

# Psychodynamic

## Personality Theory & Psychoanalysis



**LEVELS OF AWARENESS**

**THE SELF**

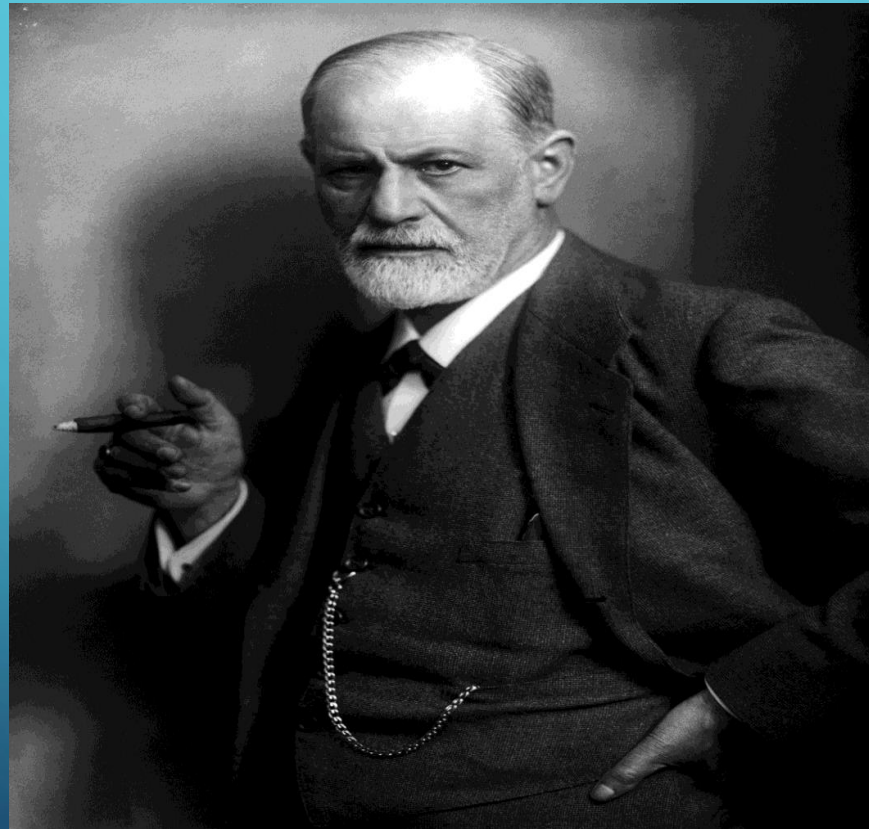
**DEFENSE MECHANISMS**

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# LEARNING OUTCOMES

- Identify the three domains of the mind (mental activity)
- Define Psychodynamic three parts of personality
- Recognize psychodynamic defence mechanisms, denial, repression, projection

