

# **Psychodynamic Psychotherapy**

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### **I. Definitions**

#### **A. Psychotherapy**

Psychotherapy is the umbrella term for a number of therapies that aim at treating problems that affect the mind (psyche). This lecture will focus on those treatments that are based on a psychodynamic model of the mind. These include:

- Ego supportive psychotherapy
- Psychoanalytically oriented psychotherapy
- Psychoanalysis

#### **B. Psychodynamics**

A model of the mind which hypothesizes that the functioning of the mind is dynamic; i.e. that it is in constant flux, with structures (id, ego, super-ego) continuously interacting and conflicting with each other. When these structures are continuously in conflict, they may prevent the individual from moving forward with his or her life. For example, a person might simultaneously want to succeed in his career but may fear punishment from his super-ego for eclipsing his parent's success. While this fear might represent an imagined danger rather than an actual danger, this conflict could prevent the person from doing what he wants to do and could in fact cause him to sabotage himself professionally. The psychotherapies which are based on the psychodynamic model try to help the patient to become more aware of his/her wishes, motivations, fears, anxieties, and coping mechanisms. They try to help people to gain perspective about fears which are perceived as real but may actually be based in fantasy. They help people to gain more realistic perspectives about themselves and others in an effort to improve their relationships with other people. Finally, they help people to examine their views of their past experiences, which are often distorted by unconscious wishes and fantasies. This can offer patients wider choices or options in life, since past distortions no longer cloud present decision making.

#### **C. Concept of conscious/unconscious mental processes**

What we know as consciousness is but the tip of the iceberg; most mental processes, including defense mechanisms and fantasies, are unconscious. The techniques of free association, dream interpretation, fantasy interpretation, and analysis of the transference can help to elucidate unconscious processes.

### **II. Historical Background**

#### **A. Pre "Dynamic psychotherapy" techniques**

- hypnosis
- massage
- "pressure technique"

## **B. Freud and the development of the psychoanalytic method**

- began with hypnosis and “pressure”
- early hypothesis about traumatic memories requiring catharsis through speaking for suppression of hysterical symptoms “the talking cure”
- Freud learns from his early patients (Studies in Hysteria) that hypnosis and pressure are not necessary – psychoanalysis is born- he learns about free association and begins to hypothesize about transference, and resistance.

## **III. The three dynamic psychotherapies: definitions and indications**

### **A. Ego supportive psychotherapy**

A type of psychotherapy that aims to support a weakened ego by strengthening defense mechanisms and other ego functions (which include reality testing, impulse control, aspects of relationships with others). Rather than focusing on exploring and uncovering unconscious conflict, this type of treatment aims at shoring up defenses in an effort to increase the adaptiveness of the patient’s coping mechanisms. This type of psychotherapy is appropriate for those patients who show evidence of ego weakness such as a predominant use of primitive defense mechanisms, impaired reality testing, limited impulse control, cognitive impairment, grossly impaired relationships with others, and inability to tolerate strong affects. Treatment may be from 1-3 times per week and of variable duration.

### **B. Psychoanalytically oriented psychotherapy**

(Also known as insight oriented, exploratory, expressive, uncovering, psychodynamically oriented, and dynamic psychotherapy) A type of psychotherapy that aims to help the patient to explore the workings of his/her mind in an effort to enable him/her to, among other things, resolve neurotic conflicts, more fully understand the nature of his/her relationships with others, alter maladaptive defensive strategies, overcome inhibitions, and master anxieties. This type of psychotherapy is appropriate for patients with strong ego function, intelligence, the capacity for self reflection, and the ability to speak about thoughts and feelings. Treatment may be from 1-3 times per week and of variable duration.

### **C. Psychoanalysis**

As with psychoanalytically oriented psychotherapy, the aim of this treatment is the exploration of neurotic conflict and core character structure. The aims are more global in psychoanalysis, in that modification of character, rather than of specific defense mechanisms, is a goal and the technical focus is on transference. The analytic couch is used to enhance free association and development of the transference. Treatment is usually 4-5 times per week for several years.

## **IV. Features of the Psychodynamically Oriented Psychotherapies**

- ### **A. Therapeutic Alliance (Working Alliance):** The conscious relationship between the therapist and the patient in which each implicitly agrees that they need to work together to help the patient with his/her problems. Essential for all types of psychodynamic psychotherapy.

