

The Evolution of Psychoanalysis

We begin by examining Freud's original drive theory before taking a look at several of the many, many modifications, updates, and revisions of psychoanalytic theory and practice. From a common factors perspective, we have learned the language of psychoanalysis as originally spoken by Freud. But just like any other living language, psychoanalysis's vocabulary and idioms have changed over the years, and we gain a sense of modern usage and how it is being spoken today. As we do so, the reader should bear in mind that it is possible to identify two overarching developments of practical and theoretical significance: (1) the movement from a one-person to a two-and-more-person theory and practice, in which there is a concern for accounting not just for internal drives but also relations with other human beings and the internal representations that we construct of these beings (Greenberg & Mitchell, 1983), and (2) the integration of the latest in neuroscience findings into psychoanalytic theory and practice (Schore, 1994, 2003, 2011). These two modifications—relational approaches and neuroscientific findings—fundamentally define the evolution of psychoanalysis

Freud's Drive Theory

McWilliams (1994) provides a practical, clinically driven approach to making sense of classical psychoanalysis and later formulations. In describing Freud's drive theory, she suggests that "an attempt was made to understand personality on the basis of fixation (at what early developmental phase is this person psychologically stuck?)" (p. 19). That is, do people display

issues that suggest they have an oral, anal, phallic, or Oedipal character? If they had been neglected up to the age of 1 and a half, then they might have oral issues; if they had problems from 1 and a half to age 3, they might have typically obsessive anal issues; if their developing interest in sex was not negotiated well between the ages of 3 and 6, they might develop hysterical symptoms and sexual aggression and fantasies that represent Oedipal conflicts; at the onset of puberty, they might display the myriad problems that can develop as one's attention turns from a self-focus to an other-focus.

Freud's theory of developmental stages has undergone many revisions; for more information, please visit the website, <http://study.sagepub.com/theoriesforcounselors>; and read "Erik Erikson's updates of Freud's developmental stages," which discusses Freud's stages and shows how Erikson's reformulations enhance our understanding and provides for a more clinically useful approach for counselors. What is most important to keep in mind is the overarching point that Freud makes. Remember that Freud said that infants are primarily motivated to seek instinctual gratification—they are all Id, seeking pleasure and satisfaction of their desires; remember that he also said that an essential part of becoming an adult is to realize that one's desires cannot always, or even often, be satisfied exactly how and when we want them to be satisfied.

Becoming an adult, in Freud's view, meant that we must come to see how sublimation—remember this is one of the three possibilities he outlines in *Five Lectures*—is of great value, because it represents a creative and constructive compromise between what I want and what I can have. Society could not exist if we all could get what we wanted, when we wanted it, and how we wanted it. Freud, as should be apparent by now, was quite clear-eyed about the darker side of human nature. There is a sad human history of cruelty, war, and genocide that runs parallel to the human history of kindness, love, and creativity. Freud falls in line with the view that without cultural agreements to dampen and modulate the worst excesses of human desires and lusts, we would exist in a state of lawlessness and chronic warfare, what Thomas Hobbes (1651/2009) described as "a time of Warre, where every man is Enemy to every man" (p. 178). Sublimation, in which we transmute the base metal of our crude desires into the golden achievements of productive work, represents the way in which we can replace unserviceable aims with ones that can benefit both the individual and society at large, and caregivers help accomplish this through helping children take the small steps that ultimately lead to successful sublimation.

The task for caregivers, as McWilliams (1994) describes, is "oscillating sensitively between, on the one hand, sufficient gratification to create emotional security and pleasure and, on the other, developmentally appropriate frustration such that the child would learn in titrated doses how to replace the pleasure principle ('I want all my gratifications, including mutually

contradictory ones, right now!') with the reality principle ('Some gratifications are problematic, and the best are worth waiting for')" (p. 21). She goes on to say that "parenting was thus a balancing act between indulgence and inhibition—an intuitively resonant model for most mothers and fathers, to be sure" (p. 21).

A person becomes stuck when they are either overindulged or prevented from enjoying reasonable satisfaction of their desires at key psychosexual developmental stages. Remember, Freud believed that constitutionally people came equipped with stronger or weaker Ids, as well as greater and lesser abilities to regulate them; the caregivers' task is to know their child—the strength of their drives as well as their inborn ability to withstand and regulate these drives—and to skillfully steer the child from being shipwrecked on either the Scylla of overindulgence or the Charybis of intolerable frustration.

