumatic obstacles (fixations) are located in the id, and the resistance of their recall is a compulsion to repeat past unconscious behaviours (the repetition compulsion) when in the transference.

With the use of interpretation, the patient's id resistances are worked through. This brings unconscious content into the conscious (Etchegoyen, 2005). The above is a summary of the classical Freudian view of resistance with respect to working through. The various psychoanalytic schools each have their own perspective. The points of view of the principal psychoanalytic schools will now be reviewed.

The School Of Ego Psychology

The school of ego psychology arose after Freud's 1923 article *The Ego and the Id* (Gregory, 1987). The school was predominant in the US, where contributors to theory and practice included Hartmann, Kris, and Loewenstein (Holt, 1975). In the UK, Anna Freud was a leading exponent of ego psychology, and Sandler was a prominent adherent of her teachings (Etchegoyen, 2005). The aim of ego psychology was to structure, expand and strengthen the ego by providing the patient with examples of reality. These insights improved the capacity of the ego to control the id drives, and also to adapt to social world (Blanck, 1988).

The ego is one of three structures composing Freud's model of the psyche (the id, ego and superego) expounded in *The Ego and the Id* (1923). According to Freud (1938/1968), the

function of the ego is to find solutions to the demands of the id within the practical limitations imposed by the external world, and the moral limitations imposed by the superego. Ego psychology has been defined as "relations to reality" (Holt, 1975). Hence, is an important aspect of ego psychology practice is working through those resistances of the ego from pathological conflict with external reality (Sandler, Dare & Holder, 1970). Also worked through were the ego resistances involved in a second type of conflict from the divergent functions of the id, ego, and superego. A third type of conflict of relevance to working through, is postulated to occur between parts of the structures themselves (e.g., within the ego).

Therapeutic aspects of resistance. The aspects of resistance most important therapeutically are: (a) the clinical presentation; (b) the reasons for, and type of resistance; (c) the manifestation of some forms of resistance in the transference; and (d) resistance in relation to the adherence of the libido to various "fixation points," or habitual behaviours (Glover, 1927). Glover (1927) held that for the ego school, the aspects of most importance in working through were (b) and (c), the reasons for resistance, and the form of resistance in both transference and non-transference

situations. *Regression* (retreat into the past) during analysis is also of clinical importance (Sandler & Sandler. 1994).

Clinical presentation. The presence of resistance is evidenced by patient behaviour that includes: (a) breaking off treatment; (b) missing appointments; (c) arriving late for appointments; (d) silences; and (e) variations from the usual patterns of free association, dream reporting or listening (Busch, 1992). Busch (1992) held that all these behaviours indicate anxiety. There are several ways in which the ego copes with anxiety. Some of these are amnesia, regression, repression, reaction-formation, sublimation, rationalisation, denial, distortion, displacement, and projection (Busch, 1992; Freud, 1946).

Anna Freud (1946) distinguished between repression and denial. Repression is the term given to the ego's opposition to anxiety arising from internal (id) sources. Denial is the term given to the ego's method of dealing with anxiety arising from corresponding external sources. Resistance as anxiety per se to real events is a conscious (ego) mechanism; while anxiety as a defence from id drives, primitive fears, or historical and forgotten traumatic events was held by Glover (1927) to be located in the unconscious. Glover held that the presence of conscious anxiety is indicated by

clinical conditions such as the phobias (the patient is conscious of the source of anxiety), whereas clinical conditions such as the obsessional neuroses indicates unconscious anxiety (the patient is unaware of the source of anxiety, only its behavioural manifestation).

The purpose of resistance. According to Busch (1992) the purpose of resistance is for defence, to allow the expression of drives, and for adaptation. In particular, the purpose of resistance is to prevent further anxiety, and its associated discomfort, or pain (Busch, 1992; Glover, 1927). Freud's (1923) second theory of anxiety postulated that anxiety can result when the ego sensed the possibility of being overwhelmed by repressed unconscious (id) content. Zetzel (1956) held that Freud's change in the theory of anxiety resulted in a change of emphasis from the id, and its content, to the ego and its processes of repression that defend from id content. Fenichel (1937) postulated that the ego's defensive action of repression reduces anxiety by keeping anxiety-causing impulses in the unconscious. This results in both the impulse and its associated anxiety remaining unconscious.

The transference resistances. Resistances evident in the transference are the projection of intense unconscious and primitive

defences onto the analyst (Etchegoyen, 2005). The transference

resistances are held by Glover (1927) to be a specialised defence of

the ego. There is some dispute amongst various authors as to

whether the transference itself is a form of resistance, and/or

whether transference resistance is actually a resistance of the

establishment of the transference (Etchegoyen, 2005). Zetzel

(1956) is among the authors who emphasise or include the

transference resistance. She held that resistance was initially

defined as the "clinical manifestation of repression", where the

transference was a displacement of repressed wishes and fantasies

onto the analyst. Zetzel wrote that after Freud's 1923 publication

of the structural model, the analyst in the transference was viewed

as both an object onto which infantile fantasies were displaced, and

as a substitute parent for the patient's projected internalised

superego. The latter aspect of transference became as important

when anxiety arose from conflict between the unconscious and the

superego (Zetzel, 1956).

    Fixations. Fixations, which can be thought of as

obsessions, were held by Freud to be developmental anomalies,

where pockets of concentrated libido are formed in the psyche at

the various pre-genital stages of development (Etchegoyen, 2005). .

Glover (1927) wrote that fixations resulted from libidinal

'thwarting' at oral, anal, and phallic stages of growth. The mature

psyche retreats to these fixations when under duress. This retreat is

termed regression (Sandler & Sandler, 1994).

   Regression. Regression is an aspect of the transference,

described by Zetzel (1956) as a defence mechanism of the ego. It is

a retreat to early and unconscious emotional situations,

characterised by intense affect, which the patient re-experiences

during analysis. It is evidenced behaviourally by repetition

compulsions. Sandler and Sandler (1994) divided regression into

three types, (a) topographical, (b) formal, and (c) temporal.

Topographical regression was described as the unconscious

determination of the patient's speech by the id content. Formal

regression is the influencing of conscious process thinking by

unconscious process thinking. Temporal regression is the

presentation in current behaviour of earlier developmental stages of

the individual.

   Sandler and Sandler (1994) held that only temporal

regression is applicable to resistance. I will argue that

topographical regression is also important for working through.

The patient's free associations, which provide the material for

interpretation, are determined by id content. The Sandlers wrote that regression occurs naturally when the individual is tired, anxious, or unwell, and that a constant psychic force operating in the ego, called an *anti-regression,* serves to preserve a fully functioning psychological state. Anti-regression forces can be considered as the difference between the levels of psychic energy at the disposal of the individual when he/she is well, and the levels available when unwell. The anti-regressive functions of the ego constitute a major source of resistance (Sandler & Sandler, 1994). This resistance represents the defensive efforts of the ego to the threat a regressed state poses to the patient's previously repressed, unconscious, painful, uncomfortable, thoughts, and feelings.

Anna Freud. Freud was a founding member of the ego school of psychology, and an important contributor to psychoanalytic theory. Freud's work was based on her observations of children. Freud (1946) held that the ego was the initiator of the patient's defences (to id content) and these were manifest during analysis as opposition to analysis and the "person of the analyst". She described several behaviours indicative of defence to the libidinal and aggressive affects associated with id impulses (e.g.

reaction-formation, distortion, displacement). Freud wrote that anxiety in various forms was the motive for defence.

     Kris. Kris's work is included because of his contribution to the literature on working through. His ideas are expounded more detail in the chapter on working through. He placed emphasis on insight and the organisation of the preconscious. Kris (1951) wrote that resistance occurs within the context of conflict. Usually resistance is equated to repression, where the ego can be visualised as "pushing down" the upward directed force of the id content. He held that resistance should also be thought of as conflict involving where the ego is reluctant to 'let go' it's departing (objects or modes of expression). Kris gave the examples of mourning and regression as this type of conflict-generated resistance.

     Hartmann. Hartmann's writings are discussed because of the emphasis he gave to adaptive and maladaptive functions of the ego. According to Hartmann (1951) the various forms of defence should be considered in terms of their correlation with the stages of psychic development. He postulated that innate reflexes to unpleasant stimuli could be the developmental antecedents of adult defence mechanisms. Hartmann also held that whereas Freud's structural model was useful conceptually, in practice Freud's

topographical model was more useful in the analysis of resistances (working through).

In summary, the ego school of psychology was established after Freud's publication of *The Ego and the Id* (1923), in which the structural model of the psyche, and a change in the origins of anxiety were delineated. This school emphasised the functions of the ego, particularly in its negotiations with reality. Resistances for the ego school were the defences of the ego to potentially overwhelming psychic pain, anxiety or subjective discomfort. The ego school emphasised two sources of resistances: (a) conflict derived from opposing functions of the psychic structures (i.e., between the ego and the id, between the ego and the superego, and within divisions of the ego itself); and (b) anxiety occurring as a result of the interactions of the ego with external reality. Both types of resistance are manifest in the transference. Also important in the transference is the resistance of regression. Regression is an essential pre-requisite of working through and subsequent therapeutic change. Working through in object relations and self-object relations psychoanalysis also involves regression.

The Object Relations School

According to Beattie (2003), Fairbairn, Winnicott, and Klein established the early theories of the object relations school. Beattie cited Fairbairn (1943), writing that the ego was oriented towards survival in a real world by connecting with real people (objects). Fairbairn held that the "primal anxiety" is loss, or separation from the object, or loss of love. As the ego matures, the libido matures also; the infant's level of dependency decreases and objects become increasingly differentiated.

Fairbairn (1943) postulated that parental inadequacies resulted in 'a splitting and defensive internalisation of "bad objects", on which he placed most emphasis. Fairbairn's bad objects are the object relations school's equivalent of fixations. By 2006, however, Kernberg wrote that object relations are established from early infancy by the internalisation of relationships with significant others, the quality and characteristics of which depend on the level of affect of these interactions. The level of affect is held as either low or peak. Low affect interactions are centred on reality. The positive and negative interactions involving peak affect are internalised separately, and remain split during the course of development. Negative affect states result in the projection of

fear onto "bad" external objects, and persecutory experiences. Positive affect states result in the memory of an idealised relationship. Kernberg held that under normal circumstances, these become integrated as the child matures. In states of psychopathology, such integration does not occur. Resistance, for the object relations school, can be thought of as (a) the fear and anxiety invested in both bad and good objects, and (b) as the anxiety arising from the decathexis of those objects. Many authors view the resistance to the decathexis and relinquishment of objects as analogous to Freud's concept of the mourning process (Fenichel, 1942; Stewart, 1963).

   The therapeutic aspects of resistance. The clinical task involves activating the cathexis of objects with peak affect, and "undoing" the repression (Kernberg, 2006). The resistances of previously repressed archaic (infantile) and mal-adaptive objects is aroused in the transference and worked through. A second stage of working through is the interpretation of their associated peak affects. The affect levels of the objects are reduced sufficiently to allow new healthy object formation with their integration with the psyche (Beattie, 2003).

Clinical presentation. Resistances held to present clinically are the same for the school of object relations as for the school of ego psychology. Patient behaviour includes tardiness, arriving late for appointments, missing appointments, or ceasing treatment altogether. In addition, there may be variations in the patient's style of participation, (free associations, silences, and listening).

The purpose of resistance. Resistances defend the individual from a loss of love, and loss of a sense of refuge (relief, safety and security) that results from the loss of the object relation (Etchegoyen; Kernberg, 1998). In this way, the patient is protected from a re-experiencing of the extreme affect states of early infancy, including annihilatory anxiety, idealisation and separation anxiety. A function of resistance is to enable the individual to adapt to the social world. A buffer is provided from regression, which allows psychic growth (Dowling, 2004).

The transference resistance. Resistances in the transference become evident when, as a result of regression during analysis, the nature of the object relationship changes from a real relationship to a transference object relationship. In the transference the patient's conflicts, and their associated impulses and defences are activated (Kernberg, 2006). The patient's infantile

object relations to the analyst in the transference are typically fantasy and its defences.   Kernberg (2006) holds that infantile conflict is an unconscious imagined fear of the individual concerning the expression of id drives. The transference resistances worked through are those to establishing the transference and intense affect, which forms the object relationship (Kernberg, 2006).

Fixations. Fixations in object relations theory can be regarded as pathogenic object relations formed during infancy and childhood. Kernberg (2006) wrote an object relation is a pair of representations, a self-representation and an object representation, linked by powerful affect. Fixations are characterised by concentrations of phantasy, of love, and the id affects on objects (Mahon, 2004). The task of working through is to remove the defences of the object relationship to regression, so they can be interpreted (Beattie, 2003).

Regression. Regression to the transference of the object relationship of the patient and analyst during analysis is the avenue to therapeutic change (Etchegoyen, 2005). Regression occurs as a result of the interpretation of, and working through the patient's defences. Regression is a retreat to the projection of unconscious

infantile representations of objects relating to the patient's parents (Kernberg, 2006). Regression is said to occur, not through the structural levels of the psyche as held by the ego school, but temporally through previous object relations. Kernberg (2006) wrote the negative affect of the Oedipal conflict, pre-Oedipal conflict, and dyadic relations are gradually activated in that order. This includes the activation of dependency needs, conflicts of the id impulses and drives, and their ego defences.

Winnicott. Winnicott's writings are discussed because of the contributions he made to early object-relations theory. Winnicott (1971) emphasised the early mother-child relationship (the dyadic stage of development). The dyadic stage is an essential determinant of the quality of every adult relationship (Etchegoyen, 2005). Winnicott called the dyadic or pre-Oedipal stage of development *the stage of concern.* He held that normal object relations developed by expanding the "potential space" between mother and child. The child uses a succession of object relations to cope with increasing distances between it and its mother, and the ensuing separation anxiety. This is normal, and rudimentary to the growth and development of the child. Winnicott's (1956) clinical emphasis was on patients with psychopathology resulting from

disturbances of primitive emotional development. Winnicott held

that psychopathology resulted if the parent and child were

separated to the extent that the child's internal object

(representation of the mother) became decathected.

Psychopathology, and splitting of the psyche, occurred if the

mother was inadequate, indifferent, or overwhelming. Also if there

was a lack of fit between the child and its environment (mother). A

false self was formed as a way of protecting the true self. With each

environmental inadequacy, an additional pathogenic object relation

was created, and split from the psyche's true self.

Winnicott (1956) wrote that the resistance of relevance to

working through was anxiety relating to separation experiences.

Patient rage (derived from the past), aroused by inevitable analyst

error during analysis, is also resistance which is worked through

(Winnicott, 1956). The purpose of the patient's resistance was to

defend from the loss of the internal object, a re-experiencing of

separation anxiety, and to protect the child from inadequacies of its

environment. The false selves, which protect the child from each

inadequacy, are equivalent to fixations in a therapeutic regression

(Winnicott, 1956). The transference resistance is established by

regression during analysis to the starting point of emotional life.

Resistance occurs to the establishment of the transference, and the transference itself is a form of resistance (Etchegoyen, 2005). When the patient is regressed, there is a re-activation of early dependency situations. Winnicott (1956) gave few interpretations in these circumstances, as pre-verbal experiences are involved. Instead, regression is allowed to occur within the analytic setting. The setting "holds" the patient sufficiently to allow the re-establishment of object relations, and a consequent reduction of separation anxiety.

Balint. Balint's writings are included because of his contribution to the object-relations literature with the book *The Basic Fault* (1984). Balint (1984) also emphasised the curative aspects of regression to the transference of primitive emotional levels. He postulated that primary object love characterised the dyadic relationship. Primary love was a state of harmony between the individual and the environment (mother). The purpose of therapy was to re-establish an object relation of primary love by regression to early object relations. Balint postulated that the ego is constructed by a sequence of introjections (object relations), the most important of which are the sexual objects from early infancy, childhood, and puberty. He held that the adult ego comprised three

aspects: the triangular Oedipus complex; a pre-Oedipal dyadic area, which Balint called the *area of the basic fault*; and creation, the relation of the individual with the environment, the area of unity. He held that the area of the basic fault is characterised by disturbances of dyadic object relations, and separation anxiety. There is no conflict. He postulated a traumatic cause to some forms of maladaptive behaviour. If, after a previously normal development, a traumatic event occurs, that event, and the child's method of coping with it, is absorbed into the ego structure, determining future behavioural patterns. Any departure from those patterns is frightening or impossible for the child. Therapeutic regression is only needed if the trauma occurred during the period of the basic fault.   Balint wrote that the transference, reached by regression, is a projection of dyadic relations. He held that at the level of the basic fault, the usual adult meaning of words is lost, and interpretations also include the actions of the analyst. There is no direct access to the mental processes in the area of creation, as they are not reached either by verbal or behavioural means (Balint, 1984).

