

Psychodynamic Approach



Dr. Manasi Kumar

Senior Lecturer

Department of Psychiatry

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m.kumar@ucl.ac.uk

Freud's Theories, in Context

- Freud was originally trained as a Neurologist- biological approach to illness
- Treated mostly Hysteria (conversion disorders)
- Applied findings from abnormal patients to “normal” development

Freud: A Sign of the Times?




- Time period: late 1800's
- Victorian times: conservative, repressed society
- Prohibitions against sex

Key Contributions of Freud

- Psychic Determinism/ Dynamic Model
- Topographical Model of the Mind
 - Unconscious, Preconscious, Conscious
- Stages of Psychosexual Development
- Structural Model of the Mind
- Defense Mechanisms
- Transference and Countertransference

Basic Principles of Psychodynamics



- Freud sees people as passive; behaviors determined by interaction of external reality and internal drives
- **Psychic Determinism:** all behaviors driven by antecedent events, experiences. There are no accidents; nothing happens by chance

Basic Principles



- Pleasure Principle: constant drive to reduce tension thru expression of instinctual urges
- Mind is a dynamic (changing/active) process based on the Pleasure Principle

Basic Principles

- Libidinal (sexual, aggressive) instincts drive people
 - In children “libido” isn’t purely sexual, it’s pleasure thru sensations (oral, anal gratification, etc.)
- Behaviors result from conflicts:
 - Between instinctual libidinal drives (aggression, sex) and efforts to repress them from consciousness)

More Basic Principles



- The Cathartic Method
- Primary vs. Secondary Gain
- Transference and Countertransference
- Ego-Syntonic vs. Ego-Dystonic

Cathartic Method

- Therapy benefits thru release of pent-up tensions, “catharsis”
- Some inherent value in the “talking cure” - being able to “unload”, or “get stuff off your mind”

Primary vs. Secondary Gain

- Primary Gain: symptoms serve a purpose: they function to decrease intra-psychic conflict and distress by keeping such unpleasantries from conscious awareness

Primary Gain: Examples:

- Comfort of being taken care of thru assumption of the sick role
- **Conversion Disorder**- psychological conflict is converted into physical symptom that allows for more acceptable expression of an unacceptable wish

Secondary Gain

- Actual or external advantages that patients gain from their symptoms, or from being ill:
 - Relief from duties, responsibilities (work)
 - Prescription drugs (ex. Opiates)
 - Manipulation in relationships
 - Deferring of legal proceedings, exams
 - Food, shelter, money (financial gain)

Transference

- Displacement (false attribution) of feelings, attitudes, behavioral expectations and attributes from important childhood relationships to current ones

Transference

- Traditionally refers to what the patient projects onto the therapist, but applies to other situations as well- ex. relationships in general
- Aka “emotional baggage”
- Occurs unconsciously (person’s unaware they’re doing it)

Countertransference

- Feelings toward another are based on your own past relationships/ experiences.
- Traditionally refers to the therapist projecting their own feelings (“issues”, “emotional baggage”) onto their patient

Ego-syntonic vs. dystonic

- Neurotic symptoms are distressing to the person, or ego-dystonic
 - Vs.
- Character pathology, which is ego-syntonic; patient doesn't perceive as a problem; only problematic in dealings with others/ external world

Topographical Model



- Freud's first model of psychopathology
- Division of the mind into three different layers of consciousness:
 - Unconscious
 - Preconscious
 - Conscious

Unconscious



- Contains repressed thoughts and feelings
- Unconscious shows itself in:
 - Dreams
 - Parapraxes (Freudian slips)
- Driven by Primary Process Thinking

Primary Process Thinking

- Not cause-effect; illogical; fantasy
- Only concern is immediate gratification (drive satisfaction)
- Does not take reality into account
- Seen in dreams, during hypnosis, some forms of psychosis, young children, psychoanalytic psychotherapy

Freudian Slips (Parapraxes)



- A “slip of the tongue”
- Errors of speech or hearing that reveal one’s true but unconscious feelings