Additionally, you should be aware that in Freud's original formulation he did acknowledge the existence and importance of "objects"—that is, other human beings—but that he, and other theorists who tried to preserve the original vision of the drive theory, thought about these objects "largely in relation to the discharge of drive: they may inhibit discharge, facilitate it, or serve as its target" (Greenberg & Mitchell, 1983, p. 3). In this formulation, the developing individual comes to understand others primarily from the point of view of whether they will help me achieve pleasure, prevent me from achieving pleasure, or serve as the object of my pleasure—or frustration. While it is useful to acknowledge that human interaction can be described in part by such a view, it is also highly likely that for most of us, this is entirely too limited a perspective on the incredible complexity of human interaction, and that it is entirely too instrumental, and possibly even cynical, a limitation that later relational theorists corrected, as we shall shortly see.

Ego

It is interesting that a concentration on the Ego is often seen as a later formulation, somehow secondary to Freud's fundamental concerns and methods. However, as Anna Freud (1936/1993) stated very clearly, this is erroneous. She said that "somehow or other" it came to be held that "the term *psychoanalysis* should be reserved for the new discoveries relating to the unconscious psychic life, i.e., the study of repressed instinctual impulses, affects, and fantasies" (p. 3). But she forcefully debunks this idea, saying that the Ego was central all along: "from the beginning analysis, as a therapeutic method, was concerned with the ego and its aberrations: the

investigation of the id and of its mode of operation was always only a means to an end. And the end was invariably the same: the correction of these abnormalities and the restoration of the ego to its integrity” (p. 4).

This should sound familiar to you by now, since it restates succinctly and lucidly her father’s own ideas on the topic. Thus it is important to understand that while it is common to refer to something called Ego psychology as a later development, in fact it is somewhat nonsensical to do so. The Ego was introduced in conjunction with the Id and the Superego and the external world, as we have seen. It is the dynamic interplay among these players that Freud was concerned with, and I follow Anna Freud’s (1936/1993) lead in saying that Freudian analysis’s fundamental task was to explore the Ego’s “contents, its boundaries, and its functions, and to trace the history of its dependence on the outside world, the id, and the superego; and in relation to the id, to give an account of the instincts, i.e., of the id contents, and to follow them through the transformations which they undergo” (pp. 4–5). If anything, “Ego psychology” could be seen as Anna Freud’s correction on an erroneous movement to somehow separate out the Id from the Ego rather than to examine their dynamic interplay.

Object Relations and Interpersonal Psychoanalysis

Greenberg and Mitchell (1983) suggested that while there has been and continues to be much diversity among psychoanalytic theorists and practitioners, “the common ‘landscape’ of psychoanalysis today consists of an increasing focus on people’s interactions with others, that is, on the problem of object relations” (p. 2). Freud thought that people were fundamentally motivated by biological drives; these drives serve as both causes and goals of our thoughts and behaviors. He didn’t ignore our relationships with other people, but thought that we are centrally preoccupied with our body-based drives. These drives produce body and mind-based tension, which we try to discharge; when tensions are discharged, we experience pleasure. Tensions may originate from within or from without, but what is important is that we are homeostatic systems, fundamentally trying to regulate the tensions that we experience. According to Freud, we relate to others because they can serve to help us relieve our tensions and thus give us pleasure.

Since we are studying Freud, after all, we should use the example of sex. In this view, sexual desire is a tension that we experience from within, due to body impulses and thoughts, or from without, due to various instinctually and culturally determined signals. In seeking to discharge this tension, we may relate to others because of their ability to help us relieve our tensions and provide us with pleasure.

Theorists subsequent to Freud wrestled with the problem of how and why human beings are motivated to act as they do, and how other human beings figure into the equation. Most vital, these theorists began to study children and infants; this makes complete sense, since Freud himself was the one who postulated the importance of early childhood development. Freud, however, did little clinical observation and work with children, and it was left to his daughter, Anna Freud, Erik Erikson, and many others to study human development at the source.

