

Psychological Perspectives

Unit 11

Mrs Ghotra



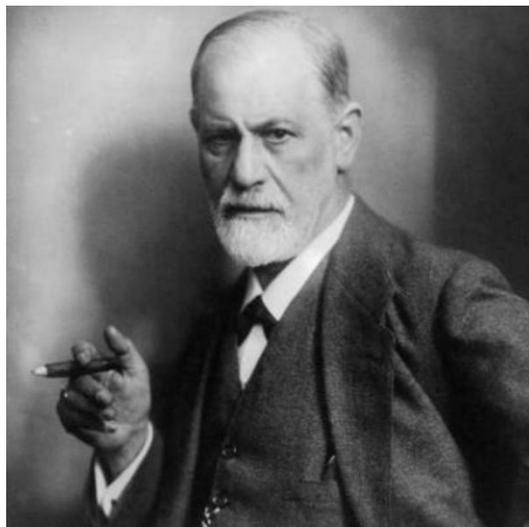
To achieve a PASS grade, the evidence must show that you are able to:	To achieve a MERIT grade, the evidence must show that you are able to:	To achieve a DISTINCTION grade, the evidence must show that you are able to:
<p>P1: Explain the principal psychological perspectives.</p>	<p>M1: Assess different psychological approaches to study.</p>	<p>D1: Evaluate two psychological approaches to health and social care provision.</p>
<p>P2: Explain different psychological approaches to health practice.</p>	<p>M2: Compare two psychological approaches to health and social care provision.</p>	
<p>P3: Explain different psychological approaches to social care.</p>		

The Psychodynamic Approach



What is the Behaviourist approach?

- The psychodynamic perspective is associated with the Austrian psychologist **Sigmund Freud** {1856-1939), who developed the theory of psychodynamic psychology and the treatment known as **psychoanalysis**.



The Unconscious Mind

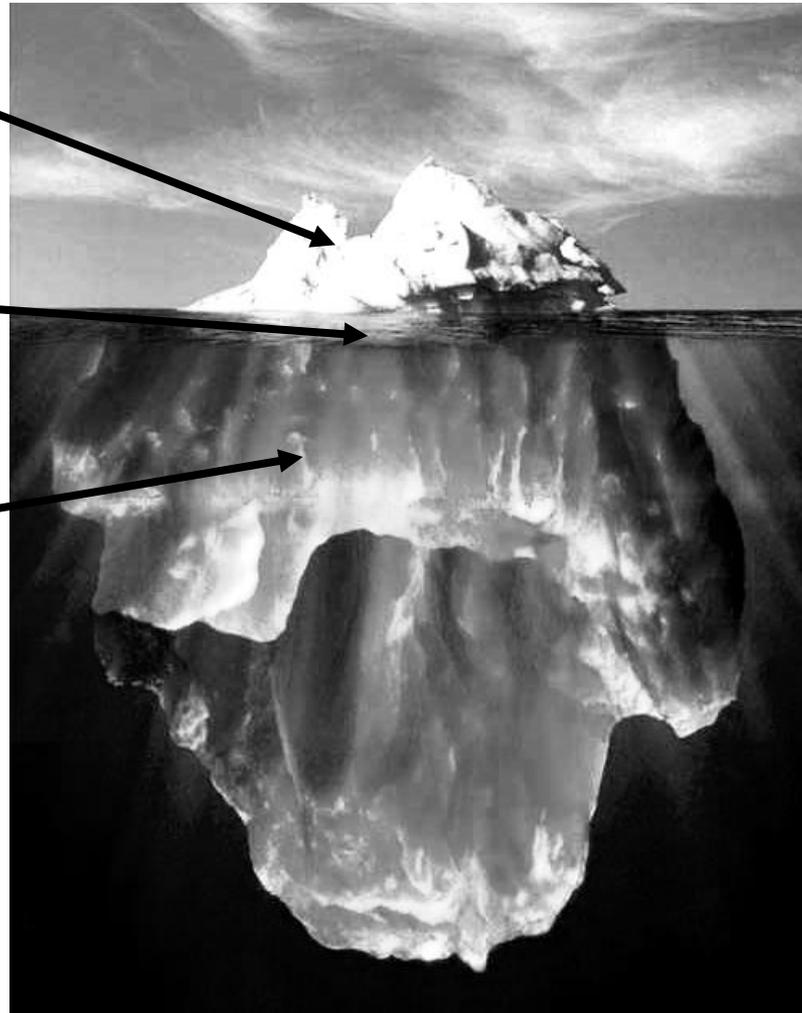
The conscious. The small amount of mental activity we know about.

