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Psychoanalytic Insights for Rehabilitation Professionals: Three Major Psychoanalytic Perspectives

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This manuscript presents data on how counselors can use theoretical concepts derived from three major schools of psychoanalysis to understand and treat clients with a disability. We survey historical data on the three schools of psychoanalysis (classical, ego psychology, and self-psychology), as well as detailed information on the founders and major contributors to these various schools of psychoanalysis. The data are presented not only to inform counselors about the three approaches to psychoanalysis, but also to help practitioners facilitate their clients' emotional health. In other words, the manuscript serves both an educational and clinical objective.

Keywords: *Sigmund Freud, Anna Freud, Hartmann, Kohut, Psychoanalytic Therapy, Disability, Rehabilitation*

According to Smedema et al. (2009), psychosocial adaptation to disability is necessary for an individual to realize complete person-environment congruence. This perspective was inspired by the disability acceptance and value change model (Wright, 1983), which attempted to demonstrate how an individual's physiological state and abilities affect his or her cognitive processing (Dunn & Elliott, 2005). Grounded in Lewin's field theory (1951), this so-called "somatopsychological" model intended to help an individual integrate chronic illness and disability into his or her self-identity through four value changes: 1) the expanded notion of values, 2) the decreased importance of physicality, 3) the management of disability effects, and 4) the change to assets values from comparative values. This model has remained the cornerstone of clinical and research efforts on psychosocial adaptation/acceptance of disability for several years. Moreover, it has

stimulated the creation of several acceptance/adaptation models such as stage-phase models, linear-like models, pendulous models, and ecological models (Livneh & Parker, 2005).

Psychoanalytic psychotherapy is often regarded as difficult by rehabilitation counseling trainees because of its theoretical complexity. However, Freud's legacy can be discussed in relation to rehabilitation counseling, somatopsychology, empathy, the therapeutic/working alliance, and so forth. The present manuscript aims to present a dynamic, yet psychoanalytic and intrapsychic perspective, on the psychosocial adaptation/acceptance of disability. Three major schools of psychoanalysis that include classical Freudian psychoanalysis, ego psychology, and self-psychology (Pine, 1990) will be discussed with historical data in these three fields and analyzed in terms of their potential clinical and theoretical usefulness for facilitating and explaining the adaptation to the disability process.

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Classical Psychoanalysis

No comprehension of classical psychoanalysis is complete

without knowing the case study of Bertha Pappenheim, which refers to one of the first psychotherapeutic approaches to treating a *rehabilitation* patient. Due to this case, Freud credited Breuer, his friend and mentor, with the invention of psychoanalysis (Gay, 1988). Near Vienna between 1880 and 1882, Viennese physician Joseph Breuer worked with a patient named Bertha Pappenheim, also referred to as Anna O. Berven and colleagues (2015) detailed this case study in the first chapter of their edited collection on rehabilitation and mental health counseling theories and techniques, as stated below:

The authors explain how Bertha presented an array of symptoms, including paraphasia, a convergent squint, severe disturbances of vision, paralyzes of her upper and lower extremities, eating and drinking disturbances, and a severe nervous cough (Breuer & Freud, 1966; Freud, 1955a). The treatment itself, which consisted primarily of hypnosis and catharsis, provided only temporary relief of Bertha's "conversion hysteria," and she experienced several relapses and hospitalizations after the premature termination of the treatment (Jones, 1953; Summers, 1999). During the treatment, Bertha herself originated such famous terms as "the talking cure" and "chimney sweeping" thus, demonstrating remarkable insight into the dynamics of these early psychotherapeutic interventions and providing her own very substantial contribution to counseling and psychotherapy. Although the treatment itself was essentially a disaster, with Bertha purportedly having a hysterical pregnancy with Breuer as the alleged father and Breuer abandoning the treatment in fear of losing his professional reputation (Jones, 1953), the basis was laid for Freud's later, lifelong development of his theories and therapies of psychoanalysis. (pp. 5-6).

From a rehabilitation standpoint, Bertha would have been, at least eventually, a remarkable success story. Despite her subsequent hospitalizations, she went on to have a distinguished career as a social worker, feminist, and writer and is, in fact, one of the most important individuals in the history of European social welfare. Although modern-day rehabilitation professionals use methods that are vastly different in scope and form from those by Breuer, the goal of helping distressed individuals live more productive and happy lives is essentially the same (Berven et al., 2015).

In Freud's work, Anna O's case was first introduced in *Studies on Hysteria*, published in 1895. Breuer included a theoretical chapter on hysteria, and Freud wrote a chapter on the psychotherapy of hysteria. Although Breuer and Freud had significant personal and professional differences, they explored the cause of hysteria, estimating hysteria is caused by a traumatic event that has not been properly addressed or has been completely forgotten, dwelling in an individual's unconscious.

Anna O's case is a good example that shows the relevance between Freudian psychoanalysis and rehabilitation counseling from a somatopsychological perspective. Freud, in his early career, as a promising neurologist, viewed hysteria from a neurophysiological standpoint. However, Anna's case has allowed Freud to expand his view on hysteria to a psychological perspective. As he was not able to fully address Anna O's pathogenic ideas and their influence

on her behavior symptoms from a neurological viewpoint, he accepted the notion that physical symptoms can be caused by psychological reasons. In other words, somatopsychology, the study of the psychological impact of physiological disease or disability. In that disability adaptation is an active somatopsychological process experienced by people with disabilities (Dunn et al., 2016), the linkage between rehabilitation counseling and classical Freudian psychoanalysis does clearly exist. Freud's therapy techniques evolved with Anna O's case also shows the relevance to those used in rehabilitation counseling.