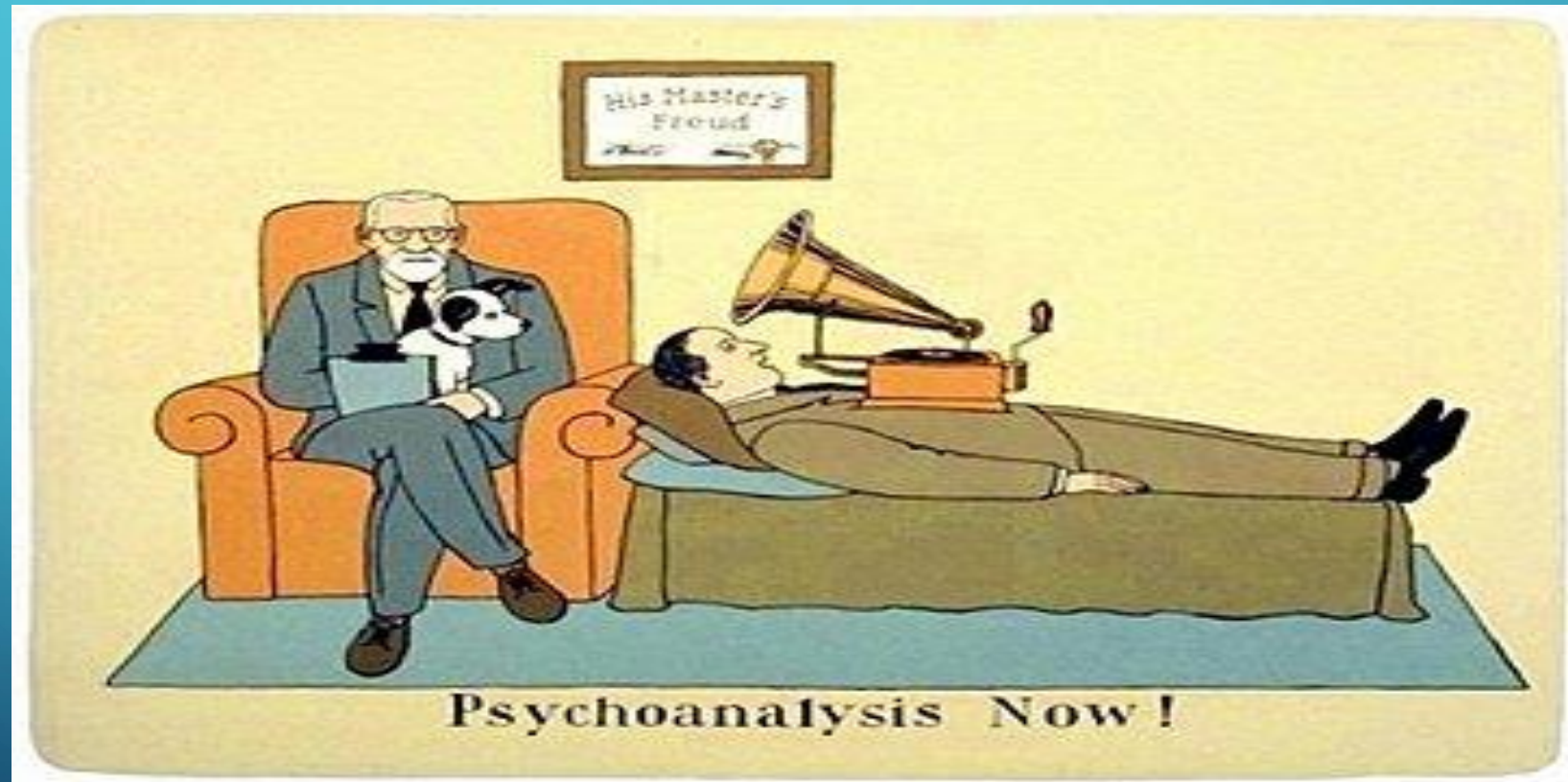
# SIGMUND FREUD (1856-1939)



Originally  
trained in  
hypnotherapy

Austrian  
born

Aim of Psychodynamic theory is to help the client gain a deeper insight into their behaviour



