Sigmund Freud`s Psychoanalytic Approach (1890s-1939)

*Model of personality development

*Identified dynamic factors that motivate behavior

*Focused on role of unconscious

*Method of psychotherapy

Freud`s Perspective

- Behavior is determined by irrational forces.
- Unconscious motivations
- Biological and instinctual drives as they evolve through the six psychosexual stages of life
- Libido-psychic energy: life instinct (Eros): survival, pleasure and reproduction & death instinct (Thanatos): self-destructive behavior & aggression and violence.

The Structure of the Mind

- Levels of Mind
- Conscious mind
- Preconscious mind
- Unconscious mind
- THE STRUCTURE OF PERSONALITY
- Id
- Ego
- Superego

Structure of Personality: Topographical model



1. Conscious Mind: The tip of the iceberg, it includes thoughts, perceptions, and current awareness. Easily accessible and under voluntary control.



2. Preconscious Mind: The just-below-surface layer. It includes memories and knowledge not currently in use but can be recalled with attention. It acts as a bridge between the conscious and unconscious.



3. Unconscious Mind: The deepest part of the mind storing repressed memories, desires, traumas, instincts, and conflicts. Not directly accessible, but influences behavior, dreams, slips of the tongue, and symptoms.

Structure of Personality: The Three Elements

1. ID: Primitive and instinctual part of the mind.

Operates on the **pleasure principle** (seeks immediate gratification).

Contains basic drives: hunger, sex, aggression.

2. EGO: Rational, decision-making part

Operates on the **reality principle** (balances desires and reality).

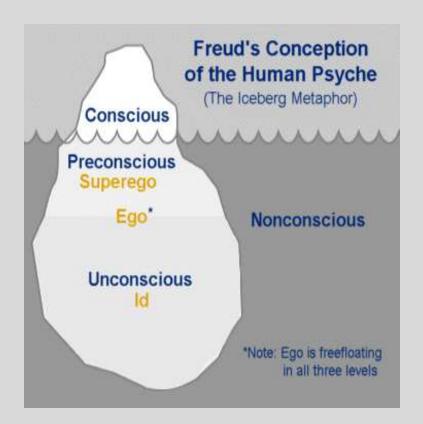
Mediates between the id, superego, and external world.

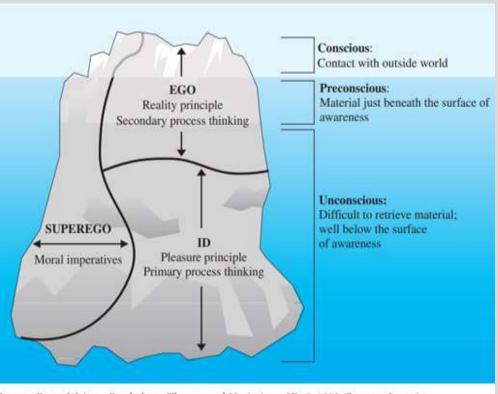
3. SUPEREGO: Moral conscience and ideals

Internalized societal and parental standards.