According to Balint (1984) resistance to the work of analysis is the fear of any change to maladaptive behavioural

patterns, and new ways of coping. The form of resistance depends on the age of the child at the time of trauma, and the coping strategy chosen. Balint held that the purpose of resistance is to defend the child from the anxiety resulting from behavioural change, and to defend against the "externalisation", or loss of internal objects. Balint also held that the transference is established by regression during analysis. Resistance of regression is the resistance of the psyche to the disintegration of its whole objects. Fixations were the patterns of behaviour resulting from the absorption of traumatic events into the ego. Balint (1952) differed from Melanie Klein by holding that aggression and persecutory anxiety are not characteristic of primary love, but instead are the consequences of trauma.

   Klein. Klein's writings are discussed because of her contribution to the object relations literature, and because many modern psychoanalysts adhere to her teachings. Klein (1952) also emphasised the importance of the first few months of life in shaping the personality of the child. Her particular subject of interest was anxiety, which she held provided a developmental impetus, requiring the ego to develop mechanisms of defence. She postulated that for the first three to four months of life, anxiety was

the result of conflict between the life instinct, a "primordial" fear of annihilation, and the death instinct, an internalised opposing force. For the remainder of the first year, anxiety and guilt arose as a manifestation of the defences employed by the child from its aggressive impulses towards the primary object (the breast) (Klein, 1952).   The conflict between the life and death instincts was at the level of the id, and the defence from anxiety from all causes was operated by the ego.

The type of defences the ego employed depended on the age of the child (Klein, 1948). For the first year of life, the ego underwent a splitting, where love and hate were directed to separate part objects (good and bad breasts). Aggression was projected (externalised), and its inward directed counterpart, anxiety was introjected. The fundamental method of defence from aggression was the externalisation of internal danger situations. Internal danger situations occurred when the child's aggressive impulses directed towards the object. Klein (1952) called anxiety derived from the fear of annihilation of the ego *persecutory anxiety*. *Depressive anxiety* was the anxiety and guilt the child experienced when it directed its aggressive impulses towards the good object. When a child is less than three-four months of age, it

is in *the paranoid-schizoid position*. At this age, the continuous

processes of projection and introjection result in a splitting of the

psyche into good (love) and bad (hate) objects. When the child is

between three – twelve months of age, and the child realises it can

direct love and hate towards the same object, it has reached *the*

depressive position (Klein, 1952).

Klein (1952) held the transference consisted of the

projection of affect from external object relations and reality, and

displacement of introjected affect from internal object relations

onto the analyst. Regression is a temporal retreat to the early

paranoid (persecutory) state. This is characterised by changes in the

way the ego controls internal and external objects. The ego, when

in the depressive position, is directed towards frustration and

aggression. When in the paranoid position the ego is directed

towards persecutory anxiety. Working through entails

interpretation of the transference resistances (Klein, 1952).

Klein (1975) held that resistance requiring interpretation

was evident as anxiety, including those functions of the ego that

prevent the establishment of object relations. The purpose of

resistance was to defend the child from persecutory anxiety, from

life anxiety (resulting from conflict between the life and death

instincts), and from depressive anxiety. Other forms of defence include the processes of splitting of the ego, and the use of the processes of introjection and projection. The transference resistance is held to be composed of the individual's early experiences, object relations and emotions. Resistance occurs to the re-activation of the patient's previous conflicts and anxieties. Fixations are the succession of internal objects introjected during childhood, and result from anxiety. Regression in analysis occurs temporally, again as a result of anxiety, through the paranoid – schizoid objects of infancy. The resistance of regression is a defence from the mourning of lost objects, the defence of sublimation, and the tendency to make reparation (Etchegoyen, 2005).

In summary, the object relations school was established by Fairbairn, Winnicott, Balint and Klein. They held that the ego was oriented towards survival in a real world occupied by real people, and the ego was the driving developmental force from infancy. As a defence from anxiety arising from adverse events, the ego undergoes a splitting into good and bad objects. Resistance protects the child from the loss of love and security from the object. The transference is established by regression, and is characterised by infantile object relations and phantasy. There is resistance to both

the establishment of the transference, and the resistance within the transference. Fixations are characterised by the investment of love and affects of libido and aggression in objects (e.g., the classical Freudian objects of the mouth, anus and genitals), which characterise the stages of development. Regression is a retreat through previous fixations (object relations).

The theory of Winnicott emphasised the importance of the mother-child relationship and the pathology of dyadic relations. Ego splitting resulted in the forming of the true self and the false self if trauma occurred. Analysis held the patient in a regressed transference, allowing the patient to establish new object relations. Balint applied the term the basic fault to dyadic relations. Trauma resulted in the formation of fixations, incorporating both the absorption of the event, and maladaptive coping mechanisms. Resistance occurred to any change of maladaptive forms of behaviour. The work of Melanie Klein emphasised persecutory anxiety, aggression and early object relations. Kohut, on the other hand, emphasised self object relations and the role of empathy (Kohut & Wolf, 1978).

The School Of Self Psychology

According to Etchegoyen (2005) the self psychology concepts of Kohut evolved from the ideas of the school of ego psychology. Kohut emphasised the developmental aspects of the self, stressing the importance of empathy in pre-dyadic relationships (Meronen, 1999). The school of self psychology is characterised by an emphasis on narcissism. Narcissism is the behavioural manifestation of the presence self-object representations in the psyche (Kohut, 1968). Kohut (1968) held that pathological narcissism originates through a combination of unrealistic rewarding, and insensitive embarrassment, criticism and lack of empathy towards the child.

During normal development, and with appropriate parental empathy, self-object representations dissipate as the individual matures. If severe trauma occurs to the child, this dissipation does not take place, and the self-object representations remain split off from the rest of the psyche. Psychic development then ceases

The therapeutic aspects of resistance. The aim of analysis is to increase the resilience of the self. Change of the self is effected by the release of psychic energy (anxiety) which comes when self-object representations are dissolved. According to

Kohut (1968) this is achieved by bringing the patient's infantile grandiose fantasies to the conscious so the patient becomes aware of his/her unmet narcissistic needs. There is repression of the patient's primitive needs for praise, feelings of adequacy, and independence. The resistance to be worked through is the anxiety associated with the patient recognising his/her repressed primitive needs. Kohut (1978) postulated that the empathy of the analyst was the therapeutic agent of change, which paralleled the empathetic support of the mother as she assisted the child in achieving independence.

Clinical presentation. Resistance is evident as the behavioural disturbances of: (a) ostentatious self-assertiveness, with demands for approval, or (b) as shyness, unassertiveness, and isolation. The patient's feelings are characterised by shame (a combination of anxiety and depression), and vulnerability.

The purpose of resistance. Resistance protects the patient from the fears Kohut (1982) postulated were fundamental to psychological well-being. Typical fears were separation anxiety, and the loss of, or lack of, empathy, such as criticism and rejection.

The transference resistance. In self psychology psychoanalysis involved working through the resistance to the

establishment of the transference, plus the resistance of the self-objects in the transference. Transferences of the self-object representations are usually those of grandiosity – the mirror transference, or idealisation and merger – the idealising transference. Kohut described self-object transferences as a state where fusion of the psyches of the patient and analyst occurs.

   Fixations. Fixations in self –psychology are not described in the usual sense of the ego school (Sandler & Sandler, 1994). For the school of self, the pathologically cathected self-object representations are the equivalent of fixations. Once formed these 'block' normal growth of the psyche. The transference is established by a temporal regression through dyadic object relations to self-object relations.

   Regression. The regression resistance to be worked through is the anxiety defending from the recall of the patient's primitive narcissistic needs to his/her the conscious. The individual is made aware of his/her feelings, and by becoming empathetic with his/her own needs, these anxieties are reduced. The therapeutic aim is to increase the tolerance of the patient to separation anxiety and lapses of empathy (Kohut, 1968).

In summary, the school of self psychology is characterised by an emphasis on narcissism. Narcissism and self-psychology theory concerns pathological pre-dyadic relations with the formation of self-object representations, which disrupt normal developmental processes. Kohut held that the fears fundamental to disorders of the self was the loss of empathy and separation anxiety. The supportive empathy of the analyst was the therapeutic means of change.

The resistances of the timid, with fantasies of grandiosity, are the behavioural patterns established to protect the patient from the anxiety and embarrassment of criticism and rejection. The resistances of the self-assertive are those of embarrassment and vulnerability to unmet and repressed childhood narcissistic needs. The transference is usually either a mirror or idealising transference. Fixations, although not described as such, are equivalent to pathologically cathected self-objects. Regression is also not described as such by Kohut, but can be thought of as the anxiety defending from the awareness of the patient's primitive needs for praise and empathy. The individual is made aware of his/her own feelings, and by becoming empathetic with them anxiety is reduced. The aim of therapy was to improve the

patient's self-esteem, self-confidence, and ability to cope with separation anxiety.

Conclusion

For all the schools, anxiety i**s** the essence of resistance and defence in all its forms, and is the mechanism used by the psyche to defend from regression and the establishment of the transference. The concepts of the ego psychology school of interpretation are closer to Freud's views of interpretation, and the process of working through. For them, the transference manifestation of anxiety from id-derived conflict with the ego, and its affect on ego functioning in the real world is the resistance of most therapeutic concern. Rather than the resistance of conflict, the object relations school and the school of self-psychology both hold that the resistance in the transference to the recall of pathogenic object relationships is of most therapeutic concern. This form of resistance is of most relevance to working through. Whereas resistance is the domain of the patient, the delivery of interpretations is the domain of the analyst. The next chapter discusses interpretations, how and why they are constructed, and their relevance to working through.

Interpretation

Interpretation is the most important aspect of analysis (Greenson, 2000). Interpretations are delivered with the intention of bringing unconscious elements of the psyche into the conscious through insight. In essence, interpretations are tools, verbal interventions of the analyst, structured in a way that enables the patient to elaborate on topics of personal meaning. Working through is effected by repeated interpretations of the patient's resistances and defences (i.e., those anxieties that make talking difficult).

The word interpretation first appeared in Freud's writings in 1900 in *The Interpretation of Dreams* (Sandler et al., 1971). Before then the analyst's comments to the patient had mostly been made with the purpose of eliciting the patient's free associations. From about 1900 the analyst's interpretations of the patient's free associations brought traumatic events from the patient's past into conscious memory. The abreaction achieved by the retelling of these events was held to be the therapeutic agent in the treatment of neurosis (Sandler et al., 1971). Once Freud published The *Ego and the Id* (1923) and introduced his structural model of the psyche, emphasis was placed on working through the patient's resistances

with interpretation. This evolved as an alternative form of bringing unconscious id content to the conscious (Etchegoyen, 2005). Hence, if the concept of resistance is that of affect which is to be resolved, interpretations have an essentially cathartic effect. The purpose of this chapter is to describe the various types of interpretations, and the differing emphases placed on these from the points of view of ego psychology, object relations, and self-psychology. The schools differ over working through as to which interpretations are used, and the origins of the resistances operated on.

Dreams, Symptoms and Symbolism

Interpretations initially were an account of Freud's understanding of the symbolic meaning of patient's dreams. Between 1895 and 1900 Freud concluded that the patient's neurotic symptoms symbolised both a traumatic event, and the thoughts and feelings associated with that event (Sandler et al., 1971). In *The Interpretation of Dreams* (1900) the concept of symptomatic symbolism was extended to dreams. The patient's free associations about the dream were labelled the manifest dream content. Freud (1900/1957) held that the manifest content of dreams was also representative of the latent (unconscious) content of the dream.

From the symbolism of the manifest content, he deduced the underlying meaning. Interpretations were a postulation, a reconstruction of the meaning and latent content of the dream to the patient. They were didactic, comprising the analyst's view of the patient's historic events, and were delivered without hesitation (Sandler et al., 1971).

The Characteristics of Interpretations

In Freud's papers on technique between 1911- 1915, the concept of interpretation became more elaborate. In due course the concept of interpretation included these components: the *communication of content,* what was said; the *timing,* when it was said; the *form* in which it was said to ensure the content was acceptable to the patient; and the therapeutic *effect* of an interpretation (Sandler et al., 1971). Freud's second phase of psychoanalysis, which followed his 1923 formulation of the structural model, brought the important realisation that aggression was an instinctual drive, and that pre-Oedipal conflict existed. This resulted in an increase in the scope and range of interpretations (Kris, 1951).

The Purpose of Interpretations

The purpose of interpretation is to bring the unconscious to the conscious. This is achieved by "naming" the aspect in question at the moment it emerges into the conscious, usually through the process of insight (Etchegoyen, 2005; Sandler et al., 1971). Insight is gained by providing the patient with information.

Interpretations and information. Greenson (1967/2000) indicated that there are three kinds of information given to the patient by the psychoanalyst. These are: (a) *information*, (b) *clarification*, and (c) *interpretation*. Information is the providing of facts to the patient, when factual errors contribute to neurosis. Clarification highlights information concerning a perception of the self that the patient is vaguely aware of, but has not grasped its significance. Interpretation*,* on the other hand, refers to knowledge about the patient that is completely unknown to him/her.

Interpretations distinguish between the patient, his/her feelings, and his/her actions (Etchegoyen, 2005). Etchegoyen (2005) held that interpretations comprise three aspects: (a) *a scientific proposition* providing intellectual information, (b) a *semantic* aspect with affective meaning for the patient, and (c) an

operational or dynamic aspect, which refers to the working through of the patient's resistances and leads to insight.

   Interpretations as scientific propositions. Interpretations are composed by trial-and-error. According to Etchegoyen (2005) observations of the patient regarding, (a) what is said, (b) the way it is said, and (c) his/her behaviour, allow the analyst to form an opinion. The opinion is delivered as an hypothesis derived directly from the patient's free associations, using his/her own words. The information refers just to the patient and the present moment. Etchegoyen held that the information given should be the truth, and imparted as an intellectual statement, intended for the conscious part of the psyche. The patient's feelings are described from the point of view of the self (an I statement). He wrote that the hypothesis is about relevant, but previously unstated "ideas and feelings". The hypothesis of the analyst, based on all the gathered information mixed with theoretical formulation, is held as true until negated (Etchegoyen, 2005).

   Interpretation and meaning (semantics). According to Etchegoyen (2005) interpretations provide a subjacent layer of meaning, or significance, at the level of the unconscious. This is the affective aspect referring to the patient's emotions, his/her feelings,

and mood. This part of the patient's psyche, the symbolic and

unconscious, is reached verbally through the conscious

(Etchegoyen, 2005). Disparate components of the patient's free

associations are combined, increasing the patient's understanding

by presenting the information in a new way (Etchegoyen, 2005).

      Interpretation and insight (operationalism). Most, but not

all, analysts hold that interpretations by definition should include

the requirement that they aim to provoke change by insight

(Sandler et al., 1971). The dynamics of provoking insight and

change are called "operations" (Etchegoyen, 2005). According to

Etchegoyen (2005) insight provides the psychic force necessary to

effect dynamic change, as opposed to structural change. Dynamic

change is a quantitative change in the level of resistance (affect).

He holds the purpose of interpretation is to enable the verbal and

affective aspects of each symbolic representation to coincide.

Etchegoyen described insight as the sum total of a series of

instances of working through, where each such instance is the

result of interpretation of resistance. The resistances to be worked

through (or resolved) by interpretation can be grouped into (a)

those of the ego and superego, and more importantly for working

through (b) those of the id, which are the conflict, and the

manifestation of affect in the transference (Loewenstein, 1951).

