

Module:
Mental Health in the Community

Week 4:
Psychosocial approaches to care in the community



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Topic 1
Psychological approaches I: Individual therapies

Part 1 of 2

Topic list



This week, we will be looking at the following topics:

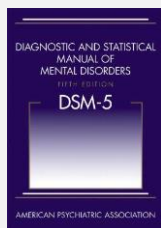
- **Topic 1: Psychological approaches I: Individual therapies**
- Topic 2: Psychological approaches II: Beyond the individual to couple, family, and group work
- Topic 3: Community care in practice

Click **Next** to continue

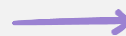
Part 1

Introduction

There has been a **shift in thinking:**



Shift from:



Compartmentalism Thinking

Holistic Approach

What is mental health?
What is mental illness?

Clinically-significant disturbances in **cognition**, **emotional regulation**, or **behaviour** that indicate a dysfunction in mental functioning and are usually associated with significant distress or disability in **work**, **relationships**, or other areas of **functioning**.

Psychological distress is **multifactorial**

- impacts several areas of someone's life
- DSM-5 acknowledges this!

The psychoanalytic model

Theory of development and organisation of personality that guides psychoanalysis

Used to treat psychological distress

Sigmund Freud (1856 – 1939)

Validity of his views is now disputed/rejected

Deterministic view of human nature

- Irrational forces
- Biological drives
- Unconscious motivations

Humans are dominated by two basic instincts

Eros (life)



Sexual drive
Creative life force

Thanatos (death)



Death
Destructiveness

We are constantly balancing these energies

Personality is shaped through sexual stages

Constantly conflict between

Biological drives



Social expectations



Successful navigation of internal conflicts



Mastery at each developmental stage



Fully mature healthy personality

Unsuccessful navigation = Unhelpful behaviours develop

Milton et al. (2011)

The psychoanalytic model - psychosexual stages

Stage	Age Range	Erogenous zone	Consequences of psychological fixation
Oral	Birth – 1 year	Mouth	Orally aggressive: chewing gum and the ends of pencils, etc. Orally passive: smoking, eating, kissing, oral sexual practices Oral stage fixation might result in a passive, gullible, immature, manipulative personality.
Anal	1 – 3 years	Bowel and bladder elimination	Anal retentive: Obsessively organized, or excessively neat Anal expulsive: reckless, careless, defiant, disorganised, coprophiliac.
Phallic	3 - 6 years	Genitalia	Oedipus complex (in boys) Electra complex (in girls)
Latency	6 - puberty	Dormant sexual feelings	Sexual unfulfillment if fixation occurs in this stage.
Genital	Puberty - death	Sexual interests mature	Frigidity, impotence, unsatisfactory relationships.

Milton et al. (2011)

The psychoanalytic model – id, ego and superego (1)

Psychosocial theory of development

Personality consists of three elements

Id	Ego	Superego
<p>Driven by internal basic drives and needs.</p> <p>Instinctual: Anger, thirst, sex</p> <p>Pleasure Principle</p> <p><i>No consideration for others</i></p> <p>Example of an infant</p> <p>Hungry Uncomfortable In pain Need attention</p> <p>The baby will cry</p> <p>Impulsive and unaware of the implications of their actions.</p>	<p>Start interacting with the external world.</p> <p>Reality Principle</p> <p><i>Achieve the id's wishes in the most realistic way.</i></p> <p>In a healthy person - Is the strongest!</p> <p><i>Satisfies the need of the id.</i></p> <p>Doesn't upset the superego and understands the reality of every situation.</p>	<p>By the age of 5 the superego develops.</p> <p>Moral part of us</p> <p><i>Dictate right and wrong.</i></p>
These forces should be in a state of dynamic equilibrium		
Lack of balance will cause conflict		Causing psychological difficulty
<p>IF id is out of control</p> <p>Impulsive</p>		<p>IF superego is too strong</p> <p>Overcritical/rigid and may develop depression</p>
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The psychoanalytic model – id, ego and superego (2)

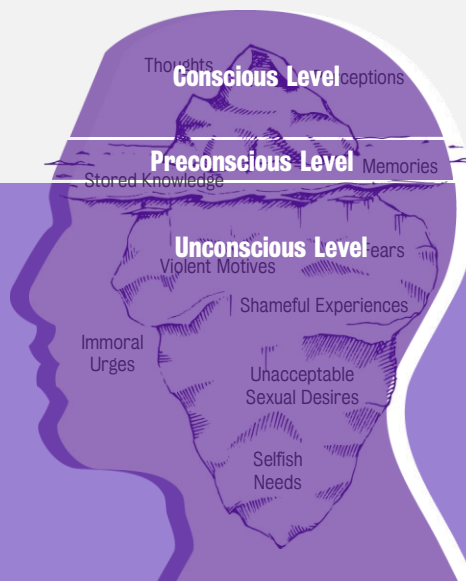
EGO – Conscious mind

Conscious mind is only a small part of us

ID and Superego – Unconscious mind

Most of what drives us dwells in the subconscious

Most of what we are and know is buried and inaccessible



Not regularly accessible but can be retrieved

Majority of our:
Inner experiences
Emotions
Beliefs
Feelings
Impulses

Not available on a conscious level

Object - relations theory



Psychoanalytic theory



Object-relations theory

Emphasis on:

- interpersonal relationships
- family
- mother and child

Roots in psychoanalytic principles, however:

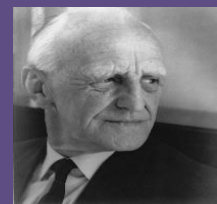
- less emphasis on biological drives
- emphasised the significance of the mother

We will look at:

Melanie Klein (1882-1960)



Donald Winnicott (1886-1971)



Object - relations theory: Melanie Klein



Melanie Klein (1882-1960)

"Mother" of Object-relations theory

Interested in the early causes of psychosis

- First six months are crucial to the development of the ego

Paranoid-schizoid position

Baby is only able to relate to the mother and external world in part objects.

Baby projects loving and hating feelings onto separate parts of the mother

Maternal object is divided into
BAD (hated) and **GOOD** (loved)

Birth

Splitting – good stays separate from bad

Depressive position

Infant can relate to objects as whole objects

GOOD and BAD

LOVE and HATE

Exist together

Ambivalence

– good and bad can coexist

3 months

6 months

Milivojević & Ivezic (2004)

Object-relation theory – Donald Winnicott



Donald Winnicott (1886–1971)

Emphasises the vulnerability of the infant
The caregiver needs to provide a good holding environment
Concept of the good-enough mother

Good-enough mother

Develops heightened state of sensitivity during pregnancy

When this passes, the mother has a **'flight insanity'**

Continues to provide a safe and consistent holding environment

Meets her baby's needs on a physical and emotional level

Initially the carer supports the illusion of symbiosis.

Gradually and carefully allow disillusionment by failing to adapt to the baby's needs.

Allow the child to realise their own and the caregiver's individuality.

Happens through play and the use of a transitional object.

Psychological difficulties develop when:

- the environment is not holding
- the mother fails to meet the needs of the baby. Failing to provide a reasonably-attuned care
- fails to protect the baby from experiencing overwhelming distress

Jacobs (1995)

Attachment theory – John Bowlby



John Bowlby (1907–1990)

The relationship with the caregiver is crucial in development of a healthy individual.

His work is more than likely shaped by his early life and early working experiences.

Focused his work on children who had been separated from the primary caregiver.

“ In order to grow up mentally healthy, the child should experience a warm, intimate and continuous relationship with its mother. ”

Attachment

We have an innate ability to bond with one another

“ A strong disposition to seek proximity to, and contact with, a specific figure and to do so in certain situations, notably when frightened, tired or ill. ”

This is an innate **primary drive**.

The quality and nature of this bond is crucial for **social, cognitive** and **emotional** development.

Child's attachment experiences with primary caregiver lead to the development of an internal working model.

- a cognitive framework/prototype for future relationships

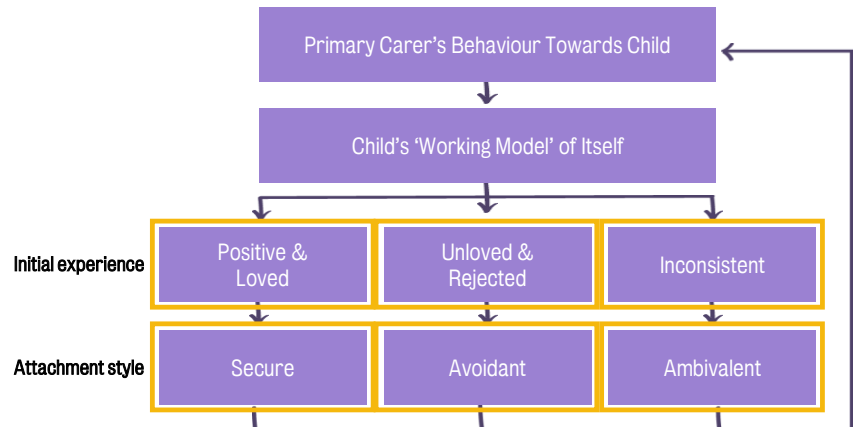
Bretherton (1992)

Internal working model



How a child is cared for in their early life will become a prototype for:

- future expectations
- how they will relate to others
- how others relate to them



Causes of psychological distress lie in the early life experience with the primary caregiver.

End of part 1