Freud's psychoanalytic therapy technique, free association, designed to address hysteria is also relevant to rehabilitation counseling practice. In Freud's early career, he received a scholarship to study in Paris for six months in 1885 with Jean Martin Charcot, a world-renowned neurologist who specialized in treating hysteria. Charcot was famous for his theatrical demonstrations of the effects of hypnosis on mental health patients (Gay, 1988). To practice hypnosis, Freud would place his hands on a patient's temples and urge the patient to remember the incidents that caused her anxiety. However, he has never been a good hypnotist (Bankart, 1997), and he found hypnosis only brought temporary relief in his practice. Thus, he eventually developed the cardinal tactic of psychoanalysis: free association. During the free association, a patient is allowed to freely share any thoughts, words, and anything else that comes to mind. The thoughts need not be coherent, but a therapist may find a pattern. The context where a client is allowed to freely associate anything that comes to their mind with no judgment is not very different from Carl Roger's unconditional positive regards. Although they are different in terms of the way the information obtained from two techniques is used by Freud (deterministic) and Carl Rogers (humanistic and developmental), free association cannot be done collaboratively without unconditional positive regard and empathic understanding. Along with his discovery of repression, the free association helped Freud identify and analyze the causes of a patient's hysteria.

At least four of Freud's early books and articles, in addition to *Studies on Hysteria*, offer major implications for the treatment of clients with disabilities. The first is *The Interpretation of Dreams*, which was published in 1900. Freud viewed dream as a revelation of day's residues, indicative to repressed experience. Thus, Freud believed that dreams offer the analyst a royal road to the unconscious that can be used to eventually reveal the irrational unconscious childhood cognition and effects that prevent a person from coping with life. Although dream interpretation requires special training, a counselor in a rehabilitation setting might be able to use such training to help a person with a disability understand those unconscious issues that are affecting his or her sense of well-being, and thus help the client cope with his or her disability (Wright, 1983).

The second book that may hold relevance for treating clients with disabilities is *Three Essays on the Theory of Childhood Sexuality*, which was published in 1905. It exposed the existence and described the essence of childhood sexuality, making it one of the most liberal and sophisticated books ever written about sexuality, especially given the period in which Freud wrote it. Some terms used in the book (e.g., polymorphous perversity) describe the com-

ponent instincts that make up the sexual constitution of children and the variety of paths through which libido and aggression may gain expression at different developmental levels. Although at the time non-traditional sexual orientations were called *degenerates*, Freud thought that their sexuality had simply gained expression by following a different path. Such a non-judgmental perspective helped patients gain more self-acceptance and laid the foundation for a society to become more accepting of people with non-traditional sexual orientations. While persons with disabilities do not typically have non-traditional sexual orientations, their disability may affect how they can express their sexuality. Importantly, Freud held that when unconscious desires become revealed through free association and analysis, clients are more likely to be less self-punitive. Finally, if the disability limits or requires more non-traditional expression, there is less feeling of being unaccepted by either sexual partner.

Counselors invested in rehabilitation and adaptation will further benefit from Freud's *On Narcissism: An Introduction*, which was published in 1914. A poignant part of this article, which deals with organic disease, hypochondria, and erotic life, includes the statement that hypochondria, like organic disease, manifests itself in painful and distressing bodily sensations with the same effect as organic disease on the distribution of libido. The hypochondriac withdraws both interest and libido from the objects of the external world and concentrates both on the organ engaging his or her attention. Rehabilitation counselors who recognize these effects will be less likely to regard their clients as lazy or unmotivated, and counselors' more positive attitude toward clients' somatic response to their disability will result in a more acceptive and collaborative counselor-client relationship.

Some Character Types Met within Psychoanalytic Work published in 1916, can also allow counselors to treat clients more effectively. This article, which was discussed recently by Thomas and colleagues (2020) in *The American Journal of Psychoanalysis*, included a detailed section on a character type Freud called "the Exceptions." This type consists of congenitally disabled persons who believe they were "exceptions" and that life owed them a living because they had already suffered enough. Thomas et al. (2020) observed that such clients are frequently seen in vocational rehabilitation settings and may also include adventitiously disabled clients involved in the workers' compensation process. They further presented a hypothetical case and recommended that psychoanalytically-oriented therapists follow Freud's observation that these clients require love and understanding from their therapists. The authors specifically recommended that therapists offer such clients both analysis and empathy, also recommended by Kohut (1959).

In any application of Freudian theory, one must attend to arguably the most significant aspect of classical psychoanalysis: topographical theory. Topographical theory refers to the belief in the conscious, the preconscious, and the unconscious. A belief in the unconscious distinguishes psychoanalysts from most other types of therapists. The primary objective of psychoanalysis is to make the unconscious conscious. The preconscious consists of affects and cognitions which have the potential to become conscious. In ego psychology, the objective is to make the id under the control

of the ego. The famous Freudian proclamation that *where id was, there ego shall be* (in a successful analysis) was derived from this objective. From rehabilitation counseling perspective, this can be interpreted as a counselor help client be able to identify and bring up disability-related issues to client's consciousness level, thus help them be able to control the issues. For several years many analysts considered the topographical theory to be superior to Freud's later development of the structure theory or ego psychology. Regardless, whether one is a classical psychoanalyst (id psychologist) or an ego psychologist, for clinical success it is critically important that the unconscious be made conscious, analyzed, and the conflicts worked through.

