A BRIEF OVERVIEW OF PSYCHODYNAMIC THEORY

Abstract

Psychodynamic therapy one of the major theories that has been well utilized in the field of counseling and psychology by counselors and psychologists. The purpose of this article is to provide an overview of psychodynamic theory. This article utilizing recent counseling and rehabilitation literature explains psychodynamic theory. Background and history of psychodynamic theory, theory of personality, major counseling techniques of psychodynamic theory are discussed. Next, efficacy and efficiency of psychodynamic therapy examined using contemporary research findings. Finally, merits and limitations for application of psychodynamic theory is are discussed. It is believed that this article can be utilized to provide introductory information to those who study in the field of counseling and psychology.

Keywords: Psychology, counseling, Freud, Psychodynamic Theory

Özet


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Background and History

Most influential psychologist in psychodynamic theory, Freud, was a physician with a training in neurology. As a neurologist Freud has seen many clinical phenomena including hysteria, neurasthenia known as somatization disorders (Huprich, 2009). He was aware that cocaine had influence on depression and neuralgia which lead him to believe human chemistry was cause of psychological reactions. As he worked with other neurologists in French and Viennese he developed hypnosis which he believed that this altered state of consciousness will lead relief from symptoms. However, hypnosis did not relieve patients from symptoms. Failure of this technique and his other work led him to develop a model of mind: preconscious mind, unconscious mind (Bienenfield, 2006). He later on expanded on unconscious and explained that people maintain instinctual urges, wishes and impulses. He restructured his theory of mind and stated them as id, ego and superego. He indicated it was id where people’s sexual desire libido stays. He indicated as sexuality and aggression were major drives. Through his drive theory and theory of mind he explained that things that causes psychosis are our repressions of our unwanted thoughts and behaviors (Yazgan-Inanc & Yerlikaya, 2009). Although he was prolific, he was strictly tied with his theory and did not accept any changes within it. Eventually, his students had conflicts with him and developed their own theories. Among his student Adler developed individual psychology emphasizing social responsibilities of human being as a member of society. Jung his another student developed analytical psychology. Among Jung’s ideas collective unconscious and archetypes were prominent (Jarvis, 2004).

Theory of Personality

Freud believed that human is an evil creature that needs to be educated. From the begging the human tended to have evil and aggression. The aggression and sexuality are natural part of human being and instead of being repressed, they should be canalized and expressed in a more appropriate way (Yazgan-Inanc & Yerlikaya, 2009)

A central theme in psychodynamic theory is three mental constructs id ego and superego. Those constructs play a major role in personality and psychopathology development. Id represents sources of our drives and impulses. Id wants to satisfy personal needs no matter which condition the people are in, the only goal of the id is satisfaction of the personal needs. If a person is hungry Id tells to go and eat no matter where the person is (e.g. in the class). However id also represents our creative part. Superego whereas wants to strictly obey social rules. Social rules should not be broken under any conditions. For example, no matter how hungry the person is, the person should wait till the class ends. Ego on the other hand represents our rational and reality oriented side. Ego try to reconcile between id and ego and find an appropriate way to meet with id’s and superego’s needs (Borstein, 2006; Yazgan-Inanc & Yerlikaya, 2009). Adequate parenting and minimal trauma help children to develop ego strengths, whereas inadequate parenting or significant disruption in caregiver child interaction leads children to devote their psychic energy to cope with various stressful and hurtful experiences. As children and adults devote their psychic energy to deal with problems, they cannot develop good reality testing to acquire effective self-control strategies which causes development of psychopathologies. (Borstein, 2006).
**Defense mechanism.** Children throughout their development to adolescent and into adulthood develop a stable defense mechanism to deal with anxiety, fear and other external threats. Defense mechanisms are a more an alternative type of adaptation strategy (Cramer, 2000) and in contrast to other coping mechanism, they are unconscious and non-intentional (Yazgan-Inanc & Yerlikaya, 2009). Children who had positive early experiences develop more flexible and adaptive defense mechanism in which more mature defense mechanism (e.g. sublimation, intellectualization) takes place. On the other hand children who had negative early experiences and stress develop less effective defense mechanism in which the world is perceived in a more distorted way, and thus their coping style with external threats is not much functional (Borstein, 2006). Defense mechanisms also play role in identity development and gender role conflict which often filled with anxiety and fear. The research on defense mechanism confirms that defense styles are strongly associated with personality and adjustment. Baumeister et al. (1998) indicated modern psychology evidenced that for instance when there are threats to self-esteem; people use defense mechanism (Cramer, 2000).