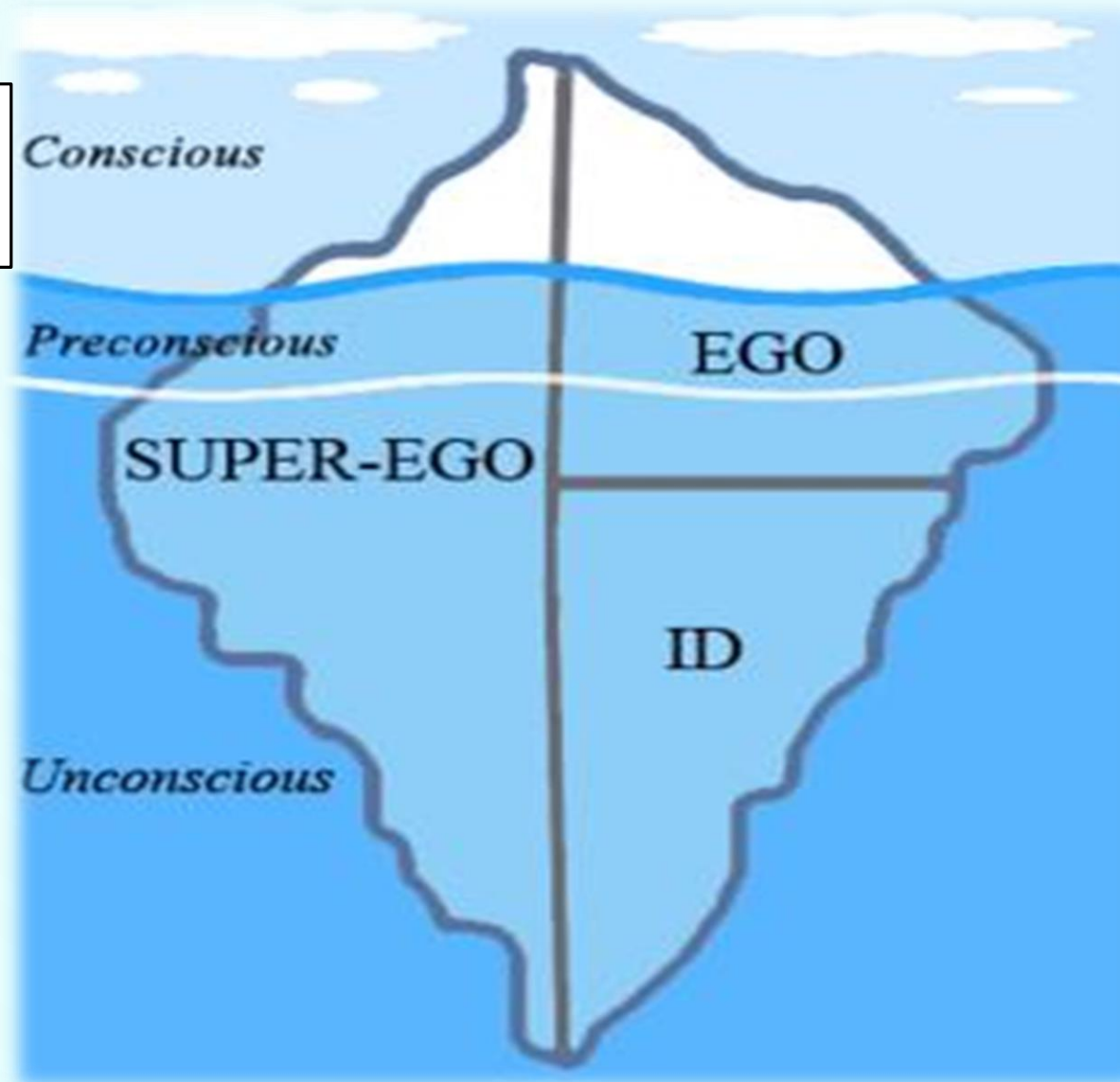
# PSYCHODYNAMIC

- Freud's initial belief is that all behaviour originates from previous experiences that reside in the unconscious mind
- Therapy centred around clients recognising, exploring and understanding unconscious emotions and thoughts which are believed to be responsible for surface problems
- With the use of interpretation, dream analysis & clients speaking freely.

## THREE LEVELS OF MENTAL ACTIVITY

Conscious awareness  
Causes no anxiety.

Contains experiences, feelings, thoughts from the past which can be readily brought into awareness,



Contains thoughts, feelings, Memories and emotions that You are not aware of

# CONSCIOUS DOMAIN

- First level tip of the ice berg
- Here and now
- Mental activity is fully aware
- All thoughts and feelings of which I am aware are conscious
- This domain is governed by logical processes obeying the laws of reason

# PRE-CONSCIOUS DOMAIN

- Second level
- Activities although unconscious can be drawn into our conscious awareness through memory.
- Anything out of our immediate awareness that can be recalled such as telephone numbers, names, dates etc.
- Experiences and Feelings from the past can be retrieved here

# UNCONSCIOUS DOMAIN

- Third and largest part of the mind
- Beyond our awareness and inaccessible
- Always remains hidden
- Unconscious mental activity motivates much of our daily actions
- The mental processes in the unconscious are chaotic, bizarre and obey no laws of logic.
- Comes out through dreams.

## FREUDIAN SLIP

- Freud believed that everything we do and think has 'a goal'
- No such thing as an accident or chance event
- Slip of the tongue is no means an accident.

# PERSONALITY STRUCTURE 'ID'

- Primitive 1st part of the personality
- In existence as soon as a child is born
- Drives the thirst for satisfying needs immediately.
- ID processes are unconscious, therefore chaotic and ultimately pleasure and comfort seeking
- ID has no values, morals or concepts of right or wrong.

## SECOND PART OF PERSONALITY SUPEREGO

- Starts Ages 3-5 years old and continues throughout maturity
- Kicks in when parents and teachers start to tell the child right from wrong
- Highly moral
- The Prime role is to prevent gratification of the **ID's** immediate needs by observing the circumstances and rules that operate.