The preconscious. Things we could be aware of if we wanted or tried.

The unconscious. Things we are unaware of and can not become aware of. The contents of the unconscious do not disappear, but show up in a variety of hidden ways.

EXAMPLES?

- Dreams
- Disguised fantasies
- Slips of the tongue – “Freudian Slip”
- Psychological disorders



Thoughts
Perceptions

Memories
Stored knowledge

Fears
Unacceptable sexual
desires
Violent motives
Irrational wishes
Immoral urges
Selfish needs
Shameful experiences
Traumatic experiences

The Unconscious Mind

- Freud was one of the earliest thinkers to bring to public attention the idea that we are not always aware of all aspects of ourselves. He suggested that what we are aware of is represented in our conscious mind but that many of our memories, feelings and past experiences are locked up in a part of our mind he called the **unconscious**.
- The contents of our unconscious often '**leak out**' in dreams and slips of the tongue. Freud believed that the conscious mind was like the tip of an iceberg- only the small part of the mind that is available to awareness. The part of the unconscious that we can access easily, he called the pre-conscious.
- This contains information, not yet in consciousness, but which can be easily retrieved. The rest, which is well under the surface, consists of the unconscious.

The importance of early experiences

- The importance of early experience in determining later behaviours is clearly illustrated by Freud's developmental theory of **psychosexual stages**.
- He believed that we all go through several stages of psychosexual development. At each stage, the individual's libido (energy) is focused on a part of the body that is particularly relevant at that stage. If the needs of the developing child are met at each stage, it moves on to the next developmental stage.
- If, however, there is struggle or conflict or some unsatisfactory experience, the individual becomes '**fixated**' (**stuck**) at this stage. This results in certain ways of being, or personality traits, being carried through into adulthood that can explain behaviour later in life.

Psychosexual stages

Stage	Description	Consequence of unresolved conflict
Oral 0–1 years	Focus of pleasure is the mouth, mother's breast is the object of desire.	Oral fixation – smoking, biting nails, sarcastic, critical.
Anal 1–3 years	Focus of pleasure is the anus. Child gains pleasure from withholding and expelling faeces.	Anal retentive – perfectionist, obsessive. Anal expulsive – thoughtless, messy.
Phallic 3–5 years	Focus of pleasure is the genital area. Child experiences the Oedipus or Electra complex (see facing page).	Phallic personality – narcissistic, reckless, possibly homosexual.
Latency	Earlier conflicts are repressed.	
Genital	Sexual desires become conscious alongside the onset of puberty.	Difficulty forming heterosexual relationships.

The importance of early experiences

- A second important feature of early experience is the development of **ego** defence mechanisms.
- The use of a defence mechanism allows us to block out from consciousness any events that threaten to overwhelm us.
- However, the material that has been pushed into the unconscious mind may emerge as unusual behaviour, caused by ego defence mechanisms.

DEFENSE	DESCRIPTION	EXAMPLE
Repression	pulling into the unconscious	forgetting sexual abuse from your childhood due to the trauma and anxiety
Projection	placing unacceptable impulses in yourself onto someone else	when losing an argument, you state "You're just Stupid;"
Denial	arguing against an anxiety provoking stimuli by stating it doesn't exist	denying that your physician's diagnosis of cancer is correct and seeking a second opinion
Regression	returning to a previous stage of development	sitting in a corner and crying after hearing bad news; throwing a temper tantrum when you don't get your way
Displacement	taking out impulses on a less threatening target	slamming a door instead of hitting as person, yelling at your spouse after an argument with your boss
Reaction formation	Reaction formation Taking the opposite view to that which you secretly desire	Showing strong homophobic behaviour and beliefs because you secretly believe yourself to be gay.

