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Psychodynamic theorists, be they drive, ego, object relations, or self theorists, view humans as motivated by unconscious forces that they do not understand but that often shape their behavior in mysterious and inexplicable ways. Humans are not conscious of their desires, many of their early relationships, or many of their needs for others. Nor are they consciously aware of the ways in which early relationships shape their own development. These theorists argue that humans' internal psychological worlds are shaped by early development, which can be examined in different ways. This entry briefly describes drive theory, ego psychology, object relations, and self-psychological theories as lenses through which to analyze psychopathologies, including depression, anxiety, borderline and narcissistic conditions, and psychosis.

The Four Psychologies: Drive, Ego, Object, and Self

Drive theorists assert that human behavior is based on unconscious, biologically based forces of love and aggression. These drives, located in the id, seek expression but are often in conflict with the conscious mind. They are present from birth, but the other parts of the mind, the ego (the self and reality) and the superego (the conscience), try to keep them in check. They are often considered as bestial and unacceptable. Many people develop harsh consciences or superegos to try to tame the drives. But too harsh a superego or conscience can undermine one's self and reality.

Ego theorists point out that people employ unconscious defenses to cope with the unconscious drives and to adapt to reality in the external world. They may intellectualize, rationalize, or sublimate the drives. These are considered relatively healthy defenses. They may use defenses such as projection, which distorts reality and is not adaptive. Further, too much stimulation or feeling can lead to a breakdown in ego functioning, specifically, in judgment, planning, and reality testing.

Object relations theorists suggest that human beings are motivated more by unconscious dramas that are peopled with relationships from the past but acted out again and again unconsciously in the present. Who they are and how they view others is shaped by early development with caretakers who are internalized. If a person has been abused in childhood, that person may view himself or herself as all bad and the abusers as all good. Early relational templates are reenacted unconsciously, distorting relationships and frustrating one's need for others. Object relations theorists emphasize particular defenses that people use: If deprived, neglected or abused, they often split their views of others and themselves into all good or all bad, unable to experience complexity and imperfections in others or in themselves.

Self psychologists are interested in trying to understand functions that others serve in keeping the self whole and psychologically cohesive. Self psychologists view everyone as needing others, whom they call *selfobjects*, for recognition, for a sense of belonging, and for a sense of feeling strong and vigorous. When people lack selfobject experiences, such as mirroring, merging, and twinship with others, they are more likely to fragment and lose their self-cohesion. They can feel very alone in the world and suffer narcissistic injuries.

Mood Disorders: Depression

Depression is a mood disorder that often feels like dejection, sadness, helplessness,

lowered self-esteem, loss, regret, boredom, self-hate, or a loss of interest in the world. Sigmund Freud conceptualized depression as stemming from loss—of a person, a country, or an ideal. He distinguished normal grief from depression based on the nature of the loss. When one has had a relatively healthy relationship with a person who has died, most people experience ambivalence, and when they mourn, they ultimately can bear their grief because they unconsciously adopt aspects of the person who has died. These identifications enrich them.

But the melancholic or depressed person cannot get beyond his or her grief because of the unconscious, problematic nature of the relationship. Freud thought that the melancholic was unaware of his or her anger at the person who had died and turned that anger against the self. Complaints about the self are really unconscious complaints about the other. If a person is unaware of his or her anger and has internalized the hate, self-hate is aroused, even leading to suicidal thoughts and feelings.

An Ego Psychological Perspective

Ego psychologists note that when a person does not live up to who he or she wants to be, this leads to lower self-esteem. If one has identified with others who are harsh and punitive, one may view oneself harshly. An important ego function is the capacity to regulate self-esteem. If the ego is impoverished because of defenses that are too rigid, this may lower self-esteem. Poor judgment, poor reality testing, poor regulation of impulses undermines the ego, and ego deficits may lower self-regard. But ego psychologists also point to the capacity to tolerate depression as an important ego strength.

An Object Relations Perspective

Early-attachment theorists studied the effects of prolonged separation from attachment figures in young children and noted that absence, abuse, or neglect produced depressive reactions. In the absence of a consistent caregiver, infants become distressed, disorganized, and possibly profoundly depressed and apathetic. Many adults are not able to hold onto the image of others in their absence, and they too, when separated or alone, experience profound depression.

