Psychoanalytic Foundations

THE TALKING THERAPIES UK PRACTITIONER SERIES



Psychoanalytic Foundations

The major traditions and concepts of psychoanalysis

Foundation level · 6 hours of continuing professional development

TALKING THERAPIES UK

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First edition, 2026.

This manual accompanies the Psychoanalytic Foundations course in the Talking Therapies UK Digital Classroom, from which its content is drawn and against which it is kept current.

Revision 3. This printing was set on 5 November 2026 from the course as it stood that day.

A note on the clinical material. Every case in this book is a fictional composite written for teaching. No real person appears in it, however disguised. Nothing here constitutes clinical supervision, and nothing in it replaces the judgement of a qualified practitioner working within their competence, their professional body's code and their local governance. Where guidance is cited it was current at the date of this edition; readers must check the standing of any guidance before relying on it.

Set in Poppins and Roboto, the Talking Therapies UK typefaces. Figures drawn by the Talking Therapies UK teaching-diagram engine.

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How to use this manual

This comprehensive introductory programme offers a rigorous exploration of the psychoanalytic tradition, providing the essential theoretical grounding required for advanced clinical practice. Designed for counsellors, psychologists, and trainees, this six-hour CPD course demystifies the intellectual lineage that underpins much of contemporary psychodynamic therapy. We move beyond superficial overviews to examine the historical evolution of the discipline, ensuring learners grasp the foundational shifts that have shaped modern therapeutic thought. By establishing a strong historical context, the course enables professionals to critically evaluate different theoretical approaches and understand the evolution of the therapeutic relationship.

The curriculum meticulously traces the trajectory from Sigmund Freud's initial formulations to the diverse schools of thought that emerged in the twentieth century. Learners will engage with the distinct contributions of Ego Psychology, Object Relations Theory, the Kleinian tradition, Self Psychology, and the Relational Turn. By comparing these frameworks, participants will develop a nuanced understanding of how differing theoretical lenses interpret the structure of the mind and the dynamics of early development. This comparative analysis is crucial for clinicians who wish to navigate complex clinical material with a flexible and informed theoretical toolkit.

Beyond historical context, the course delves into the core clinical concepts that differentiate psychoanalysis from other modalities. We explore the significance of phantasy, the role of the unconscious, and the mechanisms of defence. Crucially, the module on method focuses on the art of psychoanalytic listening—how the therapist attends to transference, interprets resistance, and maintains a frame that facilitates the emergence of unconscious material. This training is designed to equip professionals with the critical tools necessary to distinguish between different levels of interpretation and to foster a deeper, more empathetic understanding of the patient's internal world.

This manual is the written form of a course taught in the Talking Therapies

UK Digital Classroom. It is set at foundation level and carries 6 hours of continuing professional development for practitioners who complete the accompanying course and its assessment.

It is written to be read in order. Each part opens with what it is for; each chapter teaches one idea to a working depth and closes with the points worth keeping and a practice task that converts reading into something you do. The tasks are the part most often skipped and the part that most reliably changes practice, and several of them are designed to be taken to supervision rather than completed alone.

The figures are teaching diagrams rather than decoration. Each is the conventional form of a model you will meet in the literature and in supervision, drawn in one visual language across the whole series so that the shape of an idea is recognisable wherever it reappears.

Where a chapter draws on published work, the reference is named in the text and gathered in the further reading at the back. Terms of art are defined in the glossary, which is worth reading straight through once before you begin.

What this manual will leave you able to do

- Explain the structural model: id, ego and superego, and its clinical descendants
- Describe Klein’s positions, projective identification and their clinical use
- Explain Winnicott’s contributions: holding, transitional phenomena and the true and false self
- Describe Bion’s container-contained and thinking under fire
- Compare ego psychology, object relations, self psychology and relational schools
- Read classic case material with a working grasp of technique debates

PART 1

Origins and the schools

From Freud to the major contemporary traditions.