Mind (Psyche)

- A final influence on behaviour is that of the mind. Freud suggested that the mind {which he called the **psyche**} is divided into three dynamic parts. The **id** is a part of the mind which is totally unconscious, and which exists at birth. It is focused on getting what it wants and consists of aggressive, sexual, love and death instincts. It is the part of us that says 'I want it now!'
- The **superego** is formed as a result of socialisation and consists of all the instructions, morals and values that are repeatedly enforced as we are growing up. It takes on the form of a conscience, and also represents our view of our ideal self. The main role of the superego is to try to subdue the activity of the id.
- The **ego** tries to balance the demands of the id and the superego. It is the rational part of the mind, always seeking to do what is most helpful for the individual. Different behaviours can be understood by trying to infer which part of the psyche is dominant at any time.

The Structure of Personality:



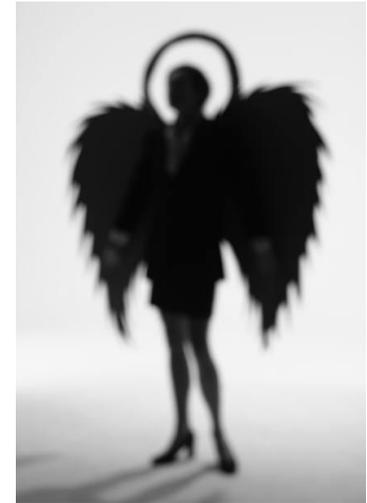
Id: Instincts

~pleasure,
immediate
gratification
selfish



Ego: Reality

~rational



Superego: Morality

~conscience, sets
high standards of
right and wrong

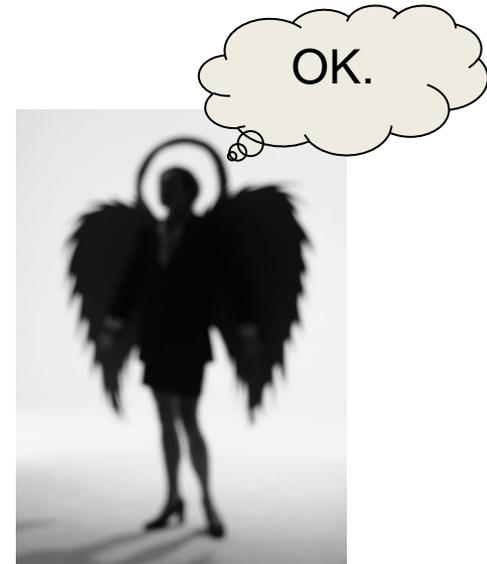
Healthy Psyche (personality)



