PSYCHODYNAMIC PSYCHOTHERAPY

Psychodynamic psychotherapy is a modern psychological treatment based on psychoanalytic concepts and methods. Like psychoanalysis proper, psychodynamic psychotherapy is an insight-oriented treatment with goals of exploring intrapsychic and interpersonal patterns, raising awareness, replacing maladaptive ways of being with more adaptive ways of being, and furthering psychological development. However, contemporary psychodynamic psychotherapy tends to differ from psychoanalysis in its format and its strict adherence to classical psychoanalytic theory.

Historical Context

In the late 1800's, the Austrian neurologist Sigmund Freud created psychoanalysis as a treatment for psychological disorders. Freud believed that people's thoughts, emotions, and behaviors are determined by both conscious and unconscious mental processes, and hypothesized that bringing unconscious material into conscious awareness would help those suffering from distressing and debilitating psychological conditions. The "talking cure" that he developed is a verbally-mediated treatment between a therapist (called an "analyst") and a patient (called an "analysand"). In this treatment, the analyst asks the analysand to lie on a couch and speak freely (termed "free association") in order to encourage introspection. The analyst then offers insights ("interpretations") that bring about new understandings for the analysand. Together, the two explore the analysand's inner world, and bring more and more previously unexamined psychological material into consciousness. Freud attempted to legitimize psychoanalysis as a hard science by using techniques he believed would promote scientific objectivity – insisting that analysts adopt a therapeutic stance characterized by anonymity, neutrality, and therapeutic abstinence. By disclosing little of their personalities, refraining from sharing their personal opinions, and abstaining from gratifying the analysand's wants and needs, Freud believed the analyst would essentially be removed from the equation, and a pristine and uncontaminated view of the analysand's mind would be revealed. Freud reported that these procedures, repeated daily for stretches of time, were successful in relieving his patients' symptoms. Over time, Freud and his followers elaborated psychoanalytic theory, and different schools of psychoanalytic thought emerged, including "drive theory," "ego psychology," "object relations," and "self psychology."

Throughout the 20th century, other psychotherapies were developed outside the psychoanalytic tradition. These treatments, while still verbally-mediated and directed at ameliorating psychological distress and disorder, departed from the basic psychoanalytic format and many of its underlying principles. First-wave, second-wave, and third-wave cognitive-behavioral therapies were created. These treatment models use less frequent sessions, shorter treatment durations, and simpler theories than psychoanalysis. Therapists using these models tend to be more directive in session. And in some cases, these psychotherapies can even be manualized, so that treatment is standardized across patients. These treatments were embraced by the medical community because they appear more similar to medical interventions, by insurance companies because they are designed to be brief, by researchers because they are easier to empirically study, and by

educators because their theories are more parsimonious and easier to learn. In time, they became the dominant forms of psychotherapeutic treatment. Some psychoanalytically-oriented practitioners saw value in many of the innovations introduced by these novel treatment models, and incorporated them into their work. Psychodynamic psychotherapy is the result.

Psychodynamic psychotherapy is offspring to psychoanalysis and shares many of its basic tenets. However, it deviates from psychoanalysis proper in terms of structure and approach. Sessions are usually conducted with the patient seated upright and facing the psychotherapist, rather than lying on the couch. Session frequency is typically once or twice per week, rather than four or five times per week. And the therapeutic stance tends to be less anonymous, less neutral, and more open to gratifying patient needs. Practitioners of contemporary psychodynamic psychotherapy also part ways with aspects of traditional psychoanalytic theory that have not stood the test of time and appear inconsistent with modern scientific understandings and recent cultural changes.

Underlying Assumptions

Psychodynamic psychotherapy makes some important assumptions about the mind that inform its approach. These assumptions have been inherited from the psychoanalytic tradition, in part or in whole. Some of these assumptions are summarized in this section, with full discussion of these theoretical underpinnings covered elsewhere in this text (see entry on “Psychodynamic Theoretical Framework”).

The unconscious

In Freud’s day, people were just beginning to seriously consider the possibility that mental activity could occur subconsciously. Today, the proposition that the majority of mental processes are carried out unconsciously is widely accepted by scientists. Psychodynamic psychotherapists operate on this assumption that both conscious and unconscious mental processes contribute to thoughts, emotions, and behaviors. As such, they assume unconscious processes usually play a role in the difficulties people experience in cognitive, emotional, and behavioral domains. If we can be negatively influenced by forces outside of our awareness, then what we don’t know *can* hurt us – and it stands to reason, then, that uncovering and understanding unconscious processes would be important activities in the practice of clinical psychology.