Interpretations and Levels of the Conscious

According to Etchegoyen (2005) interpretations involving

the levels of the conscious can be grouped into four categories: two

on an axis of time concern the theory of conflict, *historical* and

current interpretations; and another two on an axis of affect

concern the theory of the transference, *transference* and

extratransference interpretations. Those interpretations covered by

the theory of the conflict refer to the conflict of id impulses with

present situations. Historical interpretations are those where id

impulses are infantile (historic) and unconscious, which conflict

with present situations. Current interpretations are those where the

id impulses are conscious and conflict with situations in the

present. The theory of the transference accounts for the projection

of affect onto the person of the analyst, including the wishes and

fantasy of the conflict, and the memory of previous traumatic

situations. It is evidenced by the acting out of previous affect-laden

(traumatic) situations (the repetition compulsion).

Extratransferenc*e* interpretations concern reality and lower levels

of affect. These categories of interpretation apply to almost all

forms of analysis. Content interpretations can be considered as interpretations provided from a structural viewpoint, and these pertain mostly to the theory of the ego psychologists.

   Content interpretations. Content interpretation informs the patient of the deeper (latent) meaning of his/her free associations (manifest material) (Sandler et al., 1971). According to Sandler et al. (1971) the content usually refers to the patient's wishes and fantasy regarding aggression and sex. Content interpretation can operate on either unconscious content, or on any conscious evidence of id content (symbolic interpretations). Sandler et al. wrote that interpretation of *unconscious content* concerns only the drives, and not on how the drives are involved in any conflict. *Symbolic interpretations* are those that translate the meaning of any symbolism – such as dreams, and slips of the tongue. These two types of interpretation (unconscious content and symbolic) were the traditional forms used in analysis, operating on the id (Sandler et al., 1971). Rather than operating on id content, defence interpretation and mutative interpretation are interpretations that operate on the ego, directly and indirectly respectively.

   Defence interpretations. Defence interpretations operate on those resistances evident as ego defences to conflict. This type

of interpretation shows the patient the "mechanisms, strategies and tactics" used to deal with uncomfortable feelings, and establishes their origins (Sandler et al., 1971). Defence interpretation complements content interpretation. The patient's methods of coping with infantile impulses are demonstrated to him/her as they occur. Defence interpretation has direct therapeutic value (Sandler, et al., 1971).

Mutative interpretations. Mutative interpretation involving the superego was also postulated by Strachey (1939/1999) to have a therapeutic effect. According to Strachey this is achieved by the therapist's acting as an auxiliary superego for the patient. By doing so, the substitute superego (of the analyst) permits the ego (of the patient) to release and express libidinal (id) energy. Libidinal release had previously been prohibited by the patient's own superego. Strachey held that such interpretations refer to the present moment and operate only on processes with "sufficient urgency" (i.e., the id affect is sufficiently labile for change to occur). Mutative interpretations are a postulation of the emotion experienced by the patient at that moment. They occur stepwise in a sequence drawing attention to the roles of the patient's ego and

superego. The steps are small, and any mutative change is the "sum total" of very many such steps (Strachey, 1999).

A complete interpretation, according to Etchegoyen (2005), is one that integrates all aspects of the material presented in analysis: the infantile conflict, present conflict, and the transference. Restated, this means what happened in the past, what happens outside the consulting room, and what happens inside the consulting room are all incorporated. The aim of working through with mutative interpretations is to reduce the distorted perceptions of the ego when dealing with reality, by providing insight.

Insight

Insight was described by Etchegoyen (2005) as a moment of awareness when the analysand acquires a better knowledge of him/herself. Insight can be thought of as a 'eureka moment' about the self. According to Etchegoyen the fundamental aim of analysis is the search for truth, which is knowledge of memories, or of the id drives. Memory of traumatic events and libidinal impulses causing conflict are located in the unconscious. Working through can be thought of as a progression of interpretive steps that work toward decathecting both of these. When the impulse or memory is sufficiently decathected by interpretation so that it is no longer held

in the unconscious, the moment of transition from the unconscious to the conscious is the moment of insight. Working through and further decathexis continues after the moment of insight to allow full integration of the impulse or traumatic event with the ego. Some members of the ego school of psychology have placed emphasis on the attainment of insight, while others have not. According to Etchegoyen (2005) a point of difference among the various psychoanalytic schools is the order of preference of giving interpretations, and the relative importance given to interpreting the conflict past and present, and the transference.

Interpretation and the Ego School of Psychology

Ego psychology has been described as having two conceptual arms (Holt, 1975). The first is based on Freud's structural model (the id, ego, and superego), and the restricted functioning of the ego when defending from anxiety. The writings of Anna Freud in *The Ego and the Mechanisms of Defence* (1946), which expand and clarify the concepts of resistance and defence, are representative of this point of view. The concepts of the second arm of the ego psychology school are exemplified by the writings of Hartmann (1951), whose theoretical contribution was the

recognition of the role of the ego in adapting to social reality (Etchegoyen, 2005).

Interpretations and ego defences. These are described by discussing the writings of Anna Freud (1946). Anna Freud's view of interpretation was based on Freud's (1923) structural theory (Etchegoyen, 2005). Her interests concerned the ego structure, and its functions, particularly the nature of those functions in the presence of conflict and anxiety (Freud, 1946). Freud (1946) held the task of analysis was for the ego to acquire as much knowledge as possible of itself to cope with conflict. This knowledge comprised the ego's functions, contents, extent, its relations with the id and superego, and its relations with the outside world. According to Freud it is the ego that gives permission for the acting out of the id impulses where these relate to conflict of the id (pleasure) and superego (displeasure). Interpretation was aimed at reducing the influence of the superego on the ego defences, reducing consequent ego anxiety.

The purpose of interpretations. Interpretations, for Freud (1946) were intended to reverse the ego resistance to an id impulse. By allowing the maximum expression of an impulse it could be brought into the conscious and integrated.

Interpretations in the transference. Transference material was described by Freud (1946) as those manifest impulses of the patient in relation to the analyst that have their origin in primitive pre-Oedipal relations. She held there are three types of transference material, (a) *libidinal impulses,* (b) *defence,* (both are evident within analysis) and (c) the behavioural manifestation of transference material outside the analytic situation. Transference of libidinal impulses is the transference of the affects of love, hate, and jealousy. Interpretations operate solely on the id. Transference of defence is transference of the ego defences to the id instincts. Interpretations operating on the ego defences rather than the id impulse itself are more efficacious.

The order of interpretations. Interpretations of both sides of any conflict were delivered alternately (i.e., interpretation of the ego defence then the id content). Objective and subjective manifestations of anxiety were of equal importance. Objective anxiety arose from the dealings of the ego with the real world of objects, and practical frustrations. Subjective anxiety arose in response to the id impulses alone, or from conflict between the id and the superego (Freud, 1946).

For Freud (1946), working through was the resolving of resistances and defences of the ego by interpretation. No emphasis was placed on the attainment of insight. Hartmann (1971), similarly, appeared not to emphasise the attainment of insight.

Interpretations and adaptation to reality. These are described by discussing Hartmann's writings, which emphasised the anxiety arising from the ego in conflict with the real world. Hartmann's concepts were an elaboration of Freud's structural theory. Hartmann (1951) contributed to theory by postulating that two spheres were located in the ego, each of which defended a particular type of conflict. These were (a) a *conflict-free sphere*, and (b) a *conflictual sphere.* Each sphere worked independently. The conflict-free sphere is a misnomer, postulated by Hartmann to operate those defences to anxiety caused by the patient's behaviour in the real world. The second sphere defended the ego from anxiety from "secondary sources" (i.e., conflict with the id and the limitations imposed by the superego).

The purpose of interpretations. The intention of interpretation for Hartmann (1951) was to bring material from the unconscious ego to the conscious. This was achieved by establishing the form of resistance and communicating that to the

patient. The transition of material from the unconscious to the conscious was held to be enhanced by the abreactive effect of the patient's speech. Speech was held by Hartmann to be a method of communicating meaning (affect), which facilitated the patient's grasp of reality. Hartmann wrote that speech, or lack of it in free associations, was a form of resistance to be operated on by transference interpretation.

Interpretations in the transference. Hartmann (1951) emphasised interpretation of unconscious ego resistances, and the transference manifestation of conflict. Unconscious ego resistances comprised the anxiety resulting from the actions of both spheres. Content interpretations operated on transference manifestations of the unconscious id.

The order of interpretations. Hartmann (1951) postulated that the anxiety defended by both spheres is of equal importance. In contrast to Anna Freud, he held interpretation should be strictly ordered according to traditional principles. Resistance interpretation was to be given before content interpretation, both before and during the transference. Interpretations should be precise, refer to the concrete, and take the patient's total personality into account.

Loewenstein's (1951) concept of interpretation was based also on the structural model of the psyche. His writings are also discussed because he emphasised insight and included unconscious trauma as a cause of neurosis as well as pathological conflict.

Loewenstein. Loewenstein's theory of practice in one sense was an advance on those of Anna Freud and Hartmann, with his clinical emphasis was on providing interpretation as a means of achieving insight. His contribution to analytic literature was that analysis should be considered a continuous process, with a smooth, gradual transition of the patient through the various stages of analysis (Etchegoyen, 2005). Loewenstein (1951) distinguished between those communications described as "preparations for interpretation", interpretations proper, and those suited for the closing stages of analysis. According to Loewenstein only interpretations proper lead to insight. His theoretical aim was to strengthen the ego by expanding its conflict-free sphere (Hartmann's hypothetical construct). The conflict-free sphere is expanded by providing interpretations that decrease the intensity of the ego defences and also assist with the establishment of the transference. Loewenstein held that interpretations of resistance of current, rather than historical conflict, the ego functions, rather than

the id content, and transference material were more efficacious
(Loewenstein, 1951).

The purpose of interpretations. For Loewenstein (1951)
interpretations were intended to provide the patient with insight of
any unknown pathogenic conflict. Interpretations described the
nature of the conflict in question. Loewenstein held that
interpretations link the present with the past, which enables the
necessary dynamic changes to occur. Interpretations were also
intended to establish speech as the replacement of action. This was
achieved by transference interpretations.

Interpretations in the transference. Once the transference
was established interpretations operated on the anxiety causing the
acting out of unconscious drives. Compulsive behaviour was
eventually replaced by the patient's free associations. Establishing
speech, with its cathartic effects, was held as a pre-requisite for
insight (Loewenstein, 1951).

Order of interpretations. According to Loewenstein (1951)
interpretations should be delivered in a strict order. Firstly, they
should refer to past and present conflict (id content). Secondly,
interpretations refer to ego or superego resistance within the

psychic structure. Only after these interpretations were given, was

material elicited in the transference interpreted.

Loewenstein's view of interpretation is similar to Bibring's

with his emphasis on achieving therapeutic change the recovery of

traumatic memories through insight. Bibring's writings are

discussed as he has elaborated on insight theory, which is relevant

to the discussions on working through in the final chapter.

Bibring. Bibring (1954) postulated that among the

interpretative techniques used to achieve insight are clarification

and interpretation. These interpretations produce the types of

insight he called *insight through clarification* and *insight through*

interpretation. He distinguished between clarification, and

interpretation by holding that clarification is essentially an

explanation, an intellectual task causing objectivity and detachment

of the ego, while interpretations enhance ego involvement and

subjectivity. *Clarification*, according to Bibring, provided

information that was intellectual knowledge, the patient "thinking",

that the provided information was correct, rather than the sense of

"feeling" or "knowing" it. The resulting detachment, objectivity

and self-awareness are postulated to increase emotional control.

The ego is strengthened through insight and by more realistic

relations with the environment. As only intellectual information is provided, clarification does not operate on affect according to the usual concept of interpretation. Instead, Bibring wrote that the information is "assimilated" by the patient's ego. *Interpretations* are similarly "assimilated" by the ego. They were described as causing an involvement of the ego, with activation of cathexis, drives, conflict and memories. The patient 'knows' or 'feels' that the information provided is correct. By establishing the causal determinants of neurosis (traumatic memories of the conflict), the intellectual knowledge gained (insight) allowed affective change (assimilation).

　　　　The purpose of interpretations. Both clarifications and interpretations are delivered to lift unconscious conflict to the conscious surface. Once conflict becomes conscious, the "causal determinants" of neuroses can be established. Thus, insight gained through clarification can be described as an extratransference phenomenon. The insight gained by interpretation is essentially a transference phenomenon (Bibring, 1954).

　　　　Interpretations in the transference. Pathogenic conflict is reactivated in the transference. The interpretations that operate on reactivated conflict were held as being the most efficacious. With

the providing of interpretation, resistance and anxiety located not only in the unconscious ego, but also the id and unconscious superego (reached through the ego), is worked through, resulting in insight and assimilation (Bibring, 1954).

    The order of interpretations. Bibring (1954) held that clarifications and interpretations should be delivered alternately. As a general rule, the anxiety composing the resistances and defences are interpreted before content.

    In summary, the ego school analysts hold that interpretations operate on the ego's defensive management of conflict. The authors vary as to whether interpretation of resistance or interpretation of id content is more important. Freud held that interpretation delivery should alternate between resistance and content. Bibring wrote that clarifications and interpretations should be delivered alternately, and operate on resistance before content. Hartmann held that interpretations should generally operate on resistance before content, whereas Loewenstein held there should be a strict ordering of interpretation along traditional lines. Content interpretation was followed by resistance interpretation, and finally interpretation in the transference.

Interpretation and the School of Object Relations

The object relations theorists also hold that psychopathology is derived from conflict, but the cause is held as conflict from (mostly pre-Oedipal) pathogenic object relationships. Therapeutic changes are effected by working through the resistances of object relationships in the transference by interpretation.

Kernberg. The writings of Kernberg (1997) are included because of his contribution to object relations theory with his delineation of object relationships. He distinguished between normal and pathogenic object relationships. An object relation is the relation of a self-representation and an object. The two types of representation are linked by the affect of an id drive. Normal object relationships are linked by affect of low intensity. Pathogenic object relations are linked by affect of high intensity (a dominant affect state). Kernberg held that psychopathology was caused by conflict derived from pathogenic infantile object relations. Interpretations operated on conflict and affect derived from two sources: (a) unconscious id impulses and their associated ego defences, and (b) unconscious, pathogenic, internalised object relations and their ego defences.

Kernberg's (1997) clinical emphasis was on pathogenic object relations and their defences. The dominant affect becomes evident when the object relation is activated. The nature of the dominant affect is indicated by the patient's free associations and non-verbal behaviour. Kernberg held the object relationships involve aspects of cathexis of the self and of the parent. In severe cases the patient can assume either role in analysis (libidinal or aggressive). Interpretation depends on the role assumed by the patient. The first task of working through was to diagnose the dominant affect of the object relation. The second task was to clarify which role is that of the self, and that of the parent. The third task was to integrate the two by interpretation. Kernberg's interpretations were delivered with an emphasis on how the patient's defences affected his/her functioning in the present. Interpretations comprised aspects of verbal and non-verbal observations and the transference of affect.

The purpose of interpretations. The purpose of interpretation was to integrate the two roles of the patient and their associated affects. Interpretations were delivered to operate on the defences and resistances of conflict, and the defences from regression. With regression the object relations transference is

established, characterised by the dominant affect at the time

(Kernberg, 1997).

Interpretation of the transference. These interpretations

operate on those defences and anxieties occurring in the

transference. Such defences are manifest by the unconscious

repetition of pathogenic infantile object relations. These include

fantasy, wishes and fears directed towards parental objects, and the

defences to such wishes. Both the impulse and the defence from it

are interpreted in the transference.

The order of interpretations. The order of interpretations

depends on the role the patient presents with on any particular day.

One of the roles, either the self or the parent, is characterised by

libidinal affect, the other by aggression. Kernberg (1997) held that

in the transference of a conflict, the impulse and defence can also

present alternately. Interpretations operate on whatever aspect is

manifest at the time.

Kernberg placed little importance on the recall of any

traumatic memories underlying the patient's conflicts. Winnicott

(1963), however, considered that regression to the recall of trauma

underlying conflict in the patient's early relationships was

important.