Some of Freud's most notable, interesting, and educational case studies include 1) Fran Emmy von n, 2) Miss Lucy R., 3) Katharina, 4) Fraulein Elizabeth von R., 5) Dora, 6) The Rat Man, 7) The Wolf Man, 8) Little Hans, and 9) Psychotic Doctor Schreber. Narratives of the first four of these case studies may be found in *Studies in Hysteria* (Breuer & Freud, 1966). The Dora case may be found in *Fragment of an Analysis of a Case of Hysteria* (Freud, 1953). The Rat Man case is reported in *Notes Upon a Case of Obsessional Neurosis* (Freud, 1955b). The Wolf Man case is reported in *From the History of an Infantile Neurosis* (Freud, 1955c). Little Hans is reported in *Analysis of a Phobia in a Five-Year-Old Boy* (Freud, 1955d). And, the case of Dr. Daniel Paul Schreber is reported in *Psychoanalytical Notes on an Autobiographical Account of a Case of Paranoia* (Freud, 1958). And these cases may promote psychoanalytic insights that enriches rehabilitation counselors' clinical practices.

Ego Psychology

In contrast to classical psychoanalysis, ego psychology is based on Freud's structure theory and defense mechanism, which was formally introduced in the *The Ego and the Id* (Freud, 1961). In addition to Freud, other famous ego psychologists included Heinz Hartmann, Ernst Kris, Rudolph Loewenstein, Charles Brenner, David Rapaport, Gertrude and Rubin Blanck, Margaret Mahler, Edith Jacobson, and Freud's daughter, Anna Freud.

Freud proposed that there were three parts to one's personality: the id, the ego, and the superego. While id responds to one's drive impulsively and unconsciously pursuing immediate wish fulfillment, ego regulates and controls drive and impulses interacting with superego. For example, when immediate wish fulfillment is not situationally ideal from superego perspective, ego trigger defense mechanism to delay inappropriate and immediate satisfaction. Thus, the function of defense mechanism is not necessarily bad or negative. Rather, it helps individuals control their response to impulse and drive within their reality when it works functionally. Although Freud and other authors have acknowledged several ego defense mechanisms (e.g., repression, regression, reaction formation, isolation, undoing, projection, denial, rationalization, compensation, displacement, sublimation, and introjection) in a variety of sources, the first definitive book on defense mechanisms was written by Anna Freud (1936).

Cook (1992) identified four defense mechanisms that are referred to frequently in the rehabilitation literature on adjustment

to physical disability. They are repression, projection, regression, and reaction formation. Denial is one of the most controversial defense mechanisms in relation to persons with a disability. Defense mechanisms such as denial present different clinical manifestations. According to Naugle (1988), when denial refers to the “tendency to negate or downplay the long-term consequences of an injury because of the psychological implications, it can represent potential pathology” (p. 218). However, according to Krueger (1981), “denial may incorporate the initial useful stance of maintaining that recovery will be vigorous and complete” (p. 218). Thus, denial is an essential defense mechanism because most people cannot immediately process dramatic changes to their body and self-concept. Denial of long-term disability in the early phase of rehabilitation can be a valid, useful, and healthy defense (Gwyther, 1984; Krueger, 1981; Trieschmann 1980, 1981; Tucker, 1984). Krueger (1984) lists several other defense mechanisms that also could be used as coping strategies. The clinician’s responsibility is to determine whether the defense mechanism strategy held by a client has a positive purpose in the rehabilitation process (Cubbage & Thomas, 1989).

A prominent and significant post-Freudian ego psychologist was Heinz Hartmann. According to Auld and Hyman (1991), A. Freud (1936) and H. Hartmann (1939) ushered in ego-psychology as an orientation within psychoanalytic theorizing” (p. 244). Eagle (2011) identified that a primary facet of ego psychology is the notion that satisfying one’s drives autonomously produces ego functions (e.g., judgement). This perspective was central to Hartmann’s (1958) thinking and contrary to Freud’s belief that “thinking was only a roundabout method to achieve drive gratification” (p. 58).

Hartmann received his medical degree from the University of Vienna in 1920. His interest in Freud’s theories resulted in his being analyzed by Sandor Rado and eventually by Freud himself. Impressed by Hartmann as one of his students, Freud offered to analyze him for free. Hartmann is most famous for proposing that ego functions operate in a conflict-free area and serve an adaptive function. In other words, ego compromises conflicts between id that is seeking immediate gratification regardless of one’s situation and superego that considers reality factors in satisfying one’s drive thus determines the right timing and method of gratification. This latter observation is especially relevant to counselors working with clients with disabilities, since adaptation to disability often require a rehabilitation counselor help client be able to compromise conflicts between disability issues and difficulties in gratifying one wishes associated with disabilities.

Hartmann co-authored many of his articles with other scholars. For example, *The Genetic Approach in Psychoanalysis* (Hartmann & Kris, 1945), *Comments on the foundation of psychic structure* (Hartmann & Loewenstein, 1946), *Notes on the superego* (Hartmann & Loewenstein, 1962), and *Notes on the theory of aggression* (Hartmann, et al., 1949). , and these works, among others, are among the most cited in ego psychology. For example, classic books by Charles Brenner (1973, 1976, 1982) cite Hartmann numerous times, and the same is true of Blanck and Blanck’s classic volumes on ego psychology (1974, 1979). As reported by Blanck and Blanck (1979), Hartmann introduced seven propositions that

form the backbone of ego psychology and provide the theoretical base for the observational studies and theories that derive from them. Those propositions are as follows:

1. There is an undifferentiated matrix within which is contained the inborn endowment of each individual.
2. At first the ego and id exist in an undifferentiated state, and they separate only after birth.
3. There are apparatuses of primary autonomy (potential) within the undifferentiated matrix that develop after birth into ego functions.
4. For the infant to be able to use it maximally for adaptation, the environment (mother and all else that impinges upon the neonate) is most desirably “average expectable”—that is, reasonably nurturing in the psychological as well as the physical sense.
5. Adaptation begins with the encounter of the neonate’s inborn apparatuses with the environment. From that point on, a complex interaction between child and mother takes place, which results in a particular development of the child’s inborn potential.
6. After the separation of ego and id from the undifferentiated matrix, the development of ego apparatus can proceed in a conflict-free sphere. Not all ego functions derive from conflict, but some develop outside the area of conflict.
7. Adaptation is defined as the reciprocal relationship between the organism and its environment.

