

Psychodynamic Theories

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Who Was Freud?

Sigmund Freud

(May 6, 1856 to September 23, 1939)

was an Austrian neurologist and the founder of psychoanalysis, a clinical method for treating psychopathology through dialogue between a patient and a psychoanalyst.

In creating psychoanalysis, Freud developed therapeutic techniques such as the use of free association and discovered transference, establishing its central role in the analytic process.

As a medical researcher, Freud was an early user and proponent of cocaine as a stimulant as well as analgesic. He believed that cocaine was a cure for many mental and physical problems.

By mid-September 1939, Freud's cancer of the jaw was causing him increasingly severe pain and had been declared to be inoperable.

Freud fled Austria to escape the Nazis in 1938 and died in England on September 23, 1939 at age 83 by assisted suicide. He had requested a lethal dose of morphine from his doctor, following a long and painful battle with oral cancer.

Psychodynamic Theory

- Freud's psychodynamic theory developed in the early 1900s grew out of his work with patients.
- Freud used the term dynamic to refer to mental energy force.
- It emphasizes the importance of early childhood experiences, unconscious or repressed thoughts that we can't voluntarily access, and the conflicts between conscious and unconscious forces that influence our feelings, thoughts, and behaviors.

To explain his ideas, Freud developed, early in his career, **the topographic theory of the mind** and, later in his career, **the structural theory**.

Topographic theory of the mind

A. Topographic theory of the mind. In the topographic theory, the mind contains three levels: The **unconscious, preconscious, and conscious.**

1. The unconscious mind contains repressed thoughts and feelings that are not available to the conscious mind, and uses **primary process thinking.**

Because of their disturbing/threatening content, we automatically repress and cannot voluntarily access. Freud believed that a large part of our behavior was guided or motivated by unconscious forces.

- outside awareness
- operating system – primary process
- motivating principle – pleasure principle
- contents seen through neurotic symptoms, jokes, dreams, parapraxes

a. Primary process is a type of thinking associated with primitive drives, wish fulfillment, and pleasure seeking, and has no logic or concept of time. Primary process thinking is seen in young children and psychotic adults.

b. Dreams represent gratification of unconscious instinctive impulses and wish fulfillment.