Id



Ego



Superego

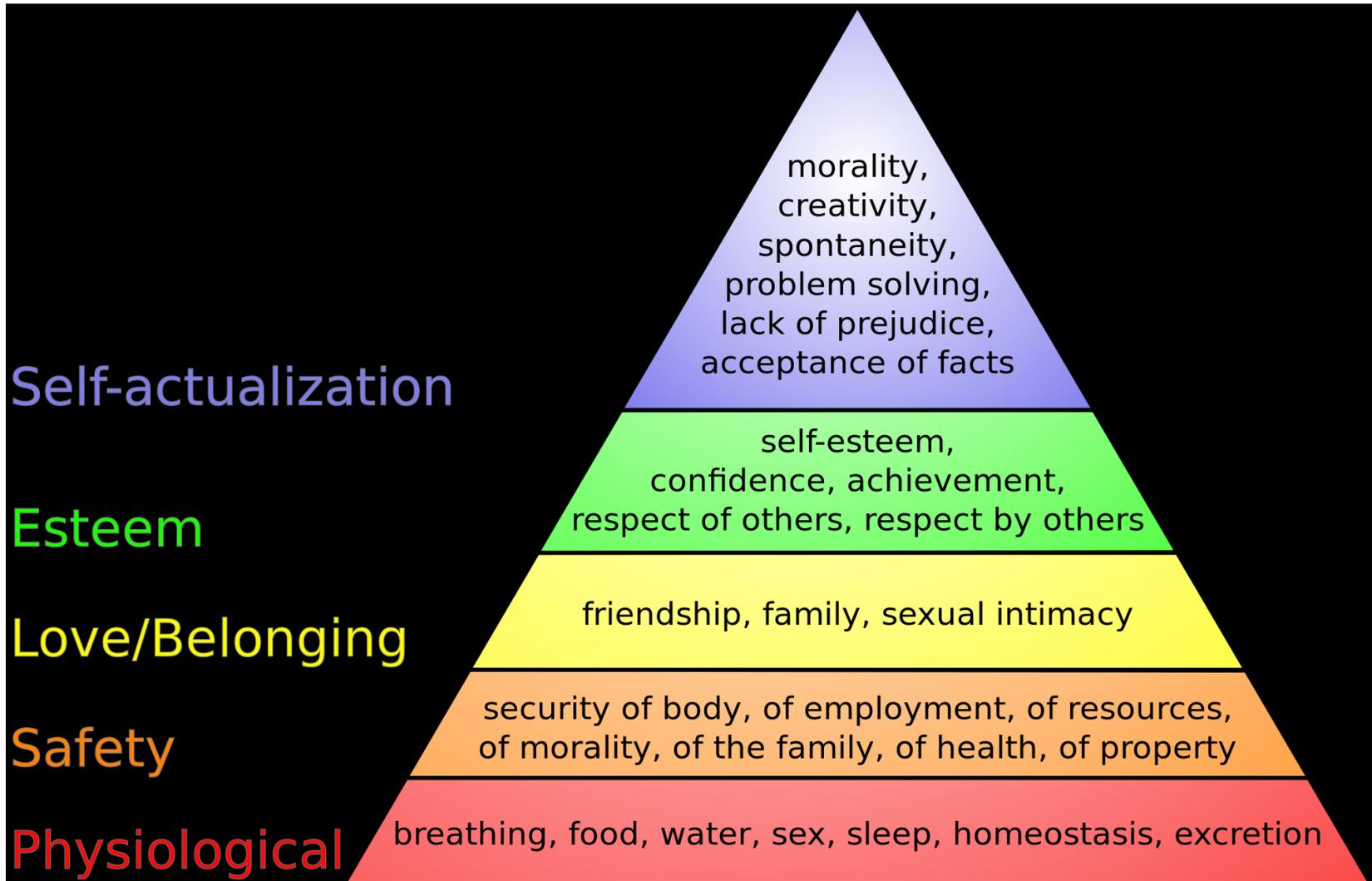
Theory Number 2....

Humanistic Theory

Psychological Perspectives

Unit 11

Maslow's Hierarchy of Needs



Humanistic Approach



- Humanistic psychology looks at human experience from the viewpoint of the individual.
- It focuses on the idea of free will and the belief that we are all capable of making choices.
- Two psychologists associated with this approach are Abraham Maslow and Carl Rogers



The curious paradox is that when I accept myself just as I am, then I can change.

Carl Rogers

Maslow

- Maslow (1908-1970) was an American psychologist who believed that we are all seeking to become the best that we can possibly be- spiritually, physically, emotionally and intellectually. He called this **self-actualisation**.
- Maslow believed that we are born with a desire to become the best we can possibly be, but that we have to pass through other stages before we reach this height of existence.
- Maslow constructed a theory known as the **hierarchy of needs**, in which he explained that every human being requires certain basic needs to be met before they can approach the next level.

Imagine that an elderly person you care for used to play jazz piano or paint amazing pictures.

Their basic needs have been met; what could you do to promote their selfactualisation?

Rogers – Self-Concept

- Self-concept refers to the way we view ourselves. This includes physical and biological attributes such as being male or female, blonde or brunette, tall or short, as well as personality traits such as being kind, humble, assertive or hard-working.
- The self-concept is formed from an early age and young children internalise other people's judgements of them, which then become part of their self-concept.
- If a child is told they are silly, naughty and will come to no good, part of their self-concept will contain these aspects. If, on the other hand, a child is praised, encouraged to succeed and told they are valued, they will have a positive self-concept, and see themselves as someone who is worthwhile and competent.
- It is worth noting that very young children have no ability to make judgements about the things other people tell them.
- For example, a five-year-old child will accept being told they are stupid, a waste of space and unwanted just as unquestioningly as they accept being told that a tomato is red, round and can be eaten. So a negative selfconcept can be learned from the things people tell us about ourselves.