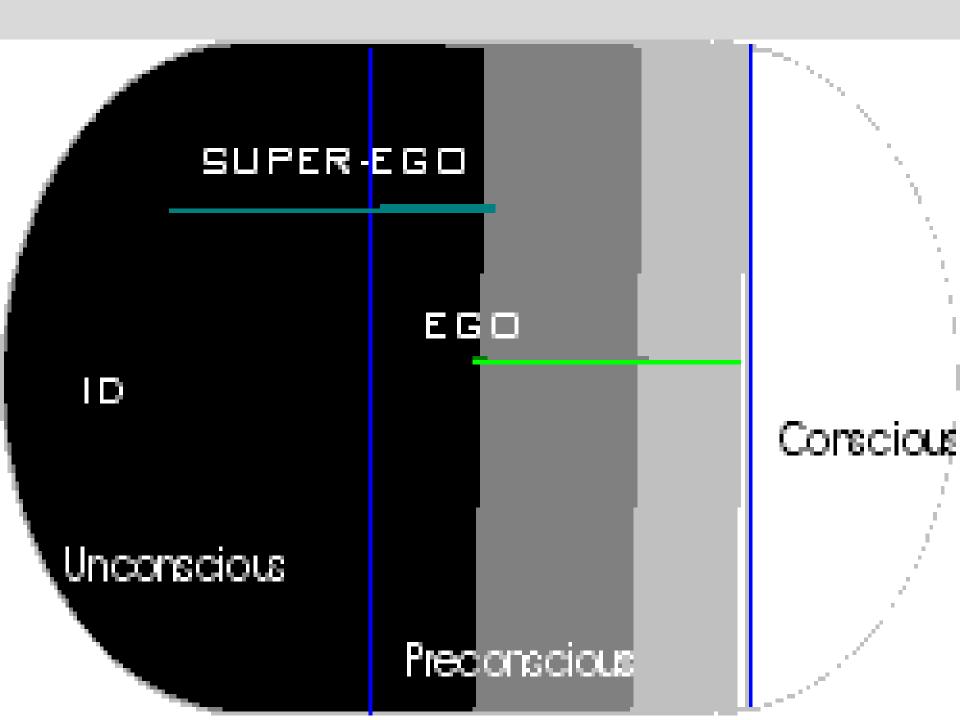
Strives for perfection, often in conflict with the id.



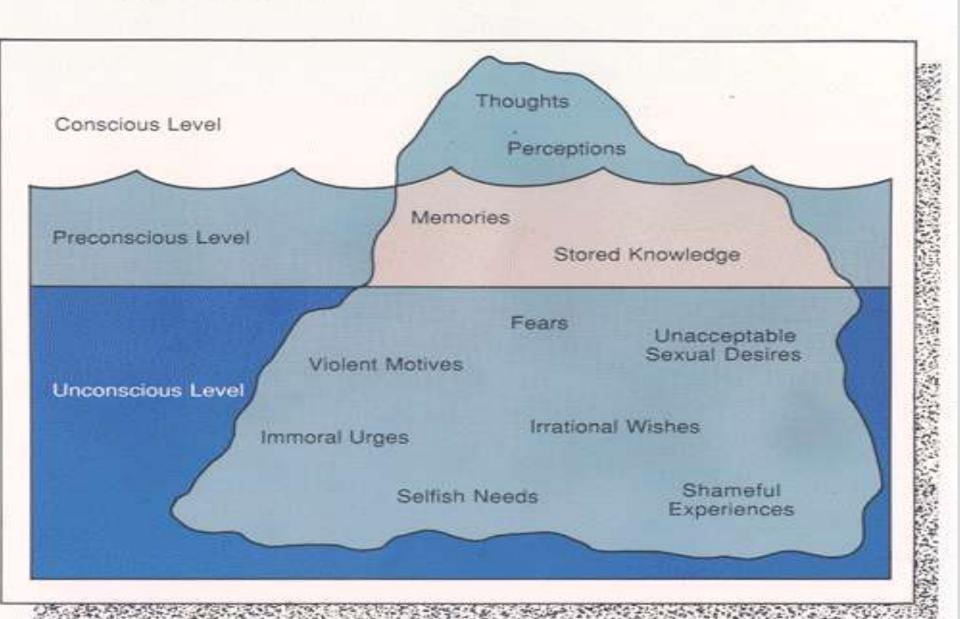




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PERS 5 Freud's View of the Human Mind: The Mental Iceberg



- Anxiety is an unpleasant inner state that people seek to avoid.
- Neurotic anxiety is the unconscious worry that we will lose control of the id's urges, resulting in punishment for inappropriate behavior.
- Reality anxiety is fear of real-world events. The
 cause of this anxiety is usually easily identified. For
 example, a person might fear receiving a dog bite
 when they are near a menacing dog. The most
 common way of reducing this anxiety is to avoid the
 threatening object.
- Moral anxiety involves a fear of violating our own moral principles.