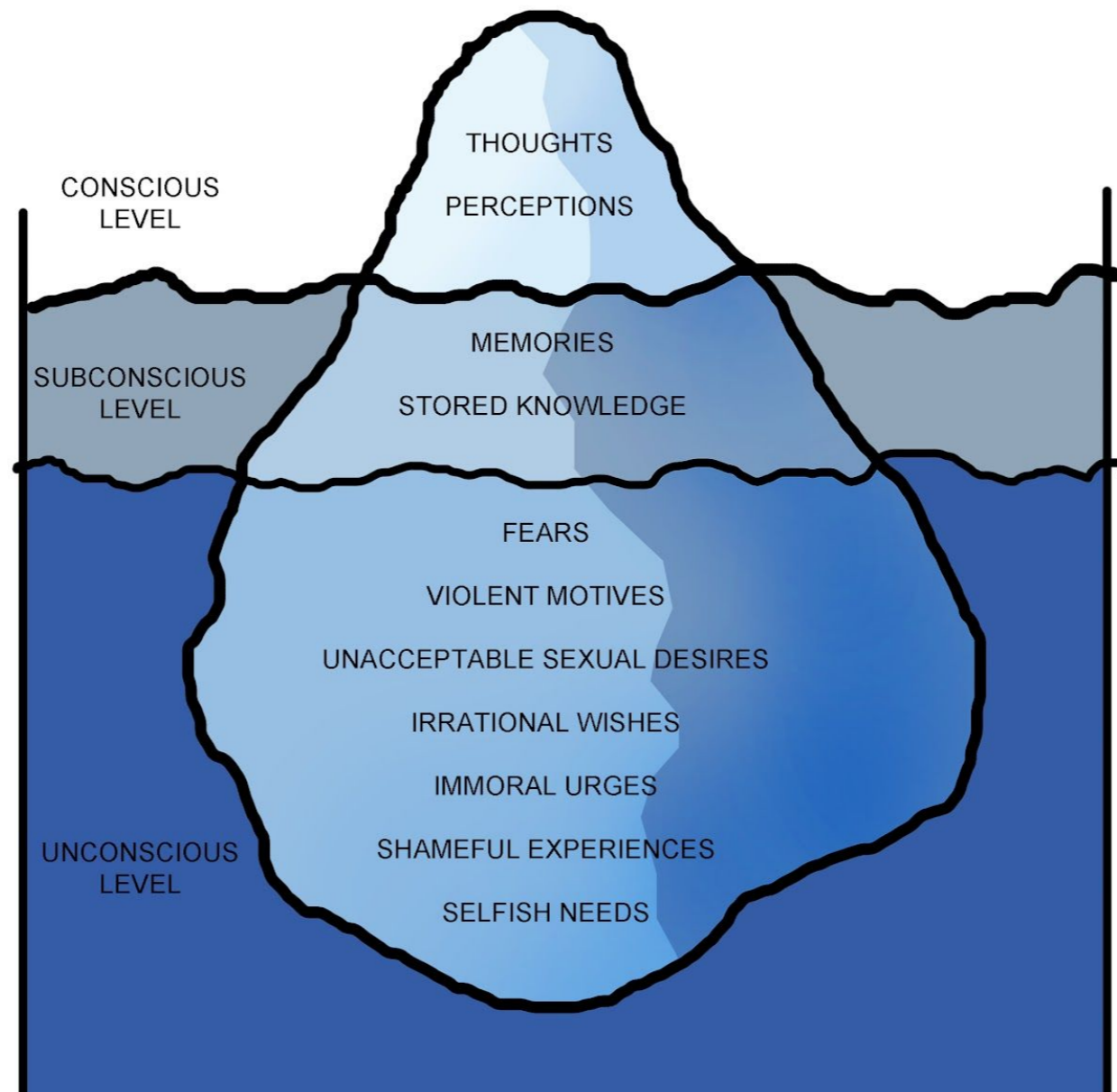
Topographic theory of the mind

2. The preconscious mind contains memories that, while not immediately available, can be accessed easily.

<< access – can occur through focused attention

3. The conscious mind contains thoughts that a person is currently aware of. It operates in close conjunction with the preconscious mind but does not have access to the unconscious mind. The conscious mind uses **secondary process thinking** (logical, mature, time-oriented) and can delay gratification.

Topographic theory of the mind



Structural theory of the mind

B. Structural theory of the mind

In the structural theory, the mind contains three parts: **The id, the ego, and the superego** .

- **id**

Refers to the basic inborn drives, and the sexual and aggressive impulses

The **id** follows the pleasure principle, which is to satisfy the drives and avoid pain, without concern for moral restrictions or society's regulations.

- **ego**

The more rational, reality-orientated and executive aspects of the personality partly conscious and partly unconscious

Goal is to find socially acceptable ways of satisfying the id's desires within the range of the superego's prohibitions.

The **ego** follows the reality principle, which is to satisfy a wish or desire only if there is a socially acceptable outlet available.

Structural theory of the mind

- **superego**

Describes conscience and ideals which are derived through the internalization of parental or other authority figures; usually results via resolution of the Oedipus complex.

Goal is to apply the moral values and standards of one's parents or caregivers and society in satisfying one's wishes.

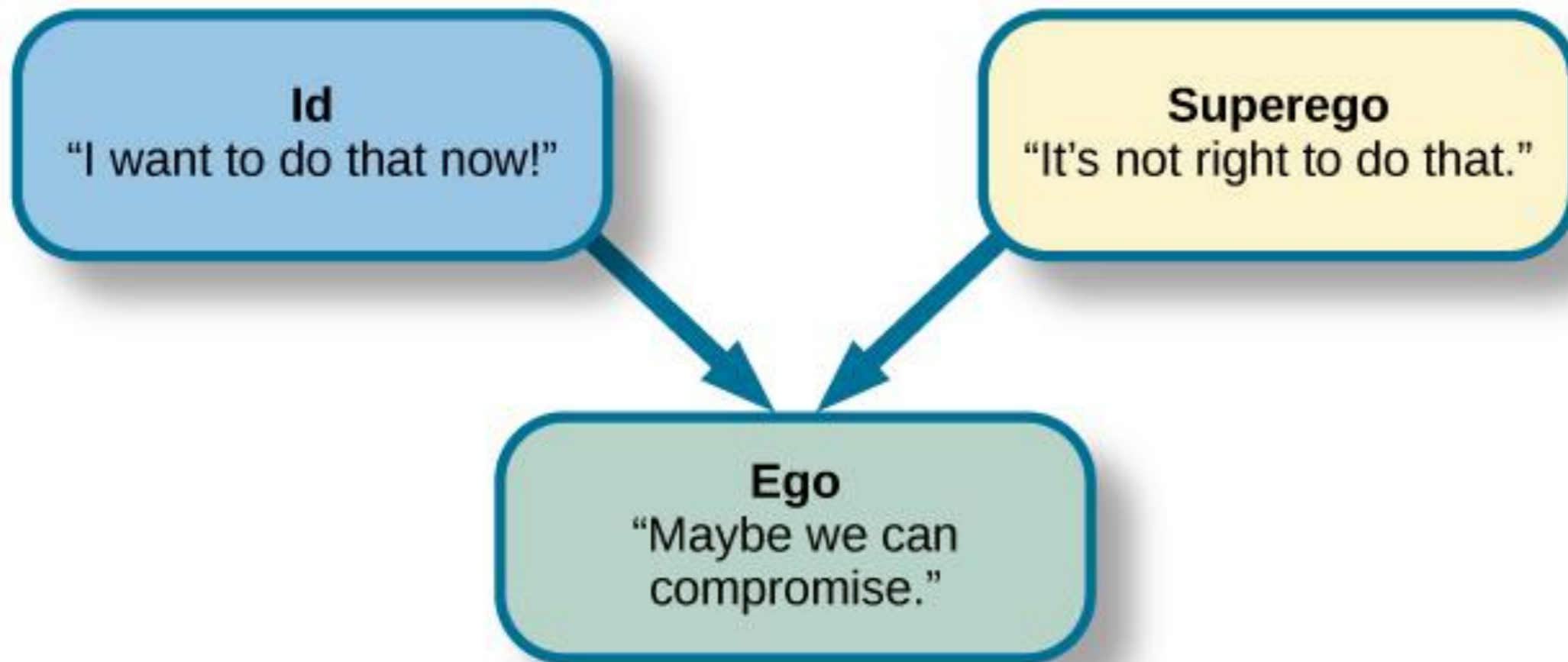
The **superego** develops from the ego during early childhood.