Winnicott. According to Winnicott (1963) interpretation depends on the psychopathology of the patient. Patients with (Oedipal) neurosis, as described by Freud, are treated using traditional techniques (Abram, 2008; Etchegoyen, 2005). A second group of patients, perhaps best described as peri-Oedipal, or potentially Oedipal, and categorised by Winnicott as belonging to the *stage of concern,* are also treated using traditional techniques. Winnicott held the stage of concern arises when the infant directs its id impulses and fantasies towards the mother, resulting in anxiety for the baby. If the mother can "hold" or contain these, the baby's anxiety reduces to a tolerable level, which the baby experiences as guilt or concern (stage of concern). If, owing to the absence of a reliable mother-figure and the baby's anxiety is intolerable, guilt and concern cannot be felt. Patients with this latter experience were said to have pathological object relations. These patients are not treated using traditional Freudian techniques. Interpretation is not provided; instead an analytic regression occurs to the point where the original environmental failure occurred. The analytic setting, rather than interpretation, was held to have greater therapeutic value with such patients. Winnicott's assumption was that with these patients, the ego was undeveloped, and therefore

unable to recognise or repress the id instincts. When the trauma was recalled, the ego was reconstructed to the point where the id instincts could be both recognised and defended.

The purpose of interpretations. With the neuroses interpretations were delivered with the intention of bringing unconscious material to the conscious. For patients with more severe conditions the purpose of interpretation was to operate on the regression resistances.

Interpretation of the transference. The characteristics of the transference differ according to the psychopathology of the patient. According to Winnicott (1963), patients with either classical neurosis or at the stage of concern are described as capable of establishing a positive and negative transference. Patients before the stage of concern were postulated not to establish a transference neurosis in the usual sense. Winnicott presumed that these patients had no intact ego with which to establish or maintain a positive transference. Instead, regression to the primitive unconscious occurs, resembling a state of infantile emotional dependency. The analytic setting "holds" the patient (replicating the reliable mother) to allow the recall of pathogenic memories with the restoration of healthy object relationships. Winnicott held

the resistance of deeply regressed patients becomes evident as

anger at mistakes made by the analyst. Thus, the real mistakes of

the analyst become a substitute for the early environmental

mistakes experienced by the patient. Interpretations operate on this

form of resistance and the negative transference.

The order of interpretations. For patients with neurosis and

at the stage of concern, interpretations were delivered according to

Freud's traditional principles of the ego defences, and then the

content of conscious and unconscious conflict. With deeply

regressed patients the patient's anger at the mistakes of the analyst,

and the negative transference are interpreted alternately.

When the ego is sufficiently developed so that it can

experience id impulses, it can then integrate with the rest of the

psyche. Analysis is then along traditional Freudian lines. Balint's

(1984) view of the stages of development and treatment methods

had many similarities with those of Winnicott.

Balint. Balint (1984) held that interpretation varied

according to the psychopathology of the patient. For him,

interpretation and the restorative object relationship were of equal

importance, but what was provided depended on the patient's level

of development (Etchegoyen, 2005). The classical neurotic (e.g.,

those individuals with obsessional neurosis or depression), were described as having few pathogenic object relations. The ego of patients with neurosis was held to be strong enough to withstand the tensions of analysis. For these patients, the interpretations of the analyst reflected the patient's words, which were postulated as sufficient to effect change. Working through occurred by this means.

The psychopathology of individuals with hysteria, the sexual disorders, and character disorders was described as being characterised by pathogenic object relations. The traumatic origin of this group of disorders was held to occur within the dyadic relationship (Balint, 1950). There was a discrepancy between the biological needs of the infant and the material care, attention, and affection available, resulting in a lack of "fit" between the child and the people forming the child's environment.

Balint (1984) held the ego was formed by a series of introjections, the most important of which were the sexual objects of infancy, childhood and puberty. According to Etchegoyen (2005), psychic repair is achieved by the analyst's becoming an object, which the patient can cathect with primary love; the analyst

is simply to 'be there'. The ego could be altered by the introjection of the analyst, either partly or wholly.

Balint (1950) held that the Oedipal neurotic differs from the pre-Oedipal patient, at the *level of the basic fault,* in the way language is used when in analysis. The level of the basic fault was so called because the patients at this level perceive previous traumatic events as being their fault. The language of these patients and all significant events in analysis involve only two people, the patient and the analyst. The usual adult language used in analysis was held as misleading, and the assumed agreement of meanings of words may not exist. For the pre-Oedipal patient a mis-match of language of the analyst and patient was held as a source of strain in establishing a therapeutic relationship (Balint, 1950).   According to Balint when the patient has regressed to the level of the basic fault interpretations do not have any effect. Instead, the analyst acts an interpreter, translating the patient's unconscious and primitive urges into a form in which the patient can understand their significance. In addition, the analyst provides information about the patient's behaviour.

The purpose of interpretation. Interpretations, when provided, are delivered with the intention of strengthening the ego

(Balint, 1950). This is achieved initially by developing the analytic (object) relationship, which can be thought of as "preparation for interpretation". Subsequently interpretations are given to establish an interaction between the transference and the countertransference.

Interpretation in the transference.   Balint (1939) held that the transference object relationship is dynamic and constantly fluctuating. Interpretations delivered in the transference were to patients with neurosis along traditional lines. According to Balint long-lasting changes of aspects of behaviour in the transference indicated therapeutic changes in the object relationship (Balint, 1950).

The order of interpretations. Once a therapeutic object relationship has been established, interpretations operate on the patient's resistances and defences. Then the patient's unconscious content is interpreted. This order reflected the importance Balint (1950) placed on these types of interpretation.

Melanie Klein (1946) also emphasised the importance of early object relations. She differed from Balint and Winnicott with the provision of immediate, deep, interpretations for pre-Oedipal

patients, rather than providing a restorative analytic setting without interpretations, in the Winnicottian sense.

Klein. Klein's (1946) view of interpretation also varied according to the psychological condition of the patient. A contemporary of Anna Freud, Melanie Klein's clinical emphasis was on the analysis of young children. Her clinical emphasis can be described as that of anxiety from conflict of aggressive impulses rather than the Freudian concept of conflict of libidinal impulses. This conflict is viewed in terms of pathogenic aggression within very early relationships. Klein's interpretations operated on this conflict, held as a cause of psychic splitting. There was an emphasis on orality as a cause of psychopathology, and on the oral stage as important in laying the foundations for the development of the superego and character (Freud, 1946). Interpretations were primarily directed towards persecutory anxiety, which originated at the oral stage, and its causes (Klein, 1946).   Melanie Klein's interpretations are characterised by (a) their immediacy, (b) their depth (c) the number of reconstructions made, (d) the frequency of transference interpretations, and (e) an emphasis on negative transference interpretations (Etchegoyen, 2005). Regression in the transference allows access to the primitive unconscious, where

reconstruction interpretations operate on early object relationships in the transference.

The purpose of interpretation. The therapeutic aim was to integrate the split ego and reduce the (mainly) persecutory anxiety held to support schizoid mechanisms. Interpretations with this intention were directed towards the intellect and linked the unconscious, preconscious and the conscious. For those patients with Oedipal neuroses, characterised by anxiety, interpretations operated on that anxiety, with the intention of providing relief.

Interpretations of the transference. According to Etchegoyen (2005), Klein (1975) held that the transference is an aspect of all human relationships. Transference interpretations were emphasised as they were considered to have the most therapeutic efficacy. The transference was viewed in part as a manifestation of unconscious fantasy, referred to by Klein as phantasy. Interpretations were directed particularly towards the negative transference. This was manifest as phantasies, feelings of frustration, envy and destructiveness, the postulated causes of persecutory anxiety.

The order of interpretations. According to Etchegoyen (2005) Klein interpreted material as it presented during analysis,

rather than in any particular order. The patient's deep content and negative transference material were interpreted immediately as this was held to facilitate the patient's free associations. Patients presenting with anxiety were given immediate interpretations also.

In summary, although they are treating somewhat different conditions, the interpretive methods of Kernberg and Klein have some similarities. Both analysts hold that the purpose of interpretation is to integrate split aspects of the psyche. Kernberg aimed to integrate the two behavioural roles of the borderline patient. Klein aimed to integrate the split ego of the schizoid patient. For both analysts the order of interpretation depended on the material the patient presented with on any particular day.

Winnicott and Balint were similar with their more traditional approach to interpretation than Kernberg and Klein. Both analysts treated the neuroses with the intention of bringing unconscious material to the conscious. With these patients the order of interpretation was resistance before id content. Winnicott held that with patients whose psychopathology originated before the stage of concern, patient anger towards the analyst and the negative transference were interpreted alternately. For Balint equivalent patients, at the level of the basic fault, there was a mis-match of

language between the patient and analyst. Balint held that interpretations were less effective and the patient was supported by the analytic setting instead. Heinz Kohut, in line with Balint and Winnicott, placed less emphasis on structure, and more emphasis on the role of the mother in the forming of pathological object relationships.

Kohut and the School Of Self-Psychology

According to Basch (1986), Kohut's theories of human development incorporate some of Freud's ideas, and include some new concepts. Kohut holds to the basic principle of psychoanalysis, that of working through of the patient's resistances by interpretation. He placed much less emphasis on the Oedipus complex, holding that it is neither central to analysis, nor traumatic. A second conceptual difference was that conflict was normal. Rather than psychopathology resulting from conflict and the thwarting of libidinal drives, as Freud held, according to Kohut (1959) maternal empathetic failure disrupts the development of the child, resulting in a lack of acceptance and without the establishment of an intrinsic sense of self-worth or achievement. The structure of the self becomes distorted in its relationships with the social environment (Basch, 1986). Interpretation was described

by Kohut as the mechanism by which developmental defects and structural distortions of the self are "filled in".

Kohut's (1959) ideas are also characterised by his theoretical views about how information should be gathered. The information gathering process of traditional analysis is generally held as objective (Etchegoyen, 2005). Kohut argued that as psychoanalysis is of the subjective, then the analyst's methods of information gathering should also be subjective. A subjective awareness by the analyst of similar feelings and experiences to the patient, and the communication of that awareness is the basis of analysis according to the school of self-psychology. Using self-knowledge derived from introspection, the analyst delves empathetically into the patient's free associations, with the purpose of gaining an understanding of the patient's goals and his/her ability to achieve those goals. The analyst is able to put him/her self 'in the shoes of the patient' and communicate that understanding. The emphasis is that working through involves communication rather than overcoming resistance. Information is given about how the patient's self-esteem affects his/her ability to achieve goals.

The self-object transference. The transference was described as a manifestation of the patient's unmet developmental needs. According to Kohut (1968) there are three forms of self-object transference: the idealising, mirror, and twin. The idealising transference was described as a "merger with an ideal power", which gives a calming effect. This can be thought of as the transference of the archaic monadic self-object, which will be described in the final chapter. The mirror transference was described as demonstrating the competence and achievement of the individual, which he/she equates with love. The need for achievement is a defence from feelings of inadequacy and a sense of lack of personal value. According to Etchegoyen (2005) the twin transference is associated with trauma involving the individual's talents and skills. There is an emphasis on sameness and quiet acknowledgement.

The purpose of interpretation. For Kohut (1968) interpretations initially are to establish a primitive empathetic bond by conveying a sense of being understood to the patient. This establishes a positive transference. Once the transference is established interpretations are intended to provide the patient with

insight into his/her behaviour. The eventual goal is to decathect the self-object representations.

Interpretations in the transference. Kohut (1968) considered interpretation in the transference the most important and efficacious part of analysis. Interpretations varied according to the nature of the transference (Kohut, 1968). With the idealising transference the aim of therapy was effect the internalisation of a previously externalised "ideal" object. This is achieved by bringing the archaic object relationship into the conscious. Interpretations operated on the resistances and defences which oppose the mobilising of the cathexis of idealised self-objects. The recall of traumatic separation experiences with an understanding of "analogous transference experiences" were held to result in a merging of the past and present (Kohut, 1968).

With the mirror, or grandiose transference, the purpose of interpretation is to bring the patient's "infantile fantasies of exhibitionistic grandeur" into the conscious (Kohut, 1968, p.94). Interpretations operate on the defences repressing the archaic grandiose self- object relation, and preventing the mobilising of cathexis. The patient's unrealistic sense of grandiosity is confronted with reconstructions and interpretations given with

empathy. With increasing realism the patient's sense of grandiosity is decreased.

With interpretation of the twin transference, when the analyst activates a mirror transference of grandiosity, there is also a mobilising of concealed idealising object cathexis. According to Kohut (1968) a gradual shift during therapy from grandiosity to idealisation occurs. Initially interpretations are provided that work through anxieties concerning infantile grandiosity and exhibitionism. Interpretation eventually proceeds from the transference to working through the initial traumatic conflict with the environment that caused the disorder.

The order of interpretations. Interpretations operate on the resistance to establishing the transference i.e., the mobilising of the self-object cathexis. The resistances and defences interpreted are those unconscious affects protecting the patient's "nuclear self" from any repetition of traumatic empathetic failures during development. When the transference is established interpretations operate on the patient's behaviour. These interpretations explain the patient's transference manifestations of his/her developmental anomalies. The patient is then confronted empathetically with reality. The patient remains supported while increasing his/her

knowledge of behaviour, motivations, and change in attitudes with time.

In summary, Kohut departed from Freudian theory by holding that conflict is normal, and that the Oedipus complex is not a necessary part of analysis. He argued that as analysis is of the subjective (i.e., the self), then information-gathering should also be subjective. Kohut held that psychopathology of the self resulted from a lack of maternal empathy. Interpretation should be a vehicle by which the analyst's empathy should be conveyed in addition to the analysts introspectively gained knowledge.

Conclusion

To re-state Etchegoyen, the various psychoanalytic schools differ with the order in which interpretations are given, and the relative importance given to each type of interpretation. The types of interpretation offered, and their order appear to reflect what each school holds is 'missing' for the patient. Thus, the ego school emphasises the ego's defence of conflict. There seems to be little in the way of agreement between them as to whether resistance or content should be given priority in interpretation. Between the analysts all possible combinations are covered. The object relations school is divided by whether the analyst aims to integrate split

psyches of various kinds, or whether the analyst aims to restore maladaptive object relationships. The integrators offered interpretation on the material as it presented itself, whereas the restorers offered less interpretation and more support in regression. Interpretations, when given, operated on anger and the negative emotions. Kohut similarly was a restorer. The school of self-psychology gave interpretations providing empathy, and support. Interpretations operated on resistance, then provided intellectual information (explanations), and eventually confrontation with reality. The next chapter, on working through, investigates the interaction between interpretation and resistance typical of each school of psychoanalytic thought.

Working Through

Working through is one of the most important aspects of psychoanalysis (Fialkow & Muslin, 1987; Ingham, 1998). Other than the well-accepted idea of working through as a process requiring repeated interpretations of the same resistances over a considerable length of time, there is little agreement about how and what working through actually entails (Vaughan & Roose, 1995).

Sandler, Dare and Holder (1970) wrote that the concept of working through is somewhat muddled because a clear distinction has not been made between working through as part of the process of psychoanalysis, and other psychological processes occurring before and after working through. In addition, although working through effects psychic change, Sandler et al. held the change from working through could be contingent on other factors, such as the conditions of analysis, and "learning and reward". Sandler et al. held that the term working through only applies to the overcoming of resistance from all sources, and involves these aspects, (a) repeated interpretations of the same material, (b) demonstrating to the patient how his/her resistances and defences apply in numerous and varied situations, and (c) time to adjust. On this description of working through there seems to be some general agreement. Apart

from that, there is a divergence of opinion within and between the various theoretical approaches about what happens during working through.

This chapter gives an overview on working through. The principal ideas about working through according to each school of psychoanalytic thought are summarised. A complete and more detailed picture, incorporating the chapters on resistance, interpretation and working through, will be discussed from the point of view of *explanatory theory* in the next chapter.

Freud, Neurosis, and the Structural Model

When Freud (1923) wrote on the second, structural model, he retained his basic concept of treating neurosis by the transfer of libido from the unconscious to the conscious. Libidinal energy was considered bound to the unconscious, in effect, by the id resistances. Resistances took the form of, (a) fixations (a sluggish adherence of the libido to objects), and (b) a reluctance to change (Stewart, 1963). Working through involved decreasing the patient's resistance to change, and reallocating libidinal cathexis from fixated objects to another form of energy release. Hence, the id resistances keeping libidinal energy in the unconscious were worked through and removed by interpretation, allowing libido into

the conscious for use by the ego. Freud distinguished between working through the id resistances, and interpretation of those resistances held to repress conflict derived from the id (Sandler et al., 1970). For him, conflict related interpretations were not part of working through. With some variations Freud's (1923) ideas of working though have remained the basis of psychoanalytic practice.