Across their works, Hartmann and his colleagues clarified the nature of the psychic structure, the nature of aggression, and the nature of superego formation (Blanck & Blanck, 1979). This line of scholarship paved the way for Margaret S. Mahler, who along with Fred Pine and Anni Bergman co-authored *The Psychological Birth of the Human Infant: Symbiosis and Individuation* (1975). This book was the result of an intensive multidisciplinary study of the early development of children from birth to three years old. The study revealed three phases of child development: normal autistic (i.e., first week of life, little social engagement), normal symbiotic (i.e., first six months of life, gaining awareness of caregiver, but no sense of individuality), and separation-individuation (i.e., child developing sense of self, separate from the mother). Although the existence of the first phase is controversial, there is solid research evidence for the second two phases. The separation-individuation phase includes several sub-phases, including hatching, practicing, rapprochement, beginning, crisis, and solution. The study has received significant positive recognition in both the child development and child psychoanalytic literature, and the results have been used by therapists treating patients who fall within the widening scope of psychoanalysis.

The model of development discovered by Mahler and her associates led to a potential understanding of the psychological development of psychotic, borderline, and narcissistic disorders and informed therapists helping patients with such potential developmental deficits. The nature of mother-child interactions that promote favorable psychological development in children with disabilities was not studied by Mahler, but several studies in the disability-focused psychoanalytic literature were based on Mahler’s concept of separation-individuation.

These disability-focused studies may be divided into three categories: 1) those that indicate unsuccessful transitions through the different separation-individuation sub-phases may cause significant behavior disturbances (Chatoor, 1989; Murdock, 1979); 2) those that indicate that family reactions to the child or adolescent with a disability may be significantly affected if the separation-individuation sub-phases are not transitioned effectively (Deutsch, 1992; Hassan, 1992; Stevens, 2016); and 3) those that indicate secondary separation-individuation issues may re-emerge among adolescents with disabilities (Kline, 2006; Shulman & Rubinroit, 1987).

Considered collectively, these studies indicate that if a person with a disability fails to transition through the sub-phases of the separation-individuation process, the failure may not only affect their own psychological adjustment but also the health of the family and the family's reaction to the person with a disability. Finally, the person's ability to achieve independent adult status may need to be assisted using therapy methods that are directed toward facilitating his or her willingness to take risks that involve less dependence on the family. Persons with a disability who are independent and self-sufficient will elicit more favorable reactions from others than those who are not.

In terms of presenting a comprehensive summary of Freud's theories as they relate to attitudes toward disability and adaptation to disability, Cabbage and Thomas's (1989) article in *Rehabilitation Psychology* and Thomas et al.'s (2020) article in *The American Journal of Psychoanalysis* are potentially valuable resources due to the paucity of writings in the psychoanalytic and rehabilitation literature on this topic. Two other publications that provide important and relevant information are Heled (2020), and Livneh and Siller (2015).

Self-Psychology

The name Heinz Kohut is synonymous with the school of psychoanalysis known as Self-Psychology. Kohut, born in Vienna in 1913, founded Self-Psychology and served as its strongest advocate, greatest teacher, and most productive scholar. Kohut held several prestigious positions in the field of psychoanalysis, and he published many notable publications. These accomplishments included the Presidency of the American Psychoanalytic Association and the authorship of such classic publications as *Introspection, Empathy, and Psychoanalysis: An Examination of the Relationship Between Mode of Observation and Theory* (1959), *The Analysis of the Self* (1971), *The Restoration of the Self* (1977), *The Two Analyses of Mr. Z* (1979), *The Search for the Self* (1991), and *How Does Analysis Cure?* (1984). In addition, Kohut published a large variety of other articles dealing with such diverse topics as literature, music, courage, leadership, fantasy, drama, and politics. Kohut is perhaps best known for his writings on narcissism and his advocacy of the concept of therapist empathy, which will be discussed here.

According to Kohut and Wolf (1978), an individual's reaction to acquiring a traumatic disability could be termed a secondary disturbance of the self. This condition occurs when one's external environment injures an individual's structurally undamaged

self. The reaction may be toward how one's self is challenged by a physical impairment or how one's ability to practice self-enhancement is affected due to a mental impairment (e.g., chronic anxiety). Furthermore, one should account for other sources of secondary disturbances of the self, such as the feelings of rejection a person with a disability may experience due to social isolation and stigma. These disturbances are secondary to the primary disturbances, which include borderline personality disorders, psychoses, and narcissistic behavior and personality disorders.

Kohut's theory of the coherent self is a self that contains three interacting parts: 1) motivation for power and success, 2) basic idealized goals, and 3) basic skills and talents that stand in tension in the "middle ground" between ambitions and ideals (Kohut & Wolf, 1978). Acquiring a disability could disturb any or all of these components. For example, if a nurse lost her or his vision due to a chemical burn, s/he would then face great difficulties in treating clients and doing paperwork. These difficulties disturb one's coherence and would halt and/or alter any of the goals and sense of success gained from the job as a nurse.

