

# Psychoanalysis: Unlocking the Depths of Your Unconscious

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Psychoanalysis (or Freudian psychology) is a body of ideas developed by Austrian neurologist Sigmund Freud and continued by others. It is primarily devoted to the study of human psychological functioning and behavior, although it can also be applied to societies. Psychoanalysis has three main components:

- a method of investigation of the mind and the way one thinks;
- a systematized set of theories about human behavior;
- a method of treatment of psychological or emotional illness.

Under the broad umbrella of psychoanalysis, there are at least 22 theoretical orientations regarding human mentation and development. The various approaches in treatment called "psychoanalysis" vary as much as the theories do. The term also refers to a method of studying child development.

Freudian psychoanalysis refers to a specific type of treatment in which the "analysand" (analytic patient) verbalizes thoughts, including free associations, fantasies, and dreams, from which the analyst induces the unconscious conflicts causing the patient's symptoms and character problems, and interprets them for the patient to create insight for resolution of the problems.

The specifics of the analyst's interventions typically include confronting and clarifying the patient's pathological defenses, wishes and guilt. Through the analysis of conflicts, including those contributing to resistance and those involving transference onto the analyst of distorted reactions, psychoanalytic treatment can clarify how patients unconsciously are their own worst enemies: how unconscious, symbolic reactions that have been stimulated by experience are causing symptoms.

## History

During Freud's life, he was greatly respected by his followers and, among them, had great authority as to what constituted psychoanalysis. To some extent, after his death, his authority passed to his youngest daughter, Anna Freud, who during her lifetime, controlled access to his papers.

### 1890s

The idea of psychoanalysis was developed in Vienna in the 1890s by Sigmund Freud, a neurologist interested in finding an effective treatment for patients with neurotic or hysterical symptoms. Freud had become aware of the existence of mental processes that were not conscious as a result of his neurological consulting job at the Children's Hospital, where he noticed that many aphasic children had no organic cause for their symptoms. He then wrote a monograph about this subject. In the late 1880s, Freud obtained a grant to study with Jean-Martin Charcot, the famed neurologist and syphilologist, at the Salpêtrière in Paris. Charcot had become interested in patients who had symptoms that mimicked general paresis (neuropsychiatric disorder affecting the brain and central nervous system, caused by syphilis infection).

Freud's first theory to explain hysterical symptoms was presented in *Studies in Hysteria* (1895), co-authored with Josef Breuer. He contended that at the root of hysterical symptoms were repressed memories of distressing occurrences, almost always having direct or indirect sexual associations. Around the same time he attempted to develop a neuro-physiological theory of unconscious mental mechanisms, which he soon gave up. It remained unpublished in his lifetime.

In 1896 Freud published his so-called seduction theory which proposed that the precondition for hysterical symptoms was sexual excitation in infancy, and he claimed to have uncovered repressed memories of incidents of sexual abuse for all his current patients. However by 1898 he had privately acknowledged to his friend and colleague Wilhelm Fliess that he no longer believed in his theory, though he did not state this publicly until 1906. Though in 1896 he had reported that his patients "had no feeling of remembering the scenes", and assured him "emphatically of their unbelief", in later accounts he claimed that they had told him that they had been sexually abused in infancy. This became the received historical account until challenged by several Freud scholars in the latter part of the twentieth century who argued that he had imposed his preconceived notions on his patients. However, building on his claims that the patients reported infantile sexual abuse experiences, Freud subsequently contended that his clinical findings in the mid-1890s provided evidence of the occurrence of unconscious fantasies, supposedly to cover up memories of infantile masturbation. Only much later did he claim the same findings as evidence for Oedipal desires.

By 1900, Freud had conjectured that dreams had symbolic significance, and generally were specific to the dreamer. Freud formulated his second psychological theory-- which postulates that the unconscious has or is a "primary process" consisting of symbolic and condensed thoughts, and a "secondary process" of logical, conscious thoughts. This theory was published in his 1900 opus magnum, *The Interpretation of Dreams*. Chapter VII was a re-working of the earlier "Project" and Freud outlined his "Topographic Theory." In this theory, which was mostly later supplanted by the Structural Theory, unacceptable sexual wishes were repressed into the "System Unconscious," unconscious due to society's condemnation of premarital sexual activity, and this repression created anxiety. Freud also discovered what most of us take for granted today: that dreams were symbolic and specific to the dreamer. Often, dreams give clues to unconscious conflicts, and for this reason, Freud referred to dreams as the "royal road to the Unconscious."