In essence, psychoanalytic theory and practice moved toward a deep and abiding concern with the development of the infant and child in the context of the care-taking relationship. As Greenberg and Mitchell (1983) say, Fairbairn and other psychoanalytic theorists suggest that babies are oriented toward other people from birth and that this propensity to relate to others is not accidental, but serves important adaptive purposes and is crucially related to who we are as human beings. Our relationships with others, first with our primary caretaker, then with all the other people in our lives, are of primary importance and fundamentally shaped our personalities, for good and for ill. Because these relationships are so important, therapeutic treatment must also be centrally preoccupied with a client's early and subsequent relationships.

Self

Following treatments such as Pine (1990) and textbooks (e.g., Sharf, 2012), we discuss the self separately, though again as with the Ego, there is much continuity with the other categories, especially with object relations. Self psychology is primarily associated with Kohut (1971) and his work on the treatment of narcissistic personality disorders. Kohut describes the development of self and object for normalcy and for narcissistic personality disorders and psychoses. To develop normally in Kohut's view, "the self develops out of certain key relationships, which he terms self-object relationships, in which the parents serve not just as objects of the child's needs and desires, but as providers of certain 'narcissistic' functions...in which the child is seen as perfect by the admiring parent or the parent is seen as perfect and linked to an admiring child" (Mitchell, 1988, p. 32).

Kohut (1971) interestingly locates the development of the experience of both self and other on a continuum, from psychosis at the lowest functioning, through narcissistic personality disorders, to normalcy. At the lowest level, the self is experienced in a psychotic fashion—as a kind of adult version of the childhood grandiosity of self, in which the child pretends to be

King of the Universe. Frequently in clinical settings, schizophrenic individuals express this kind of grandiosity, imagining that they are Jesus or another great figure from the past. At the next level, that of ongoing narcissism, there are what Kohut terms “solipsistic claims for attention” (p. 9), in which the person fundamentally believes himself to be performing on a stage with one character—himself. At the highest level, that of normalcy, there is a “mature form of positive self-esteem; self-confidence” (p. 9).

Similarly, the person’s experience of others occurs on a continuum. At the level of psychosis, the person experiences “delusional reconstitution of the omnipotent object; the powerful persecutor, the influencing machine” (Kohut, 1971, p. 9). In clinical settings, it is strikingly common for individuals with schizophrenia to speak of an omnipotent agency (such as the case of the young man who referred to The Man with palpable dread) that is pursuing them mercilessly. At the level of narcissistic personality disorders, there is a “compelling need for merger with powerful object” (p. 9) which can be over-idealized and thus venerated, but also deeply disappointing and worthy of contempt. At the level of normalcy, there is “mature form of admiration for others; ability for enthusiasm” (p. 9).

Kohut (1971) says that in “a successfully lived, paradigmatic life” there is a “progression from information through knowledge to wisdom” (p. 326) that can be seen in successful treatment: “As the treatment begins, analyst and analysand are gathering *information* about the patient and his history. Gradually, in the middle phases of the analysis, the data which have been collected become ordered and fitted together into a broader and deeper *knowledge* of the cohesive functioning of the patient’s mind and of the continuity which exists between the present and the past. And, finally, in the termination phase of a good analysis, the analyst’s knowledge and the patient’s understanding of himself have taken on the quality of *wisdom*. In order to reach this experience, the patient must first have come to terms with his unmodified infantile narcissism, whether his fixations were predominately on the archaic grandiose self or on the archaic, narcissistic aggrandized, idealized self object” (pp. 326–327). In this passage, Kohut gives a useful summary not only of his particular form of analysis, but also one that could characterize all successful forms of therapeutic treatment. Kohut says that we must successfully develop beyond the fundamentally narcissistic self of the infant and the idealized (and confusing) self-object. We need to develop a healthy self-esteem that integrates a recognition of both our strengths and our own limitations, as well as a healthy respect and esteem for others without falling into the error of overly idealizing them or mercilessly denigrating them.

Quick Clinical Vignettes

Drive, Ego, Object Relations, and Self

Drive—Thomas was sexually attracted to young girls. He was diagnosed with paranoid schizophrenia and major depression and had a past history of drug and alcohol abuse. His was an example of someone who struggled with thoughts and urges that go against fundamental societal norms. Due to his schizophrenia, he also struggled with how to battle these urges. He struggled with being reality based; his rational thinking had been battered by years of drug abuse and by persistent and intrusive thoughts. Moreover, these intrusive thoughts were horribly critical and vicious, telling him that he was worthless and deserved to die. Thus Thomas's rational capabilities (Ego) had to contend with his overwhelming attraction to young girls (Id), the harshly critical voices he heard in his head (Superego), and the realistic demands of society.