the superego is involved in the experience of guilt, perfectionism, indecision, and preoccupation with right or wrong

Freud believed that often times there is little to no disagreement between the goals of the **id** and **superego**.

However, when disagreement occurs Freud theorized that the **ego** works to find compromise between the goals of the **id** and **superego**. This compromise is found by the **ego** using what Freud described as mental processes or defense mechanisms.

Structural theory of the mind



Structural Component	Topographic Level of Operation	Age at which it Develops	Characteristics
Id	Unconscious	Present at birth	Contains instinctive sexual and aggressive drives Controlled by primary process thinking. Not influenced by external reality
Ego	Unconscious, preconscious, and conscious	Begins to develop immediately after birth	Controls the expression of the id to adapt to the requirements of the external world primarily by the use of defense mechanisms Enables one to sustain satisfying interpersonal relationships Through reality testing (i.e., constantly evaluating what is valid and then adapting to that reality), enables one to maintain a sense of reality about the body and the external world
Superego	Unconscious, preconscious, and conscious	Begins to develop by about 6 yrs of age	Associated with moral values and conscience Controls the expression of the id

Techniques to Discover the Unconscious

- Freud developed three methods to uncover unconscious processes: **free association, dream interpretation, and slips of the tongue** (Freudian slips).
- **Free association**: Freud encouraged clients to talk about any thoughts or images that enter their head; the assumption is that this kind of free-flowing uncensored talking will provide clues to unconscious material.
- **Dream Interpretation**: a Freudian technique of analyzing dreams, is based on the assumption that dreams contain underlying, hidden meanings and symbols that provide clues to unconscious thoughts and desires.
- Freud distinguished between the dreams obvious story or plot, called **manifest content**, and the dream's hidden or disguised meanings or symbols, called **latent content**.

Techniques to Discover the Unconscious

- **Freudian Slips**: are mistakes or slips of the tongue that we make in everyday speech; such mistakes which are often embarrassing, are thought to reflect unconscious thoughts or wishes.
- Freud assumed that the 3 techniques are all mental processes that are the least controlled by our conscious, rational, and logical minds.
- As a result, he believed that these 3 techniques allowed uncensored clues to slip out and reveal our deeper unconscious wishes and desires.

Defense mechanisms are **unconscious mental techniques** used by the ego to keep conflicts out of the conscious mind, thus decreasing anxiety and maintaining a person's sense of safety, equilibrium, and self-esteem. They can be useful in helping people deal with difficult life situations such as medical illness, but, when used to excess, can become a barrier to seeking care or adhering to treatment recommendations.

Some defense mechanisms are **immature** (i.e., they are manifestations of childlike or disturbed behavior).

Mature defense mechanisms (e.g., altruism, humor, sublimation, and suppression), when used in moderation, directly help the patient or others.

Repression, pushing unacceptable emotions into the unconscious, is the **basic defense mechanism** on which all others are based.

Transference and countertransference are **unconscious mental attitudes** based on important past personal relationships (e.g., with parents). These phenomena increase emotionality and may thus alter judgment and behavior in patients' relationships with their doctors (transference) and doctors' relationships with their patients (countertransference).

Transference

- 1. In positive transference, the patient has confidence in the doctor. If intense, the patient may over-idealize the doctor or develop sexual feelings toward the doctor.**
- 2. In negative transference, the patient may become resentful or angry toward the doctor if the patient's desires and expectations are not realized. This may lead to poor adherence to medical advice.**

In countertransference, feelings about a patient who reminds the doctor of a close friend or relative can interfere with the doctor's medical judgment.

The End