



PSYCHODYNAMIC APPROACH

Supporting Paper – BMHP 4019

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The unconscious mind, which contains painful emotions, desires, and cravings that are difficult to directly confront, and defence mechanisms are highlighted in psychodynamic theory. Despite being unconscious, these negative emotions and ideas nonetheless have a big impact on a person's behaviour (Marcinko et al., 2020). In its latest form, psychodynamic theory provides an advanced and in-depth explanation of human nature as well as a practice-oriented approach that is completely aligned with the principles and goals of the health and social care sectors. The following supporting paper will offer a brief overview of the main concepts of the psychodynamic approach and where and how this theory operates within the health and social care and care of children and young people contexts.

According to Hill (2001), Sigmund Freud, a neurologist with a great interest in hysteria, founded the psychodynamic approach after he concluded that many mental illnesses and even "normal personality"'s features had underlying mental foundations. Analysing Freud's work, Hill (2001) found some relevant assumptions such as the sexual and violent impulses drive behaviour, and the inner battle of perceptions necessitates ongoing mental concessions is reflected in a person's demeanour. Frosh (2012) also underlines that people's behaviour is heavily influenced by uncontrollable, unconscious desires that they are unaware of; and early experiences define identity, and those effects endure until adulthood, especially on moments when forging social bonds. Haslam (2007) submits that unconscious, home to the Id, Ego and Super Ego, has a significant yet underappreciated fraction of mental activity that follows its own set of psychological norms. The ongoing struggle between these three brain processes is what underlies most aspects of personality and psychiatric disorders. To Metzger (2014) the Ego, instinctive and unaware, employs several defence mechanisms as protection against urges deemed inappropriate that can generate stress and conflict. A deeper understanding of the defence mechanisms allows Vaillant (2000) to highlight some of their relevant characteristics, such as: establishing a sense of balance following rejected emotional and primary impulses; disconnecting from reality to temper differences in self; transcending conflictual disputes between individuals; and lessening the impact of moral dilemmas.

The psychodynamic approach, to Hanks (2002), provides endless possibilities to strengthen teachers' awareness of the socio-emotional elements that can affect in a positive/negative way students' academic development. Ayers, Clarke and Murray (2000)

share this view and further advice that for a proper management of child's learning difficulty, teacher needs to identify the underlying triggers, that may be traumatic events from the past, fear of disappoint, fear of failure. For example, an anxious child may use splitting to cover up latent hate of individuals by behaving dishonestly with classmates and teachers. Mintz (2007) states a child's behaviour, as seen in his interactions with peers and teachers, is shaped by his family environment and living circumstances. Deprived backgrounds have a bad influence on a child's personality by employing anger and conflictual situations in school. While Mintz (2007) remarks that for teachers, gaining knowledge of unconscious processes may serve as a preventative measure against stress and burnout by enabling them to modify how they evaluate stress in the classroom; Gibbs and Miller (2013) appreciate teachers exhibiting a great degree of self-confidence can deal with the children's misbehaviour, seen as a stressor and demanding fortitude in the face of difficulty. This mentality is easily transmissible to children, is visible to them, and has the potential to be a highly effective predictor of their academic success.

In healthcare sector, Agich (2011) views defence mechanisms as outward, common emotional reactions to stressful circumstances reflected in interactions among medical staff, patients, and their families. He cautions that defences can quickly turn into key factors in preventing clear comprehension and rationality since they lead a person to view the world via emotional lenses. Furthermore, he seeks to criticise that medical professional may readily misjudge the intricacy of the patient's medical state in clinical consultation situations, especially when serious disorders are involved. For example, intellectualization, sometimes undetected, causes distortions of medical care, seen by families as malpractice, not as natural signs of disease deterioration. To Thobaben (2005), healthcare providers adhere to a generalised care plan to provide patients who use defence mechanisms with high-quality treatment. By adopting a non-judgmental approach, medical staff provide a realistic perspective on the patient's physical condition, build a secure emotional connection, and encourage the adoption of stress management strategies for the patient's mental comfort. Telford, Kralik and Koch (2006) take an opposing view, and blame health professionals for lacking compassion in considering individuals' unique tales and sickness histories because of their generalised illness knowledge in line with the acceptance-denial frame and common phases of adjustment. Moreover, they declare patients feel vulnerable when their chronic disease is acknowledged, and they see denial as a stigma that negatively

impairs their self-communication. In stressful conditions, also medical personnel use defensive strategies to protect themselves. In forensic services, Aiyegbusi (2009) sustains that understanding *projection* allows nurses to better understand the needs of their patients who unconsciously convey and transfer a substantial portion of emotional disorders during their care. Caputo's (2020) study emphasises healthcare personnel caring for patient's suicidal behaviour use *rationalisation* and *resignation* in their efforts to view this extreme act as something normal and predictable. Sometimes, shielding from negative emotions impairs the ability to properly exercise the responsibilities necessary for quality medical treatment. Even more, excessive use of defence mechanisms can cause professional anguish and mental tiredness (Bernard et al., 2009; Caputo, 2020). Davis, Lind and Sorensen (2013) agree the burnout syndrome caused by overwhelming emotional stress, primarily affects nurses who experience mixed emotions such as guilt, anger, concern, and helplessness when dealing with patient death and dying circumstances. Di Giuseppe et al. (2021), alternatively, advocate that high-adaptive defensive strategies, which promote resilience by restricting how rapidly a person responds to stressful events, can act as a preventative agent for the emergence of psychological and physical conditions.

The evidence presented in this supporting paper has shown that, in terms of effectiveness, defence mechanisms can partially manage and adjust emotional distress as well as prevent the emergence of mental diseases. Hence, even if the defensive mechanism maintains and supports the person's psychic disease, it is not fundamentally negative since it is the best method for the mind to maintain the psychic homeostasis.

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