Psychoanalysis Theory and Case Study

Name

Institution of Affiliation

Part 1:

Sigmund Freud -Psychoanalysis Theory

The psychoanalysis theory was first advanced by Sigmund Freud (1856 - 1939), who believed that all behavior is as a result of the component parts of the mind: the id, ego, and superego. Freud conducted studies on hysteria, obsessional illnesses together with several other disorders whose etiology were unknown (Wenzel, 2017). This made him shift from neurology practice and into a new form of clinical intervention premised on the investigation of the victim's mental health life. With time, he was to discover that impulses were not just responses to unusual events in childhood. Instead, he found them to expressions of psychopathological problems. Freud then developed and conceived psychoanalysis to be, among other things, a therapeutic technique, a theory of human development, psychopathology, mental functioning as well as a research method.

The Social Context in Which Psychoanalysis Theory Was Theory Was Developed

The social, historical context of the psychoanalysis theory was heavily influenced by ideas on social work which dominated the 1920s. As Strean, a psychoanalysis scholar did observe in the early 1990s, social work professional climate then favored the introduction of psychoanalytical concepts. Caseworkers recognized the limitations of giving advice, manipulation of the surroundings as well as moral suasion in the course of their work with clients. Suffice it to that, the 1920s witnessed the advent of child guidance movement and work with populations having mental issues like shell shock due to the experience of World War I (1914-1918). These are reflected in the theory as a psychiatric approach predominated social work and is to be found in the main concepts of the psychoanalysis theory.

The Major Concepts of the Psychoanalysis Theory

The psychoanalysis theory has three major concepts, the first of which stress the psychic determinism, where a child's experiences play a crucial role in shaping an individual's adult personality and behavior. The second concept focuses on the role of unconsciousness in influencing behavior, thus informing the psychoanalytical method of investigating the activities of the unconscious mind. The third and last primary concept addresses the therapeutic techniques for investigating and relating mental disorders with a bias on neurotics (Yakelev, 2018). For this reason, the psychoanalysis theory is categorized as a High-Level theory with sub-theories like levels of consciousness, psychosexual development, and defense mechanisms. The psychic structure of personality and the theory of instincts are also regarded as its sub-theories.

Part II

The usefulness of Psychoanalysis Theory to Social Work Practice

The impact of Freud's work in social work practice is acknowledged by leading scholars like Annete Garrett, who in 1940 observed that the major concepts of social diagnosis and subsequent social treatment are interrelated to psychosocial diagnosis and psychosocial treatment (Edwards et al., 2016). The integration of Freudian tenets into social work practice has facilitated changes in individual-in- environment configurations. This means that every client is regarded as possessing a distinct set of personal experiences, with particular strengths and weaknesses applying to them in addition to having idiosyncratic ways that are highly individualized and of which they use to operate in the world (Mahone, Maphis, & Snow, 2016). While these benefits make psychoanalysis theory useful to social practice, critical social work in contemporary settings regards the critical self-reflexivity as the act of endeavoring for a complete awareness

and control of one's subjectivity, which is impossible. On this account, some critics argue that the psychoanalysis theory is not helpful to social work.

The Psychoanalysis Theory Consistency with Social Work Values

The values underpinned by the psychoanalysis theory echo those of social work in that both have components that establish an equilibrium between the understanding and working of the internal and external realities of the lives of their clients. At the same time, psychoanalysis and social work acknowledge that the client has to be well-treated. It is not always appropriate for the therapist or social worker to rely on neutrality, assistance, or anonymity, thus creating negative and non- responsive states in a patient's childhood. This applies mainly in recounting childhood experiences of neglect and physical or sexual abuse experiences, mainly if the patient is of culturally diverse background.

Moreover, the social worker, just like the psychoanalyst, stresses collaboration and dialogue based on a mutual understanding between the therapist and their client. The interplay of the therapist's theories, values, and patient's background leads to the creation of a human therapeutic environment that offers empathy for the client's subjective experience, individual narrative, and own truth. On the other hand, the marginalization of psychoanalysis, for example, when under pressure of evidence-based practice, means it will not be useful in promoting social work practice values.

How Psychoanalysis Theory is Consistent with Bio Psychosocial –Spiritual Perspective on Human Behavior as Outlined by Hutchison

Since Freud's psychoanalysis theory has six sub-theories, some of the sub-theories principles are deemed to be consistent with biopsychosocial – spiritual perspective as advanced by Elizabeth Hutchison. In her published work, *A Life Course Perspective*, Hutchison asserts that

chronological age is not the sole component responsible for the timing of an individual's life. She contends that age-graded variations in social roles and behaviors emanate from biological, psychological, social, and spiritual processes. Similarly, Freud's psychoanalysis sub-theories concepts are also determined by an interplay between their biological age, psychosexual development, the psychological state, levels of consciousness, social processes, anxiety and defense mechanisms, while the psychic structure of personality can be equated to the spiritual processes.

