Working Principles of Psychoanalytic Therapy

For *psychological suffering that is not understood*, psychoanalytic therapy is often the appropriate treatment.

In psychoanalytic therapy, psychological suffering is understood in relation to the life history (including early childhood) in which certain patterns repeat themselves. Psychological suffering is also understood there as a more or less conflicting interplay of inner forces. One listens for hidden meanings and for underlying patterns that lie at the root of thoughts, feelings and behaviour. These have largely developed out of what we have made of our first contacts and relationships with significant others.

In psychoanalytic therapy the patient is an *active* and involved participant in the treatment, rather than someone who 'is' treated. He has to do it *himself*, but not *alone*: the therapist walks the sometimes painful or difficult path *together* with him, rather than offering counsel or advice.

Psychoanalytic therapy is based on the rule of *free association*: by saying whatever comes into your head, your own story unfolds, or you run up against gaps or contradictions in that story, or you feel yourself blocked in your thinking and speaking. We recall the expression 'what the heart is full of, the mouth overflows with'. The rule of free association reverses this saying: what the mouth overflows with is what the heart is full of.

According to this rule, elements that play a determining role in psychological suffering will express themselves either in *conversation*, or in free *play*, or through *visual work* such as drawings or collages. By *listening* to these and dwelling on them, the *deeper meaning* of complaints or symptoms can become clear. It also becomes possible to *think* and *speak* about frightening, painful, guilt-laden, shaming and/or unbearable inclinations, thoughts or feelings, instead of trying to get rid of them in all sorts of ways.

For we often suffer precisely from feelings that cannot be thought and cannot be spoken about, and that are kept out of our conscious world of thought in all manner of ways: by swallowing or bottling them up, suppressing them, hiding and denying them, or acting them out in various behaviours or fleeing from them into all kinds of intoxicants.

In a well-functioning psychotherapy, a *bond* develops with the therapist in which certain phenomena may repeat themselves. The aim is to dwell on the living reality of this therapeutic relationship as well. Being able to relate positive and negative experiences both to experiences *prior to* and *concurrent with* the therapy is, after all, essential in order to reach a *lived insight* into certain recurring patterns and sensitivities.

This bond can also offer the possibility of undergoing certain positive emotional experiences and of working on *constructively* from there.