

Psychology of Atypical Behaviour



PERSPECTIVES IN TREATMENT OF ATYPICAL BEHAVIOUR

PSYCHODYNAMIC APPROACH

Basis of the Psychodynamic Approach to Treatment

The psychodynamic approach to atypical behaviour and abnormality emphasises the role of feelings, conflicts and drives operating at conscious and unconscious levels, in contrast with the biological approach which views the person as an essentially biological being and in contrast with the behavioural approach which is little concerned with understanding reasons or any mediational process. This approach is sometimes referred to as depth psychology.

Psychodynamic theorists maintain that all behaviour whether 'normal' or 'abnormal' arises from underlying psychological forces. These inner forces interact with each other and are often in conflict with each other, hence the term *dynamic*. Their interaction gives character to the personality producing differences between individuals in the extent to which we are successful in resolving these conflicts. Abnormality and normality then are on the same continuum in the sense that we all experience intrapsychic conflict but abnormal behaviours or symptoms arise when the person is particularly unsuccessful in resolving the conflicts, resulting in anxiety or neurosis.

There are various schools of psychodynamic psychology, all beginning with the work of Sigmund Freud but each adopting other names for their doctrines to indicate deviations from Freudian theory.

Psychodynamic Approaches

Psychoanalysis	Analytical Psychology	Individual Psychology	Ego Analysis or	Object Relations
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Ego Psychology

Sigmund Freud *Carl Jung* *Alfred Adler* *Anna Freud* *Melanie Klein*
Karen Horney *Otto Kernberg*
Heinz Hartman *D.W. Winnicott*

The **main concepts** within Freudian **psychoanalysis** (covered in Ps1 - check your knowledge of these) are:

- the struggle between Eros and Thanatos (the life and death drives)
- the tripartite structure of the personality (id, ego and super-ego)
- the dynamics of the unconscious
- the role of anxiety (neurotic, realistic and moral) and of defence mechanisms
- the processes of psychosexual development, from oral through anal, phallic and latency to the genital stage

Psychoanalytic Treatment

Following the assumptions of psychoanalytic theory, psychoanalysts view current psychological difficulties as arising from earlier childhood emotional trauma. Each personal history is the history of a series of conflicts, some of which we may be aware, the majority of which we will be totally unaware due to the operation of defence mechanisms. Freud believed that psychological disorders arise from intrapersonal conflicts of which we are unaware, conflicts which have been repressed to the unconscious.

Particularly important conflicts in Freud's view are the conflicts between the ego and super-ego and between Eros and Thanatos, that is, between the sexual and aggressive drives. The key assumption here is that a person's present disorder can be successfully resolved only by understanding their unconscious basis in the early relationships with parents.

The aims of psychoanalysis therefore, are:

- to free the id's impulses from excessive control by the ego
- to strengthen the ego
- to alter the contents of the super-ego so that it becomes less oppressive and more accepting

These amount to a *re-education of the ego*. Freud considered this possible and effective for a range of disorders in which the person has a degree of appreciation of reality, such as

anxiety disorders like phobias, anorexia, bulimia and depression as well as obsessive compulsive disorders. He did not think it would help the psychotic (although some therapists claim success with personality disorders e.g. C.B. Wilbur's (1970) case of *Sybil*) but could be used with the neurotic. The neurotic is someone who uses defence mechanisms excessively and whose libido gains expression through bodily symptoms such as slips of the tongue and other 'mistakes' (so-called **parapraxes**), ritualistic compulsions, temporary paralyses and so on. The neurotic has a distorted perception of reality and in order to remove the symptoms must gain access to the repressed feelings that give rise to them. By gaining this insight, the conflict will be reduced or resolved and the symptoms removed. This is the *recovery of unconscious memories*, achieved by various techniques.