Post-Freudian Concepts

Sandler Dare and Holder (1970) held that authors after Freud have not adhered to his clear distinction about the resistances 'worked through' - the id resistances - and those resistances that were *not* 'worked through' – conflict-related resistances. Instead, working through is now usually considered as analysis of the conflict where interpretation operates on the ego resistance of conflict, and to a lesser extent on the id content, the cause of resistance. Much less emphasis is given to working through the id resistances. According to Sandler et al. working through is now the repetitive work of the analyst pointing out each instance where the patient's conflicts occur in the patient's free associations.

With the emphasis in modern psychoanalytic theory and practice on object relations and self-object relations there has been

an increased recognition of the role of the analyst, with the acknowledgement of the importance of empathy and the analytic setting, in addition to interpretation as the process effecting change in psychoanalysis (Fialkow & Muslin, 1987; Kernberg, 1997). This is a reflection of the trend in the types of psychopathology treated. The ego school of psychology places the least emphasis on the supportive actions of the analyst and the setting. This school holds that working through is effective only in cases of neurosis, where relationships are Oedipal (triadic).

The Ego School of Psychology

According to Greenson (1967/2000) the purpose of analysis is to strengthen the ego by "undoing the causes of neurosis". As a result of working through, the ego functions of thinking, perceiving and behaving, were to become more efficient when dealing with reality, with less expenditure of energy. Summers (2001) wrote that the school of ego psychology has continued with the drive theory concept, but now places more importance on the defensive functions of the ego, as this gave an improved therapeutic effect. It is characterised by interpretation of resistance and defence at the psychic surface and within the transference (Fine & Fine, 1990). Ego analysts hold that working through the ego defences as they

present themselves during the course of analysis is the most effective method of facilitating insight (Greenacre, 1956). Interpretations operating on ego defences are in the form of suggestions or questions. They are easily understood (Fine & Fine, 1990).

Anna Freud. Freud's (1967) view of working through included, (a) abreaction from the recall of memories, and (b) the process directed at the resolution of structural conflict (i.e., removing the strictures of the superego). Her emphasis was on the treatment of neurosis, the cause of which was conflict within and between the psychic structures. For Anna Freud, the aim of therapy was the normalisation of the ego, which entailed changing the relative strengths of the ego, id and superego.

An example describing the working through process that accounts for the time and repetition involved is given by Anna Freud's method of treating reaction formations. The patient's repressions (repressions oppose id impulses) are reversed until the form of the id impulse becomes manifest. A memory associated with the id impulse is recalled. The patient's habitual form of defence (the reaction formation) disperses, and synthesis occurs of the impulse with the ego. A new conflict between the id and ego

then appears, and the process continues. Energy previously used for repression then becomes available to the ego. Kris's (1951) view of working through places no emphasis on any form of abreaction, instead, working through is purely of the conflict and its transference manifestations, with the therapeutic goal of achieving insight.

Kris. Kris's writings are discussed because of his contribution to the analytic literature on working through. Kris (1951) held that with the ego psychology school's emphasis on exploration of the patient's psychic surface, the technique of ego psychology in the treatment of neuroses changed. Exploration involved descriptions of the patient's usual behaviour patterns, relating the present to the past. The purpose of this was to establish the types of defence mechanism employed. A second component was to link the defence mechanism with the corresponding underlying fantasy.

Working through, for Kris (1951), was the systematic organising of unconscious material. He described working through as a "modification and re-ordering" of "free charges" (unconscious material) in the id. When this material is organised, it is deposited in the preconscious until it passes into the conscious as insight.

Once the "free charges" of the id are in the conscious, they are then available to the ego for the purposes of integration, and once integrated they are "bound" (Etchegoyen, 2005). Kris held that at the moment of insight the patient's associations "converge" (i.e., id content meets the ego). The full meaning of insight is not acquired without subsequently working through the patient's newly conscious material.

      Greenson. Greenson's writings are included because of his contribution to the literature on the nature of the transference, and his explanation of ego defence. Greenson (1967/2000) wrote that working through is the analysis of those resistances that keep insight from leading to change. Working though renders insight effective, causing significant and permanent changes to occur in the patient. In practice, anxiety concerning changes towards maturity, and the avoidance of pain are those most effectively worked through.

      Greenson (1967/2000) held the working through process entails "inducing" the ego to give up its defences in the transference. He described transference phenomena as being multifaceted, with many forms and functions, all of which need exploring and interpretation. Within the transference, both the

fantasy and memory underlying resistance and the defence are interpreted, elaborated upon and repeated until the resistance is lessened in intensity. Once the intensity of resistance has been reduced, repetition is still necessary for the ego to master these anxieties, and risk trying new experiences leading to change (Greenson, 1967/2000). Greenson held that working through was analogous to the process of mourning. Working through entailed undoing the various manifestations of conflict, there was no emphasis on any form of abreaction.

Hartmann. Hartmann's (1951) view of the working through process is somewhat typical of the views of the ego school of psychology. Working through involved interpretation of the patient's resistances and repressions of historical or superego conflict, and the defences to conflict with reality. His therapeutic aim includes strengthening the part of the ego dealing with reality, by reducing its energy-consuming defensive actions. Analysis and removal of the patient's resistances allows assimilation of the conflict (from whatever source) to occur with the ego.

According to Hartmann (1951), working through includes a form of abreaction. Taking an 'onion layer' view, the patient's speech can be held to be a means of emotional discharge. With

time, layers of affect are 'peeled off' by the abreactive effect of the patient's free associations. In addition, Hartmann held the language of analysis should be understood from a structural point of view. This means the intellectual aspects refer to ego and superego functions, while the meaningful or affective aspects refer to id functions. Hartmann held that, any form of resistance or defence can apply to numerous situations. Working through involves the time-consuming repetitive exploration of all such ramifications.

Bibring. Bibring (1937) held that working through resulted in changes in the id, superego and ego. Structural changes as a result of working through are achieved through the ego. Working through involves the removal of ego resistances, revealing the id impulses, which are then assimilated into the ego. By directing the conscious ego towards observation of its unconscious reactions, conflicts are established, and the original causes of anxiety resolved.

Those aspects of working through which entail repetition, covering the numerous instances of conflict, include increasing the understanding of the ego, and changing its attitude towards its own behaviour. With many small interpretive steps, all situations are covered where pathogenic forms of defence are used. The aim of

therapy is to remove the ego's pathogenic forms of defence, decrease anxiety, and increase the emotional tolerance of the ego.

According to Anna Freud (1971) psychoanalysis has been established as efficacious only in the treatment of the pure neuroses. With the development of treatment for conditions arising from anomalous dyadic relations, Freud wrote there are "significant differences between the two tasks" (Freud, 1971, p. 203). This should be taken into account when comparing techniques. Hence it should also be taken into account when comparing working through in the treatment of the neuroses with conditions arising from anomalous dyadic relations.

In summary, for the ego school analysts, the purpose of working through is to increase the efficiency of the ego. The resistances worked through were the anxiety of change and the avoidance of pain. Working through the patient's defences allowed the assimilation of conflict. The analysts differed with their explanations of the repetition, and hence time, needed for working through to be effective. For Greenson the transference was "multifaceted". All aspects needed exploring. Hartmann held the patient applied the same form of defence to numerous situations, the "ramifications" of which needed exploring. Bibring held that all

situations where the patient used pathogenic forms of defence should be "covered". Greenson held that working through was analogous to mourning, and that abreaction did not occur, while Hartmann held that the patient's speech had an abreactive effect.

The School of Object Relations

According to Etchegoyen (2005), during analysis of conditions resulting from pathological dyadic object relations, all significant events occur with just two people, the patient and the analyst, (usually) representing the mother. Working through in this situation differs from the triadic relationships of the neuroses, as the nature of the therapeutic relationship differs. The patient's pathogenic object relations are in a sense equivalent to fixations of the classical Freudian model (Kernberg, 2006).

Etchegoyen (2005) held that the process of working through is equivalent to the process of insight. To describe how insight is achieved he used some of Klein's ideas of introjection and projection. The process of insight is *contingent on, but does not include* the patient identifying with, and introjecting aspects of the analyst (Etchegoyen, 2005). The new relationship with the analyst enables the working through of the patient's pathogenic primitive

relations. These are decathected and assimilated by a process of mourning.

Etchegoyen (2005), held that the introjection of the analyst and the patient's capacity to symbolise new material occur concomitantly. Working through involves speech and symbolisation on the part of the patient. These are essential components of conscious activity, and indicate the transition of material from the unconscious to the conscious, resulting in insight (i.e., the patient's resistances have been worked through). Insight in turn implied the assimilation (dispersion into the psyche) of pathogenic internal object relations.

Kernberg. Kernberg's (1997) view of psychopathology was linked to conflict–related pathological object relations and self-object relations. During development conflict is internalised and integrated into pathological structures. These are object relations "fixated" with impulses and defences. They each consist of a representation of the "self" and a representation of an "object"; the two representations are linked by affect. These pathological object relations are evident in the transference. According to Kernberg (1988), interpretation should operate on affect of the dominant object relation in the transference at that time. Regression is

established by interpretation of the patient's defences back to dyadic relationships; the patient's defences and conflict of the pathologic object relation are worked through. The purpose of working through is to integrate the self object and object relations into a unified structure. Interpretations are repeated on numerous occasions. Once one conflict is worked through and integrated, another surfaces. This model incorporates the usual components of working through, repetition, interpretation of numerous and varied conflicts, and time. The attainment of insight is not stressed in either Kernberg's model, or in Winnicott's model of working through.

Winnicott. Winnicott (1965) held that with inadequate maternal care, a false-self is formed, a pathogenic dyadic object relation protecting the true self from the world. The false-self incorporates both conflict and the defence from that conflict.

Treatment is by temporal regression to the stage where development was halted, and the patient begins again. Winnicott wrote that when the patient had regressed to very early separation experiences, interpretation was not as effective therapeutically as the management of the analytic setting. Working through involved a non-verbal, supportive, regression to the origins of pathogenic

object relations. Then, using the setting and the analysts

understanding as much as interpretation, the false–self is

decathected, and the analyst is introjected as a good-enough object.

The introjection of the analyst as a healthy object relation provides

a base on which the ego can be built. The introjection of the good-

enough analyst also allows the patient to recall previous traumatic

events. Abreaction occurs concurrently with introjection of the

analyst. Balint's (1984) concept of working through pathogenic

object relations was very similar to Winnicott's.

   Balint. Balint (1984) held that the most effective part of

analysis and working through is that of interpretation of pathogenic

object relations in the deeper layers of the unconscious. A

traumatic event occurring during the period of dyadic relations

becomes internalised as a pathogenic object relation. The object

relations of most concern in analysis were the sexual objects. For

Balint, pathogenic object relations were formed by the child

directing its libidinal impulses towards its parent, who was unable

to 'contain' them. An object relation includes both the traumatic

event and the defence. Balint held that for those patients whose

development was halted at the pre-Oedipal stage, the analyst's

interpretations may not be recognised as such, and the pre-Oedipal

psyche is not accessible by verbal means. The analyst is required to translate the patient's unconscious and primitive impulses into a language the patient can understand.

Therapy involved regression of the patient to a pre-Oedipal level. The analyst manages the regression using the analytic setting, reaching the patient's unconscious with appropriate language. The deeper layers of the psyche were reached only after lengthy periods of analysis. The patient's ego was subsequently modified by the introjection of the analyst as an object, and then the traumatic events and the resistance of the pathogenic object relation could be worked through. The process was repeated until all pathogenic object relations had been worked through. Balint placed little emphasis on insight. Although he considered interpretation the most important part of analysis, Balint (1984) provided as little verbal intervention as possible. Klein's technique, on the other hand, is characterised by a high frequency of interpretation.

Klein. Klein's (1946) emphasis of working through is on the patient's aggressive impulses, and associated persecutory and depressive anxieties, rather more than on libidinal impulses. Although interpretations in general are provided with a much higher frequency than other schools of analytic thought, the

frequency of defence interpretations is much lower (Etchegoyen, 2005). Interpretations refer to the past rather than the present, particularly any trauma originating in the patient's primitive object relationships.

Klein (1946) held that object relations are established by the infant projecting libidinal and aggressive affect towards objects, imbuing them with affect based on the object's reaction, and introjecting them. In pathological infant development, the ego is held as incapable of assimilating its internal objects, and these remain split-off from the rest of the psyche. Klein's view of working through is that it parallels mourning. Working through brings about a gradual decathexis of objects, and a decrease in anxiety. This results in the integration of decathected objects with the ego. For Klein, integration accompanies the attainment of insight, which indicates the development of the depressive position. According to Etchegoyen (2005) the Kleinian view of insight is the reality that the impulses of love and hate are directed towards the same object. At the moment of insight the child becomes able to separate itself from the object.

In summary, from Kernberg to Klein, the analyst's account of working through becomes increasing complicated. Kernberg

held that the purpose of working through was to integrate the self-object representation and object relation. This was achieved by regression to early relationships. The patient's defences and libidinal conflict were then worked through. For Winnicott, the aim of therapy was decathexis of the false-self, which resulted from libidinal trauma. Regression to the false-self was non-verbal and supportive. Decathexis of the false-self entailed the introjection of the analyst There was less emphasis on working through by interpretation. The analytic setting was held as being equally important.

Balint held that the aim of therapy was to change maladaptive forms of behaviour resulting from traumatic events. After regression to dyadic relations, working through was achieved by the analyst translating the patient's material into a language the patient could understand. Introjection of the analyst allowed the recall of trauma. Verbal intervention was minimal. Klein differed from the other object relations analysts with her emphasis on interpretation of aggressive impulses and persecutory anxieties. Interpretation worked towards the recall of trauma by referring to the past rather than the present. For Klein, working through was

analogous to mourning. Klein also differed from the above analysts by holding that insight occurred.

The School Of Self Psychology

Kohut's style of working through is characterised by stressing the importance of the therapeutic relationship (Fine & Fine, 1990). If any dissonance occurs, the emphasis is on repairing the bond, the analyst taking the blame rather than attributing any blame to the patient. Fine and Fine (1990) wrote that the language of analysis reflects self-psychology theory of the "suffering patient," recognising psychic wounds and defencelessness.

Working through in self-object relations psychopathology differs from working through object relations psychopathology. Kohut viewed the transference/countertransference relationship, in which working through occurred, as a state of "psychic fusion" between patient and analyst. Projection and introjection were held not to occur. When the patient is sufficiently regressed, the patient's self-objects merge with the analyst's, establishing the transference (Etchegoyen, 2005). According to Etchegoyen (2005) the analyst's merged preconscious gives support to the patient's unconscious, which allows the pathological self-object relations to become decathected through mourning, with the recall and

abreaction of associated traumatic memories (*transmuting internalisation*).

The aim of therapy is to work through the resistances and defences to the transference of pathological self-object relations. The transference is established and maintained by providing an empathetic understanding of the patient's defences. When the transference is established, and the patient realises his/her dependence, the patient's unconscious, infantile fantasies of grandiosity are worked through. Working through the fantasies enables these to be brought into the conscious. Also requiring working through are those resistances of anxiety to change of habitual patterns of behaviour, and the loss of objects. Archaic (infantile) pathological self-object relations are decathected, and reduce in intensity. With repeated interpretations the patient recalls numerous traumatic memories relating to separation anxiety. Once the pathological self-object relations are reduced in intensity (decathected) sufficiently, they, with the traumatic memories become dissipated, which allows psychic growth to resume. Kohut did not use insight, nor did he equate insight with identification as Etchegoyen did. The reason for this is probably because Kohut's interpretations and his supportive actions were directed towards the

patient's separation anxieties, and skills and abilities, rather than libidinal impulses. Kohut placed greater emphasis on the therapeutic relationship than the previous authors.

In summary, from Klein to Kohut the working through concept becomes even more elaborate. For Kohut the transference of self-object representations is quite complicated. The transference is achieved by interpretation of the resistances to the transference. Projection and introjection do not occur; instead there is psychic fusion of the psyches of the patient and analyst. Working through and decathexis of the self-object is equivalent to mourning. Kohut did not use insight. Interpretations most frequently referred to separation anxieties. There was no emphasis on the libido. The analytic relationship was an intrinsic part of analysis.