Also, a depressed caregiver or an abusive, neglectful, unstable, or emotionally empty caregiver may leave a child—and later, adult—more vulnerable to feeling that he or she is unworthy of love. Depriving or abusive relationships can be generalized so that all relationships may be experienced as dangerous or destructive. Depression may also emerge from destructive feelings toward others who are experienced as too depriving. When envy is too great, it, too, undermines a sense of being good, worthy of love, or whole.

A Self Psychological Perspective

Self psychologists view depression as deriving from empathic failures of parents and other selfobjects such as coaches, teachers, or siblings. Most people are vulnerable to slights, hurts, and narcissistic injuries when no one admires them, mirrors them, or recognizes their achievements. When they feel unaccepted, too vulnerable, or too alone or when they feel overburdened or understimulated by others, self-worth is diminished, and they lose a sense of self-cohesion.

From drive and ego psychological perspectives, anxiety serves a natural and important function: It signals danger. There may be danger when unconscious hatred or sexual feelings leak from the unconscious mind. There may be danger when repression—a defense mechanism that keeps unacceptable wishes and longings out of consciousness—fails. *Signal anxiety* can be experienced in combat or in abuse. But some of the unconscious defenses that are mobilized to deal with anxiety may undermine ego functioning.

With trauma, for example, *dissociation* is a defense that is often unconsciously employed to separate feelings from what is actually occurring. But dissociation can then lead to being unable to experience a range of feelings in other experiences. Other anxieties may be expressed through obsessional symptoms, which use the defense of *doing and undoing*, or in phobias, which use the defense of *displacement*.

All anxieties are not alike. In early years, people may experience *annihilation anxiety*. If others do not meet their needs, anxiety may be experienced as the fear of disintegrating and ceasing to exist. Later, in toddlerhood, as the child begins to move away from caregivers, he or she may feel *separation anxiety*—that is, too separate, too alone, or fearing that caregivers might leave and not return. This anxiety is felt again and again when in strange and new situations.

At a slightly older stage, individuals may feel anxiety about their fantasies toward others whom they love, including unacceptable aggressive and sexual feelings toward parents or peers. This is called *castration anxiety* and is the unconscious fear that bodily harm may come as a result of wishes to be better or stronger or to otherwise surpass a parent or a peer. Anxiety can be experienced at different levels. At the psychotic level, people tend to experience annihilation anxiety; at the borderline level, separation anxiety; and at the neurotic level, castration anxiety.

From an object relations perspective, anxiety emerges when a person cannot integrate the senses of others and the sense of self. If others are experienced only as need gratifiers rather than as whole people in their own right, then when they fail to gratify, they may be perceived as good or bad, not as both good and bad. Often severe deprivation or loss can precede annihilation anxiety or separation anxiety because a person lacks object constancy (i.e., knowing that another exists even if not present). Severe and persistent annihilation or separation anxiety can threaten the self and even reality.

From a self psychological point of view, anxiety is a by-product of unmet selfobject needs. When a person achieves something that goes unrecognized, he or she may feel anxious. The same may occur when admirable qualities go unrecognized. Traveling in a foreign land without any connection to others like oneself may produce anxiety and the loss of self-cohesion.

Personality Disorders

Personality disorders constitute a major diagnostic group. They are enduring patterns of inner experience and behavior that deviate markedly from the expectations of the individual's society. These patterns are rigid, pervasive, and inflexible. They tend to

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begin in adolescence or early adulthood, and, because they are stable over time, they lead to chronic distress or impairment. Two personality disorders, borderline and narcissistic, are the focus here.

Drive and Ego Psychology Perspectives

Character or personality is the result of preferred *compromise formations* that result in enduring psychological tendencies (traits) and structures (personality). Compromise formations are solutions emerging from internal or intrapsychic conflicts. Each psychosexual stage of development presents a challenge between one's drives and the social demands of the cultural group. Fixations at the oral, anal, or oedipal period shape who the person is.

At the earliest stage of development, the oral stage, a baby is highly dependent, needy, and angry when needs are unmet. Drive theorists account for narcissistic and borderline pathologies as fixation at the oral stage, when character is shaped by demandingness, hunger, neediness, and anger if they go ungratified.