Defense Mechanisms

- Because of anxiety provoking demands created by the id, superego, and reality, the ego has developed a number of defense mechanisms to cope with anxiety.
- Defenses occur unconsciously and work to distort reality.
- Denial :arguing against an anxiety provoking stimuli by stating it doesn't exist. e. g. denying that your physician's diagnosis of cancer is correct and seeking a second opinion.
- Displacement: taking out impulses on a less threatening targets, e.g. lamming a door instead of hitting as person or yelling at your spouse after an argument with your boss
- Intellectualization: avoiding unacceptable emotions by focusing on the intellectual aspects. e.g. focusing on the details of a funeral as opposed to the sadness and grief.

- Projection: placing unacceptable impulses in yourself onto someone else .e.g. when losing an argument, you state "You're just Stupid;"
- Rationalization: supplying a logical or rational reason as opposed to the real reason. e. g. stating that you were fired because you didn't kiss up the boss, when the real reason was your poor performance
- Reaction formation: taking the opposite belief because the true belief causes anxiety. e.g. having a bias against a particular race or culture and then embracing that race or culture to the extreme.

-hide their true feelings by behaving in the exact opposite manner.

- Regression: returning to a previous stage of development. e.g. sitting in a corner and crying after hearing bad news; throwing a temper tantrum when you don't get your way
- Fixation: Fixated at the oral stage might begin eating or smoking excessively or might become very verbally aggressive or A fixation at the anal stage might result in excessive tidiness or messiness.
- Repression: Pulling into the unconscious forgetting sexual abuse from your childhood due to the trauma and anxiety may later have difficulty forming relationships.
- Suppression pushing into the unconscious trying to forget something that causes you anxiety. we do this consciously by forcing the unwanted information out of our awareness.

- Sublimation: acting out unacceptable impulses in a socially acceptable ways. e. g. sublimating your aggressive impulses toward a career as a boxer; becoming a surgeon because of your desire to cut; lifting weights to release 'pent up' energy
- Freudian Slip: an inadvertent mistake in speech or writing that is thought to reveal a person's unconscious motives, wishes, or attitudes.

Freud's Stages of Psychosexual Development

- Libido-energy that powers all mental activity.
- It changes as we develop.
- Excessive investment of psychic energy in a particular stage—various type of psychological Disorders
- According to Freud, an innate sequence of stages through which all human beings pass.
- At each stage, pleasure is focused on a different region of the body – Erogenous Zone.
- If these psychosexual stages are completed successfully, the result is a healthy personality. If certain issues are not resolved at the appropriate stage, fixation can occur. A fixation is a persistent focus on an earlier psychosexual stage. Until this conflict is resolved, the individual will remain "stuck" in this stage.

Structure of Personality: Psychosexual Stages

Stage	Ages	Description	Problems / Fixation
Oral Stage	Birth to 1 years	Pleasure from oral stimulation: tasting, sucking	Dependency or aggression; issues with eating, drinking, smoking, nail biting
Anal Stage	1 to 3 years	Focus on bowel and bladder control; eliminating or retaining feces	Anal-expulsive: messy, wasteful, destructive Anal-retentive: orderly, rigid, obsessive
Phallic Stage	4 to 5 years	Focus on genitals; Oedipus/Electra complex; child identifies with same-sex parent	Fixation may cause sexual deviancy
Latency Stage	5 years to puberty	Sexual urges repressed; focus on intellectual, social, and communication skill development	May lead to unresolved feelings of inferiority (e.g., penis envy), low self-confidence
Genital Stage	adolescence to adulthood	Sexual desires resurface; focus on forming mature, intimate relationships	Issues from unresolved earlier stages may emerge, affecting adult relationships

FREUD'S PSYCHOSEXUAL

Age	Name	Pleasure source	Conflict/ Effect of Fixation
0-2	Oral	sucking, biting, swallowing	Weaning from mother's breast/ Passive dependence or excessive smoking or eating
2-4	Anal	defecating or retaining faeces	Toilet training; self control/ Retentive: obsessive neatness Expulsive: reckless; disorganized
4-5	Phallic	Genitals	Oedipus (boys), Electra (girls)
6-puberty	Latency	Sexual urges sublimated into sports and hobbies. Same-sex friends help avoid sexual feelings.	(Usually no fixation at this stage; but if so, sexual immaturity and dissatisfaction)
puberty onward	Genital	Physical changes reawaken repressed needs. Direct sexual feelings towards others lead to sexual gratification.	Social rules/ Frigidity, impotence, unsatisfactory relationships