### **1900-1940s**

This "topographic theory" is still popular in much of Europe, although it has been superseded in much of North America. In 1905, Freud published *Three Essays on the Theory of Sexuality* in which he laid out his discovery of so-called psychosexual phases:

Oral (ages 0-2)

Anal (ages 2-4)

Phallic-oedipal (today called 1st genital) (ages 3-6)

Latency (ages 6-puberty)

Mature genital (puberty-onward)

His early formulation included the idea that because of societal restrictions, sexual wishes were repressed into an unconscious state, and that the energy of these unconscious wishes could be turned into anxiety or physical symptoms. Therefore the early treatment techniques, including hypnotism and abreaction, were designed to make the unconscious conscious in order to relieve the pressure and the apparently resulting symptoms.

In *On Narcissism* (1915) Freud turned his attention to the subject of narcissism. Still utilizing an energetic system, Freud conceptualized the question of energy directed at the self versus energy directed at others, called cathexis. By 1917, in "Mourning and Melancholia," he suggested that certain depressions were caused by turning guilt-ridden anger on the self. In 1919 in "A Child is Being Beaten" he began to address the problems of self-destructive behavior (moral masochism) and frank sexual masochism. Based on his experience with depressed and self-destructive patients, and pondering the carnage of World War I, Freud became dissatisfied with considering only oral and sexual motivations for behavior. By 1920, Freud addressed the power of identification (with the leader and with other members) in groups as a motivation for behavior (*Group Psychology and Analysis of the Ego*). In that same year (1920) Freud suggested his "dual drive" theory of sexuality and aggression in *Beyond the Pleasure Principle*, to try to begin to explain human destructiveness.

In 1923, he presented his new "structural theory" of an id, ego, and superego in a book entitled, *The Ego and the Id*. Therein, he revised the whole theory of mental functioning, now considering that repression was only one of many defense mechanisms, and that it occurred to reduce anxiety. Note that repression, for Freud, is both a cause of anxiety and a response to anxiety. In 1926, in *Inhibitions, Symptoms and Anxiety*, Freud laid out how intrapsychic conflict among drive and superego (wishes and guilt) caused anxiety, and how that anxiety could lead to an inhibition of mental functions, such as intellect and speech. *Inhibitions, Symptoms and Anxiety* was written in response to Otto Rank, who, in 1924, published *Das Trauma der Geburt* (translated into English in 1929 as *The Trauma of Birth*), exploring how art, myth, religion, philosophy and therapy were illuminated by separation anxiety in the "phase before the development of the Oedipus complex" (p. 216). But there was no such phase in Freud's theories. The Oedipus complex, Freud explained tirelessly, was the nucleus of the neurosis and the foundational source of all art, myth, religion, philosophy, therapy--indeed of all human culture and civilization. It was the first time that anyone in the inner circle had dared to suggest that the Oedipus complex might not be the only factor contributing to intrapsychic development.

By 1936, the "Principle of Multiple Function" was clarified by Robert Waelder. He widened the formulation that psychological symptoms were caused by and relieved conflict simultaneously.

Moreover, symptoms (such as phobias and compulsions) each represented elements of some drive wish (sexual and/or aggressive), superego (guilt), anxiety, reality, and defenses. Also in 1936, Anna Freud, Sigmund's famous daughter, published her seminal book, *The Ego and the Mechanisms of Defense*, outlining numerous ways the mind could shut upsetting things out of consciousness.

### **1940s-2000s**

Following the death of Freud, a new group of psychoanalysts began to explore the function of the ego. Led by Heinz Hartmann, Kris, Rappaport and Lowenstein, the group built upon understandings of the synthetic function of the ego as a mediator in psychic functioning. Hartmann in particular distinguished between autonomous ego functions (such as memory and intellect which could be secondarily affected by conflict) and synthetic functions which were a result of compromise formation. These "Ego Psychologists" of the '50s paved a way to focus analytic work by attending to the defenses (mediated by the ego) before exploring the deeper roots to the unconscious conflicts. In addition there was burgeoning interest in child psychoanalysis. Although criticized since its inception, psychoanalysis has been used as a research tool into childhood development, and is still used to treat certain mental disturbances. In the 1960s, Freud's early thoughts on the childhood development of female sexuality were challenged; this challenge led to the development of a variety of understandings of female sexual development, many of which modified the timing and normality of several of Freud's theories (which had been gleaned from the treatment of women with mental disturbances). Several researchers followed Karen Horney's studies of societal pressures that influence the development of women. Most contemporary North American psychoanalysts employ theories that, while based on those of Sigmund Freud, include many modifications of theory and practice developed since his death in 1939.

In the 2000s there are approximately 35 training institutes for psychoanalysis in the United States accredited by the American Psychoanalytic Association which is a component organization of the International Psychoanalytical Association, and there are over 3,000 graduated psychoanalysts practicing in the United States. The International Psychoanalytical Association accredits psychoanalytic training centers throughout the rest of the world, including countries such as Serbia, France, Germany, Austria, Italy, Switzerland, and many others, as well as about six institutes directly in the U.S. Freud published a paper entitled *The History of the Psychoanalytic Movement* in 1914, German original being first published in the *Jahrbuch der Psychoanalyse*.