**Mental representation.** Early childhood experiences in psychodynamic theory play a central role and to a great extent influence of those early childhood experiences are immutable (Bornstein, 2003). Children throughout their development develop mental representation of themselves and others. Those object representation are resistant to change and take place alongside with Freud`s structural model which was believed to shape personality of people (Bornstein, 2003; Borstein, 2006). Children who develop positive and sophisticated internal working models are less prone to develop severe and chronic psychopathology, whereas children who develop less primitive and negative working models are more prone to develop pathologies (Bornstein, 2006). Those internal working models represents modern psychology`s attachment theory and social cognition (Bornstein, 2003).

**Major Counseling Techniques**

The psychodynamic theory uses a variety of techniques. Major techniques that are used in psychodynamic therapy can be explained in psychodynamic theory procedure.

**Free association.** It is a major way of producing material in analytic situation. It is mainly used in the psychoanalytically oriented psychotherapies (Livneh & Siller, 2004). Clients through free associations talks about their past and explore it. Shedler (2010) indicated that identification of themes in past experiences shed light on the present. Clients focus on the past not only for the sake of exploring the past but also to understand today.

**Transference.** Transference is a process in which clients direct their drives, fantasies, attitudes and defenses to into therapist which represent client’s unsolved childhood problems with clients significant others (Livneh & Siller, 2004). Ursano, Sonnenberg and Lazar (2008) indicated that transference require clients be educated about transference and interpretation of transference should be at a level that clients understand. The language used for communication with clients in regard to transference should be in a different level than communicating with colleagues. It is recommended that one or two transference interpretation made within 10 or 12 session of treatment, otherwise interpretation of transference loses its significance.

**Resistance.** Sara FeelsUsher (2013) indicated resistance implies to all forces that get in the way of procedures or process of psychotherapy. Resistance either in a lesser or greater extent will appear the psychotherapy session. Fear of change is one of major theme in
psychodynamic psychotherapy; therefore, resistance could be productively interpreted as expression or consequences of this fear which will help therapist to bring another perspective into psychotherapy. Resistance also may help to determine defense mechanism that patient use when encountering external or internal threats.

Therapists in psychodynamic theory aim to increase insight of clients. In order to increase insights, phenomenon that clients bring into psychotherapy is analyzed. This analysis includes four steps: confrontation, clarification, interpretation, working through. Busch, Rudden and Shapiro (2004) indicated confrontation refers to bringing psychic phenomena to clients’ attention which helps it to be evident to clients’ conscious ego. Confrontation and clarification somehow indistinguishable however clarification is more related having clients observed ego to look at past experiences from an objective perspective. Clarification is a more related to clients' conscious state rather than unconscious state in which clients recognize phenomena that escaped from attention. Interpretation refers to therapists explaining phenomenon from a psychological perspective. Interpretations can be done on defense mechanism that clients use, aspects of intra-psychic conflicts, the relationship between past and present, and the relationship with therapist. Not all interpretation causes changes in clients, interpretation gain effectives as clients work through the interpretation. The working through step refers to bringing up new materials and early memories to solve conflict following the interpretation.

