

FP/E3/1 Discuss the advantages and disadvantages of using psychodynamic concepts of repression and resistance in understanding and treating psychological disorders.

The term “psychodynamic” suggests any explanation that emphasises the process of change or transformation and development, i.e., the dynamics (changeability) of behaviour or the forces that drive an individual to behave the way he or she does. “Dynamics” are the things that drive us or a machine to behave in particular ways.(Eysenck & Flanagan, 2000. p 172)ⁱ. Sigmund Freud’s psychoanalytical theory is probably the best-known example of the psychodynamic model. His view was that psychological disorders did not have a physical origin but instead arose out of unresolved, unconscious conflicts, which formed essentially in early childhood.

All psychodynamic concepts arose from Freud’s theory of personality development in which he essentially argued that the mind is divided into three parts. First, there is the id, which consists of mainly unconscious sexual and aggressive, essentially selfish, instincts. The motivating force is the innate sexual drive found in every human i.e. the libido. Second, there is the ego, which is the rational and conscious part of the mind. Third, there is the superego or the conscience. These three parts of the mind are frequently at conflict with one another. Conflicts occur most often between the id and the superego, because the id wants instant gratification, where as the superego takes account of moral standards and decorum.

Since, conflicts cause anxiety, the ego defends itself against anxiety by using several defence mechanisms to prevent traumatic thoughts and feelings reaching consciousness. One of the major defence mechanisms is repression, which forces memories of conflicts and traumas out of consciousness and into the unconscious mind. Other defence mechanisms may include resistance, displacement and projection. Resistance is also another term to represent the process whereby thoughts and memories that are in the unconscious mind are prevented from reaching the conscious mind. Also within psychoanalysis, the term is used to refer to the way in which the person being analysed, offers resistance to the interpretations offered by the analyst (Cardwell,1996,2000)ⁱⁱ. Displacement occurs when aggressive or other intense impulses are transferred away from a threatening person to someone or something non-threatening. Projection occurs when someone who possesses an undesirable

characteristic or attitude, attributes it to other people. For example, someone who is very hostile may claim that other people are hostile to him or her (Eysenck & Flanagan, 2000. p 173)ⁱⁱⁱ.

According to Freud, psychological disorders can arise when an individual has unresolved conflicts and traumas from childhood. Defence mechanisms, such as the before mentioned, may be used to reduce anxiety caused by such unresolved conflicts, however, all they do is hide the conflict rather than resolve it.

This psychodynamic model proposed by Sigmund Freud was the first systematic model of mental illness/disorders that focused specifically on psychological factors as the cause of a mental disorder and on a psychological form of treatment. Before Freud, all explanations of mental illness were in terms of either biological (physical) causes or fantastic ideas such as possession by evil spirits. For his time, Freud's ideas must have been revolutionary but in this day and age, it is impossible to accept his concepts and theories without due criticism.

Considering the concept of repression, one may find it hard to test the theory, and therefore hard to prove the validity of the concept of repressed memories. However there have been attempts to conduct experiments to demonstrate the phenomenon of repression. These typically involve creating anxiety to produce forgetting or repression. After that, the anxiety is removed to show that repressed information is still in long-term memory (referred to as "return of the repressed"). To their disadvantage, such experiments are ethically questionable-is it right to expose anyone to anxiety provoking situations or information in order to study the concept of repression? (Eysenck & Flanagan, 2000. p 174)^{iv}

One of the main methods used by Freud earlier during treatment in order to gain deeper insight into the patient's subconscious was hypnosis. The very first disadvantage of this method is its unreliability. Not everyone can be hypnotised, and there is no way of determining who can or can't be. In addition, when under hypnosis, a person is extremely vulnerable and susceptible to influence. Memories can thus be unintentionally implanted or suggested by the therapist by use of descriptive details or leading questions. There are essentially three times when memory can be affected: when it is stored, while it is being stored and when it is retrieved, which basically covers all the time. Therefore, at any of these times something could be misunderstood, associated or implanted in our memories. Psychologists are not the only influences our memories may be affected by. Everyday memories like

recollections of horror movies, comic books, nightmares, anything on TV etc. are very capable of becoming embedded in our memory and then muddled up with other memories. Memories of these things can come out in the hypnosis therapy and if they are in line with the therapists own interpretations, he or she will think it to be true and valid information. Remembering detailed accounts of events that never took place is known as the False Memory Syndrome (FMS). Thus, not only is it up to the reliability of the technique being used to resurrect a repressed memory but it is also depends on the mind of the patient to distinguish these other influences and recall only the true event.

One would think why people would want to dredge up memories if they are not real. The reasons can be plentiful, it can simply be fraud, or as the FMS suggests, since the persons mind has been all jumbled up with the therapist's suggestions and other influences, he or she himself/herself believes the memory to be true. Ultimately, there is no easy answer or explanation to the theory of repression and retrieval yet.

