

A life in the unconscious

FREUD, and the general domain of psychoanalytic thought, have always been controversial. In our lifetime, much of the attack on psychoanalysis has come from within psychology; in particular, on the question of the effectiveness of psychoanalysis and other psychoanalytic psychotherapies. The most vitriolic attacks came from Hans Eysenck, much of whose work was in the tradition of the Cyril Burt School of Questionable Psychology, and whose most telling criticisms had a more political than scientific thrust to them. But for me the key issue about Freud and psychoanalysis is not whether they were right in the detail and in the answers they offered, but rather whether they asked questions in a way that had not been asked before and thereby forced us to rethink ourselves and others.

From a personal point of view, there have been two main areas of influence of Freud on my life, one theoretical and one practical. The concept of a dynamic unconscious was not, contrary to popular opinion, invented by Freud (see Henri Ellenberger's, 1970, epic account of its history prior to Freud), but he certainly took it to prominence. When, at the age of 16 I read *The Interpretation of Dreams* and *The Psychopathology of Everyday Life*, I knew that my plan of studying chemistry and discovering a new element to add to



MICK POWER on theoretical and practical influences.

the Periodic Table was not to be. Freud addressed something and engaged something in me that no *Textbook of Inorganic Chemistry* was ever going to – my unconscious! The slips and dreams reported by Freud from 'friends' or 'patients' in these two classic books emerged, of course, to be examples from his own life, which were often disguised and edited because of their embarrassing content. So in a time-honoured tradition I offer an example which occurred to a 'friend of mine' (see box).

The specifics of Freud's proposals for the unconscious have been challenged many times in the last century. The most important of these challenges has been to question the proposal that the unconscious is *drive* based. One of the most succinct and eloquent criticisms of drive-theory was by Fairbairn (1952) and the subsequent object-relations theorists. My own approach has been to offer a *cognitive-emotion* based theory (e.g. Power & Dalgleish, 1997), which is a broad synthesis of a number of ideas prominent in cognition and emotion. Nobody now questions the proposal that most of our cognitive-perceptual skills occur automatically and outside of awareness – this proposal provides much of the basis of cognitive science. However, the recent surge of interest in emotion, in part an escape from the cul-de-sacs of 20th-century American behaviourism, has led to a reconceptualisation of the role of emotion. Freud followed the major tradition stemming back to Plato of equating 'affect' and 'emotion'; that is, that affect is a conscious experience that occurs as a consequence of unconscious drive-related processes. Emotion for Freud was necessarily a conscious experience. In contrast, recent years have seen the development of complex multi-level models of emotion (see Teasdale, 1999,

for a review), which involve automatic appraisal and other processes that primarily occur outside of awareness. However, these modern multi-level systems maintain the distinction between unconscious and conscious processes (although their bases are thought to include a broader range of emotions and drives than Freud considered).

Exactly how these underlying basic emotions are instantiated in the brain is one of the major goals of modern affective neuroscience. Our own approach, following that of Oatley and Johnson-Laird (1987), has been to argue in favour of five basic emotions that consist of anxiety, sadness, disgust, anger, and happiness. These are considered, from the work of Paul Ekman especially, to be universal. They provide the starting point of socio-emotional development in the first few months of life, have distinct facial signals, show some differences in their peripheral physiology, and there is now evidence of dedicated brain circuits associated with anxiety, disgust and anger (e.g. Davidson *et al.*, 2003). One of our major research questions now is how problems in the expression and experience of these basic emotions lead to the development of psychopathology and to other health-related problems.

The second area of major influence of Freud's work is on therapeutic practice. Although I have never wished to train as a psychoanalyst because I prefer a broader more integrative approach to therapy (e.g. Power, 2002), like many therapists of other persuasions I chose a psychoanalyst for my own personal therapy (she was a Winnicottian in fact, and I confess that I never overcame my positive transference for her!). I should also confess that on a memorable visit to Freud's house in Maresfield Gardens in Hampstead, I was given special permission to 'touch the couch', an experience that resonated with my long-lost Catholic childhood

A FREUDIAN SLIP

A friend had recently started a new job and after a few weeks of settling in was asked by his boss how he was enjoying his new post. He naturally made several pleasant remarks about how good the job was and how well it was going. He concluded by attempting to say that all-in-all his move had been a successful one, but, unfortunately, instead of saying the name of the place as 'Royal Holloway College' he said the name of the new work place as 'Royal Holiday College'! Needless to say, this unfortunate slip told his boss more than the friend had wished to, and it was no surprise when, soon after this remark, his workload was significantly increased. (Another level of complexity that Freud would have enjoyed in this example was that my friend's 'new boss' was Hans Eysenck's son, Michael Eysenck!)

upbringing, though the scientist in me doubts that it made me a better therapist.

What psychoanalysis gave therapeutic practice is its focus on the therapeutic relationship; if there is one fault that can be levelled at almost all other types of therapy and their practitioners, it is the problem of working in the therapeutic relationship, which leads even to an avoidance of such work of almost phobic proportions. As a director of clinical psychology training courses for many years, and having trained and supervised other professions in cognitive therapy and interpersonal psychotherapy, many therapists in training have clear problems in working in the therapeutic relationship, in handling constructively negative emotions in both their clients and themselves, and in working with the emotions that their clients evoke in them. Time and time again, empathic therapists become overwhelmed by the feelings of despair, anxiety, and hopelessness that their clients successfully make them feel; a repeating theme of supervision has been how to help therapists use these empathic feelings as a starting

point for providing hope and understanding for their clients, rather than as reasons why they should give up their training or become academic psychologists instead.

The literature demonstrates powerfully how important the therapeutic relationship is for outcome (e.g. Roth & Fonagy, 2005), yet in this age of the shibboleth of evidence-based practice, very few of the non-analytic therapeutic approaches have an explicit model of the therapeutic relationship and how to work with it in therapy. The transfer of emotions and impulses from significant early relationships onto the therapist provides part of the story of what happens in the therapeutic relationship, but the interlinking of attachment theory, adult interpersonal functioning, and emotion regulation has some fascinating challenges ahead that should impact on all therapeutic practice.

Finally, one Freudian influence that I have recently given up was the belief that all male therapists should be bearded. More contemporary therapists, including Aaron Beck, Albert Ellis, Carl Rogers and Melanie Klein, seem to have been regular

shavers. Interpret it as you may, but that clean-shaven look is surely proof that castration anxiety is on the decrease amongst male therapists.

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