**B. Free Association:** Technique in which the patient verbalizes his/her thoughts and feeling without reservation or censorship, even though such thoughts may be embarrassing, sexual, humiliating, and/or aggressive, and even though such thoughts may be about the therapist. Free association is extremely useful for elucidating unconscious processes. Particularly important for psychoanalytically oriented psychotherapy; essential for psychoanalysis.

**C. Transference:** The experience of feelings, thoughts, attitudes, fantasies, and defenses toward a person in the present that are inappropriate to that person and are a repetition or a displacement of reactions originating towards significant persons of early childhood (e.g. parents).

- Positive transference
- Negative transference

Important to be understood in all forms of psychotherapy; interpreted in psychoanalytically oriented psychotherapy and psychoanalysis. The ways in which the patient behaves with the therapist can help to elucidate many aspects of the patient's relationships with others, which may not have been consciously available to the patient.

**D. Resistance:** All forces which oppose the treatment in an attempt to defend the status quo of the patient's neurosis. Usually motivated by anxiety and the unconscious avoidance of painful affects, ideas, wishes and fears. Present in all forms of psychotherapy; interpreted in psychoanalytically oriented psychotherapy and psychoanalysis.

**V. The techniques of analysis** (used in psychoanalytically oriented psychotherapy and psychoanalysis; used in modified form in ego supportive psychotherapy)

**A. Confrontation** – the first step in analyzing, confrontation is the process of drawing the patient's attention to a particular phenomenon and getting him to recognize something that he has been avoiding and that will have to be further understood. Examples: "I notice that each time your boss praises your work, you become disinterested in your job and think about quitting." "It seems that you often become angry with me right before I go on vacation."

**B. Clarification** – after a phenomenon is brought to the patient's attention, the details need to be elucidated and separated out from other thoughts that the patient is having. Example: "You've mentioned feeling anxious in sessions recently, but it now seems clear that this started right after you mentioned to me that you were having difficulty with your wife."

**C. Interpretation** – Once a phenomenon is elucidated and brought into focus, the therapist can then interpret its unconscious meanings. To do this, the therapist makes connections between the patient's current behavior (including thoughts, feelings, fantasies, and dreams) and the patient's past history (including childhood experiences, wishes and fears). Examples: "Despite your wish to remain close to your husband, you are pushing him away just as you felt that your mother pushed you away" "Your anxiety at the

prospect of having to work on this project with your junior colleague stems from your fear that she, like your younger sister, will be perceived as more talented than you are". Two types of interpretation include

- i. Dream Interpretation
- ii. Transference Interpretation

**D. Working Through** – The complex and extended process of gradual change reflecting the efforts of insight, practicing, recognizing behaviors, future insight, and further new behavior. Working through is how one gets from just having new insight to having new behavior.

## VI. The Stages of Treatment

- A. Initiation Phase** – the first phase, or the initiation of treatment, involves “getting to know the patient” – learning about the patient’s characterological style, defensive maneuvers, and the danger situations that rule the patient’s behaviors. It is also the period in which rapport is established and the therapeutic alliance is solidified. The rules of therapy are explained (free association, reporting of dreams, patient’s responsibilities, therapist’s responsibilities). Initial resistances to the treatment process may be noted by the therapist and stored for future reference or may be explored immediately (this must be done first if the nature of the resistances threaten to end the treatment). Early transference responses by the patient are likewise noted and stored for future use in the treatment when a better understanding of the patient’s past experiences will shed light on the present transference responses.
- B. The Middle Phase** – In this stage, the transference responses and the resistance to treatment, which only began budding earlier, become more pronounced and become a vital part of the treatment itself. If the working alliance is solidified, the patient will have the ability to experience these real feelings and thoughts in the present, while at the same time observing the repetitious nature of these responses from the past. Working through conflicts begins at this time in the treatment – that is, noting the patterns of the past which are repeated in one’s present life with others outside of the therapist’s office, as well as with the therapist in the office. Memories from the past are recalled and one’s view of the past, previously distorted by wishes and fears, becomes increasingly clear. This leads the patient to experience wider choices in life, since past distortions no longer cloud present decision making.
- C. The Termination Phase** – the final part of the treatment phase is the period in which changes are consolidated and new behaviors are solidified. Old patterns are understood in the context of one’s past and old memories are available where previously they have been repressed. Conflicts resulting in maladaptive behavior in the outside world, which were relived in the therapeutic situation with the therapist, are resolved.

**Optional References:**

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