Conclusion

All the schools of psychoanalysis held that working through involved interpretation of the patient's resistances and defences in the transference. For all the schools the patient's resistance included anxiety. The schools differ in their understanding of the transference. The ego school held that the transference was the projection of both the content of conflict and defence to the conflict. The object relations school held that the transference was

the projection of the defence of a pathogenic object relation and the affect characteristic of the relation. The school of self-psychology held that in the transference projection did not occur; instead there was a supportive fusion of psyches. Hence, while working through incorporates the interpretation of anxiety for all the school, the context in which that occurs becomes increasingly elaborate and more complicated as psychoanalytic theory has developed.

This chapter has summarised the views of the various authors on the working through process and the types of mechanisms thought to be involved. The next chapter develops these ideas by analogy.

Analysis of Theory and Discussion

This thesis sought to investigate the working through process theoretically. The theories of working through of the schools of ego psychology, object relations and self psychology were compared. Rather than determining the most adequate account, the best explanation of working through comes when the schools are viewed as complementing each other. The approach of each school provides an account of analysis of disorders arising from successive stages of psychosocial development. When these are considered as a whole, a better understanding of psychoanalysis and working through is achieved.

An account of working through should separate out those anxiety-reducing aspects of the analytic situation, including the behaviour of the analyst, from the ways in which interpretations reduce anxiety. The conditions of psychoanalysis, such as free associations, the absence of the usual social constraints on what is said, and the acceptance of what is said without fear of criticism or reprisal, facilitate the patient's expressions. They are the catalyst, without which the working though process could not occur.

The criteria of *analogy* and *simplicity* used for investigation are among those held by Thagard (2006) to encompass those

theoretical merits (virtues) required to verify (justify) a theory as an alternative to the usual empirical methods. To improve understanding of psychoanalysis and working through most emphasis is given to explanation by analogy. Illustrations are used in the chapter to demonstrate and integrate the concepts of the schools under discussion.

Haig (2005) argued that theory evaluation begins by devising a model of the postulated processes using analogous terms. The first model described is based on Freud's 1923 concepts. Although this is not one of the theories under comparison, a description of it aids in comprehension, and importantly for the argument of the thesis, the theories of working through under comparison were derived successively from Freud's ideas.

The Freudian Psyche

Freud's second (1923) stage of writing introduced the concept of working through. His perception of the cause of neurosis was a libidinal 'imbalance' between the psychic structures and levels of the conscious. Freud held that libido was prevented from passing from the unconscious to the conscious ego, by the dual aspects of libidinal sluggishness (reluctance to change

libidinal behaviour), and its adherence to id fixation points. It was
this sluggishness and adhesiveness of id libido (id resistance) that
was worked through. Figure 1 is my depiction of this assembly and
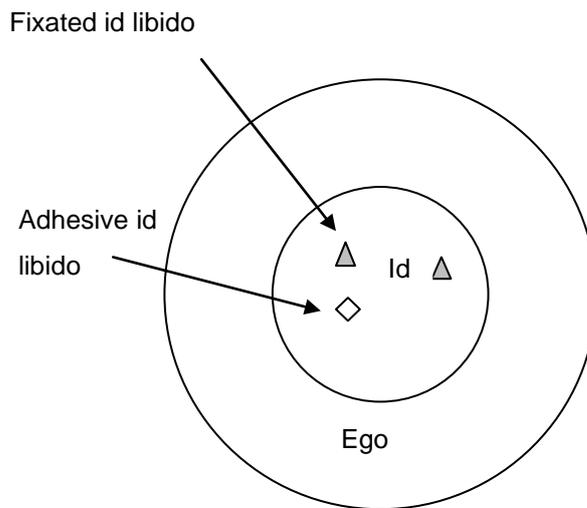process.

Figure 1. A diagram of the psyche according to Freud's
1923 model. The circle in the centre represents the id; the
outer ring represents the ego. The grey triangles in the
centre circle represent fixated id libido. The diamond
shapes represent adhesive id libido.

Useful concepts of the psyche can be arrived at by
incorporating the above description of the Freudian psyche with the
types of relationship characteristic of each school. The relationships
emphasised in ego school theory are Oedipal (triadic). The
relationships emphasised in the school of object relations are
dyadic. The relationships in the school of self-psychology refer to

the self (monadic). According to Loewald (1979), the aim of

psychic growth is the achievement of independence, at all stages,

from infancy to adulthood. Depictions of independent triadic,

dyadic and monadic relationships will be derived. Each depiction

will be incorporated into Freud's model of the psyche (Figure 1.).

These are described below.

The Ego School of Psychology

   Oedipal (triadic) relationships. The Oedipus complex is a

relationship comprising three individuals. The Oedipus complex is

established when the dyadic relationship of mother and child is

'broken' by the intervention of the father (Etchegoyen, 2005). The

concepts of the psyche and treatment of psychological disorders by

the ego school are governed by the Oedipus complex. According to

Anna Freud (1971), each individual in the Oedipus complex is

psychologically independent. A model of relationships is described

for the ego school where the assumption is made that each

psychologically independent individual can be represented by a

mathematically independent vector (Figure 2) below. The diagram

comprises three vectors all at right angles to each other, creating a
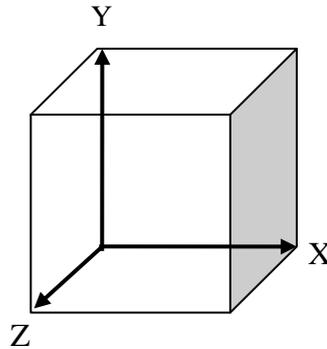
three-dimensional figure (Howell, 2010).

Figure 2. A vector diagram of Oedipal (triadic) relationships. The X vector represents the mother, the Y vector represents the father, and the Z vector represents the child.

This model differs from the traditional *triangular* concept of the Oedipus complex, as a triangle is a two-dimensional construction of three lines. Hence, a triangular concept precludes the above representation.

The Oedipal psyche. Just as Oedipal *relationships* can be described as three dimensional, there are three *stages of development* (oral, anal, and phallic), and the *structure* of the psyche has three components (id, ego, and superego), then the *functions* of the Oedipal psyche can be postulated to occur within a three dimensional organisation. According to the ego school, the resistances worked through are the ego resistances of the id/ego

conflict and the ego resistances of the ego/environment conflict.

My diagram of the resistances worked through within a spherical

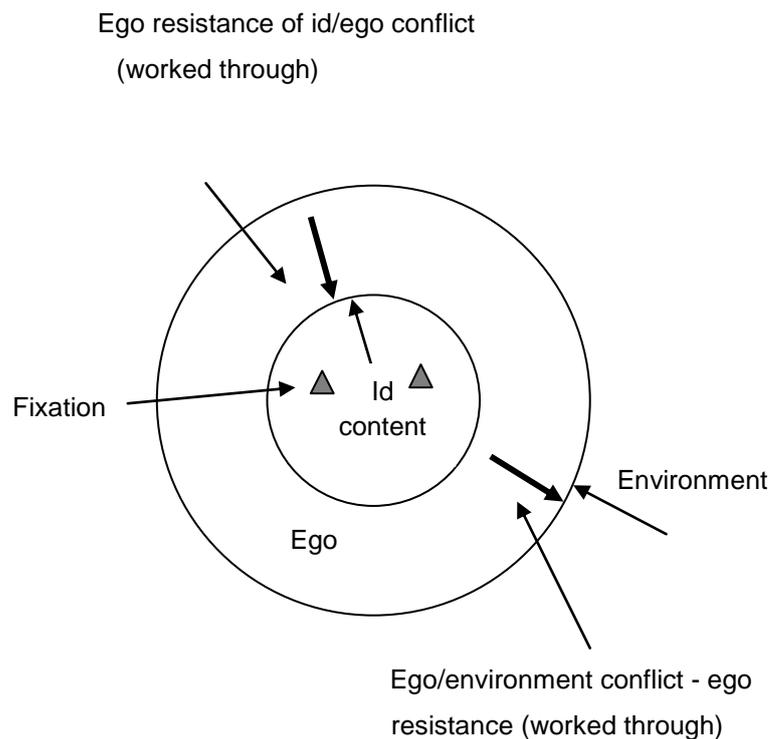(3-D) 'onion-layer' view of the psyche is below (Figure 3).

Figure 3. A diagram of the 3-D Oedipal psyche with the
resistances worked through according to the ego school of
psychology. The inner circle represents a sphere containing
the id. The outer ring represents the ego surrounding the id.
The ego resistances to conflict are indicated by the arrows
in bold. These are worked through. The id content causing
conflict, which is resisted, is represented by small triangles.

As the Oedipal psyche is three-dimensional, and possibly has a spherical shape, then the above model implies that the resistances worked through in cases of neurosis can also be thought of as presenting a 3-D *'forcefield'* (resistance is a force opposing treatment). Therefore, the process of working through can be viewed as operating within *a three-dimensional context.*

Working through. According to the ego school of psychology, working through entails interpretation of all situations where pathogenic forms of ego defence (to conflict and id content) are used. The aim of therapy is to decrease general anxiety by working through these forms of defence.

The ego defence from the conflict between the ego and restrictions of the environment prevents ego awareness of the conflict. The restrictions may be physical or social. Such conflict generates anxiety. The defence from the anxiety of conflict is also anxiety. Working through involves interpretation of the ego defences of this conflict.

Greenson (1967/2000) holds that the *immediate* cause of ego resistance and defence is the prevention of *psychic pain and anxiety*. The *intermediate* cause is an *id impulse*, which causes the pain and anxiety repressed. He held the *underlying* cause of all

these is always *a traumatic event*, of which anxiety is an intrinsic aspect. The id impulse (a feeling), is distinguished from the traumatic event (a memory). Working through the resistance of the awareness of pain and anxiety, at whatever level, must then be associated with anxiety. Working through proceeds through the resistances and defences of the immediate and intermediate causes until the id content is revealed. Only some analysts work through beyond this to recall of the underlying trauma with abreaction.

Using Greenson's ideas of an immediate (psychic pain), intermediate (id impulse) and underlying (traumatic) cause to defence, the process of insight is described. This illustrates how working through occurs within the 3-D model of the psyche described above (Figure 3). An example is given of how the patient's defence from an id impulse (the immediate cause of anxiety) is worked through, and insight achieved. According to Etchegoyen (2005), an impulse has both an affective and verbal aspect. Working through the patient's resistances first brings the verbal component of the impulse into the conscious (verbal or descriptive insight). Once this is achieved, the affective component is also brought into the conscious (ostensive or affective insight). When these two aspects of the process are completed, the patient is

able to talk freely about the impulse. Usually, insight and working

through does not continue to the underlying traumatic event. I have

described these stages of working through diagrammatically.

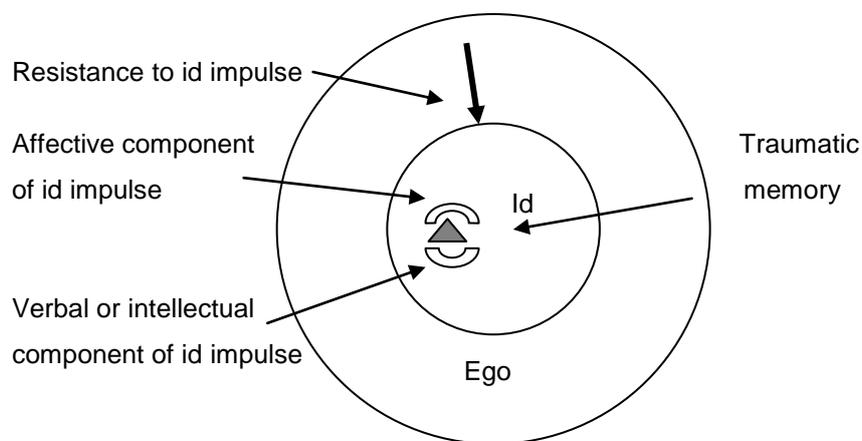Figure 4 shows the psyche before insight.

Figure 4. A diagram of the psyche before insight. The id
impulse is divided into a verbal and an affective
component, which are represented by the semicircles
.These are brought into the conscious ego separately by
the process of working through. The small grey triangle
between the semicircles represents a traumatic memory
associated with the impulse-resistance reaction.

Working through is initiated by the analyst's interpretations,

and interpretations depend on the patient's choice of words. The

patient's free associations are driven by unconscious affect, which

is indicated by the topics spoken about, the way in which the

patient speaks, and the patient's behaviour. From this the analyst

formulates the patient's defences and feelings, and the impulse or historical event underlying those feelings. The analyst gathers together the words of the patient that seem to have the most meaning or significance for him/her, and re-combines them in a sentence (or several sentences). The sentences constructed by the analyst have the structure of the analyst's speech but use the patient's words.

This new re-structuring or re-ordering of the patient's speech provides fresh impact, which highlight his/her habitual unconscious word associations. Little by little, the patient's patterns of speech, and their underlying thoughts, feelings, and behaviours are brought into conscious awareness. Frequent repetition of interpretations when speaking of numerous and diverse situations brings a familiarity to previously unconscious and unrecognised aspects of the patient's life. This reduces any associated anxiety, and eventually allows material of greater anxiety to be discussed. By this means the working through process continues until the verbal component of the impulse becomes conscious, and subsequently the affective component, resulting in insight. Figure 5 below shows the psyche at the half-way stage, after verbal or descriptive insight, and before affective or ostensive insight.
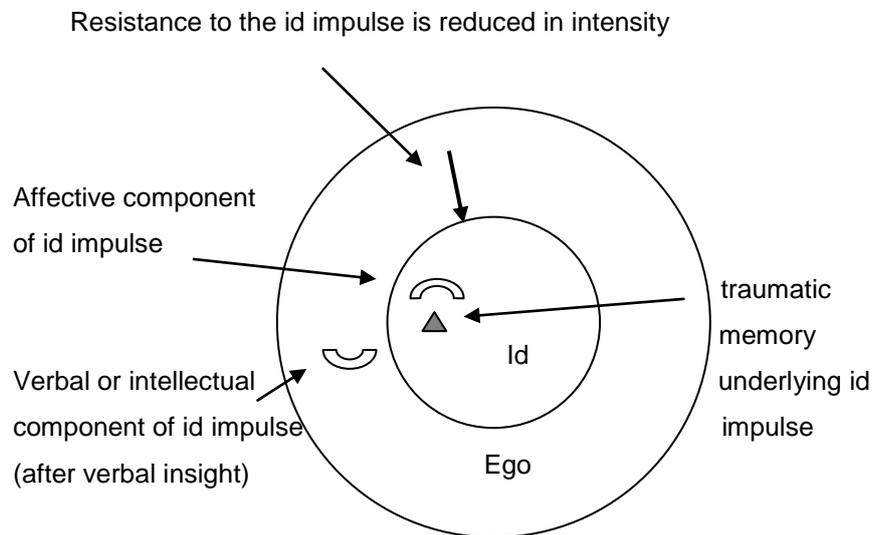
Resistance to the id impulse is reduced in intensity

Affective component
of id impulse

traumatic
memory
underlying id
impulse

Id

Verbal or intellectual
component of id impulse
(after verbal insight)

Ego

Figure 5. A diagram of the psyche after verbal insight and before affective insight. The verbal component of the id impulse has been brought into the conscious ego. The affective component remains in the unconscious id. The resistance to the id impulse is decreased in intensity.