Research Findings

Town et al., (2012) conducted a meta-analysis of 46 independent treatment samples that used randomized treatment control trials of psychodynamic psychotherapy with use of research specific procedures such as audio/video recording, and treatment manuals. The results indicated psychodynamic theory had a large effect size between pre-treatment and post-treatment group. Use of manuals and fidelity checks were significantly associated with improvements in treatment effect. Shedler (2010) compared results of psychodynamic therapy meta-analyses with other type of treatments such as cognitive behavioral therapy and general psychotherapy. He concluded psychodynamic therapy had similar effect sizes as other actively promoted and “empirically supported” treatments. He further indicated that after treatments were ended, the effect of psychodynamic therapy continued longer than the other therapies. He pointed that it might be case that other psychotherapies were effective because more skilled practitioners used techniques that have been promoted by psychodynamic therapy. He asserted that psychodynamic theory was not lack of empirical support, there was selective dissemination of research findings in favor of other therapies. Abbass, Town, and Driessen (2012) conducted a literature review and meta-analysis on intensive short term dynamic psychotherapy (ISTDP). They concluded that literature review of 21 studies indicated ISTDP was effective with patients with mood, anxiety, personality and somatic disorders. In their meta-analysis of 13 studies they found large effect sizes of ISTDP for clinical sample with interpersonal problems to depression. They further indicated that ISTDP maintained its effect at follow-up sessions and was also cost effective. Leichsenring and Leibing (2003) compared effectiveness of cognitive behavioral therapy and psychodynamic therapy on personality disorders using studies published from 1974 to 2001. They indicated that overall psychodynamic therapy had a large effect size for both self-report and observer-rated measures. A larger effect size of psychodynamic therapy was found for specific measures of personality disorder pathology. Cognitive behavioral therapy on the other hand had also large effect sizes. They concluded that both psychodynamic theory and
cognitive behavioral therapy were effective in treating personality disorders. Anderson and Lambert (1995) conducted a meta-analysis of 26 studies to investigate effectiveness of short term dynamic therapy (STDT) in comparison to no treatment, minimal treatment and alternative treatment. The results indicated that STDT had moderate to large effect size relative to no treatment, small effect size relative to minimal treatment, no significant difference relative to alternative treatments. The authors concluded that STDT was neither superior nor inferior comparing to alternative treatments including variants of cognitive behavioral treatments.

Merits and Limitations for Application

Livneh and Siller, (2004) indicated application of psychodynamic theory to rehabilitation and disability studies can be conceptualized into four categories (a) defense mechanism that are used in process of adaptation to disabilities, (b) body and self-image in related to mental representations, (c) specific reactions (e.g. depression, mourning) to disability and trauma and (d) another perspective of looking attitudes toward people with disabilities.

People in reaction to disabilities and trauma may employ various defense mechanism to ward off anxiety that ego experiences. The defense mechanism include but not limited to repression (e.g. repressing feeling of shame), projection (e.g. referring lack of progress to rehabilitation personnel), rationalization (e.g. a person with low social skills attributing lack of community participation to having low motivation). People with disabilities due to changes in their body function may need to change their self-image and body image. People with disabilities who successfully adapt to disabilities would also successfully change their body images; however, people with disabilities who cannot successfully change their body images may have psychological symptoms including energy depletion, feeling of anxiety and depression. Also, having a disability may cause disrupted body image, result in an unrealistic self-concept and have expression of increased aggressiveness and excessive vulnerability.

The psychodynamic theory explains reactions to disability or traumas as (a) shock, disbelief, (b) anxiety, (c) grief and mourning of object loss, (d) denial, (e) anger and aggression and (f) adjustment and successfully forming a new self-image which brings another perspective to disability adjustment. Psychoanalytic view helped to explain negative attitudes toward people with disabilities in six items (a) disability is a punishment to sinful act (b) due to projection of unacceptable thoughts and behaviors onto people with disabilities, (c) believing in that people with disabilities are sinful, therefore they should be avoided, (d) due to unresolved conflicts arising in contact with people with disabilities, (e) feeling guilty as result of not being disabled (f) association with people with disabilities represents maladjustment (g) disability reminds death (h) disability revokes anxiety as anybody can acquire a disability.

REFERENCES


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