Ego—Operations of the Ego can be harder to pinpoint, because they can appear simply as normal and healthy responses, and thus invisible. One of the most clear clinical examples was furnished by the above individual, Thomas. Despite his struggles with schizophrenia, despite his depression, despite his awareness that if people knew of his pedophilia they would despise him (and perhaps want to physically hurt him) he was the hardest-working client I have ever encountered. He regularly attended individual and group therapy and faithfully did his homework. When he was out on trips with residential staff, he would alert them whenever he experienced sexual urges as a result of seeing a girl and asked them to escort him back to the van. To combat the sexual thoughts and urges that he felt when he saw young girls, he would smell and taste a cotton strip soaked in a solution of concentrated goldenseal, a very bitter herb. This client practiced this very aversive therapy to train himself out of his sexual desire for young children—an amazing example of the power of the heroic Ego.

Object relations—From the perspective of object relations, the counselor needs to be a good object—that is, the counselor needs to provide “opportunities for relatedness hitherto unavailable to or unutilizable by the patient” (Mitchell, 1988, p. 152), new opportunities that weren't available in the primary caretaking relationships that the person experienced. Interestingly, we often know what it is like to be a good object through being a bad object. This was illustrated to me most clearly not in a relationship with a client, but with a counseling supervisee. At one point, our agency was audited; as the clinic director, I was responsible to make sure the client files were in order. Noticing this supervisee had several files that were lacking, and knowing that she wouldn't be in for several days, I went into her desk, pulled the information to complete the files, and left her a message that told her what I had done.

The supervisee called me back and said, with barely contained rage, “You violated my rights! You violated me!”

Internally, I felt like I had done something terribly wrong—even though I knew that I had done nothing wrong. After we hung up, the supervisee's attacks rang in my ears—“You violated me!” Hoping to get some perspective, I spoke to a fellow clinic director in our agency; my colleague knew the supervisee

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quite well (she worked at his site as well as mine), and after listening to me he said, "You were the bad object."

Instantly I understood—my colleague had given me a framework that told me that I had participated in a very deep and important struggle with this supervisee, in which she treated me as a bad object from her past. With this knowledge, I worked to regain my equilibrium and become the good object again.

Self—In working with a client named Stephen, my aim was to help him gain a healthy self- and other esteem. He tended to oscillate between contempt for himself ("I'm such an idiot! I need a complete personality overhaul!") and a solipsistic focus on himself. He also oscillated between over-idealizing people (myself included) as well as contempt for them when they failed him (myself included).

Stephen said that he felt like he was trying to grow a new shell. The metaphor of molting a shell is an apt one. A client can feel like he has lost his shell and is intensely vulnerable to the world; but this is entirely necessary, because the old shell was too small, and to grow, he needs to shed his old shell—his defenses and way of dealing with the world—to grow a new, larger shell that will accommodate his larger self. But the time of molting is one of intense vulnerability, and the creature—soft, vulnerable, unprotected—may react blindly and with terror to its surroundings if it perceives a threat.

So did it seem with Stephen. In working with him, I continually had the feeling that he could fall apart at any second, especially if I said anything remotely challenging to him—yet he hung on.

Over the space of several years, his sense of self solidified, and his relationships with others steadied; and after termination, he seemed to have a snug shell—he had grown his own home.

Neuroscience and Psychoanalysis

As we recall, one of the enduring themes inaugurated by Freud was the investigation into the causes of mental illness and the apparent either/or nature of the problem—the cause of mental illness was either psychological or it was biological. But we also remember that this is a false dichotomy. Modern commentators remind us that Freud “who was best known for his original and perceptive insights into the psychology of mental illness, in fact maintained a consistent interest in biology” (Ostow, 2004, p. xv), and we must keep in mind that modern biological psychiatry have returned to Freud’s contributions to this topic and have shown an interest in reintegrating his theory with important findings from contemporary neuroscience. Turnbull and Solms (2004) revisit the varieties of psychiatric changes following brain injury and disease by reexamining Freud’s depth psychology, bringing “the observational techniques of psychoanalysis to bear on matters of prime concern to cognitive neuroscience” (p. 573). In their research, they discuss the explanatory power of Freud’s concept of the unconscious

and apply it to patients suffering from brain injury. They argue that Freud's concepts of the unconscious "throw important light on a number of syndromes that neurocognitive theories cannot fully explain" (p. 590) and suggest that targeted therapies based on psychoanalytic principles can be developed to address these psychiatric syndromes.