Figure 6 below shows the psyche after affective insight. Both components of the impulse (the intermediate cause of anxiety) have been brought into the conscious with a decrease in anxiety.
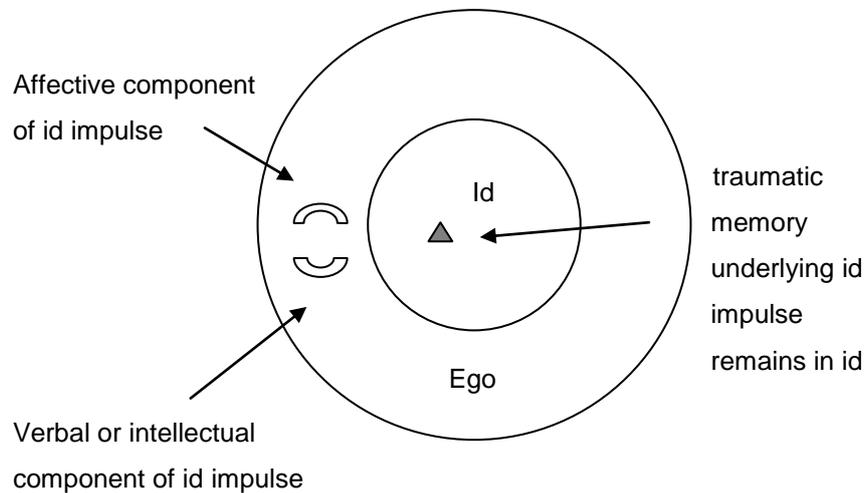
Affective component
of id impulse

Id

traumatic
memory
underlying id
impulse
remains in id

Ego

Verbal or intellectual
component of id impulse

Figure 6. A diagram of the psyche after verbal and affective
insight. Both the verbal and affective components of the id
impulse have been brought into the conscious ego from the
unconscious. The underlying traumatic memory remains in
the unconscious. The impulse and its resistance have been
removed.

Anxiety has not been removed completely as the underlying

traumatic memory still remains in the unconscious. The defensive

or repressive effort needed to keep the impulse in the id has been

reduced, and the symptoms of neurosis caused by anxiety

alleviated. My concept of the working through process is similar to

'verbal fishing', where the analyst's words 'hook' underlying

affect. The course of working through is perhaps similar to the way

in which a fish is brought to the surface. The fish's resistance is uneven, with spurts of energetic swimming away, and moments of less resistance, when the fish is quietly reeled in.

In summary, working through, for the ego school, is a process where the analyst's numerous resistance/defence interpretations, covering many situations over a considerable length of time, bring a familiarity, conversance and consequent relief from anxiety. The process of working through is equated to the process of achieving insight by many ego psychologists. The defences worked through are those defending the ego from the psychic pain of id impulses.

The School of Object Relations

Dyadic relationships. The object relations school emphasises psychopathology originating from within the dyadic relationship, which is characterised by just two people, the child and the mother. According to Winnicott (1963) the child at this stage of development gradually comes to view itself as an individual distinct from his/her mother, where the mother is *eventually* conceived of as a whole person, or whole object. (The object relations school holds that part object structures and functions also exist). The Oedipus complex has yet to be

established. I have extended the notion of psychological

independence to dyadic relationships. and monadic relationships as

well. The child perceives itself as an individual, distinct from its

mother (or part object). A dyadic relationship can be represented by

a 2-dimensional model consisting of two vectors at right angles to
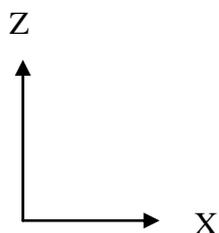
each other within a flat plane (Figure 7).

Figure 7. A vector diagram of dyadic relationships. The X
vector represents the mother, and the Z vector represents
the child, a 2-D model.

The dyadic psyche. According to the object relations

school, the defences worked through are those preventing the recall

of pathogenic object relationships located in the unconscious. An

object relationship is a unit, comprising an object (whole or part)

joined to a self-representation by affect. The defences of this unit

are also held as part of the object relationship. With object relations

psychology, the ego is described as immature and not integrated

with the psyche (Winnicott, 1963). Figure 8 below incorporates the

above diagram of dyadic relationships (Figure 7) with Freud's

model of the psyche, and does not include the ego. Figure 8 is my

schematic portrayal of the object relations psyche, which consists

of just one (flat) circle, representing only the unconscious.

Enclosed within the circle, pairs of light and dark grey triangles

indicate pathogenic object relations. The short line between them
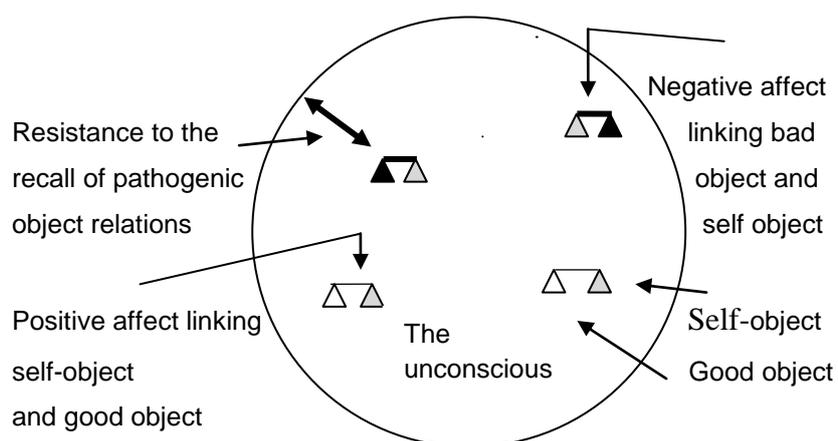
represents the affective link of each.

Figure 8. A diagram of the dyadic psyche before working
through according to object relations theory. Pathogenic
object dyads (objects and self-objects linked by affect) are
represented by pairs of triangles. The arrow in bold in the
large circle represents the defence of object relation dyads
that are worked through. The short lines connecting each
pair of triangles represent the affect of the object relation
that is also worked through.

As the model of the psyche derived above for the object relations school is two-dimensional, the defences and affect worked through according to object relations theory can be thought of as presenting 2-D *'forcefield'* i.e., *flat,* (and possibly circular in shape). Working through can be considered as operating within *a two dimensional context.*

      Working through. The object relations school of psychology holds that working through involves the analysis of maladaptive affect with a consequent decrease in anxiety. Interpretations operate on both the defence from the object relationship as a whole, and the affect linking the object to the self-representation. The defence from the object relationship is manifest in the form of anxiety, as this prevents psychic pain and further anxiety. The affect linking self-representations and object representations can include aggression and libidinal drives as well as anxiety. Interpretations take the traditional form used in classical psychoanalysis. However, interpretations offered by the Kleinians are much less gentle than the other object relationists. Interpretation and working through occur within the transference.

Working through again can be thought of as verbal fishing; the analyst's interpretations are constructed and operate in the same way as described for the ego school. That is, the analyst's interpretations are the means by which the patient's emotions (defences and affect) characteristics of each object relationship are reduced. Owing to their earlier onset in the life of the patient, pathogenic object relations are located deeper in the unconscious than neurotic traumata. There is increased intensity of defence, hence working through takes longer. The language of the analyst is directed towards bringing the patient's attention to his/her emotions and defences, and which characterise each object relationship.

One of the largest differences between the views of the object relations school and the ego school is the idea of introjection of the analyst as a healthy, good-enough object. As stated by Etchegoyen (2005) in the previous chapter, the introjection of the analyst should be considered a separate event, concomitant with working through, and on which working through is contingent, but which is not of itself a component of working through. This is the point of view from which I am writing this thesis. The issue is contentious. Some authors in the Object Relations School, such as Winnicott (1971) and Balint (1984) differ from this. They hold that

working through includes other factors in addition to interpretation

(e.g., the therapeutic relationship). To include any extra

components, however, muddies the concept of working through as

a purely emotional event. Working through theory is kept simpler if

the therapeutic relationship is viewed as facilitating the introjection

of the analyst, a catalyst for the working through process to occur.

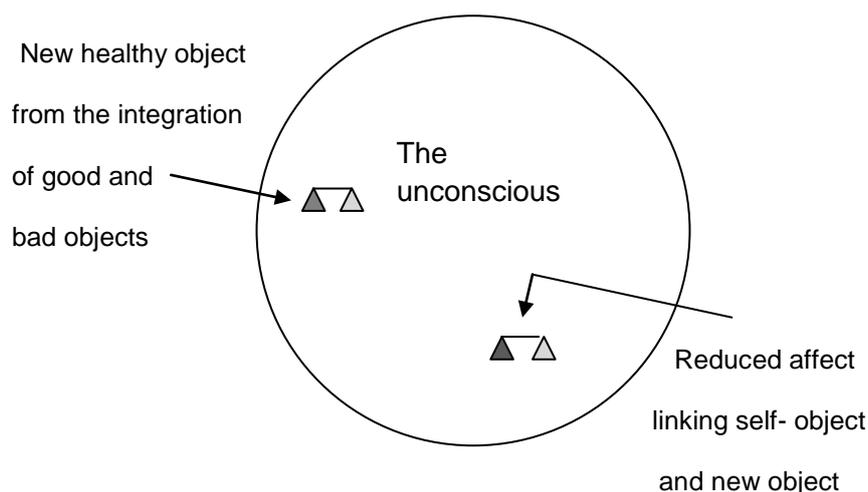Figure 9 below indicates the psyche after working through.

Figure 9. A diagram of the dyadic psyche after the
resistances have been worked through. The good and bad
object relations have become integrated after decathexis of
the bad object. The new object is represented by the darker
triangle of the two. The self-object is represented by the
lighter coloured triangle. The bar across the top represents
the affect of the relationship, which has decreased in
intensity.

In summary, the concept of the working through process of the object relations school is complicated by the more involved concept of the object relation, the postulations of how decathexis of the object relation occurs, and the increased importance given to the role of the analyst. Establishing the essence of working through as simply the interpretation of anxiety necessitated accounting for the adjuncts to working through, such as the analytic relationship in other ways.

Interpretations take the traditional form of classical psychoanalysis, and operate in the transference. Numerous interpretations of the affect of many pathogenic object relations (fixations) over a long period of time bring eventually, a familiarity and conversance with hitherto unknown topics, particularly the patient's feelings and emotions concerning these object relationships. Working through to full healthy Oedipal functioning is a lengthier process that the treatment of neuroses. The maturity of defences increases at each developmental stage. The earlier onset in the child's development of the pathology and types of relationship dealt with by each school of thought make the conditions of analysis and the therapeutic relationship increasingly necessary as a catalyst for working through to occur.

The School of Self-Object Relations

     Self-object (monadic) relationships. According to Kohut (1982), psychopathology of the self results from traumatic events, the essence of which is an empathetic failure on the part of the mother. Pathological self-object relationships (equivalent to fixations) are representations of traumatic events surrounding a lack of empathy over the child's efforts at independence and/or merger, and consist (usually) of either a mirroring self-object and/or an idealising self-object respectively. According to Patton and Sullivan (1980), pathogenic self-object relationships occur very early, at the stage of development where the child does not yet view itself as an individual, separate from its mother. Thus, it can be argued that there is only one level of psychological 'independence,' that of the mother and child combined. A model of Kohut's theory of self-object relationships is just the one vector representing both the independent mother and the yet to be psychologically differentiated child. Hence, this is a 1-D model, and can be thought of as a straight line (Figure 10).
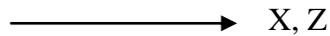
$$\longrightarrow \quad \text{X, Z}$$

Figure 10. A vector diagram of self-object (monadic) relationships. The single vector represents one level of psychological independence, that of the mother.

The monadic psyche. According to the school of self psychology, self-objects, once formed, prevent normal psychic development, remaining unintegrated in the psyche. Self-objects are associated with severe anxiety, particularly separation anxiety. In keeping with the above models of the psyche, and with self-object relationships as monadic, the psyche can also be thought of as one dimensional. According to Patton and Sullivan (1980), Kohut (1977) held the traditional psychic structures, including the ego, are undeveloped. A model of the monadic psyche is a line containing two self-objects, which are apart. In Figure 11, one light grey triangle represents a mirroring self-object, and the other an idealising self-object. The arrows, in bold, represent the resistances of each of these self-objects to the transference.
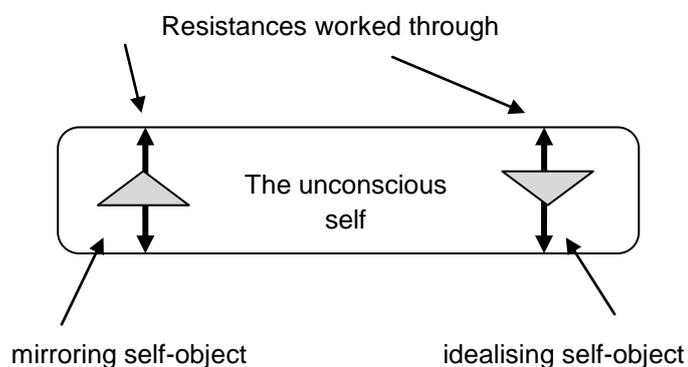
Resistances worked through

The unconscious
self

mirroring self-object   idealising self-object

Figure 11. A diagram of the monadic psyche before working through according to the school of self psychology. The resistances worked through are indicated by the arrows in bold. The large triangles represent self-objects which have become split-off from the rest of the psyche.

Working through. The above linear model of the psyche provides an environment where working through can be thought of as occurring within a 1-D, *linear context*. The postulates of the working through process according to the self-object relations school are that the transference is achieved by the analyst's interpretations working in conjunction with the therapeutic relationship. The transference, for the school of self psychology, is one where the patient's psyche fuses with the psyche of the analyst. Working through works towards, and is also contingent on this fused transference state. Interpretations operate on the

resistance of the transference, and each of the self-object

transferences.

Interpretations have the dual components of conveying

empathetic understanding and explanation. While interpretation in

its traditional form is considered important, it is used as little as

possible, because Kohut's approach is to be very gentle towards the

patient. His reasoning seems to be that patients with self-object

relationships are severely traumatised and fragile. Interpretations

decrease the transference (mirroring and/or idealising) resistance.

When traditional interpretations are used, working through can still

be thought of as a type of 'verbal fishing'.

Working through is difficult as the patient's resistances and

defences are very intense. Working through brings about a self

knowledge of the patient's own separation anxieties. Relief from

separation anxiety comes from the familiarity this knowledge

brings, and the awareness of the conflict of separation anxiety with

his/her efforts towards independence. Working through with the

fused transference of self-objects enables the decathexis of self-

object relationships, and their assimilation (absorption) into the

monadic psyche. With these developmental 'blockages' cleared,

and with the support of the analyst, the patient's relationship with

the analyst can move from a monadic phase into the stage of dyadic relationships and the forming of healthy object relationships.

There are several differences between Kohut's theory and practice of working through and those of the other two schools: (a) a shift in emphasis from libidinal drives and wishes, to a modified object relations theory, with the forming of non-libidinal self-objects; (b) the emphasis on empathy and understanding; (c) the transference is only achieved by the analyst's interpretations working in conjunction with the therapeutic relationship; (d) an emphasis on gentleness; (e) the transference, where the healthy parts of the analyst's psyche merge with the patient's; and (f) psychic growth results from the decathexis and absorption of self-object representations, rather than the formation of new representations.

Even though Kohut's theory departs in many respects from the ego and object relations schools, he held that he used classical techniques in psychoanalysis i.e., that his methods of interpretation and working through were similar to those of other psychoanalytic schools. He was also clear in his distinction between working through (establishing and analysing the transferences by interpretation), and the therapeutic relationship, even though an

empathetic relationship is also necessary for the establishment of

the transference. Figure 12 below shows the monadic psyche after

the resistances and transferences of the mirroring and idealising

self-objects have been worked through, and the self-object
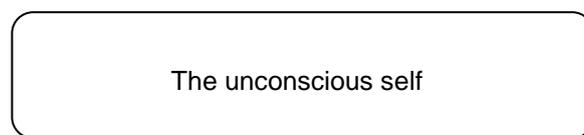
representations resolved.

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┌─────────────────────────────────────────────┐
│                                               │
│             The unconscious self              │
│                                               │
└─────────────────────────────────────────────┘
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Figure 12. The monadic psyche after the self-object
transference representations have been worked through,
and resolved, with their assimilation (dispersion) into the
psyche. The psyche can now resume growth.

In summary, the concept of working through for the school of

self psychology is similar to the other two schools. That is, the

patient's defences in the form of anxiety are operated on by the

analyst's interpretations according to traditional techniques.

Working through the patient's many pathogenic traumata brings

familiarity, an acquaintance with, and understanding of his/her

anxieties. In practice, working through is more difficult as the

patient's defences and emotions are extreme in intensity. The self

psychology school differs from the other schools with its postulates

that the causes of anxiety and defences worked through do not

involve the libido. The underlying causes are attributed to a lack of maternal empathy and understanding concerning the infant's ambivalence (conflict) over efforts at independence and fear of separation. The type of transference needed is difficult to establish and manage. The 1-D (linear) model of the psyche of the school of self, the 2-D (flat) model of the school of object relations, and the 3-D model of the psyche of the ego school can be combined to provide a better understanding. A new analogy is incorporating all three models discussed in the next paragraph.