Oral Stage-0-18 months

- Pleasure is centered in the region of mouth
- The infant derives pleasure from oral stimulation through gratifying activities such as tasting and sucking.
- If too much and too little gratification occurs during this stage ,an individual may become fixed at it
- Fixed at this stage, people become excessive smokers, overeaters or people who bite their nails.

Anal Stage-end of oral stage to 3 years.

- Pleasure is derived from the process of defecation.
- Erogenous Zone- Anal zone.
- Freud believed that the primary focus of the libido is on controlling bladder and bowel movements.
- Harsh toilet training- Excessively orderly or compulsive (strive for perfection and neatness) If parents are too strict or begin toilet training too early, Freud believed that an anal-retentive personality develops in which the individual is stringent, orderly, rigid, and obsessive.
- Very relaxed toilet training— undisciplined impulsive and excessive generous. An anal-expulsive personality could develop in which the individual has a messy, wasteful, or destructive personality.

Phallic Stage-end of the anal stage to about 6 years

- The genitals become the primary source of pleasure
- Complex-a crisis of this age in which children must give up their sexual attraction to their opposite sex parent.
- Related to later sexual attitude.
- Oedipus complex: describes these feelings of wanting to possess the mother and the desire to replace the father.
- Electra complex: means a similar set of feelings experienced by young girls.

Latency Stage-end of the phallic stage

- During the latent period, the libido (Sexual feelings) interests are suppressed. The development of the ego and superego contribute to this period of calm.
- Children enter into school and become more concerned with peer relationships, hobbies, and other interests in this stage.
- Resolution of the Oedipus/electra complex
- This stage is important in the development of intellectual, social and communication skills and self-confidence.

Genital Stage-adolescence to adulthood

- Individuals acquire the adult capacity to combine lust and affection.
- Sexual energies are invested in life.

Methods

- Free Association Method—patients are asked to freely express whatever thoughts and feelings happen to come into their mind
- Dream analysis- Manifest content & Latent content (Royal road to the unconsciousness)
- Projective techniques







- Psychoanalysis-As a psychotherapy
- Treatment designed to help people deal with mental emotional and behavioral problems.
- Freud`s method of treatment that attempts to bring hidden impulses and memories, which are locked in the unconscious to the surface of awareness, therefore, freeing the patient from disordered thoughts and behaviors.
- Resistance
- Transference

EVALUATION:

CONTRIBUTION

- First personality theory & psychotherapy
- Importance of early childhood experience
- Concept of unconscious

LIMITATIONS

- Pessimistic and deterministic approach to personality
- Pathology based theory
- Poor research

- The theory is focused almost entirely on male development with little mention of female psychosexual development.
- His theories are difficult to test scientifically e.g. libido is impossible to measure and therefore cannot be tested.
- Future predictions are too vague. How can we know that a current behavior was caused specifically by a childhood experience? The length of time between the cause and the effect is too long to assume that there is a relationship between the two variables.
- Freud's theory is based upon case studies and not empirical research. Also, Freud based his theory on the recollections of his adult patients, not on actual observation and study of children.

- Current Application:
 Psychodynamic Approach
- Original therapy is time consuming and expensive
- Beside increasing the speed of therapy modern versions of psychoanalysis are often to tailored to meet the needs of the particular patient.
- Instead of sexual and aggressive drives, emphasis on improving patient`s interpersonal and social skills are given.
- Focus on current problems rather than on the distant past.

- EGO OR NEO-ANALYSTS
- Importance of the feelings of self (ego) that arise from interactions &conflicts.
- Sense of self (ego) central core of personality.
- Ego- core individuality of person.
- They went equipped with a background in Freudian theory.
- Emphasize on Motivation & Social interaction.

Imp. Link:

http://webspace.ship.edu/cgboer/freud.html