To apprehend these disturbances, more insight into Kohut's work is needed. In understanding the origins of pathologies, whereas Freud attested to the role of drives, the Oedipus Complex, and various internal and self-object conflicts, Kohut focused on the disordered self, theorizing it as a result of developmental deficits (i.e., non-empathetic early caregivers). Also notable is that Kohut figured the central anxiety of the subject to be the fragmented self, which he understood through his concept of selfobjects (i.e., objects that the subject embraces as part of the self). There are two types of self-objects. The first are objects that affirm the child's inherent sense of superiority and perfection and are called "mirroring selfobjects." The second are objects that can be role models for the child with which they can peacefully integrate themselves and attain a sense of omnipotence. These selfobjects are called "idealized parent imago" objects.

Kohut favored using classical analysis to treat secondary disturbances of the self, such as those resulting from disability. However, a self-psychology approach may be more suited in some instances, as it can give valuable insight into factors contributing to the secondary disturbance, guide proper restoration of the self, and potentially identify primary disturbances of the self.

Kohut always aimed to understand and restore the disturbed self. When persons enter treatment with a damaged self, their unmet needs from childhood, a result of inadequate self-object relations, are reawakened. Thus, to treat a damaged self, the therapist's job is to foster "affective bonding through empathic attunement" (Stolorow et al., 1987) by creating mirroring and idealizing opportunities and transferences for the client. The aim is for the damaged self to begin yearning toward unity with energy and accord. If a client has a disability, the psychologist or counselor must attempt to lead them to repair their damaged self by helping clients to balance their abilities (i.e., skills and talents) with their idealized goals and desire for achievement and power. This effort is similar to the work of a rehabilitation counselor, who helps clients locate their values, needs, abilities, and passions (Thomas & Berven, 1984).

Building a supportive clinical environment for any self-psychology treatment approach requires that the counselors make empathy available to the client. The importance of empathy is almost universally endorsed by self-psychologists (Kohut, 1959, 1971, 1977, 1982; Basch, 1983; Stolorow et al., 1987). Given the social stigma and internalized shame that might surround a disability, the client could perceive a counselor who is merely objective or neutral as cold or disinterested in the client. Clients and their self-esteem would be more positively supported by counselors who explicitly show that they welcome the client and their emotions.

Kohut's emphasis on fostering a warm relationship and accurate empathy is similar to the Rogerian foundations of rehabilitation counseling, as is Kohut's tripartite supposition regarding client motivation for success, idealized goals, and how the clients' abilities relate to their ambitions and ideals. This asset driven approach allows rehabilitation counseling clients the space to safely explore life and vocational options in concert with the rehabilitation counselor in an affirming and less judgmental environment.

Furthermore, self-psychology can also help elucidate reactions to disability as they relate to narcissism and self-esteem or self-regard (Cubbage & Thomas, 1989). Narcissism and self-esteem are not interchangeable terms; rather, as Stolorow (1985) argued, narcissism functions as a monitor for self-esteem. Classic psychoanalysts may call narcissism a defense mechanism to keep self-esteem in check by guarding the ego against threats (Arlow & Brenner, 1964). Whether a monitor or a defense mechanism, a person who acquires a disability has a high likelihood of judging him- or herself due to the disability, thereby causing a narcissistic insult to the ego and subsequently inducing feelings of shame and anxiety over the damaged self, and decreased self-esteem. To prevent such threats to the ego, an empathetic environment that motivates self-esteem would be particularly beneficial for clients with acquired disabilities. As such, rehabilitation counselor training programs that place emphasis on the development of high levels of empathy are especially congruent with meeting client needs in rehabilitation settings.

Multiculturalism and Psychoanalysis

Although several of the early psychoanalysts were outright racists such as Karl Jung (Farhad, 1988). Others simply believed that psychoanalysis was inappropriate for non-White individuals. There have, however, been considerable efforts in recent years to make psychoanalysis more inclusive. For example, psychoanalysis has flourished in South America, where some of its most notable modern theorists have resided (e.g., Etchegoyen, 1991). There is also much interest in psychoanalysis in Israel and South Africa. In addition, numerous articles on multiculturalism have appeared in psychoanalytic journals and other publication outlets (Foster, 2003; Tori, 2002; Tummala-Narra, 2015). Minorities still have difficulty securing the funds to pay for a long-term psychoanalysis, and their numbers at psychoanalytic institutes, while larger than previously, pale in comparison with Caucasian candidates. The situation is, however, improving as more minority students are graduating from medical school; Ph.D./PsyD psychology programs; Ph.D./D.Ed. counseling programs; and MSW social work programs.

Summary and Recommendations

The purpose of this manuscript was to inform rehabilitation counselors how classical Freudian psychoanalysis, ego-psychology, and self-psychology concepts could be used by rehabilitation counselors to better serve their clients. We began by presenting historical data on classical psychoanalysis, which, of course, is most associated with the writings of Sigmund Freud.

Among the facts rehabilitation counselors could use to better understand their clients that derived from Freudian psychoanalytic perspective are the following: 1) the existence of an unconscious, 2) the fact that people can be relieved of their problems by talking them over with an interested, caring individual, 3) the fact that the counselor may be viewed and reacted to unconsciously as a parent or other significant person, 4) the fact that the counselor may be reacting unconsciously to the client as a significant person from the past, 5) the fact that the client may be motivated by factors of which the client has no awareness, 6) the fact that apparently organic issues may have a psychological origin that could be ameliorated through informed talk therapy, and, 7) the fact that a person's attitude toward a disability, whether one's own disability or another's, may be related to the person's, often irrational, childhood experience about a loss of the body's integrity.