Preconscious



- Accessible, but not immediately available
- Always running in the background/ behind the scenes

Conscious



- Fully and readily accessible
- Conscious mind does not have access to the unconscious
- Utilizes Secondary Process Thinking:
 - Reality-based (takes external reality into consideration), logical, mature, time-oriented

Psychosexual Development



- Children pass thru a series of age-dependent stages during development
- Each stage has a designated “pleasure zone” and “primary activity”
- Each stage requires resolution of a particular conflict/task

Psychosexual Stages

- Failure to successfully navigate a stage's particular conflict/ task is known as Fixation
 - Leaving some energy in a stage
- Specific problems result from Fixation, depending on which stage is involved
 - Fixation may result from environmental disruption

Psychosexual Stages

- Freud's stages are based on clinical observations of his patients
- The Stages are:
 - Oral
 - Anal
 - Phallic
 - Latency
 - Genital

Oral Stage



- Birth to 18 months
 - Pleasure Zone: Mouth
 - Primary Activity: Nursing
 - Fixation results in difficulties with trust, attachment, commitment
 - Fixation may also manifest as eating disorders, smoking, drinking problems

Anal Phase



- 18months- 2yrs
 - Pleasure Zone: Anus
 - Primary Activity: Toilet training
 - Failure to produce on schedule arouses parental disappointment

Anal Phase



- 18months- 2yrs
 - Parental disappointment, in turn, arouses feelings in child of anger and aggression towards caregivers, which are defended against
 - Fixation may result in either:
 - Anal retentiveness: perfectionism, obsessive-compulsive tendencies
 - Anal expulsive: sloppy, messy, disorganized

Phallic (Oedipal) Phase



- Ages 3-6
 - Pleasure Zone: Genitals
 - Primary Activity: Genital fondling
 - Must successfully navigate the Oedipal Conflict

Oedipal Conflict

- Boys want to marry mom and kill father, aka Oedipal Complex, but fear retaliation from father (castration anxiety); ultimately resolved thru identification with father
- Girls have penis envy, want to marry dad, aka “Electra Complex”; identify with mom to try to win dad’s love

Phallic (Oedipal) Phase:



- Ages 3-6
 - Resolution of the Oedipal Conflict results in formation of the Superego
 - Fixation results in attraction to unattainable partners

Latency Phase



- Ages 6-11
 - Pleasure Zone: Sex drive is rerouted into socialization and skills development
 - Primary Activity: Same sex play; identification of sex role
 - Don't like opposite sex (has "cooties")
 - Fixation results in lack of initiative, low self esteem; environmental incompetence

Genital Phase



- Ages 13- young adulthood
 - Pleasure Zone: Genitals
 - Primary Activity: Adult sexual relationships
 - Fixation results in regression to an earlier stage, lack of sense of self

Structural (Tripartite) Theory



- Freud's second model of the mind to explain psychopathology
- Developed in the early 1900's

The ID

- Home of instinctual Drives
- “I want it and I want it NOW”
- Completely unconscious
- Present at birth
- Operates on the Pleasure Principle and employs Primary Process Thinking

To Review:

- **Pleasure Principle:** constant drive to reduce tension thru expression of instinctual urges
- **Primary Process Thinking:** Not cause-effect; illogical; fantasy; only concern is immediate gratification (drive satisfaction)

The Superego



- Internalized morals/values- sense of right and wrong
- Suppresses instinctual drives of ID (thru guilt and shame) and serves as the moral conscience

The Superego



- Largely unconscious, but has conscious component
- Develops with socialization, and thru identification with same-sex parent (via introjection) at the resolution of the Oedipal Conflict
- Introjection: absorbing rules for behavior from role models

The Superego- 2 Parts:

- Conscience: Dictates what is proscribed (should not be done); results in guilt
- Ego-Ideal: Dictates what is prescribed (should be done); results in shame