Rogers – Self-Esteem

- Self-esteem refers to how we assign a value to ourselves. It is linked to self-concept but relates more to what we believe we are worth.
- Children who are loved, treated tenderly and with respect, given positive feedback, love and affection are likely to consider themselves worthwhile, worthy of love and attention and to have a warm glow of self-acceptance. They will approach others with a happy, sunny nature, expecting others to behave towards them in a way that confirms their sense of themselves as worthwhile.
- By contrast, children who have low self-esteem will believe themselves to be unworthy and unlovable. They may be surly and aggressive or shy and withdrawn. They will expect others to treat them in a negative way and will not be surprised if or when they do so.

Rogers – Incongruence

- Rogers believed that we also hold a concept of self called the ideal self.
- This represents a view of ourselves as we feel we should be and as we would like to be. When there is incongruence (a mismatch) between our actual self and our ideal self we become troubled and unhappy.

Application of the psychodynamic approach to health & social care practice

- **Understanding challenging behaviour**
- To understand challenging behaviour using the psychodynamic perspective, you need to examine the structures of the psyche. If a hospital patient is being difficult (for example, aggressive, hostile, and angrily resisting all attempts to calm them) you could look at the balance of the id, ego and superego.
- The id is the part of the mind that works on instinct. For example, if you are feeling angry, your id would want you to hit out.
- The ego and superego are parts of the mind that try to control the behaviour of the id and help restrain negative behaviour.
- When someone is being difficult, hostile or angry this could be understood as the id not being controlled effectively by the ego and the superego.

Application of the psychodynamic approach to health & social care practice

- **Understanding and managing anxiety**
- To understand anxiety, the psychodynamic perspective would suggest that the superego is very strong and controlling. The individual/s ego ideal may consist of a number of requirements that are so close to perfection that they are hard to achieve E.g. if I don't cook a perfect meal my family will love me less}
- The methods used to manage anxiety from the psychodynamic perspective involve a treatment known as psychoanalysis. Using this treatment, the analyst would work with the patient to uncover the root of each type of anxiety through a variety of methods, for example dream analysis or free association.
- The purpose of this is to uncover material that has been buried in the unconscious mind. Once the root of the problem is uncovered (for example, my mother always told me I had to cook perfectly or I would never keep a husband), the patient achieves a state called catharsis, where the symptom (the anxiety) simply melts away and no longer causes problems.

Application of the Humanistic approach to health & social care practice

- **The importance of empathy and respecting other individuals**
- One crucial feature of this approach to helping others is to develop empathy. Unlike sympathy, where you feel sorry for someone, empathy requires you to really listen to the other person, to be in tune with their emotions and to respect them for who they are. This is not always easy, as you may not always understand why someone feels so bad about an issue that may feel unimportant or trivial to you. However, if you try to respect the individual you are working with, and understand that the issue is of crucial importance to them, you can come closer to demonstrating empathy. True empathy requires you to put aside judgements about another person and do all you can to 'put yourself in their shoes'.

Application of the Humanistic approach to health & social care practice

- **Active listening**
- Another key feature of the humanistic approach is that of active listening. All too often when interacting with others, what we think of as a conversation is merely two or more people 'queuing up to talk'.
- One person is just waiting for the other to finish what they are saying before having their own say. This is the opposite of active listening, which involves a very focused approach. You need to avoid daydreaming and distractions and listen sensitively to the meaning and emotions behind the other person's words.
- Attention must also be paid to the person's body language and facial expressions. The active listener suspends all judgement about what is being said and seeks to use empathic understanding. When the listener does intervene, it is not to pass judgement but to interpret what the other person is saying, or to check understanding.

Task 1

Select and research one of Freud's case studies. Do you agree with his explanations of his patients' symptoms? Famous cases include Anna O, Dora, and the Wolf Man (Sergei Pankejeff).

Learning empathy Check your knowledge

- You work with a service user who is terrified that if she does not touch the door handle 25 times every time she closes the door, it will cause her children to suffer some life-threatening event. She also believes that she needs to clean the surface of objects repeatedly in order to remove the germs, which could also cause her children to fall ill. You may know that statistically and logically neither of these beliefs is true and that the service user is thinking irrationally.
- Conduct a short questionnaire with friends and family, asking them to tell you about things that they fear. These things may seem trivial to you, such as fear of fireworks, or being alone in the house. Ask them how they feel when they experience these situations and what they do to try to manage their fear.