The second school of psychoanalysis, ego psychology, also had its origin in the creative mind of Sigmund Freud offers a fount of information that the rehabilitation counselor can use to better understand and help her or his clients. The most defining characteristic of ego psychology is the belief in a tripartite structure of personality; specifically, the id, the ego and the superego. The id represents the most primitive part of the personality and the superego the most civilized. The ego serves an executive function, which often involves negotiating a compromise between what an individual wants to do to advance his or her self-interest and what the person's parents, teachers, and civilization, generally, would want the person to do. From a psychological standpoint, all three of these structures serve a critical function and each should be respected as an important part of human nature. While following the so-called reality principle is typically regarded as the most mature and desirable path to happiness, those who deny the id or pleasure principle are doomed to develop neurosis. In order to help a client become truly happy and self-accepting, rehabilitation counselors must be willing to accept the totality of their clients, not just the *good* parts.

One of the most useful parts of ego psychology is the recognition that individuals use what are called defense mechanisms to help them cope with the vagaries of life. Numerous defense mechanisms were identified in the ego psychology section of this manuscript. The psychoanalyst most closely identified with the term is Anna Freud. Although rehabilitation clients may use a wide variety of defense mechanisms such as repression, projection, and regression, one of the most significant as it relates to the possession of a disability is denial. As pointed out earlier, different authors have a different take on whether denial of one's disability has a positive or negative effect. The important thing for the rehabilitation counselor to remember is to listen to what the client says if the topic of denial emerges in the discussion. It is not appropriate

to give a homily on the evils of denial or any other defense mechanism. Instead, the rehabilitation counselor should offer empathy as well as interpretation if the counselor is qualified to do so.

A final aspect of ego psychology which needs to be discussed is the emphasis on the concept of adaptation that Heinz Hartmann proposed. Hartmann and Anna Freud are the two psychoanalysts other than Freud who are most associated with ego psychology. Basically, Hartmann encouraged conflict-free thinking that would theoretically promote adaptation. Thus, the counselor who challenges and encourages his or her client to think will promote the client's ability to adapt, which will result in clients being more able to adapt to their disability.

The last school of psychoanalysis discussed was Self Psychology. The most important contributor to this school was Heinz Kohut, whose name is synonymous with Self Psychology. The theory posits that an individual's reaction to a traumatic disability could be termed a secondary disturbance of the self. Kohut's theory of a coherent self contains three interacting parts: 1) motivation for power and success, 2) basic idealized goals and 3) basic skills and talents that stand in tension in the "middle ground" between ambition and ideals. Acquiring a disability could disrupt any or all of these components.

Whereas Freud focused on the role of drives, the Oedipus Complex and various internal and self-object conflicts, Kohut focused on the disordered self, theorizing that it is the result of developmental deficits caused by non-empathic caregivers. Also notable is that Kohut figured the central anxiety of his patients to be a fragmented self. Although Kohut favored classical psychoanalysis to treat secondary disturbances of the self (such as the potential effects of a disability), the authors of the present manuscript believe that a self-psychology approach would be more appropriate for use by rehabilitation counselors for the reasons stated below.

Kohut (1979) published a classic paper titled, *The two analyses of Mr. Z*. During the first analysis, Kohut uses classical psychoanalysis where he primarily uses interpretation and pretty much remains the stereotypic stoic and unbiased blank screen. After his analysis, the patient returns with little improvement and Kohut changes his approach. Instead of using the classical approach, he uses an approach which emphasizes empathy with what the patient is saying and feeling. The patient benefits greatly from the second analysis and thus began Kohut's emphasis on analyst empathy as a critical ingredient of treatment.

Although rehabilitation counselors are most familiar with the writings of Carl Rogers on the topic of empathy, Kohut was also one of its strongest advocates. Moreover, when used in conjunction with even a rudimentary knowledge of psychoanalytic theory, the effectiveness of counselor empathy, depending upon the client and the skill of the counselor, can be immeasurably improved. A relevant discussion of the usefulness of empathy in rehabilitation settings is presented in a recent psychoanalytic paper by Thomas et al. (2020).

References

- Arlow, J. A., & Brenner, C. (1964). *Psychoanalytic concepts and the structural theory*. International Universities Press.
- Auld, F. & Hyman, M. (1991). *Resolution of inner conflict: An introduction to psychoanalytic therapy*. American Psychological Association. <https://doi.org/10.1037/10093-000>
- Bankart, C. P. (1997). *Talking cures: A history of Western and Eastern psychotherapies*. Thomson Brooks/Cole Publishing Co.
- Basch, M. F. (1983). Empathic understanding: A review of the concept and some theoretical considerations. *Journal of the American Psychoanalytic Association*, 31(1), 101-126. <https://doi.org/10.1177/000306518303100104>
- Berven, N. L., Thomas, K. R., & Chan, F. (2015). An introduction to counseling for rehabilitation and mental health professionals. In F. Chan, N. L. Berven, & K. R. Thomas (Eds). *Counseling theories and techniques for rehabilitation and mental health professionals* (2nd ed., pp. 1-13). Springer Publishing Company.
- Blanck, G. & Blanck, R. (1974). *Ego psychology: Theory and practice*. Columbia University Press.
- Blanck, G. & Blanck, R. (1979). *Ego psychology II: Psychoanalytic developmental psychology*. Columbia University Press.
- Brenner, C. (1973). *An elementary textbook of psychoanalysis (Revised and expanded edition)*. International Universities Press.
- Brenner, C. (1976). *Psychoanalytic technique and psychic conflict*. International Universities Press.
- Brenner, C. (1982). *The mind in conflict*. International Universities Press.
- Breuer, J., & Freud, S. (1966). Studies in hysteria. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 2). Hogarth Press. (Original work published 1893– 1895)
- Chatoor, I. (1989). Infantile anorexia nervosa: A developmental disorder of separation and individuation. *Journal of the American Academy of Psychoanalysis*, 17(1), 43-64. <https://doi.org/10.1521/jaap.1.1989.17.1.43>
- Cook, D. (1992). Psychosocial impact of disability. In R. M. Parker & E. M. Szymanski (Eds.) *Rehabilitation counseling: Basics and beyond* (2nd ed., pp. 249-272). Pro-ed.
- Cubbage, M. E., & Thomas, K. R. (1989). Freud and disability. *Rehabilitation Psychology*, 34(3), 161-173. <https://doi.org/10.1037/h0091722>
- Deutsch, C. (1992). Breakdown in the individuation process in a family with an emotionally disabled child, *Family Therapy*, 19(2), 167-177.
- Dunn, D. S., Ehde, D. M., & Wegener, S. T. (2016). The foundational principles as psychological lodestars: Theoretical inspiration and empirical direction in rehabilitation psychology. *Rehabilitation psychology*, 61(1), 1–6. <https://doi.org/10.1037/rep0000082>
- Dunn, D. S., & Elliot, T. R. (2005). Revisiting a constructive classic: Wright's physical disability. *Rehabilitation Psychology*, 50(2), 183-189. <https://doi.org/10.1037/0090-5550.50.2.183>
- Eagle, M. N. (2011). *From classical to contemporary psychoanalysis: A critique and integration*. Routledge.