Part III

Application of Sigmund Freud's Psychoanalysis Theory in the Case Study of Joan, The 56-Year-Old Schizophrenic Patient, Initially Diagnosed at the age of 4 Years

The current case study presents Joan, a 56-year-old African American woman who was first diagnosed with schizophrenia in early childhood, barely aged four years. Born as the last child of a single mother in a family with three other kids, Joan's parents also had schizophrenia and also addicted to alcohol. The auditory and visual hallucinations that Joan experienced saw her in and out of psychiatric facilities in the next eight years. The family ascribed to the Christian faith and as adherents of the Baptist Church, regularly attended church on Sundays. By age 12, she had the misfortune of being assaulted by her step-father, which made her be taken to a foster home where she was to grow in group homes until she turned 21. Upon her discharge, she lived with her elder sister, who was six years her senior up to when she was 27 years old and was admitted again in a psychiatric hospital where she was on and off in the following two years. During moments of mental stability, she would do voluntary work at a local animal shelter and take alcohol and be homeless in times of her mental illness relapses. This came to an end when, at the age of 43, she married her spouse, who also had a mental disorder but of a lesser

magnitude in terms of its severity. The husband is the primary caregiver, and besides being happily married, she also attends regular treatment for her condition and visits the local clinic three times a week.

Having lived with her condition in the last fifty-five years of her life, I would seek non-pharmacological therapy specifically, a psychoanalytical theory-based intervention (Patel et al., 2014). The treatment goals primarily target the symptoms, prevent relapse, and increase adaptive functioning so that Joan can be fully integrated back into her community. However, from the outset, pharmacological therapy would be the primary intervention with the psychoanalytically based intervention meant to contain the residual symptoms. The intervention will target Joan's unconscious mind where the feelings of her dysfunction childhood could be too painful for her to face and therefore remain repressed. A case that comes to mind is the assault she got from her step-father and growing up away from the rest of the other family members due to her illness. As such, this intervention purposes unconscious mental material processes (Ganguly, Soliman & Moustafa, 2018). In so doing, the client will be able to assert more control over her life.

The psychoanalytic intervention will entail having regular therapy sessions of not less than 30min three times a week over the next twelve months. These therapy sessions will include explorative insights into her past and supportive or directed activities where through compensation, displacement, and sublimation, her fears can be addressed. At the same time, the intervention will have a psycho-education component where the couple will be offered education on its diagnosis, treatment options, prognosis, rights, and the usual coping strategies (Torres-Gonzalez et al., 2014).

Application of Hutchison Multidimensional Approach of Biopsychosocial- Spiritual Model to Joan-a Schizophrenia Client

According to Grover, Davuluri & Chakrabarti (2014), the conventional therapy of schizophrenia is based on the biopsychosocial model, which entails the prescription of antipsychotic drugs and psychological intervention for the patient as well as their family. The model, however, ignores the religious beliefs of the client, yet religion and spirituality play a significant to people with schizophrenia. Due to this, I would apply Hutchison's multidimensional approach since it includes the spiritual dimension to the treatment. Evidence-based practices in mental healthcare indicate that religion and the accompanying religious practices in impact on a schizophrenic patient's level of psychopathology (Nevarez-Flores et al., 2019).

Additionally, the beliefs and religious practices also do influence social integration, risk of attempted suicide, and substance abuse like the one Joan suffers from alcohol addiction any time she has a relapse. As a result, the multimodal dimension intervention that I would recommend for Joan would have a shared decision making component. Here, even the client will be involved in selecting the appropriate medication and behavioral therapy in order to enhance the treatment follow up (Grover, Davuluri & Chakrabarti, 2014). During these decision making times, I would have the opportunity to highlight the importance of having faith in a Supreme Being who cares and also has power over our lives. Giving the patient spiritual support plays a significant role in ensuring the patient's perspective in treatment decisions (Mahone, Maphis & Snow, 2016). The rationale for including the spiritual dimension is that research indicates that religious schizophrenics have better treatment adherence, which also improves patient outcomes (Nevarez-Flores et al., 2019).

Conclusion

In conclusion, the three parts of the essay have established that the psychoanalysis theory, as advanced by Sigmund Freud, can be used to formulate clinical intervention to schizophrenia patients. The paper has also determined the social, historical context in which the theory was developed as well as significant concepts. The usefulness of the theory in social work practice and its limitations in upholding social work practice before exploring the consistency and inconsistency of Freud's psychoanalysis theory with Hutchison's multimodal theory of biopsychosocial –spiritual approach has helped shape the social practice. Finally, the paper has presented clinical interventions based on the psychoanalysis theory and Hutchison's multimodal approach in managing Joan's case- a 56-middle aged African American woman who has lived with schizophrenia for 51 out of the 56 years of her life.

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