Therapeutic Techniques and Procedures

Due to the nature of defence mechanisms and the inaccessibility of the deterministic forces operating in the unconscious, psychoanalysis in its classic form is a lengthy process often involving 2 to 5 sessions per week for several years. This approach assumes that the reduction of symptoms alone is relatively inconsequential as if the underlying conflict is not resolved, more neurotic symptoms will simply be substituted. The analyst typically is a 'blank screen', disclosing very little about themselves in order that the client can use the space in the relationship to work on their unconscious without interference from outside. The psychoanalyst uses various techniques as encouragement for the client to develop insights into their behaviour and the meanings of symptoms, including *free association*, *interpretation (including dream interpretation)*, *resistance analysis* and *transference analysis*.

Free-association is where the client simply tells everything that occurs to consciousness without attempting to edit it in any way.. Sometimes stimulus material may be used such as words or images but the main idea is for the client to find a way of lifting repressions. Nothing the client says is taken at face-value. In fact, the more rational it is, the more likely it is to be covering up or repressing something meaningful at an unconscious level. Clues to the nature of repressed material are given by attempts to change subject, significant omissions, forgetting or losing track.

Interpretation is used by the analyst offering suggestions for the meaning of some of the client's behaviours. It is a hypothesis, not a definitive solution to the problem and the client's response to the interpretation can often be more indicative of unconscious motives than the actual interpretation itself. The client needs to be close to the point of accepting an interpretation before it is offered, otherwise the suggestion itself will meet with resistance and will be rejected, twisted or distorted in some other way. Saretsky (1978) maintains that the analyst must learn to be sensitive to the client's level of readiness to consider the interpretation, when the repressed material is already near to consciousness. The analyst is working here with the client's ego, trying to get it to overcome resistances

and to fill in the gaps in memory. It is often best for the analyst to point out that a resistance is operating than to try to offer an interpretation of why the client is resisting. Material for interpretation may come from free association or there may be the **interpretation of dreams**. Freud considered dreams to be the 'royal road to the unconscious' as it is in dreams that the ego's defences are lowered so that some of the repressed material comes through to awareness, albeit in distorted form. Freud distinguishes between the **manifest content** of the dream, the consciously remembered material, and the **latent content**, the symbolic meaning of the dream. Dream interpretation involves the translation of the (inevitably distorted) manifest content into the (truthful) latent meaning. Understanding the various distorting processes would help us to understand the latent meaning of a dream. The process of **condensation** is the joining of two or more idea/images into one. For example, a dream about a man may be a dream about both one's father and one's lover. A dream about a house might be the condensation of worries about security as well as worries about one's appearance to the rest of the world. The process of **concretization** is the representation of abstract ideas by using concrete images. For example, a dream about a king might represent the abstract ideas of authority or wealth. The process of **symbolic representation** is when one image stands for another, so a dream about a king may be a dream about a father.

Resistance analysis is the analysis of the conscious efforts of the ego to avoid the conflicts and challenges to those conflicts. The more threatening the repressed material is, the more the ego resists accepting it. All the forces that oppose the client's getting better are resistance. There are several types of resistance:

One kind is repression resistance, resisting reproducing unconscious material. Another is transference resistance is refusing to acknowledge that the client feel some emotions towards the analyst which are similar to emotions buried in the unconscious. Another is the client's refusing to admit that something could be gained by removing symptoms.

Another is where the id refuses to be re-directed into more acceptable forms of gratification.

Another arises from the super-ego, the resistance shown by guilt at the prospect of any recovery or improvement.

Freud considered the struggle to overcome resistances as the main work of psychoanalysis and the one which analysts find most difficult.

