

# The psychodynamic approach – or what freud really thought



**ASSIGN  
BUSTER**

Many of you may be wondering how it is that I claim to know the impossible: what Freud really thought. The truth is, of course I don't. It's fun to try though, isn't it? Well then, now that we've cleared that up, let us begin. I feel that a bit of history would be fitting at this point. Freud, or Sigmund as I shall call him for now (I always say familiarity is the best route to understanding) was born in the Austro-Hungarian Empire in 1865. His family background was Jewish, but his father was a freethinker and Sigmund an avowed atheist.

Sigmund's father and first wife had two sons, both more than twenty years older than 'little Sigmund'. Sigmund was passionately interested in science, so it was somewhat a disappointment to him that the only professions open to Jewish men at the time were medicine or law. He would have much preferred neurophysical research. However, Sigmund was engaged and needed to earn enough to support a family before he could marry, so he determined to go into private practice with a speciality in neurology.

During his training, Sigmund made friends with Josef Breuer, another physician and physiologist. They often discussed medical cases together, and it is through this that Sigmund first encountered hysteria. Breuer used the 'talking cure' on his patients, which involved hypnosis under which they talked about thoughts that were usually repressed, relieving their symptoms. Sigmund was fascinated by hysteria, and later went to Paris for further study under Jean-Martin Charcot, a neurologist renowned for his studies of hysterics and use of hypnosis.

Sigmund began to develop his ideas of psychoanalysis in around 1886, in a private practice specializing in nervous and brain disorders. He tried

hypnosis in the treatment of his hysterical and neurotic patients, but soon rejected it. He found he could get patients to talk just by putting them in a relaxing position (the couch) and encouraging them to say whatever came into their heads (free association). He could then analyse what they had said and determine what traumatic events in their past had caused their condition.

Between 1900 and 1905, Sigmund developed his ideas and put them into books, causing much controversy. His first ideas, dealing with dream analysis and "Freudian Slips" among other things, were accepted after much discussion. His later concepts, however, for example sexuality as such a crucial part of life, were received much less favourably. However, Sigmund was not discouraged, and continued to work on his outlandish ideas that were causing him and his family so much trouble with the neighbours. One of Sigmund's main ideas was, of course, free association.

He proposed that there were different levels of consciousness, the contents of which were available at different times and in different circumstances. The unconscious, which was Sigmund's passion, could be revealed in the process of free association. This was very useful in the treatment of various psychological illnesses, including hysteria and neurosis. After an hour of free association there was a marked improvement in many cases. Of course, many critics and believers in the medical model wondered why Sigmund insisted on such a long-winded treatment when a strong sedative could have erased the symptoms in one easy motion.

However, Sigmund insisted that to treat the symptoms without the causes was useless, as the symptoms would return once the medication had been discontinued. Sigmund's success in the treatment of these disorders contradicts the popular belief that they are physiological. Sigmund soon found that, during free association, even if the patient was making every effort to remember, there were some of the most painful and most crucial memories which they could just not get to.

This led him to the idea of repression, and subsequently to other defence mechanisms, for example reaction formation, when the person reacts against a repressed urge with the exact opposite reaction than that which is expected, and projection, when an uncomfortable repressed idea is projected onto someone else so as to distance the person from it. All of these ideas support Sigmund's claim of different levels of consciousness, and that there are psychological reasons for disorders, rather than physiological ones. The libido is an interesting idea.

Sigmund explained it as all psychic energy, although now it has acquired sexual implications. In Sigmund's theory, the mind has a fixed amount of energy, which can be transformed from one form or function to another, but cannot be produced or destroyed. Any process or function of the mind which consumes excess energy lessens the ability of the mind to function normally. Repression, he said, demands significant amounts of energy to maintain; even then, a repressed thought might come dangerously close to becoming conscious, only to be redirected or defended against by a defence mechanism.

Sigmund also felt that libido could be used to explain differences in personality: someone who puts most of his libido into id gratification will be very different to someone whose libido is working for the superego. This too supports the claim of psychological, rather than physiological explanations of functioning. The five psychosexual stages of development are affected strongly by libido. At each stage, most of the person's libido will be directed at the particular erogenous zone, and if frustration or overindulgence occurs, resulting in fixation, much of the adult's libido will continue to be directed at this zone.

In this theory, Sigmund manages to explain the complexities of development in relatively concise and simple terms, all of which refer to physiological functioning but with psychological reasoning. This is very effective as an explanation as it explains in more depth than other models, for example the medical model, which assumes all malfunctioning to be physiological, and treats symptoms rather than causes, or the behavioural model, which suggests that all behaviour is 'learnt'. This does not explain why people develop psychological disorders without previous experience of them, for example the majority of hysterics.

Personally, I feel that the psychodynamic model is the most realistic and detailed explanation of the human psyche. The medical model, I feel to be too concerned with physiological functioning, to the extent of ignoring anything else. The behavioural model seems a bit over-simplistic, reducing all behaviour down to copying other people. The cognitive model seems to make sense, but does not explain where irrational thought patterns come

from, and why some people develop psychological disorders while others do not.

The psychodynamic model seems to counteract all these problems. It balances physiological and psychological functioning. It explains both how and why different behaviours occur. It does not attempt to over-simplify complex behaviour patterns. Perhaps with some aspects, such as dream analysis, small insignificant details may be stretched into bigger, more complex ones that I feel might be slightly unrealistic. But all in all I feel that it is the most complete model which best explains abnormality.