The implications for treatment under such a psychodynamic approach are that the primary goal of therapy is to enable patients to gain access to their repressed memories and conflicts, and to encourage them to face up to whatever emerges from their unconscious mind. Freud used the term "insight" to refer to the processes involved. He assumed that insight would permit the repressed memories to be integrated into the ego or conscious self, after which the patient would be better able to cope with life. Since, even though memories of the anxiety provoking conflict or trauma were repressed, they tended to surface in different forms of neurosis or psychological disorders.

In the beginning, Freud used hypnosis as a means of accessing repressed memories (the famous case study of Anna O) but later felt that this was an unreliable method. The other two methods were dreams, as the "royal road" to the unconscious, and free association, a technique where the client is encouraged to say the first thing that comes to is or her mind. (Eysenck & Flanagan, 2000. p 174)^v

One of the first disadvantages of such a mode of treatment is that psychoanalysis depends heavily on the therapist's interpretation of what the patient says. How, for example, does the therapist know that a boy who has a fear of horses is actually afraid of his father and not simply scared that the horse might hurt him in some way? At his defence, Freud argued that the acid test, which was the patient's reaction to the

therapist's proposed interpretation could be used here. If the client accepts the accuracy of the interpretation, then it is probably correct. On the other hand, if the patient rejects the therapist's interpretation of say a dream, that may simply be resistance by the patient's conscious mind to an unacceptable but entirely accurate interpretation made by the therapist.

The problem with this is that therapist seems to win both ways because he or she either uses the patient's acceptance or denial of the reasonableness of an interpretation as corroborating evidence that the interpretation is accurate.

"Freud argued that we can regard psychoanalysis as similar to solving a jigsaw puzzle. It may be hard to decide whether a given interpretation is correct, or to decide where to place a particular piece of the puzzle. However, the interpretations of dozens of a patient's free associations and dreams should form a coherent picture, just as the pieces of jigsaw puzzle can only be arranged in one way."(Eyesenck & Flanagan, 2000. p 174)^{vi}

Another disadvantage of treatment based on the psychodynamic approach, is that it is very time consuming, due to the concepts of resistance, i.e., the patient's reluctance to face his or her past. As Freud said (1917,p.289)^{vii}:

"The patient attempts to escape by every possible means. First he says nothing comes into his head, then that so much comes into his head that he can't grasp any of it... At last he admits that he really cannot say anything, he is ashamed to... So goes on, with untold variations."

In all fairness, there is quite a bit of evidence to support the concepts of repression and resistance. But one seems to wonder if a person cannot recall a certain memory, was it ever really a memory? Did it ever really happen? Due to the breadth of recorded cases of repression, no one can deny its existence, all we can conclude is that until psychologists can drag our unconsciousness completely into the light, the reliability of retrieval of repressed memories will be left in the dark.

End Notes

ⁱ Eyesenck, M.W. & Flanagan, C. Psychology for AS Level. Psychology Press Ltd. 2000. p.173

-
- ⁱⁱ Cardwell, M. The Complete A-Z Psychology Handbook. Second Edition. Hodder & Stoughton. 1996, 2000.
- ⁱⁱⁱ Eysenck, M.W. & Flanagan, C. Psychology for AS Level. Psychology Press Ltd. 2000. p 173.
- ^{iv} Eysenck, M.W. & Flanagan, C. Psychology for AS Level. Psychology Press Ltd. 2000. p 174.
- ^v Eysenck, M.W. & Flanagan, C. Psychology for AS Level. Psychology Press Ltd. 2000. p 174.
- ^{vi} Eysenck, M.W. & Flanagan, C. Psychology for AS Level. Psychology Press Ltd. 2000. p 174.
- ^{vii} Freud, S. Introductory Lectures on Psychoanalysis. In J.Starchey (Ed.), The Complete Psychological Works, Vol. 16. New York: Norton. 1917. p. 289.

Bibliography

1. Cardwell, M. The Complete A-Z Psychology Handbook. Second Edition. Hodder & Stoughton. 1996, 2000.
2. Eysenck, M.W. & Flanagan, C. Psychology for AS Level. Psychology Press Ltd. 2000.
3. Freud, S. Introductory Lectures on Psychoanalysis. In J.Starchey (Ed.), The Complete Psychological Works, Vol. 16. New York: Norton. 1917.
4. Freud, S. The Freud Reader. Ed. Peter Gay. London: Yale University. 1995.
5. <http://www.sparknotes.com/psychology/abnormal/treatment/section1.html>
6. <http://www.psy.flinders.edu.au/webpages/learning/ktmgcc/page2.html>