CHAPTER 1

Freud and the founding ideas

Psychoanalysis begins with Sigmund Freud, and an honest curriculum must begin with what Freud actually claimed, in what order, and under what pressures, because the founding ideas are routinely encountered today as caricature, either venerated as infallible doctrine or dismissed as pseudoscience without being truly known. The first and least dispensable claim is the existence of the dynamic unconscious: that mental life extends far beyond the narrow confines of awareness, that the excluded portion is organised, motivated, and active rather than inert, and that it discloses itself through derivatives such as dreams, slips of the tongue, symptoms, jokes, and the patterns of a life, which can be read. Freud reached this claim clinically, through the hysterical patients of the 1890s whose paralyses and amnesias obeyed no anatomical explanation but yielded, sometimes dramatically, to remembering; whatever has been revised or rejected since, the observational core—that people are moved by what they do not know about themselves—has passed into the common sense of every psychotherapy and much of the surrounding culture.

Freud's first systematic account of the mind's architecture is the topographic model, introduced in the early 1900s. This model divided the mind into three distinct regions: the conscious, the preconscious, and the unconscious. The conscious mind contains the thoughts, perceptions, and memories of which we are immediately aware. The preconscious holds information that is not currently active but can be brought into awareness at will, like a name on the tip of the tongue. The unconscious proper, however, is a vast, submerged territory containing thoughts, memories, and desires that have been repressed because they are unacceptable to the conscious mind. Operating at the frontier between these regions is the Censorship, a mechanism that prevents unacceptable material from entering consciousness. The unconscious material presses continually towards expression, achieving it only in disguise. Dreams were the model's showcase, the royal road to the unconscious. Freud argued that the remembered dream, its manifest content, was a disguised fulfilment of a latent wish, worked over by two primary processes: Condensation, which

packs multiple thoughts into a single image, and Displacement, which transfers emotional intensity from one idea to another. The topographic model organised two decades of clinical discovery, but its own clinical facts eventually broke it: the forces doing the repressing proved to be as unconscious as the repressed, and guilt operated silently where the theory suggested moral agencies were conscious.

The structural model of 1923 was the necessary repair. In place of regions, Freud defined three agencies by function: the id, the ego, and the superego. The id is the reservoir of the drives, wholly unconscious and obeying only the pleasure principle. It is the source of all psychic energy, operating through primary process thinking, which is illogical, timeless, and focused on immediate gratification. The ego is the organised portion of the mind that faces reality, managing perception, motility, and defence. Much of the ego's defensive operation is unconscious, and it operates according to the reality principle, mediating between the demands of the id and the constraints of the external world. The superego is the heir of the internalised parents and the cultural and moral standards of society. It is the seat of conscience and the ego-ideal, capable of a cruelty towards the self that no actual parent had shown. On this map, symptom and character are compromise formations negotiated by the ego among three masters: the id, the superego, and reality. Anxiety is the ego's signal that a settlement is failing, and the ego employs defences to manage this anxiety. The clinical centre of gravity shifted accordingly, from excavating the repressed to analysing the ego's defences and the superego's severities, and the later history of the discipline, ego psychology in particular, is the working-out of that shift.

Drive and conflict complete the founding architecture. Freud held throughout that the mind is powered by endogenous motivational pressures, drives, on the frontier between body and mind. His final dualism set libido, the broad life-seeking, pleasure-seeking, connection-seeking current, against an aggressive or destructive current, and read mental life as the fusion, defusion, and vicissitude of the two. The details, the economics of cathexis, the death instinct as metaphysics, have worn badly and are defended by few; the durable clinical residue is conflict itself, the axiom that the mind is not unitary, that wishes collide with prohibitions and with each other, and that symptoms are the visible terms of invisible treaties. The mind is a parliament where opposing factions meet, and the symptom is the peace treaty. Later schools would relocate the primary motivation, from drive discharge to

relationship-seeking, but every psychoanalytic tradition keeps the conflictual architecture: mind as parliament, symptom as compromise, character as the long record of settlements.

To illustrate these concepts concretely, consider a composite case of a man named Thomas, aged 34, who presents with a severe phobia of flying. Thomas is a successful architect who has been offered a promotion that requires him to travel internationally. His Id, driven by the pleasure principle and the libido, craves the status, the excitement, and the sexual conquests that the new role promises. However, his Superego, shaped by a harsh, critical father, dictates that he must not appear arrogant or ambitious, and that he must remain humble and obedient to authority. The reality of the situation is that the promotion is real and the travel is necessary. The conflict is intense: the Id demands the trip, the Superego forbids it, and Reality demands a solution. The Ego, unable to resolve this conflict directly, creates a compromise formation: a phobia of flying. The phobia prevents Thomas from travelling, thereby satisfying the Superego's demand that he remain in his current position and not risk failure or arrogance, while also satisfying the Id's need for a dramatic, life-altering event (the phobia itself) that provides a substitute for the lost status. The symptom is the solution to the conflict, a way of keeping the peace between the internal agencies.