Object Relations Perspective

Of all the personality disorders, none has received the more attention than borderline personality disorder. It is characterized by stormy and unstable interpersonal relationships, a substantial level of emotional dysregulation, and impulsivity. Separation tends to provoke intense and destabilizing anxiety and aggressive gestures (toward self and others). People diagnosed with borderline personalities experience disturbances in a continuous identity.

The following vignette illustrates some of these critical features:

Laura, a vivacious undergraduate student, came to the college's counseling center unable to concentrate, crying often throughout the day following an "incident" with her boyfriend the previous weekend. After dating happily for the summer, her boyfriend, Sam, was heading to college in another city. As the day of his departure approached, she became irritable and "moody." In a fit of anger she asked him to get out of the apartment immediately. Confused and surprised, Sam responded by leaving earlier than planned. As he walked to his car, Laura ran after him, pleading for his return to the apartment because she felt suicidal. As they attempted to discuss what happened, Laura became quite agitated and demanded that he leave immediately. This sequence was repeated for about 2 hours. Laura confessed that she couldn't bear to be alone. She felt that all through high school, her boyfriends "always ended up leaving" her.

An object relations perspective might explain Laura's fear of impending separations as stemming from both separation anxiety and a lack of *object constancy*. That is, when experiencing frustration, Laura could not "hold on to" the good experiences with Sam that would make bearable his physical absence. People or *objects*—both inside and outside—are experienced as either "all good" or "all bad" as part of the defensive mechanism of *splitting*. These relational experiences come to the foreground in dramatic and disturbing ways when there are interpersonal tensions and transitions.

People with borderline characteristics experience chaotic and unstable interpersonal

relationships. Often they employ *projective identification*, an unconscious defense by which disavowed parts of oneself, such as hatred, are projected onto the other. Sam felt Laura's rage and her abandonment ambivalence as he was alternately thrown out and beckoned back. It is important to note that many people who have experienced trauma may present as borderline but suffer from PTSD.

Self Psychology Perspective

The current diagnostic criteria for borderline personality disorder include pervasive patterns of grandiosity (in fantasy or behavior), the need for constant admiration from others, and a decided lack of empathy for others. From a self psychological view, a lack of affective responsiveness from primary caregivers derails narcissistic development, and this leads to pathological narcissistic disorders. Failures in mirroring, twinship, and idealization undermine personality development and can lead to narcissistic pathology.

The Psychoses

Sonny, a young homeless man, was seen at a shelter by a social work student in order to find appropriate services. He had returned to the neighborhood of his youth, and his family was very relieved. "I had to come back," he clarified. "The devil dressed up as God, but I could tell he wanted to harm my family. I had to come back to protect them."

The *psychoses* are a heterogeneous group of mental disorders, with *schizophrenia* the most studied. Schizophrenic spectrum and other psychotic disorders are characterized by problems in thinking and feeling and result in delusions, hallucinations, disorganized thinking (and speech), and grossly disorganized or abnormal motor behavior. Psychotic symptoms express the confusion of internal with external stimuli, and they demonstrate a lack of reality testing. For people with psychosis, inner fears are experienced as coming from outside. People with psychosis experience major distortions of perception (hallucinations), cognition (delusions), and withdrawal (among other negative symptoms).

Drive Theory

A classical psychosexual view of Sonny's delusion would highlight his forbidden sexual and aggressive impulses, which were unbearable and unsustainable. Sonny's destructive wishes toward his family were expressed and disguised through the urgency to save his family from an extremely all-powerful being.

In the classical drive theory, instinctual impulses may generate unbearable conflicts that remain unconscious. In the case of psychotic illnesses, loss of reality becomes a characteristic feature of the solution, or compromise, to these conflicts.

Ego Psychology Perspective

Ego psychologists are interested in both the conflicts between the id, ego, and superego and in the role of the ego and how it functions. Sonny's superego was so harsh and punitive that it undermined his ego's functions of judgment and reality testing. Sonny's defenses were also undermined. His most prominent defense was *projection*. Unacceptable wishes, such as wanting to harm his family, were projected in the figure of the devil, allowing him to continue to think of himself (consciously) as a good member