Transference

Psychodynamic psychotherapists assume that one of the primary functions of the brain is to construct mental models of reality, and to use these “schemas” to make sense of experience and guide behavior. Most of these schemas are presumed to be constructed during the developmental period. Early *social* learning is said to crystallize into “relational schemas” (also called “object relations”) – mental representations of the self and others that help us understand and navigate relationships. When these relational templates are activated, expectations from past relationships are transferred onto current relationships – a phenomenon Freud called “transference.” Over the course of childhood, the thoughts, emotions, and behaviors associated with these schemas

become automatized with repetition, and are increasingly carried out by unconscious mental processes. Stable social dispositions emerge on the basis of these implicit processes. Once established, personality patterns are resistant to change because they involve reflexive mechanisms that often operate outside of awareness. Sometimes these patterns are adaptive, and produce good interpersonal outcomes, both in childhood and in adulthood. However, sometimes these patterns functioned well within difficult childhood environments, but create problems in adult life. In psychodynamic psychotherapy, therapeutic action entails bringing maladaptive unconscious processes into consciousness, experimenting with new ways of being, and repeating these new ways of being until they become automatized in unconscious processes again. In other words, change requires the unconscious to be made conscious, and then the conscious to be made unconscious.

Multiplicity

Psychodynamic psychotherapists also believe in "multiplicity" – the principle that our minds are not unitary, but are instead made up of many independent but interacting parts. Because our brains are built on an architecture of modularity and parallelism, inner conflict is to be expected. "Cognitive pluralism" occurs when differing beliefs coexist within an individual. "Emotional pluralism" occurs when an individual feels multiple (and sometimes contradictory) emotions simultaneously. And "motivational pluralism" occurs when an individual feels pulled to act in opposing ways. Psychodynamic psychotherapy aspires to strengthen "ego functioning" – the ability to manage inner conflict by facilitating effective connection, communication, collaboration, and compromise among different parts of the self. This is especially important for patients who were pressured to disavow certain parts of themselves. In therapy, patients are given permission to explore these dissociated parts, with the ultimate goal being psychic integration – in which all parts of oneself are valued and work harmoniously with each other.

Distinctive Features

Many psychotherapeutic approaches exist today, with the cognitive-behavioral therapies currently being most popular. Several features distinguish psychodynamic psychotherapy from other modern psychotherapies.

Emphasis on exploration and insight

As an insight-oriented treatment, psychodynamic psychotherapy begins with exploratory work that aims to produce useful insights about the patient. Insights are believed to be necessary prerequisites for change. Just as we would want to conduct a thorough diagnostic assessment of a vehicle's engine before attempting repairs, significant time in psychodynamic psychotherapy is devoted to carefully understanding a patient's problems before change processes are initiated. All presenting problems are assumed to be complex if the patient has been unable to resolve them on their own, and the therapist approaches the work with an "analytic humility" that avoids drawing oversimplified conclusions or offering hasty advice. Therefore, the exploration process tends to be more comprehensive and time-intensive than other modern psychotherapies.

Psychodynamic psychotherapists also tend to be less directive than other therapists, and often encourage patients to lead the exploration in a direction of their choosing. Insights are usually arrived at organically, in the context of dialogue.

Insights are also considered valuable because they serve as building blocks that can be assembled into cohesive narratives. To arrive at a coherent understanding of one's current life circumstances often reduces anxiety and improves functioning, especially during confusing and chaotic times. Psychodynamic psychotherapists also help patients reexamine their interpretations of past events, and rewrite autobiographical stories in more accurate and compassionate ways.

Many psychodynamic practitioners take an "intersubjective" approach, whereby understandings are arrived at collaboratively, and bear the subjective fingerprints of both the patient and the therapist. The patient is assumed to be an expert in their own life, and this expertise is combined with the therapist's expertise in psychology to generate actionable insights and organized narratives. Treatment is done *with* the patient; not *to* the patient.

Identification of recurring patterns

Psychodynamic psychotherapy is interested in the exploration of psychological patterns – that is, patterns of thinking, feeling, and behaving. Many of us have good awareness of our thoughts, emotions, and behaviors at any given moment, but discerning *patterns* over time requires the ability to pause, step back, and introspect. Psychodynamic psychotherapy formalizes this into a practice that takes place regularly and occurs with another person. The goals of this practice are to become more aware of our psychological patterns, examine the ways in which these patterns are effective or ineffective, understand their origins in the past, and experiment with new ways of being when old patterns no longer serve us well.

Interpersonal patterns, in particular, are given special attention in this therapy. Psychodynamic psychotherapists believe that early social experiences are "internalized" in the form of "relational schemas." When these implicit models of relationships result in problematic interpersonal patterns that interfere with a patient's ability to get their needs met in adulthood, psychological problems often arise. As therapists help patients become more skillful in their ways of being with others, patients become more successful in getting important needs met, which tends to reduce psychological distress, including mood and anxiety symptoms.