For the practitioner in a contemporary integrated service, the founding ideas earn their study time in three practical ways. They supply the deep grammar of psychodynamic techniques: transference work, defence analysis, and the reading of resistance all presuppose this architecture of unconscious motive and internal conflict. A clinician who knows the architecture can improvise within the techniques rather than merely executing them. They inoculate against re-inventing old errors, since the founding generation already made, and documented, most of the mistakes an uncovering therapy can make, interpreting too deep and too fast, mistaking compliance for insight, or overriding defences instead of analysing them. And they calibrate respect: a practitioner who knows both what Freud actually demonstrated and where the demonstrations failed can neither worship nor dismiss, which is the only position from which the tradition's living remainder can be used. The founding ideas are not a museum; they are the first draft of every question the rest of this pathway pursues.

Historical context and critique belong in a foundations lesson, not as

apology but as orientation. Freud worked in a specific world—late-Habsburg Vienna—a largely Jewish professional milieu inside an antisemitic culture, a scientific formation in Helmholtzian physiology, and a patient population shaped by that world's silences, especially around sexuality. The theory carries these fingerprints, and its claims to universality must be weighed accordingly. The standing criticisms deserve straight statement: the evidential base was anecdotal and the method of validation circular by modern standards; the developmental claims about women, famously, ran from unsupported to insulting, and were contested from inside the movement almost immediately; the seduction-theory reversal, from believing patients' reports of abuse to reading many as fantasy, remains genuinely contentious, morally and clinically; and the movement's early institutional culture treated dissent as pathology, a habit no science can afford. What survives this weather is nonetheless substantial: the dynamic unconscious, defence, conflict, transference, the meaningfulness of symptoms, and the talking cure itself, ideas so thoroughly absorbed by the successor therapies and the surrounding culture that their origin is forgotten. The remaining lessons of this pathway trace what the twentieth century made of them.

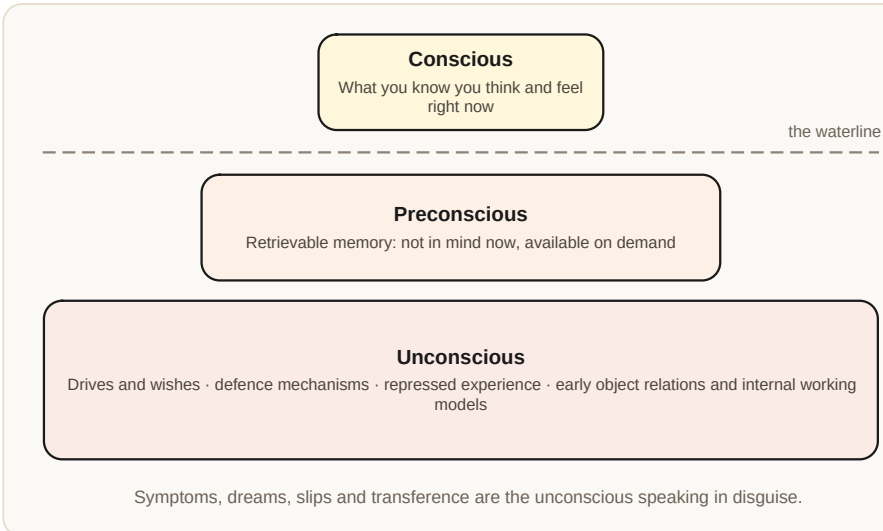


FIGURE 1.1 The topographical model: the mind as an iceberg

Freud's topographical model pictures awareness as the tip of an iceberg: a narrow band of conscious experience above the waterline, and beneath it the far larger mass the person does not see. The preconscious holds what can be recalled at will; the unconscious, widest of all, holds drives, defences and early relational templates that shape behaviour from below.

