



About Psychoanalysis

Psychoanalysis arose from an appreciation of the power of people talking directly to one another about questions that matter and issues that are difficult to understand. In examining what lies beneath the surface of human behavior—in providing multi-layered and multi-dimensional explanations—psychoanalysis teaches us about the unconscious



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psychological and psychosocial forces that fall outside of everyday awareness.

Psychoanalytic Treatment Overview



Psychoanalytic treatment is based on the idea that people are frequently motivated by unrecognized wishes and desires that originate in one's unconscious.

These can be identified through the relationship between patient and analyst. By listening to patients' stories, fantasies, and dreams, as well as discerning how patients interact with others, psychoanalysts offer a unique perspective that friends and relatives might be unable to see. The analyst also listens for the ways in which these patterns occur between patient and analyst. What is out of the patient's awareness is called "transference" and what is out of the analyst's awareness is called "countertransference."

Talking with a trained psychoanalyst helps identify underlying patterns and behaviors. By analyzing the transference and countertransference, analyst and patient can discover paths toward the emotional freedom necessary to make substantive, lasting changes, and heal from past traumas.

Typically, psychoanalysis involves the patient coming several times a week and communicating as openly and freely as possible. While more frequent sessions deepen and intensify the treatment, frequency of sessions is worked out between the patient and analyst.



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Psychoanalytic Psychotherapy



Psychoanalytic psychotherapy, sometimes also called psychodynamic psychotherapy, is based on the theory and technique of psychoanalysis. The primary difference is that the patient and analyst meet less frequently, sometimes only once a week. As with psychoanalysis, the frequency of sessions can be customized to the needs of the patient. Another difference is that the patient usually sits upright and opposite the therapist, rather than reclining on a couch with the therapist out of view.

Other than these differences, psychoanalytic psychotherapy is very much like analysis in its use of free association, the importance placed on the unconscious, and the centrality of the patient-therapist relationship.

[Learn more about psychoanalytic psychotherapy.](#)

Applied Psychoanalysis

Applied psychoanalysis describes the practice of using psychoanalytic theories and methods to explain social, cultural, and political phenomena. Applied psychoanalysis takes the search for meaning and motivations outside of the doctor's office, using psychoanalytic principles to make sense of the psychosocial world.

Some Key Terms: Transference, Resistance, & Trauma



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Transference

Transference is a concept that refers to our natural tendency to respond to certain situations in unique, predetermined ways—predetermined by much earlier,



formative experiences usually within the context of the primary attachment relationship. These patterns, deeply ingrained, arise sometimes unexpectedly and unhelpfully—in psychoanalysis, we would say that old reactions constitute the core of a person's problem, and that he or she needs to understand them well in order to be able to make more useful choices. Transference is what is transferred to new situations from previous situations.

As a result, a person's relationship to lovers and friends, as well as any other relationship, including his psychoanalyst, includes elements from his or her earliest relationships. Freud coined the word “transference” to refer to this ubiquitous psychological phenomenon, and it remains one of the most powerful explanatory tools in psychoanalysis today—both in the clinical setting and when psychoanalysts use their theory to explain human behavior.

Transference describes the tendency for a person to base some perceptions and expectations in present day relationships on his or her earlier attachments, especially to parents, siblings, and significant others. Because of transference, we do not see others entirely objectively but rather “transfer” onto them qualities of other important figures from our earlier life. Thus transference leads to distortions in interpersonal relationships, as well as nuances of intensity and fantasy.

The psychoanalytic treatment setting is designed to magnify transference phenomena so that they can be examined and untangled from present day



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relationships. In a sense, the psychoanalyst and patient create a relationship where all the patient's transference experiences are brought into the psychoanalytic setting and can be understood. These experiences can range from a fear of abandonment to anger at not being given to fear of being smothered and feelings of

One common type of transference is the idealizing transference. We have the tendency to look towards doctors, priests, rabbis, and politicians in a particular way—we elevate them but expect more of them than mere humans. Psychoanalysts have a theory to explain why we become so enraged when admired figures let us down.

The concept of transference has become as ubiquitous in our culture as it is in our psyches. Often, references to transference phenomenon don't acknowledge their foundation in psychoanalysis. But this explanatory concept is constantly in use.

For example, in season three of the television series *Madmen*, one of the female leads is romantically drawn to a significantly older man just after her father dies. She sees him as extraordinarily competent and steady.

Some types of coaching and self-help techniques use transference in a manipulative way, though not necessarily negatively. Instead of self-understanding, which is the goal of psychoanalysis, many short term treatments achieve powerful reactions in clients by making use of the leader as a powerful, charismatic “transference” figure—a guru who readily accepts the elevation transference provides, and uses it to prescribe or influence behavior. Essentially, this person accepts the transference as omnipotent parent and uses this power to tell the client what to do. Often the results obtained are short lived.



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Resistance



Uncomfortable thoughts and feelings begin to get close to the surface—that is, some conscious—a patient will automatically resist the self-exploration that would bring them fully into the open, because of the discomfort associated with these powerful emotional states that are not registered as memories, but experienced as fully contemporary—transferences. The patient is thus experiencing life at too great an intensity because he or she is burdened by transferences or painful emotions derived from another source, and must use various defenses (resistances) to avoid their full emotional intensity.

These resistances can take the form of suddenly changing the topic, falling into silence, or trying to discontinue the treatment altogether. To the analyst, such behaviors would signal the possibility that a patient is unconsciously trying to avoid threatening thoughts and feelings, and the analyst would then encourage the patient to consider what these thoughts and feelings might be and how they continue to exert an important influence on the patient's psychological life.

As the analysis progresses, patients may begin to feel less threatened and more capable of facing the painful things that first led them to analysis. In other words, they may begin to overcome their resistance.

Psychoanalysts consider resistance to be one of their most powerful tools, as it acts like a metal detector, signaling the presence of buried material.

Trauma

Trauma is a severe shock to the system. Sometimes the system that's shocked is physical; the trauma is a bodily injury. Sometimes the system is psychical; the



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trauma is a deep emotional blow or wound (which itself might be connected to a physical trauma). It's the aftereffects of the psychological trauma that psychoanalysis can attempt to counteract.



While many emotional wounds take a while to resolve, a psychic trauma may

continue to linger. When the stimulus is powerful enough—a death, for instance, or an accident—the psyche isn't able to respond sufficiently through regular emotional channels such as mourning or anger.

Often this lack of resolution can foster a repetition compulsion—a chronic re-visiting of the trauma through rumination or dreams, or an impulse to place oneself in other traumatic situations. Psychoanalysis can help the victim to develop emotional and behavioral strategies to deal with the trauma.

Fortunately, the need for trauma survivors to have treatment is now well understood in the broader mental health community. Certain medications are helpful in the treatment of trauma, but there should always be a psychological component to the treatment, and it must be understood that treatment can be needed years after the trauma is experienced.

Psychoanalysts did much of the early work in treating trauma, from shell shock of WWI, War Neurosis of WWII, Post-Vietnam Syndrome of the Vietnam war, and now Post Traumatic Stress Disorder (PTSD). Treatment of PTSD still contains elements that harken back to psychoanalysis—trauma patients need a witness to their pain, who helps them, bit by bit, incorporate the traumatic experience with the rest of the story of their lives in some way that can make sense. Facing unbearable feelings with another human being, and supporting and employing the ego—the part of the mind responsible for decision making, understanding cause and effect, and discrimination—all these techniques owe their roots to



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