Transference analysis is the understanding of the relationship that develops between the analysand(client) and the analyst. The analyst's role is to remain neutral but to encourage an environment in which unconscious material can be explored. This often means that one way for the analysand to examine emotions towards significant figures in their past is to transfer the emotions into the psychoanalytic relationship. So the client may feel hostile or loving towards the analyst, which is really an emotion displaced from

its legitimate target. Most often the analysand will fall deeply in love with the analyst, reflecting strong feelings towards a parent which have not been allowed expression directly previously. Of course, although this is experienced by the client as real and in a sense is real, it is also mis-directed and so unreal. It is nevertheless a step towards accepting the legitimate feeling towards the original focus of the emotion. The transference often starts by being positive but as the therapist maintains a realistic distance, will be increasingly frustrating for the client who may then come to transfer associated feelings of hostility into the relationship. Handling this transference is a vital skill of a psychoanalyst who will eventually point to an interpretation as to the origin of the emotions. An associated emotion is **counter-transference** where the therapist projects some of their own feelings into the relationship with the client, hopefully with a significant degree of insight as to their bogus origin.

Applications of Psychoanalysis

Psychoanalysis (along with Rogerian humanistic counselling) is an example of a **global therapy** (Comer 1995 p 143) which has the aim of helping clients to bring about major change in their whole perspective on life. This rests on the assumption that the current maladaptive perspective is tied to deep-seated personality factors. Global therapies stand in contrast to approaches which focus mainly on a reduction of symptoms, such as cognitive and behavioural approaches, so-called **problem-based therapies**.

Anxiety disorders such as phobias, panic attacks, obsessive-compulsive disorders and post-traumatic stress disorder are obvious areas where psychoanalysis might be assumed to work. The aim is to assist the client in coming to terms with their own id impulses or to recognise the origin of their current anxiety in childhood relationships that are being relived in adulthood. Svartberg and Stiles (1991) and Prochaska (1984) point out that the evidence for its effectiveness is equivocal. Salzman (1980) suggests that psychodynamic therapies generally are of little help to clients with specific anxiety disorders such as phobias or OCDs but may be of more help with general anxiety disorders. Salzman (1980) in fact expresses concerns that psychoanalysis may increase the symptoms of OCDs because of the tendency of such clients to be overly concerned with their actions and to ruminate on their plight (Noonan 1971).

Depression may be treated with a psychoanalytic approach to some extent. Psychoanalysts relate depression back to the loss every child experiences when realising our separateness from our parents early in childhood. An inability to come to terms with this may leave the person prone to depression or depressive episodes in later life. Treatment then involves encouraging the client to recall that early experience and to untangle the fixations that have built up around it. Particular care is taken with transference when working with depressed clients due to their overwhelming need to be dependent on others. The aim is for clients to become less dependent and to develop a

more functional way of understanding and accepting loss/rejection/change in their lives. Shapiro et al (1991) report that psychodynamic therapies have been successful only occasionally. One reason might be that depressed people may be too inactive or unmotivated to participate in the session. In such cases a more directive, challenging approach might be beneficial. Another reason might be that depressives may expect a quick cure and as psychoanalysis does not offer this, the client may leave or become overly involved in devising strategies to maintain a dependent transference relationship with the analyst.

Evaluation of the Psychodynamic Approach and Treatments

Fisher and Greenberg (1977), in a review of literature, conclude that psychoanalytic theory cannot be accepted or rejected as a package, 'it is a complete structure consisting of many parts, some of which should be accepted, others rejected and the others at least partially reshaped'.

Fonagy (1981) questions whether attempts to validate Freud's approach through laboratory tests have any validity themselves. Freud's theory questions the very basis of a rationalist, scientific approach and could well be seen as a critique of science, rather than science rejecting psychoanalysis because it is not susceptible to refutation.

The case study method is criticised as it is doubtful that generalisations can be valid since the method is open to many kinds of bias. However, psychoanalysis is concerned with offering interpretations to the current client, rather than devising abstract dehumanised principles. Anthony Storr (1987), the well-know psychoanalyst appearing on TV and Radio 4's 'All in the Mind', holds the view that whilst a great many psychoanalysts have a wealth of 'data' at their fingertips from cases, these observations are bound to be contaminated with subjective personal opinion and should not be considered scientific. He goes on to point out, however, that attempts to understand humans as mere responders to stimuli is unscientific since it offers no explanation of processes involved.