Points worth keeping

- The unconscious and the founding ideas
- Topographic and structural models
- Drive and conflict
- Historical context and critique

PRACTICE TASK

Summarise one founding idea and one modern criticism of it.

CHAPTER 2

The major schools

Psychoanalysis after Freud is a history of schools, and the schools are best understood not as sects quarrelling over scripture but as sustained answers to a real question: which part of the founding picture bears the most clinical weight. Four traditions organise the field, and a practitioner who can locate a colleague's vocabulary on this map can read most of the literature.

Ego psychology, dominant in mid-century America through Anna Freud, Hartmann, and their successors, took the structural model at its word and made the ego the protagonist. Its programme was the systematic analysis of defence: since the repressed is reached only through the repressing, technique should proceed surface-first, defence before content, resistance before what is resisted, in orderly layers. Hartmann widened the frame from pathology towards adaptation, arguing for conflict-free spheres of ego function, perception, learning, motility, and for analysis as a general psychology of development. The tradition's gifts to everyday practice are largely invisible because universal: the tact of working from the surface, the respect for defences as achievements, the developmental assessment of ego strengths before uncovering work begins. Its characteristic vice, named freely by its critics, was a certain conservatism, an analysis that could tidy the ego while leaving the deepest weather untouched.

The Kleinian tradition, rooted in Melanie Klein's play analyses of small children in London, went the other way, deeper and earlier. Klein found in children an internal world of astonishing violence and vividness, populated by part-objects, the feeding breast and the withholding breast before there is a whole mother, organised by unconscious phantasy, and governed by two great constellations she called positions rather than stages because the mind revisits them lifelong. In the paranoid-schizoid position, roughly the earliest months, experience is split into ideal and persecutory, the self's own destructiveness is projected out and returns as persecution, and the characteristic anxiety is for the self. In the depressive position, integration arrives with its terrible discovery: the hated breast and the loved one are the same object, the mother attacked in phantasy is the mother needed and loved, and the characteristic anxiety becomes concern for the damaged

object, with guilt and the urge to repair as its offspring. Kleinian technique is marked by early, deep interpretation of the negative transference and of destructiveness, and its account of envy, the spoiling attack on goodness itself, remains clinically indispensable and permanently uncomfortable.

Between and after these poles, the British independents, Fairbairn, Winnicott, Balint, and the object-relations current generally, made the relationship itself primary. Fairbairn's revision was the cleanest: libido is not pleasure-seeking but object-seeking, the infant wants the mother, not discharge, and psychic structure is the record of what the child had to do with unsatisfying relationships, internalising and splitting them to preserve the needed external parent. Winnicott added the vocabulary of provision explored in the psychodynamic pathway, good-enough care, holding, transitional space, true and false self, and a technical sensibility in which the setting itself, reliable, adaptive, unimpinging, does much of the curing. The independents' legacy is the modern therapeutic common sense that the relationship is the treatment, and their characteristic risk is the corresponding sentimentality, provision without analysis.

Two habits make the map usable rather than merely known. The first is translation: the schools frequently describe the same clinical event in different dialects, and fluency means hearing through the vocabulary to the observation. A patient's furious devaluation of a previously idealised therapist is splitting and the return of projected persecution to a Kleinian, a narcissistic injury and fragmentation of a selfobject transference to a self psychologist, a mutual enactment awaiting joint exploration to a relational analyst, and a primitive defence against dependency to an ego psychologist; each dialect selects a different facet, and the event is larger than any of them. The second is honesty about temperament: clinicians are drawn to schools that suit their own character, the tough-minded to Klein, the maternal to Winnicott, the empathic to Kohut, the egalitarian to the relational turn, and the choice deserves examination in supervision, since a theoretical allegiance can be a countertransference in doctrinal dress. The schools are instruments in a case, not teams to join, and the pathway's remaining lessons draw on all four without apology, taking from each what the clinical moment in front of the practitioner actually requires. The century's arguments also settled some questions by attrition: no school now disputes that the relationship carries mutative force, that countertransference informs, that development shapes structure, or that the analyst participates

in what they observe, and this convergence, larger than any school, is the tradition's real bequest to the integrated practice this library teaches.