The Psyche

I have constructed a holistic view of the psyche and psychic development, which integrates the models of the psyche of each school derived above by drawing upon a plant analogy. The stages of development of the psyche can be compared with the growth of a plant. To begin with, there is just a stem (the 1-D, monadic stage), then a stage of leaf growth (the 2-D, dyadic stage), and finally the flowering stage (the 3-D, triadic stage).

Trauma (fixation) at the stem stage results in the formation of self-object relationships. Any trauma at the leaf stage results in pathological object relations. Trauma at the flowering stage results in neurosis. An advantage of this type of model, where the patient's

important relationships are incorporated as part of the psyche, is that it provides some simplicity for working through theory. By accounting for the relationships relevant to analysis as described above, a discussion of the actual working through process can be restricted to emotions.

The dynamics of working through involve the interpretation of the patient's defensive anxieties (mostly). There are two origins of anxiety (a) the defence from the fixation, and (b) the nature of the fixation (trauma) itself. The lesser anxiety of defence protects the psyche from the larger anxiety generated by an impulse (ego school), and the greater anxiety of the trauma. These traumata were too much for the individual to cope with at the time of occurrence, which is why they are located in the unconscious. The time taken to work through the patient's resistances and anxieties depends on their intensity, which correlates with the severity of the patient's condition, and the severity of the traumata. The schools all hold that the working through process proceeds unevenly, with periods of progress, and periods of relapse.

For all the schools, working through is a process of emotional change mediated by words. The patient's free associations are by and large associated with the most affect. The

analyst's recombining of the patient's words highlights the unconscious word associations and underlying affect. Working through takes a long time because affect responds slowly to verbal interventions.

For example, take a hypothetical situation where a young child has lost its cuddly (a transitional object) in its mother's absence. Such a situation is traumatic for the child. In the child's unconscious the cuddly is associated with its mother. Whenever the child said the word 'cuddly', it also said 'mother', although the child was not consciously aware of this association. These words, cuddly and mother, are the verbal representation of the forgotten trauma. The steps of working through are listed and then described diagrammatically: (a) the analyst's interpretation highlights the word association of mother and cuddly; (b) the patient's attention is drawn to the association; (c) the patient becomes aware of the feeling of separation anxiety each word generates in his/her body; (d) he/she also realises that this is a relic from childhood, and is no longer appropriate i.e., there is a discrepancy between affect from the past and reality; (e) the words and associated affect become linked in patient's conscious as well as the unconscious; (f) there is a decrease in unconscious (separation) anxiety elicited by the

words mother and cuddly; and (g) the process is repeated many

times.

Figure 13 below is my depiction of the psyche before

working through. The large triangle represents the traumatic event

(fixation). Within the triangle are two octagons depicting the verbal

representations of mother and cuddly, which are linked to the

fixation. The arrows outside the triangle represent the intensity of
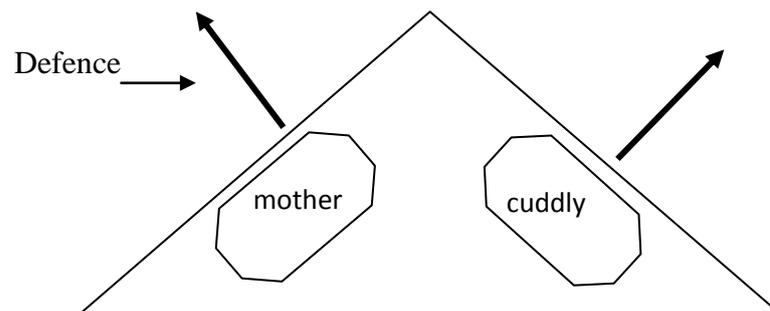
defence from the fixation.

Figure 13. A diagram of a fixation, the large triangle, before
working through. The octagons depict the verbal
representations of mother and cuddly. The intensity of the
defences to this fixation is indicated by the arrows outside
the triangle.

Figure 14 below shows the fixation once the words mother and

cuddly have been highlighted by the analyst's interpretations.

Highlighting hooks the unconscious affect to the patient's verbal

representations.

Highlighting
of words 'hooks'
underlying affect

mother   cuddly

Figure 14. A diagram of the fixation, with the words
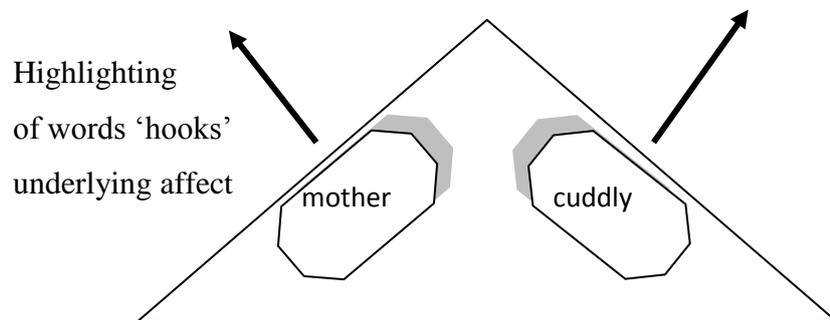representing the trauma highlighted by the analyst's
interpretations. The unconscious and conscious are now
linked.

Figure 15 below shows the fixation after a period of time

has elapsed during which there have been many

interpretations. The intensity of the defences has decreased.

The verbal components have decathected sufficiently to
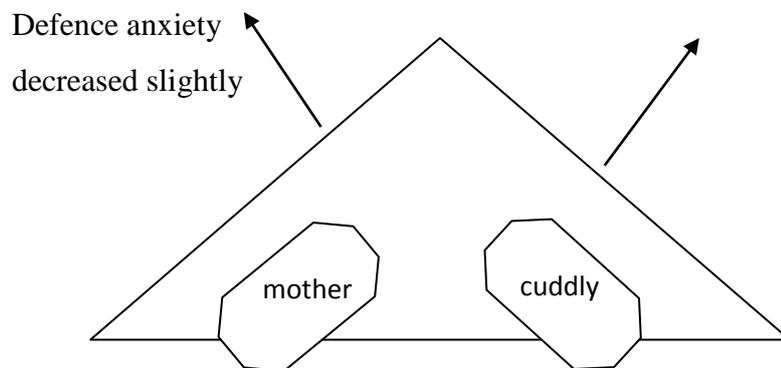
disengage from the fixation.

Defence anxiety
decreased slightly

mother   cuddly

Figure 15. The fixation after many interpretations. The
intensity of defences has decreased, and the verbal
representations are in the process of disengaging from the
fixation.

The descriptions of working through given for each school

explain changes of patient behaviour, changes in levels of anxiety,

and why working through alone is most effective for the milder

neuroses and least effective for severe conditions (Etchegoyen,

2005). It also explains why working through requires frequent,

numerous interpretations covering many situations, and why it

takes so long. While the postulations of the psyche of each school

differ according to their views of the origins of psychopathology, in

a sense, each school is right, if their theories and methods are

viewed as part of a continuum, and a better understanding about the

development and structure of the psyche is obtained. The analyst

then has a clearer understanding of where each patient is at, the

type of defences to be operated on by interpretation, the type of transference that will be established, and how the course of working through is likely to be for him/her.

Simplicity

Psychoanalysis and working through are not simple concepts. The concepts of each school of thought seem equally difficult. If one assesses the simplicity of a theory by the number of assumptions made, again no real distinction can be drawn between the schools. When considered as parts of a whole, the assumptions and postulations regarding the psyche and working through of each school, do not discount the assumptions and postulations of any other school.

A good analogy was held by Holyoak and Thagard (1997) as "coherent" i.e., consistent across at least three "constraints". These constraints were (a) similarity of relationships (b) similarity of structure, and (c) similarity of purpose. Whether an analogy is good or not, is arguably a matter of personal judgment. Table 1 in the appendix summarises the most important points about working through with relevance to the key principles of theory evaluation.

Discussion

An analysis of the concepts of working through of the schools of ego psychology, object relations and self-object relations finds far more similarities than differences, provided the idea is kept that working through is an emotional process only. Structural and behavioural changes, occurring after working through, or on which working through is contingent, are not part of the process, but are either the result of the process, or act simply as a catalyst.

The pace and course of working through is uneven, with spurts of progress, and periods of relapse. Evidence for the existence of working through is simply that the emotional and behavioural changes found after working through do not occur by chance. The cause is attributed to the judicious choice of words by the analyst, in circumstances where the patient has complete freedom of speech unconstrained by the usual social customs. The patient's words, which seem to have the most meaning or relevance for him or her, are recombined by the analyst into sentences, which have the structure of the analyst's speech. The patient's habitual word associations are given a fresh emphasis, and the patient becomes aware of these, and their associated underlying affects. The patient realises that the associated affects are more intense than seems reasonable for his/her conscious experience. This awareness

'hooks' the words to their affect in both the conscious and unconscious, with a decrease in defence anxiety. The process is repeated many, many times. By this means the patient becomes aware of previously unknown, but anxiety-causing aspects of his/her psyche and life.

Working through is easiest, both for the patient and analyst, with problems of triadic relationships. Working through is considerably more difficult with problems of dyadic relationships. Damage to the developing psyche causes more structural and functional defects. Working through is very difficult for patients who have not separated effectively from monadic relationships.

The models of the psyche derived demonstrating age-appropriate psychological independence by mathematically independent vectors, are intended to indicate the increasing complexity of relationships as the child matures. A three-dimensional triadic Oedipal structure is perhaps the easiest to grasp intuitively. The dyadic and monadic 'structures' then follow as a logical sequence. An Oedipal structure is formed by the intervention of a third party, that of the father. Hence, an argument for a dyadic structure in the form shown is that when one of the vectors of the triad is removed (i.e., before the intervention of the

father), two vectors in a flat plane is what is left. The monadic 'structure' given seems the most difficult to grasp. To arrive at this, I thought of the process of development in reverse again. If independence is represented by the vectors at 90^0 to each other, then dependence is represented by a smaller angle. Complete dependence of the child on the mother is represented by the vectors pointing in the same direction. If the same sequence of steps is followed, by removing one vector, (really placing the vectors together), the one vector is left. Kohut's concept of psychic fusion is consistent with this model. The model provides some understanding of his theory, and how his theory is consistent with the theories of the other two schools.

The analogy derived should be considered as one step in the ongoing task of understanding psychoanalysis. Some new ideas have been introduced, and provide a springboard for further thought. Working through is easier if the analyst has a clearer picture of his patient's problems, and what to expect in terms of treatment outcomes.

The limitations of this thesis are (a) the limitations of the theory of explanation by analogical inference, and (b) the limitations of the authorship. Explanation by analogical inference is

not yet a tried and true method of theory development. The topics explained are always unobserved empirical consistencies called phenomena, rather than observable events. As was stated above, working through has not been established as an empirical consistency in the literature owing to a lack of research. Hence, the most important assumption of the thesis is that working through is a phenomenon. Working through, as a biological process as well as a psychic process, is subject to the physiological fluctuations of the individual and the assumed normal variation in the distribution of a population of individuals. For this reason, the course of working through is difficult to describe and quantify empirically. Explanation by analogy provides the reader with a better understanding of the process. Any conclusion arrived at is only an approximation of the truth. The performance and usefulness of the analogy with time will indicate its accuracy.

The limitations of the authorship of this thesis can be summarised as limitations of bias. The three schools of psychoanalysis are a few of many such schools. Significant schools not discussed were those of: Jacques Lacan, the founder of the French Lacanian school of psychoanalysis; Alfred Adler, the founder of the school of individual psychology; and Carl Jung, the

founder of the school of analytical psychology. The schools I chose to study were those mentioned most frequently in the literature on working through. A second potential for bias was that not all the primary sources of literature were read, particularly those of Kohut. For further information, or understanding of the literature, I usually referred to Etchegoyen (2005). Thirdly, whenever an individual writes, there is always an unconscious bias, irrespective of every effort to be objective.

Conclusion

The concepts of the working through process of each school are very similar, whereas the concepts of the causes of psychopathology and of the psyche of each school are quite varied. Working through as a process involving the use of traditional techniques is common to all the schools discussed. Working through is a procedure where the defensive anxieties of the patient are decreased by the verbal means of interpretation. Which school is the most appropriate for treating any patient depends on the patient.

Working through, as outlined here appears to be most effective for triadic (Oedipal-based) problems. The presence of the analyst and the analytic relationship (as catalyst) becomes an

important adjunct for dyadic problems, and is critical for resolution of monadic relations. My argument is that the therapeutic relationship, while important as a catalyst for psychic change to occur, is better thought of as distinct from working through.

The evolution of the various schools of thought from Freud's original theories to ego psychology, then to object relations theory and subsequently self-object relations theory does not mean that all previous theory should be discounted. Rather, the findings of each school build on the findings of the previous schools, as each school delves further into the primitive psyche. I have introduced some new ideas integrating the psyche, which provide a springboard for further thought. These ideas are consistent with (i.e., coherent with) the writings of many authors from the schools of ego psychology, object relations psychology and Kohut's self psychology. The triadic 3-D relations of the ego school are consistent with Anna Freud's writing, the dyadic 2-D relations of the object relations school are consistent with case studies, and the monadic 1-D relations of the school of self psychology are consistent with Kohut's postulations of a merger of the psyches of patient and therapist.

Rather than establishing empirical relations between working through and its elements, which are difficult to quantify without clear concepts, a better understanding of the working through process is achieved by explanation with analogy. Analogy is an appropriate method of arriving at some clarity of the concepts of working through. The fishing analogy derived for working through should be considered as one step in the ongoing task of understanding psychoanalysis.

Etchegoyen described psychotherapy, which included psychoanalysis and working through, as reciprocal communication within the framework of an interpersonal therapeutic relationship. This thesis gives a picture of the patient's problems in terms of relationships, and how working through can then be understood as a reduction in the patient's anxieties by the analyst's verbal interpretations within the context of relationships. The analyst is provided with another perspective from which to view his/her patient's problems and what to expect in terms of treatment outcomes.

Table 1

A summary of assumptions of working through according to each school of psychology

Ego School	Object Relations	Self-Object Relations
Resistance worked thru = anxiety (moderate).	Resistance worked thru = anxiety (moderate).	Resistance worked thru = anxiety (moderate).
Dimensions of psyche = levels of independence (3).	Dimensions of psyche = levels of independence (2)	Dimensions of psyche = levels of independence (1).
Psychopathology caused by energy-absorbing resistance to id content	Psychopathology caused by traumatic id-related object relationships	Psychopathology caused by lack of empathy towards separation anxiety and/or independence
Therapeutic relationship quite important as catalyst for working through.	Therapeutic relationship very important as catalyst for working through	Therapeutic relationship critical as catalyst for working through.

Table 2

Working through – what happens for each school

Ego School	Object Relations	Self-Object Relations
Working through decreases anxiety of defences to conflict from id content (impulse and trauma), and also the defence from conflict with the environment.	Working through decreases anxiety defending object relations. The affect of each object relation is also worked through.	Working through decreases anxiety of self-object relations resulting from uncontrolled, unempathetic separation experiences associated with merger, and/or efforts towards independence.

Table 3

Working through – how it happens for each school

Ego School	Object Relations	Self-Object Relations
Analyst's words - new combinations of patient's words – provide information promoting awareness of new meaning and affect.	Direct, everyday words of analyst provide awareness of patient's basic emotions associated with object relations	Translated words of analyst provide information promoting awareness of conflicting independence/ merger feelings.

Table 4

Consequences of working through for each school

Ego School	Object Relations	Self-Object Relations
Relief from anxiety and symptoms of neurosis.	Some relief from anxiety	Partial relief from anxiety
Analyst's superego substitutes for patient's	Analyst introjected as healthy object.	Fusion of psyches of analyst and patient permits decathexis of pathological self-object relations
Facilitates more complete triadic relationships.	Facilitates decathexis of pathological object relations and formation of new object relationships	Facilitates separation from monadic state into a dyadic pair.

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