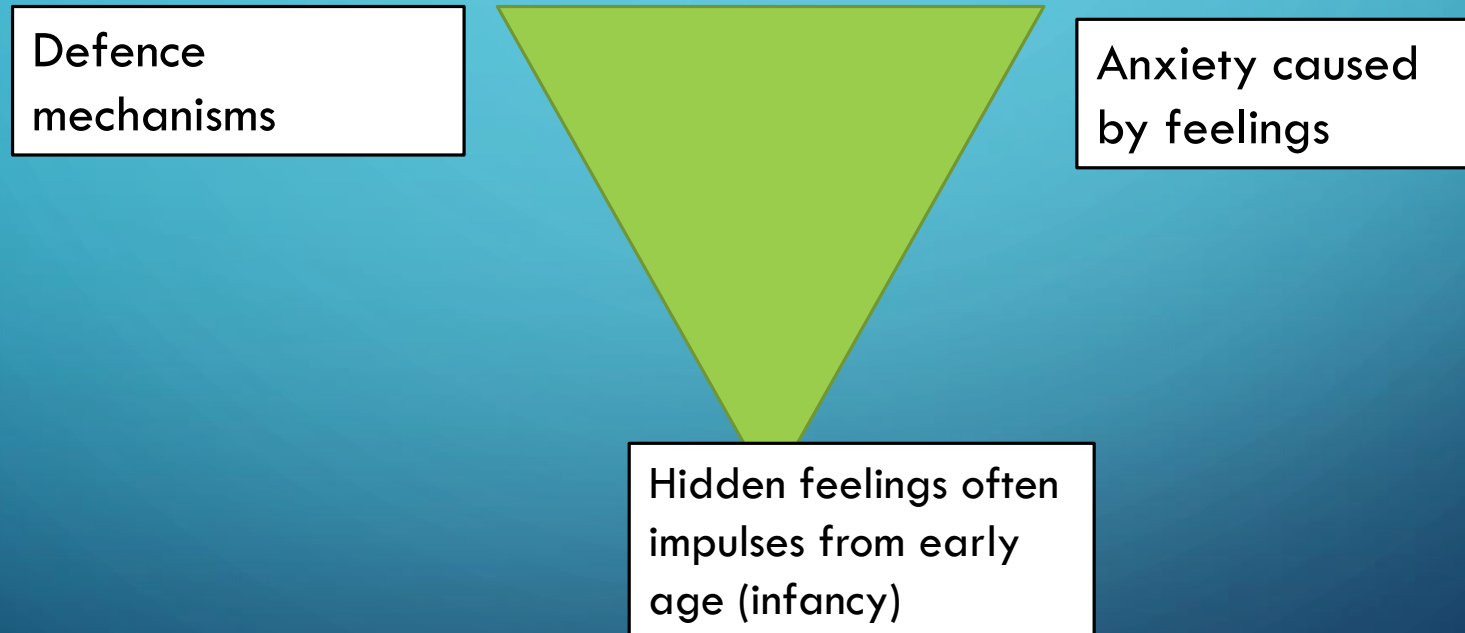


- **Third part of the personality**
- **Based around the REALITY principle**
- **The ego is fully developed in maturity (Adult self)**
- **The ego mediates between the ID's Demands and the SUPEREGO's wishes (balancing act)**
- **The clash can result in anxiety.**
- **The Ego deploys the defence mechanisms**



- Anxiety is a coping mechanism to a perceived threat
- Patients will experience a perceived threat in times of uncertainty
- A diagnosis or a Medical intervention
- Apprehension to operation, the anaesthesia or pain itself
- Nurses need to form good relationship with patients, introduce strategies to minimise or prevent anxiety such as information giving & relaxation techniques.

# MALAN'S TRIANGLE OF CONFLICT



# DEFENCE MECHANISM DENIAL



- The refusal to acknowledge the existence of a real situation or feelings associated with it.
- Activated after first stage of shock.
- Denial can provide a way of coping for a patient with a terminal diagnosis.
- First stage of grief is DENIAL
- What are the issues of Denial in a health care setting?

# HOW TO WORK WITH DENIAL

- Denial is a barrier to the patient being able to accept their current state of health
- Nurses need to recognise the signs of denial, and be attentive, use active listening, good communication skills & supporting literature.
- Work with the denial as opposed to confronting it
- Use open ended and useful style questions to work with denial i.e
- “What is your understanding of the reasons we did this scan?”

# REPRESSION

- **Unacceptable feelings, thoughts and emotions are pushed in to the unconscious.**
- **Freud suggested that any traumatic incidents encountered are usually repressed into the unconscious and can manifest into anxiety. (*Lyonfields 1993*)**
- ***E,g “A patient displaying high anxiety fear of needles stems from earlier negative experiences with injections were repressed rather than explored”.***

# REPRESSION

- Extreme reactions and anxiety displayed by a patient is also a sign of repressed thoughts and feelings
- Nurses who find patients using this type of defence mechanism as a way of coping need to focus on the current thinking patterns and assign personal meaning to what is occurring for the patient.

# **DEFENCE MECHANISM : PROJECTION**

- **Where we attribute our own unacceptable thoughts, feelings and impulses on another person**
- **I.e “A patient who dislikes a nurse, but who cannot deal with the feelings of being disliked”.**
- **“The pot calling the kettle black”**
- **Nurses need to be aware of projection and learn not to take it personally.**

# RECAP

- Three parts of the mind
- Three personality structures
- Which personality part remains in control with the use of defence mechanisms?
- What is denial?
- What is repression?
- What is projection?

# REFERENCES

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