Study of the developmental period

In psychodynamic psychotherapy, it is common for early life experiences to be explored in depth during the therapy. Maladaptive social and emotional patterns in adulthood may have their origins in early learning that occurred during critical periods of brain development. Therefore, exploration of an individual's childhood may reveal how problematic patterns began and why they persist in the present.

Acknowledgement of unconscious processes

Psychodynamic psychotherapists believe that the majority of mental processes are carried out unconsciously. Unfortunately, when things are outside of our conscious awareness, they are outside of our conscious control. Psychodynamic psychotherapy attempts to expose mental processes that are not obvious to us, yet still influence our thoughts, emotions, and behaviors. When the unconscious is made conscious, we come to have a better understanding of why we think the way that we think, why we feel the way that we feel, and why we do what we do. We are also in a better position to interrupt involuntary reactions, and replace them with more intentional responses. This is particularly important when unconscious habits are maladaptive.

Focus on emotional exploration and emotional expression

A strong emphasis on the exploration and expression of emotions differentiates psychodynamic psychotherapy from other theoretical orientations. Psychodynamic psychotherapists work to normalize complex and sometimes contradictory feelings, help patients listen to and respect the full range of human emotions, facilitate appropriate emotional expression inside and outside of therapy, and encourage adaptive ways of responding to intense feelings.

Examination of attempts to avoid distressing feelings

We all develop “defense mechanisms” early in life that help us manage stress and difficult feelings. Unfortunately, these protective strategies can sometimes become rigid and inflexible, and end up creating more problems than solutions. Psychodynamic psychotherapy tries to help patients increase insight into their automatic defenses and the costs of using these defenses. With the therapist’s help, patients learn to better tolerate aversive feelings and consider more adaptive ways of coping.

Use of the therapeutic relationship

It is not uncommon for certain themes to appear in many of the patient’s relationships. Psychodynamic psychotherapists look for patterns in their own interactions with the patient, and use this as information about the patient’s general interpersonal functioning outside of the therapy room.

Psychodynamic psychotherapists also use the therapeutic relationship to provide new relational experiences that disconfirm patients’ negative expectations and shift patterns of thinking, feeling, and behaving in healthier directions. These in-session “corrective emotional experiences” can help free patients from their maladaptive modes of interpersonal engagement and the painful repetitive states that they produce.

Additionally, modern psychodynamic practitioners use the therapeutic relationship to meet some of the patient’s needs that have gone unmet. Attachment researchers quickly established that many psychotherapy patients exhibit insecure attachment styles. This influenced psychodynamic psychotherapists to try to provide a reliable and nurturing caregiving relationship for the patient (called a “secure base” in attachment terms) – in the hopes that this might contribute to

development of a secure attachment style. This approach of gratifying a patient's unmet interpersonal needs is a clear departure from the therapeutic "abstinence" prescribed by Freud, and is an example of evolution in theory and practice over time.

All uses of the therapeutic relationship depend on the psychotherapist's emotional participation. An emotionally-engaged therapist is empathically attuned to the patient's emotions, is willing to be moved by the patient's emotions, is attuned to the emotions that are generated in themselves during interactions, and is successful in influencing the patient's emotions in therapeutic ways.

Dream interpretation

Psychodynamic psychotherapists make use of dreams to gain greater insight into their patients' psychological functioning. Dreams may shed light on how a patient's mind is organized, how they make sense of experience, and how they respond to opportunities and challenges. Dreams can also help patients connect with their desires and fears, especially when they may otherwise feel reluctant to do so. Some therapists go beyond the passive study of dreams, and encourage patients to actively work with dream content. For example, they may urge patients to finish a dream or change the outcome of a dream. Or they may encourage patients to consider what they would like to do differently in their waking lives based on what they have learned from a dream.

Efficacy

The widespread claim that cognitive-behavioral therapies are the only psychotherapy treatments with scientific support is no longer accurate. While psychodynamic psychotherapy has been slow to establish an evidence base, current outcome research demonstrates its efficacy in reducing psychological symptoms (including depression and anxiety symptoms) in heterogeneous patient samples. Multiple meta-analyses have revealed treatment effect sizes as large as those reported for other psychotherapies commonly advertised as empirically-validated. These studies have also shown that patients not only maintain treatment gains after the therapy ends, but actually improve after termination. It seems that psychodynamic psychotherapy initiates a change process that continues even after sessions stop.