The Ego

- Created by the ID to help it interface with external reality
- Mediates between the ID, Superego, and reality
- Partly conscious
- Uses Secondary Process Thinking:
 - Logical, rational

“Ego” Defense Mechanisms

- The Ego employs “ego defense mechanisms”
- They serve to protect an individual from unpleasant thoughts or emotions
 - Keep unconscious conflicts unconscious
- Defense Mechanisms are primarily unconscious

“Ego” Defense Mechanisms

- Result from interactions between the ID, Ego, and Superego
- Thus, they’re compromises:
 - Attempts to express an impulse (to satisfy the ID) in a socially acceptable or disguised way (so that the Superego can deal with it)

“Ego” Defense Mechanisms

- Less mature defenses protect the person from anxiety and negative feelings, but at price
- Some defense mechanisms explain aspects of psychopathology:
 - Ex. Identification with aggressor: can explain tendency of some abused kids to grow into abusers

Primary Repression

- Conflict arises when the ID's drives threaten to overwhelm the controls of the Ego and Superego
- Ego pushes ID impulses deeper into the unconscious via repression
- Material pushed into unconscious does not sit quietly- causes symptoms

Classification of Defenses



- Mature
- Immature
- Narcissistic
- Neurotic

Mature Defenses



Altruism

Anticipation

Humor

Sublimation

Suppression

Altruism



- Unselfishly assisting others to avoid negative personal feelings

Anticipation



- Thinking ahead and planning appropriately

Sublimation



- Rerouting an unacceptable drive in a socially acceptable way; redirecting the energy from a forbidden drive into a constructive act
 - A healthy, conscious defense
 - Ex. Martial Arts

Suppression



- Deliberately (consciously) pushing anxiety-provoking or personally unacceptable material out of conscious awareness

Immature Defenses

- Acting Out
- Somatization
- Regression
- Denial
- Projection
- Splitting
- Displacement
- Dissociation
- Reaction Formation
- Repression
- Magical Thinking
- Isolation of Affect
- Intellectualization
- Rationalization

Acting out

- Behaving in an attention-getting, often socially inappropriate manner to avoid dealing with unacceptable emotions or material

Somatization



- Unconscious transformation of unacceptable impulses or feelings into physical symptoms

Regression



- Return to earlier level of functioning (childlike behaviors) during stressful situations
 - Ex. Kids regress after trauma



Denial

- Unconsciously discounting external reality

Projection



- Falsely attributing one's own unacceptable impulses or feelings onto others
 - Can manifest as paranoia

Splitting

- Selectively focusing on only part of a person to meet a current need state; seeing people as either all-good or all-bad
- Serves to relieve the uncertainty engendered by the fact that people have both bad and good qualities
- Considered normal in childhood

Displacement



- Redirection of unacceptable feelings, impulses from their source onto a less threatening person or object
 - Ex. Mad at your boss, so you go home and kick the dog

Dissociation



- Mentally separating part of consciousness from reality; can result in forgetting certain events
 - Ex. Dissociative amnesia

Reaction Formation

- Transforming an unacceptable impulse into a diametrically opposed thought, feeling, attitude, or behavior; denying unacceptable feelings and adopting opposite attitudes
 - Ex. Person who loves pornography leads a movement to outlaw its sale in the neighborhood

Repression



- Keeping an idea or feeling out of conscious awareness
- The primary ego defense
- Freud postulated that other defenses are employed only when repression fails

Magical Thinking



- A thought is given great power, deemed to have more of a connection to events than is realistic
 - Ex. Thinking about a disaster can bring it about
 - Can manifest as obsessions

Isolation of Affect



- Stripping an idea from its accompanying feeling or affect
- Idea is made conscious but the feelings are kept unconscious

Intellectualization



- Using higher cortical functions to avoid experiencing uncomfortable emotions; thinking without accompanying emotion

Rationalization

- Unconscious distortion of reality so that it's negative outcome seems reasonable or “not so bad, after all” (making lemonade out of lemons)
- Giving seemingly reasonable explanations for unacceptable or irrational feelings