

Psychodynamic Ordinary People Paper

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Psychoanalytic and psychodynamic theories both recognize the significance and relevance of childhood experiences and the relationship between the unconscious and conscious psychological processes. Both of these theories strongly connect to Sigmund Freud, the founder (originator) of psychoanalysis. They go into detail on how ego-defense mechanisms present themselves, the basic structure of personality and its development, the therapeutic concepts and methods (techniques) used to understand mental disorders, the origins of human behavior, the motives behind human behavior, and how behavior can be modified. Consequently, the psychoanalytic and psychodynamic theories have been used interchangeably in many sources. However, the psychoanalytic viewpoint (or position) primarily relates to the concepts and practices (therapeutic approach) that originated from Freud's original theories.

In contrast, psychodynamic theory (viewpoint) encompasses the theories and methods (techniques) developed by Freud and his followers known as the neo-Freudians, such as Carl Jung and Erik Erikson, to name a few. In general, the psychodynamic perspective minimizes sex (psychosexual stages) and places more emphasis on the impact of the social environment (psychosocial stages). Erik Erickson believed that we must maintain a balance between ourselves and our social environment at each stage of life. He defined development as the entire lifespan, with specific crises or turning points to be resolved. The psychoanalytic viewpoint, on the other hand, places more emphasis on the libido's effect (psychosexual energy that drives behavior), which consists of the oral stage, anal stage, phallic stage, latent, and genital stage. Freud's theory is a benchmark against which many other theories are measured (Corey 2015)

According to Freud's psychoanalytic system, it is a model of personality organization and an approach to psychotherapy (Corey, 2015). His viewpoint states that personality consists of

three systems: the id, the ego, and the superego. These psychological structures do not operate the personality separately. The id is ruled by the pleasure principle (untamed drives or impulses) like a demanding child, and the ego is ruled by the reality principle, which makes an effort to coordinate, think logically, and act as a mediator between the id and the harmful impulses that the id may pose, like a traffic cop. The superego is like a judge and is ruled by the principle of morality. According to Freud, understanding consciousness and the unconscious is vital to understanding behavior and the issues of personality (Corey, 2015). Consciousness deals with what's on the surface: logic, awareness, and reality. However, unlike the unconscious, consciousness is only a "thin slice of the total mind" (Corey, 2015).

The unconscious deals with what lies deep below the surface; the larger part of the mind, for example, drives, instincts, and storage for all life experiences, memories, and things that are repressed. The concept of anxiety is also important to Freud's psychoanalytic approach. Anxiety is described as a feeling of dread resulting from repressed feelings, memories, and desires. It develops from a conflict among the id, ego, and superego to control psychic energy (Corey, 2015). The three types of anxiety are reality anxiety, neurotic anxiety, and moral anxiety. Ego-defense mechanisms are important when dealing with anxiety because they help an individual cope with anxiety and prevent the ego from being overwhelmed. The mechanisms are known to be normal behaviors that function on an unconscious level and tend to deny or distort reality.

The film *Ordinary People* tells the life of an upper-middle-class family after experiencing the tragic loss of their oldest son Buck who passed away in a boat accident. Each family member has been deeply wounded emotionally and mentally, especially the younger son Conrad who was with his brother Buck at the time of the accident. It left Conrad scarred and traumatized to the point of attempting to commit suicide. It was clear that Conrad was showing signs of survivor's

guilt and dealing with post-traumatic stress disorder (PTSD) due to being directly exposed to the traumatic event. When someone experiences survivor's guilt, they feel as though they did not do enough to prevent the loss that occurred, and also feel they've done something wrong for surviving the traumatic event when others did not. Conrad's symptoms in the film were recurring nightmares and flashbacks, lack of motivation, sleep, and interest in normal activities, loss of appetite, difficulty focusing in class, and feeling isolated and alone.

In the film, Conrad tries to deal with his mental pain after returning home to his parents from a psychiatric hospital. However, as he's dealing with all of this, he is still trying to reconnect with his mother, who seemed distant, cold, and more worried about keeping a picture-perfect family, which could be a defense mechanism (living in denial and repression). On the other hand, his father is emotionally wounded/disturbed and feels responsible for what happened to his family. With the help of his father, Conrad begins to attend sessions to see a psychiatrist, Dr. Berger. At the time of the boat accident, Conrad was battling with his ego/superego and moral conscience, which he later in the film confesses in a therapy session and developed moral anxiety because of the guilt and psychological torment he felt for thinking he did something contrary to his moral code (saving his brother).

During the film's climax, Conrad finds out that his female friend committed suicide, and his world starts to spiral down again as he is emotionally distressed by the news and feels the urge again to act on his impulse. Fortunately, Conrad was able to fight against it and called his psychiatrist to meet with him instead of doing something he may later regret. In the middle of the night, Conrad meets Dr. Berger. As they begin to speak, Conrad starts to cry hysterically and releases everything he's been holding that may have been repressed in the unconscious. He

expressed what happened the day of the boat accident and how he blamed himself for his brother's death, his mother's contempt for him, and feeling useless, helpless, and unworthy.

At the beginning of the film, Conrad shows some resistance during his therapy sessions. Still, towards the end, when Conrad is dealing with a mental crisis and is at his breaking point, Dr. Berger is able to successfully help Conrad transcend/strengthen the ego and cause the unconscious to become conscious. Dr. Berger listened to Conrad, told him he was his friend, and held him close as a father would to a son, and it finally helped calm Conrad. This particular scene was a perfect example of Freud's psychoanalytic phenomena of transference, which is when a client reacts to the therapist as they did to an earlier significant other, and the client begins to regress emotionally. In this case, Dr. Berger became a substitute for Conrad's deceased brother Buck. This approach helped Conrad face his survivor's guilt head-on by bringing his feelings of guilt, anger, conflict, and grief into the present and re-experiencing them. Conrad experienced a breakthrough and began his journey toward healing. He starts to appreciate life and love again and even hugs and forgives his mother in one scene.

If I had to imagine myself in Dr. Berger's shoes, treating Conrad, I would use several approaches and techniques from the psychoanalytic/psychodynamic theories to help him recover and begin healing from his traumatic past. I would first use the blank-screen approach to foster a transference relationship where projection and displacement can occur. This can help Conrad deal with the loss of his brother and the grief he is feeling and bring some closure and understanding to the situation. The second technique I would use is interpretation which can give Conrad meaning, insight, and understanding of whatever is being revealed or experienced and the issues he is facing. When dealing with clients who've experienced permanent loss or a very traumatic event, I believe it is helpful to use these methods and approach because it deals with

the past and present, especially when dealing with the patterns in which trauma can manifest itself in clients.

References

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