This new synthesis is taken up by others as well. Updating Freudian terms, Kaplan (2004) suggests that "what Freud called *instinctual drives* can be described in modern terms as the basic emotional operating systems that are mediated by subcortical structures" (p. 549) and goes on to say that "psychoanalysis has always had as its goal the sculpting of subcortico-cortical functions via the relationships between analyst and patient" (pp. 549–550). What this means, in plain English, is that contemporary researchers have come to think that counseling (in this case, psychoanalysis) can change brain functioning and affective experience in biological, structural, system-wide ways (we examine this in greater detail when we discuss Schore's [1994, 2003, 2011] contributions).

On the theme of psychotropic medication, we find that Kaplan (2004) argues for combining psychoanalytic treatment with medication, suggesting that while "medication restores basic functions such as sleep, appetite, concentration, and energy, stabilizes mood, and relieves anxiety or psychosis," it "does not address the underlying etiology of that turmoil" (p. 557). Significantly, medications may have broad, general impacts, but they are "distressingly nonspecific in their capacity to manipulate psychological processes, even as we come to understand these processes at neurochemical and neurophysiological levels" (p. 566). These ideas are quite consistent with contemporary clinical practice. We still do not know how psychotropic medication works, and the consensus about the interaction of medication and psychotherapeutic treatment is roughly consistent with Kaplan's position—medication appears to often have some broad positive impact, and counseling appears to provide the individualized plan for specific positive change.

The Development of the Emotional Self

Schore's (1994, 2003, 2011) work has been central to this intersection of contemporary brain research and psychoanalytic clinical practice, in particular how psychoanalysis may be involved in refashioning subcortical functions in the therapeutic relationship between clinician and client. In his many publications, he makes the same essential points over and over again. First, given the research on left brain and right brain development, he suggests that "the early developing right brain generates the implicit self, the

structural system of the human consciousness” (Schore, 2011, p. 75). That is, in the context of early relational experiences, the right brain organizes, at a less-than-conscious level, the emotional experiences of the developing individual. This involves frontal, midbrain, and hindbrain sectors of the brain, in which the most primitive part of the brain—the hindbrain—is modulated by midbrain—and finally frontal and prefrontal cortices.

For those of us who are nonscientists, the best way to understand it is through the equation of hindbrain operations as reptilian response, midbrain as mammalian responses, and finally the frontal and prefrontal responses as the uniquely human responses. It is important to realize that humans experience emotions like crocodiles (hindbrain) and like mice and tigers (midbrain); we also have the unimaginably complex emotional responses like ennui (an indefinable kind of melancholy and sadness) and *schadenfreude* (taking pleasure in the misfortunes of others), both of which appear to be qualitatively different than anything that even the most intelligent of mammals experience (forebrain).

Second, one of this implicit self’s primary tasks is to develop the ability to effectively regulate emotional states, modulating negative affective states and enhancing and sustaining positive affective states. Since we experience powerful instinctual responses as well as highly sophisticated, cognitively mediated impressions and reminiscences, the implicit self must develop effective strategies to process emotional responses that range from overwhelming to barely discernible.

Third, successful regulation cannot, in this view, be developed by the individual, but must be developed in the context of interpersonal relationships. Schore (2011) builds on object relations and attachment theory to show how the implicit self is fostered in intense, less-than-conscious interpersonal interactions. As he puts it, “during spontaneous right brain-to-right brain visual-facial, auditory, prosodic, and tactile proprioceptive emotionally charged attachment communications, the sensitive, psychobiologically attuned caregiver regulates, at an implicit level, the infant’s states of arousal” (p. 79).

NEUROSCIENCE OF THE DEVELOPMENT OF EMOTIONS, SIMPLIFIED

- We initially experience emotions in primitive, less-differentiated ways; as time goes on, we still experience emotion in primitive ways, but also in increasingly more sophisticated, patterned, and systematic ways, including increasing awareness of emotions themselves.
- Research suggests that our right forebrain organizes midbrain (mammalian) and hindbrain (reptilian) responses.