Self psychology, Kohut's late-century American revision, arose from patients whose classical technique served badly, the narcissistically vulnerable, whose grandiosity and demands for admiration were being interpreted as resistance and who fragmented under the interpreting. Kohut reheard the grandiosity as arrested development: the child's normal needs to be mirrored, to idealise, and to feel kinship, met originally by caregivers functioning as selfobjects, parts of the child's own self-regulation, and revived in treatment as mirror, idealising and twinship transferences. Technique follows: sustained empathic immersion, acceptance of the selfobject transferences rather than briskly interpreting them, and the therapeutic use of optimal failures, the analyst's inevitable small disappointments, survived and understood, through which the patient gradually takes over the regulating functions. The relational turn, gathering American interpersonal, object-relations and self-psychological currents from the 1980s, radicalised the epistemology: the analyst is a participant whose subjectivity is always in play, the field is co-constructed by two persons, enactment is continuous rather than exceptional, and authority in the room is negotiated rather than declared. Its influence on contemporary practice, candour about the analyst's contribution, attention to mutual enactment, the working alliance as ongoing negotiation, is pervasive. A practitioner need not enlist under any of these flags; the schools are lenses, each ground against real clinical material, and the mature clinician learns which lens the patient in front of them requires. Later lessons therefore cite school vocabulary freely, Kleinian splitting beside Kohutian mirroring, and expect the reader to treat each term as a tool with a provenance rather than a password to a faction.

Going deeper: one hour, four lenses.

The schools stop being a syllabus and become equipment when a single clinical moment is read through each in turn. The moment: a patient, habitually accommodating, arrives late for the first time, apologises at length, and then falls into an unusual, heavy silence. The ego psychologist attends to defence and adaptation: the apology is a reaction formation already in motion, the silence a momentary failure of the character armour of compliance; the work is the gentle analysis of the defence, why lateness, or

the aggression it hints at, cannot yet be owned in this relationship, and the strengthening of the ego functions that would let conflict be felt without collapse. The Kleinian attends to the internal object world and the room's weather: perhaps the lateness enacts an attack on the analyst's authority, instantly followed by persecutory guilt; the silence may be the patient projecting the critical object into the analyst and waiting, in dread, for its verdict; the analyst's own slight impulse to reassure, or to reproach, is read as the projective identification landing, and the interpretation addresses the phantasy in the transference now. The self psychologist hears a selfobject rupture: the patient's chronic accommodation is a lifelong price paid for mirroring, the lateness a rare assertion of self, and the flood of apology the terror that assertion costs the sustaining bond; technique leads with empathic immersion, the rupture acknowledged from inside the patient's experience before any other move. The relational analyst asks what two people are co-creating: has the analytic routine itself, punctuality, compliance, the well-behaved patient, become a re-enactment of the patient's accommodating template, and is the lateness the healthiest event of the month? Disclosure of the analyst's own participation is thinkable here in service of examining the dance.

Run the exercise on your own material and two things happen. The vocabularies become tools rather than allegiances, each visibly illuminating something the others under-light; and the schools' deepest agreement surfaces, since all four readings assume unconscious meaning, all four take the relationship as the site of the action, and all four ask the same working question: what is this moment, in this relationship, being used to do?

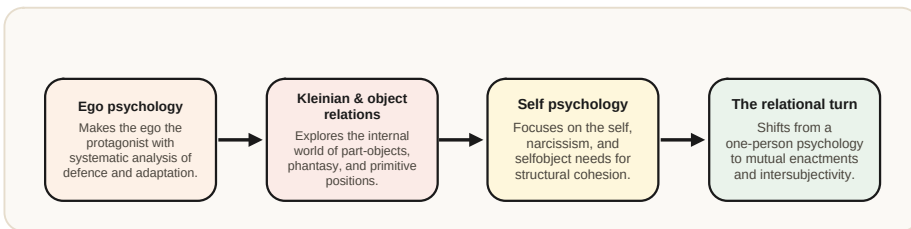


FIGURE 2.1 Four Traditions of Post-Freudian Psychoanalysis
The evolution of psychoanalytic theory after Freud as four distinct traditions. Each tradition provides a sustained answer to where clinical weight should fall.

Points worth keeping

- Ego psychology
- Kleinian and object relations
- Self psychology
- The relational turn

PRACTICE TASK

Match each school to one distinctive contribution.