- Etchegoyen, R. H. (1991). *The fundamentals of psychoanalytic technique*. (P. Potchon, Trans.). H. Karnac (Books) Ltd.
- Farhad, D. (1988). Jung: a racist. *British Journal of Psychotherapy*, 4(3), 263-279. <https://doi.org/10.1111/j.1752-0118.1988.tb01028.x>
- Foster, R. P. (2003). Considering a multicultural perspective for psychoanalysis. In A. Roland, B. Ulanov, & C. Barbre (Eds.), *Creative dissent: Psychoanalysis in evolution* (pp. 173-185). Praeger Publishers/Greenwood Publishing Group.
- Freud, A. (1936). *The ego and the mechanisms of defense* (C. Baines, Trans.). International Universities Press.
- Freud, S. (1953). Fragment of an analysis of a case of hysteria. In J. Strachey (Ed. and Trans.) *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 7, pp. 3-122). Hogarth Press. (Original work published 1905).
- Freud, S. (1955a). Five lectures on psycho-analysis. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 11). Hogarth Press. (Original work published 1910)
- Freud, S. (1955b). Notes upon a case of obsessional neurosis. In J. Strachey (Ed. and Trans.) *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 10, pp. 153- 318). Hogarth Press. (Original work published 1909).
- Freud, S. (1955c). From the history of an infantile neurosis. In J. Strachey (Ed. and Trans.) *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 17, pp. 3-122). Hogarth Press. (Original work published 1918).
- Freud, S. (1955d). Analysis of a phobia in a five-year-old boy. In J. Strachey (Ed. and Trans.) *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 10, pp. 3-149). Hogarth Press. (Original work published 1918).
- Freud, S. (1958). Psychoanalytical notes on an autobiographical account of a case of paranoia. In J. Strachey (Ed. and Trans.) *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 12, 33-82). Hogarth Press. (Original work published 1911).
- Freud, S. (1961). The ego and the id. In J. Strachey (Ed. and Trans.) *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 19, pp.3-66). London: Hogarth Press. (Original work published 1923).
- Gay, P. (1988). *Freud: A life for our time*. W. W. Norton and Company.
- Gwyther, O. A. (1984). The psychosocial adjustment of the burn patient. In D.W. Krueger (Ed.). *Rehabilitation psychology: A comprehensive textbook* (pp. 319-327). Aspen Publications.
- Hartmann, H. (1939). *Ego psychology and the problem of adaptation*. (D. Rapaport, Trans.). International Universities Press.
- Hartmann, H. (1958). *Ego psychology and the problem of adaptation*. (D. Rapaport, Trans.). International Universities Press.
- Hartmann, H. & Kris, E. (1945). The generic approach in psychoanalysis. *The Psychoanalytic Study of the Child*, 1, 11-30.
- Hartmann, H., Kris, E., & Loewenstein, R. M. (1946). Comments on the foundation of psychic structure. *The Psychoanalytic Study of the Child*, 2(1), 11-38. <https://doi.org/10.1080/00797308.1946.11823535>
- Hartmann, H., Kris, E., & Loewenstein, R. M. (1949). Notes on the theory of aggression. *The Psychoanalytic Study of the Child*, 3(1), 9-36. <https://doi.org/10.1080/00797308.1949.11823076>
- Hartmann, H. & Loewenstein, R. M. (1962). Notes on the super-ego. *The Psychoanalytic Study of the Child*. 17, 42-81.
- Hassan, G. (1992). The transition to independent living: A family life cycle approach to the separation of physically disabled adolescents and their families. *Dissertation Abstracts International*, 52, 5557.
- Heled, E. (2022). Chronic illness and disability in psychoanalysis: A theoretical review of structural characteristics. *Psychoanalytic Psychology*, 39(2), 135-144. <https://doi.org/10.1037/pap0000326>
- Jones, E. (1953). *The life and work of Sigmund Freud (Vol. 1)*. Basic Books.
- Kline, W. H. (2006). The re-emergence of separation fears in the college-bound adolescent: From disruption to resolution. *Journal of Infant, Child & Adolescent Psychotherapy*, 5(4), 420-436. <https://doi.org/10.1080/15289160701382337>
- Kohut, H. (1959). Introspection, empathy, and psychoanalysis an examination of the relationship between mode of observation and theory. *Journal of the American Psychoanalytic Association*, 7(3), 459-483. <https://doi.org/10.1177/000306515900700304>
- Kohut, H. (1971). *The analysis of the self*. International Universities Press.
- Kohut, H. (1977). *The restoration of the self*. International Universities Press.
- Kohut, H. (1979). The two analyses of Mr. Z. *International Journal of Psychoanalysis*, 60(1), 3-27.
- Kohut, H. (1982). Introspection, empathy, and the semi-circle of mental health. *International Journal of Psychoanalysis*, 63(4), 395-407.
- Kohut, H. (1984). *How does analysis cure?* University of Chicago Press.
- Kohut, H. (1991). The search for the self: Selected writings of Heinz Kohut: 1978-1981, Vol. 4. (P. H. Ornstein, Ed.). International Universities Press, Inc.
- Kohut, H., & Wolf, E. S. (1978). The disorders of the self and their treatment: An outline. *International Journal of Psycho-analysis*, 59(4), 413-425.
- Krueger, D. W. (1981). Emotional rehabilitation of the physical rehabilitation patient. *International Journal of Psychiatry in Medicine*, 11(2), 183-191. <https://doi.org/10.2190/51mf-44b7-mpu5-mka1>
- Krueger, D. W. (1984). Psychological rehabilitation of physical trauma and disability. In D. W. Krueger (Ed.). *Rehabilitation psychology: A comprehensive textbook* (pp. 3-14). Aspen Publication.
- Lewin, K. (1951). *Field theory in social science*. Harper.
- Livneh, H. & Parker, R. M. (2005). Psychological adaptation to disability: Perspectives from chaos and complexity the-