- Schore (1994, 2003, 2011) suggests that an implicit self arises that structures our consciousness.
- A primary task of our implicit self is to effectively regulate emotional states by (1) dampening negative states and (2) enhancing and sustaining positive states. In other words, we must figure out how to stop being in sad or depressed moods, and learn how to get into happy and content moods—and stay in them.
- We develop or fail to develop the ability to accomplish this task in the context of interpersonal relationships.
- Caregivers and significant figures in our infancy and childhood need to help us. At first, when we are in infancy, they must do most of the work. They need to recognize when we are sad or hungry, when we need attention, food, or to be changed, and so on, and employ caretaking behaviors to make us feel better—feed us, sing to us, distract us, help us go to sleep, and so forth. They also need to recognize when we are happy and help us stay in that groove.
- As we develop, they need to teach us how to recognize our emotional states and to employ creative strategies to accomplish the two fundamental tasks of emotional self-regulation. Less-than-helpful responses from caregivers: “Stop crying and act like a big girl!” “Stop your sniveling or I’ll really give you something to cry about!” “Stop being so emotional!” More helpful responses: “You seem sad. Do you want to talk about it?” “Losing a family pet can be really hard. I’m sad too. Let’s go out to the playground and have some fun, and we can talk about it later when we are both feeling a little better, okay?”
- As we continue to develop, they need to fade their own involvement, while still supporting our attempts to meet our own needs. As we mature, they need to continue to offer support and encouragement. Throughout this process, Vygotsky’s (1978) idea of the zone of proximal development is relevant here—learning occurs at the place where what-I-can-do-by-myself meets what-I-can-do-with-the-help-of-others.
- Failure to develop the ability to emotionally self-regulate may cause significant problems for us, including depression, anxiety, drug and alcohol use, and dysfunctional and dissatisfying interpersonal relationships. The idea is that our responses to problems often create more and more lasting problems for us than the original problem (Watzlawick, Weakland, & Fisch, 1974) and that these responses are often based on our emotional reactivity.
- Counseling offers the opportunity to reeducate clients in more functional emotional responses. The counselor attunes herself, at both conscious and unconscious levels, to the patterns of emotional arousal experienced by her clients. She helps identify functional response patterns and broaden and generalize these responses. She helps identify, extinguish, and replace other less-functional response patterns, and/or decrease the frequency of particular response patterns and diversify them.

An Illustration: Daddy Day Care

Picture the following scene: a mother, who is going stir-crazy, goes out for a latte with her girlfriends, leaving dad in charge of their baby girl.

Dad is crazy in love with this little creature, and when mom leaves, he sweeps her up in the way that baby loves (and that causes a heart attack in baby's mother) and slowly dances around the house with his daughter in his arms. Baby squeals with delight, dad hums and looks deeply into his daughter's eyes, and they share a moment of unblinking connection. Then baby starts to seem a little alarmed, and dad, knowing that this means that their contact has become a little too intense, slows his dancing and looks away, giving his daughter time to regain her equilibrium. When he senses that she is ready again, he looks back and her and raises his eyebrows, which provokes a delighted expression on her face. They continue dancing together in this way for the entire afternoon; dad regulating their experience together, being sensitive to his daughter's needs to come together and to rest apart, to feed, digest, sleep, and awake and interact.

In doing so, he is not just dealing with his child's physical needs, but he is also helping the baby learn how to deal with sad states and how to experience happy states. At first, when the baby is tiny, she has a very, very limited ability to self-regulate, and he functions, as it were, as an external regulator, smiling to get the baby to smile, laughing to help her laugh, making concerned expressions when the baby is crying, and in general trying to anticipate future emotional states and to improve current ones. As the infant grows into a toddler, then into a young child and beyond, he will gradually fade his role and allow his developing daughter to take over more and more of the regulation duties.

With this ideal development in mind, it then follows that early childhood trauma—neglectful or abusive experiences, or at a less extreme level, inattentive or unskillful parenting—tends to impair the ability to successfully regulate emotion, in effect impairing the development of the implicit self that Schore (2011) describes. In the above example, dad is attuned and skillful; if the adult is not attuned, is unskillful, uncaring, or is actually abusive or neglectful, the child is given woefully insufficient training in how to modulate complex emotional reactions. As Schore (2011) says, "in contrast to an optimal attachment scenario, in a relational growth-inhibiting early environment the primary caregiver of an insecure disorganized disoriented infant induces traumatic states of enduring negative affect in the child" (p. 80). The child is insecure—because it cannot figure out how to process and interpret the many conflicting signals in its environment. The child is disorganized, because it is not given any helpful guidelines about how to react. The child is disoriented, because there appears to be no solid footing—everything seems to happen and change at the same time.