That said, the goals of psychodynamic psychotherapy go beyond symptom reduction. More consummate change tends to be pursued. If the overarching goal of psychodynamic psychotherapy is to further psychological development, then successful treatment would be expected to bring about healthy self-esteem, mature relatedness, and robust mental health that is resilient in the face of challenges. Extant research indicates that psychodynamic psychotherapy is indeed successful in improving patients' overall psychosocial functioning and preventing relapse.

Sociocultural Considerations

Implicit bias

Implicit biases are stereotypes and prejudicial attitudes that operate below consciousness, and can unknowingly result in discrimination. Examples include gender bias and racial bias. Because of its focus on unconscious processes, psychodynamic psychotherapy is naturally well-positioned to understand and address implicit biases – both within the patient and within the psychotherapist.

Sometimes implicit biases are acquired through socialization processes during the developmental period. Sometimes they originate in early relational experiences. And sometimes they serve as unconscious defense mechanisms that protect an individual's wellbeing, albeit at the expense of others. In all cases, the general psychodynamic method – compassionately bringing implicit process into awareness, understanding their developmental origins, questioning their adaptiveness in the present, and intentionally putting in place better alternatives – includes all the ingredients necessary to help patients recognize and overcome their implicit biases.

Research has shown that psychotherapists also possess implicit biases. Fortunately, psychodynamic psychotherapists are well prepared to understand how their own implicit biases operate in the therapeutic relationship. Psychodynamic therapists are trained to frequently reflect on their "countertransference" – the conscious and unconscious responses of the therapist to the patient. They are instructed to consider both "homogenous countertransference" and "idiosyncratic countertransference." Homogenous countertransference includes normative reactions to a patient's behavior that would be evoked in most therapists, whereas idiosyncratic countertransference includes unique reactions evoked in the therapist based on their own personal history. Therefore, implicit bias is a type of idiosyncratic countertransference. Psychodynamic psychotherapists are taught to consult with supervisors or participate in their own psychotherapy when idiosyncratic countertransference appears to be negatively impacting treatment. This helps ensure that implicit biases are kept in check.

Access to care

Psychodynamic psychotherapy, like other modern psychotherapies, is committed to helping all people. However, if psychodynamic psychotherapists want to reach diverse groups, they must be willing to be flexible in their treatment approaches to overcome identity-based disparities in mental health care and circumvent ethnocentric conventions.

For example, costs associated with psychodynamic psychotherapy may be prohibitive for many patients. Sessions are commonly held once or twice per week, and treatment usually occurs over months or years. Appointment fees and other costs associated with treatment (e.g., time off work, travel expenses, childcare) may be significant barriers to care for many individuals at this frequency and duration. Providers should be willing to make adjustments in session scheduling and fees in order to offer equitable treatment to all patients.

It is also important to note that clinicians with advanced training in psychodynamic psychotherapy are few in number by comparison to practitioners educated in the cognitive-behavioral therapies.

Therefore, patients desiring psychodynamic treatment may struggle to find practitioners in their area. Patients living in remote locations, individuals requiring non-English services, and those who prefer working with a clinician with whom they share certain identity factors may have an even more difficult time locating providers. The rise of telehealth services and interstate licensing compacts has increased therapists' catchment areas, and may help ease this problem.

Because personal reflection is central to psychodynamic psychotherapy, it tends to be less directive than many other psychotherapies. This exploratory approach may be a good fit for patients who would benefit from identity exploration work, exploration of sociocontextual factors influencing their development, and exploration of personal histories that include experiences of marginalization and oppression. However, some cultural groups may be less comfortable with the relatively nondirective format of psychodynamic psychotherapy. Psychodynamic psychotherapists would be wise to be flexible with their approach with these patients, and provide education upfront about how to utilize a more open-ended format.

Similarly, psychodynamic psychotherapists tend to be reluctant to provide definitive answers or simple advice. This may be a poor fit for certain cultural groups who expect therapy to follow a more medical model, in which a doctor assesses and cures a patient. Here too, psychodynamic psychotherapists would be wise to be flexible with their treatment approach in these cases.

Finally, many patients may be put off to learn that psychodynamic psychotherapy has its roots in psychoanalysis – a practice developed mainly by wealthy European men in the early 1900's that is rife with wildly speculative theories and unfalsifiable claims, many of which perpetuate gender biases (e.g., "penis envy," "castration anxiety," "anima/animus" archetypes). Many patients will need to be assured that psychodynamic psychotherapy has jettisoned dated and offensive concepts associated with traditional psychoanalytic theory.

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See also Psychodynamic Theoretical Framework; Psychoanalysis; Object Relations Therapy; Transference; Countertransference; Internalization; Attachment Style; Implicit Bias

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