- ory. *Rehabilitation Counseling Bulletin*, 49(1), 17–28. <https://doi.org/10.1177/00343552050490010301>
- Livneh, H., & Siller, J. (2015). Psychodynamic therapy. In F. Chan, N. L. Berven, & K. R. Thomas (Eds.), *Counseling theories and techniques for rehabilitation health professionals* (pp. 171–203). Springer.
- Mahler, M. S., Pine, F., & Bergman, A. (1975). *The psychological birth of the human infant: Symbiosis and individuation*. Basic Books.
- Murdock, J. B. (1979). The separation-individuation process and development disabilities. *Exceptional Children*, 46(3), 176-184. <https://doi.org/10.1177/001440297904600303>
- Naugle, R. I. (1988). Denial in rehabilitation: Its genesis, consequences, and clinical management. *Rehabilitation Counseling Bulletin*, 31(3), 218-231.
- Pine, F. (1990). *Drive, ego, object, and self: A synthesis for clinical work*. Basic Books.
- Shulman, S. & Rubinroit, C. I. (1987). The second individuation process in handicapped adolescents. *Journal of Adolescence*, 10(4), 373-384. [https://doi.org/10.1016/s0140-1971\(87\)80018-0](https://doi.org/10.1016/s0140-1971(87)80018-0)
- Smedema, S. M., Bakken-Gillen, S. K., & Dalton, J. (2009). Psychosocial adaptation to chronic illness and disability: Models and measurement. In F. Chan, E. Da Silva Cardoso, & J. A. Chronister (Eds.), *Understanding psychosocial adjustment to chronic illness and disability: A handbook for evidence-based practitioners in rehabilitation* (pp. 51–73). Springer Publishing Co.
- Stevens, D. (2016). Parentification and separation-individuation in siblings of individuals with a chronic illness or disability. *Dissertation Abstracts International*, 77 (2-B) (E).
- Stolorow, R. D. (1985). Toward a pure psychology of inner conflict. *Progress in Self Psychology*, 1, 193-201.
- Stolorow, R. D., Brandchaft, B., & Atwood, G. E. (1987). *Psychoanalytic treatment: An intersubjective approach*. Analytic Press, Inc.
- Summers, F. L. (1999). *Transcending the self: An object relations model of psychoanalytic therapy*. Analytic Press.
- Thomas, K.R., & Berven, N.L. (1984). Providing career counseling for individuals with handicapping conditions. In N. C. Gysbers (Ed.), *Designing careers: Counseling to enhance education, work, and leisure* (pp. 403 – 432). Jossey-Bass.
- Thomas, K. R., Kim, J. H., & Rosenthal, D. A. (2020). Psychodynamic understanding and treatment of patients with congenital disability. *The American Journal of Psychoanalysis*, 80 (4), 458-471. <https://doi.org/10.1057/s11231-020-09272-w>
- Tori, C. (2002), Multiculturalism and psychoanalytic psychology: The validation of a defense mechanism measure in an Asian population. *Psychoanalytic Psychology*, 19 (4), 701-721. <https://doi.org/10.1037/0736-9735.19.4.701>
- Trieschman, R. B. (1980). *Spinal cord injuries: Psychological, social and vocational adjustment*. Pergamon Press.
- Trieschman, R. B. (1981). Psycho-social issues for persons with spinal cord injuries. *Paraplegia News*, 35(8), 26-31.
- Tucker, S. J. (1984). Patient-staff interaction with the spinal cord patient. In D. W. Krueger (Ed.), *Rehabilitation psychology: A comprehensive textbook* (pp. 257-266). Aspen Publications.
- Tummala-Narra, P. (2015). Cultural competence as a core emphasis of psychoanalytic psychotherapy. *Psychoanalytic Psychology*, 32(2), 275-292. <https://doi.org/10.1037/a0034041>
- Wright, B. A. (1983). *Physical disability: A psychological approach* (2nd ed.). Harper & Row.

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