Counseling as a Corrective Affective (and Cognitive) Experience

Counseling can provide a corrective affective experience for the client—“in an optimal context the empathic therapist can potentially act as implicit regulator of the patient’s conscious and dissociated unconscious affective states. This dyadic psychobiological corrective emotional experience can lead to the emergence of more complex psychic structure by increasing the connectivity of right brain limbic-autonomic circuits” (Schore, 2011, p. 84). Again in plain English, the counselor can in effect help reparent the client, helping the client develop more functional regulation of emotions. In Schore’s view, this help occurs primarily at a nonconscious level. He describes it this way: “The intuitive psychobiologically attuned therapist, on a moment-to-moment basis, implicitly focuses her countertransferential broad attentional processes upon patterns of rhythmic crescendos/decrendos of the patient’s regulated and dysregulated states of affective autonomic arousal” and “must both remain psychobiologically attuned to the patient in a state of right brain evenly suspended attention and at the same time access an intuitive fast, emotional, and effortless right brain decision process to navigate through the stressful intersubjective context” (Schore, 2011, p. 89).

What this means is that the counselor’s right brain must be in close connection with the client’s right brain, just as the caregiver’s fully developed right brain is in close connection with the developing infant’s. In this close connection, unfold connections and reactions occur, most at an unconscious level, and patterns of arousal and regulation are learned; it is Schore’s belief that a primary use of counseling and psychotherapy is to witness the reenactment of past dysfunctional patterns of emotional regulation and to replace these dysfunctional patterns with more functional ones.

We should also remember that though we have been primarily describing affect—feelings—our inquiry is inextricably involved with cognitions—thoughts. Though there has been a longstanding Western tradition of opposing feelings and thoughts, modern brain researchers increasingly recognize that thoughts and feelings are not opposed and that to separate them into two distinct categories is an error that has been persistent throughout Western philosophical traditions (Damasio, 1994). Instead, modern researchers say that “cognition would be rudderless without the accompaniment of emotion, just as emotion would be primitive without the participation of cognition” (Davidson, 2000, p. 91). We should remember that it is equally important to pay attention to feelings that arise in treatment—through our affective attunement with clients—and help clients modulate these feelings

and make them more adaptive, as well as to help clients use their cognitive, critical reasoning skills to address life's complex tasks. Doesn't this sound familiar? It should, because Freud said it first.

Summary

- In considering the many updates of Freud's theory, we can most usefully characterize them as doing two things:
 1. Turning our focus from a purely internal, one-person model to a relational, two-person model
 2. Integrating neuroscientific findings into clinical theory and practice
- Traditionally, four schools have been identified—Freud's original drive theory, Ego psychology, Object Relations, and self psychology.
 1. Originally, Freud described the ongoing conflict within an individual, and located various stages at which development can become arrested (e.g., Oral/Anal/Phallic).
 2. In Ego psychology, the concern remains with the fundamental integrity of the Ego and its ability to serve a harmonizing and mediating role in the conflict originally described by Freud.
 3. In Object Relations, there is an ever-increasing focus on the development of the individual in the context of primary human relationships.
 4. In self psychology, the focus is on fully and accurately experiencing one's self as self, and objects as objects; we must fully see ourselves and fully see others, owning our strengths and weaknesses and being able to like and esteem others, even though they may disappoint us.
- Neuroscience can helpfully update Freud's project. Indeed, long-term analytic treatment can be described as having as its goal the resculpting of cortical functions—to actually change brain structure and functioning, which finds support in contemporary brain research.
- While psychopharmacological treatment continues to burgeon, serious critiques attend the use of medication, including the presence of serious side effects for some; counseling continues to provide an individualized treatment plan for psychological distress.
- Schore suggests that we develop an implicit emotional self to accomplish two fundamental tasks:
 1. To dampen negative affect (sadness, worry, etc.)
 2. To enhance and sustain positive affect (joy, interest, etc.)
- Counseling can provide a powerful, corrective affective—and cognitive—experience.