

# The Practice of Psychodynamic Psychotherapy in Contemporary Clinical Psychology

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**ABSTRACT** : Beystehner's article, "Psychoanalysis: Freud's Revolutionary Approach to Human Personality," examines Freud and his field of psychoanalysis in order to determine if the recognition it has received since its inception at the turn of the century has been deserved. Psychoanalysis continues to follow Freud's footsteps in questioning, revising and refining its theory and practice. The application of psychoanalytic ideas by psychodynamic practitioners is undoubtedly influenced by this tradition. The authors of the papers in this issue demonstrate its influence in the way they explore psychoanalytic ideas to stretch the boundaries of our thinking about the context in which we conduct therapy.

**KEYWORDS:** Psychoanalysis, Psychotherapy, Freud, therapy, practice

## I. INTRODUCTION

Psychodynamic therapies are based on the idea that mental disorders stem primarily from the kind of hidden inner conflicts first described by Freud – for instance, conflicts between our primitive sexual and aggressive urges (id impulses) and the ego. More specifically, psychodynamic therapies assume that mental disorder occur because something has gone seriously wrong in the balance between these inner force. Several forms of therapy are based on these assumptions, but the most famous is psychoanalysis, the approach developed by Freud.

Freud believed that personality consists of three major parts: id, ego, superego, which correspond roughly to desire, reason, and conscience. Freud believed that mental disorders stem from the fact that many impulses many impulses of the id are unacceptable to the ego or superego and are therefore repressed-driven into the depths of the unconscious. There these urges persist, and individuals must devote a considerable portion of their psychic energy to keeping them in check and out of consciousness. In fact, people often use various defense mechanisms to protect the ego from feelings of anxiety generated by these inner conflicts and clashes.

How can such problems be relieved? Freud felt that the crucial task was for people to overcome repression and recognize - and confront - their hidden feelings and impulses. Having gained such insights, he believed, they would experience a release of emotion known as abreaction; then, with their energies at last freed from the task of repression, they could direct these energies into healthy growth. The diagram below summarizes these views.

These ideas concerning the causes and cure of mental illness are reflected in psychoanalysis. As popular image suggest, the patient undergoing psychoanalysis lies on a couch in a partly darkened room and engages in free association-he or she reports everything that passes through his or her mind. Freud believed that the repressed impulses and inner conflicts present in the unconscious would ultimately be revealed by these mental wanderings, at least to the trained ear of analyst. Freud felt that dreams were especially useful in this respect, because they often represented inner conflicts and hidden impulses in disguised form.

Freud noted that during psychoanalysis several intriguing events often occur. The first of these is resistance – a patient's stubborn refusal to report certain thoughts, motives and experiences or overt rejection of the analyst's interpretations. Presumably, resistance occurs because patients wish to avoid the anxiety they experience as threatening or painful thoughts come closer and closer to consciousness. Another aspect of psychoanalysis is transference – intense feelings of love or hate towards the analyst on the part of the patient. Often, patients react toward their analyst as they did to someone who played a crucial role in their early lives.

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Psychoanalysis displays its greatest strength as one views the progress that has been made in the treatment of the mentally ill. Proponents of psychoanalysis have contributed to its widespread influence as it has encouraged other fields of research and investigation. Psychoanalysis fostered interest in human emotional and psychological development traced back to a young age. The human can be seen from a much more holistic viewpoint as one looks at the psychoanalytic theory, which combines the inner workings of the mind and attempts to explain them in the context of a dynamic social environment.

## II. LIMITATIONS OF EARLY PSYCHOANALYSIS

One of the greatest inadequacies in Freud's theory that the author does not investigate further is the inability of the theory to explain behaviors in our modern culture. In many senses, Freud's theory was only applicable in his own era. The prevalence of same-sex parents raising children in homosexual homes or the even more common phenomenon of single-parent households raise questions that psychoanalysis fails to answer. The psychoanalytic theory is horribly inadequate in its investigation of female emotional and sexual development. The role and interpretation of dreams was one of the cornerstones of Freud's theory. He used dreams and their subsequent interpretations to bring subconscious conflict to the forefront. The ability of therapists to strongly influence patients' memories has been supported in numerous studies. Loftus (1993a, 1993b, 1995) has also shown in many studies that memories are often reconstructed and that the therapist aids in the construction process through such avenues as dream interpretation and hypnosis. The question of whether dreams are a reliable source of information has been refuted by most in the field; yet, patients continue to reconstruct memories with the aid of therapists. The modern scientific phenomenon has its roots in Freud's original psychoanalytic theory.

Clear mention is made of the fundamental technique of free-association in Freud's clinical cases. The reliance on free-association and on dream interpretation point to a greater problem: the lack of empirical evidence. The lack of empirical evidence is a point to which the strongest opponents of psychoanalysis look in criticism of the theory. Perhaps the reason many modern psychologists are unable to reconcile the psychoanalytic theory with modern treatment techniques is due to this apparent lack of empirical evidence. Modern science looks to empirical evidence for confirmation of any theory's validity. Freud was clearly unable to provide the empirical evidence of modern standards; thus, only if we look at the psychoanalytic theory from the ideas it has spurred rather than at its literal meaning can psychoanalysis be considered a "great" idea in personality.

## III. BEYOND PSYCHOANALYSIS : PSYCHODYNAMIC THERAPY TODAY

Psychoanalysis has come a long way since Freud's day, including changes that account for the aforementioned inability of Freud's theory to address the issues specific to women. Because of such problems, classical psychoanalysis is rarely practiced today. However, modified and less lengthy versions introduced by Freud's students and disciples, including the neo-Freudians, are used more frequently.

There is a belief in some quarters that psychodynamic concepts and treatments lack empirical support or that scientific evidence shows that other forms of treatment are more effective. The belief appears to have taken on a life of its own. Considerable research supports the efficacy and effectiveness of psychodynamic therapy. The discrepancy between perceptions and evidence may be due, in part, to biases in the dissemination of research findings. One potential source of bias is a lingering distaste in the mental health professions for past psychoanalytic arrogance and authority. In decades past, American psychoanalysis was dominated by a hierarchical medical establishment that denied training to non-MDs and adopted a dismissive stance toward research. This stance did not win friends in academic circles. When empirical findings emerged that supported non-psychodynamic treatments, many academicians greeted them enthusiastically and were eager to discuss and disseminate them. When empirical evidence supported psychodynamic concepts and treatments, it was often overlooked.

The last 30 years' advances in all the neurosciences have negated the reasons for the earlier psychoanalytic disregard of this field (Westen, 1998). Neuroscientists are no longer just concerned with cognitive disabilities or so-called organic disorders (Kandel, 1998; LeDoux, 1995). Recent reviews of neuroscientific work confirm that many of Freud's original

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observations, not least the pervasive influence of non-conscious processes and the organizing function of emotions for thinking, have found confirmation in laboratory studies (Westen,2002). If Freud were alive today, he would be keenly interested in new knowledge about brain functioning, such as how neural nets develop in relation to the quality of early relationships, the location of specific capacities with functional scans, the discoveries of molecular genetics and behavioral genomics (Plomin) and he would surely not have abandoned his cherished Project for a Scientific Psychology (Freud), the abortive work in which he attempted to develop a neural model of behavior. Genetics has progressed particularly rapidly, and mechanisms that underpin and sustain a complex gene-environment interaction belie early assumptions about constitutional disabilities (Plomin,1997). In fact, for the past 15-20 years the field of neuroscience has been wide open for input from those with an adequate understanding of environmental determinants of development and adaptation.

Modern psychodynamic theories continue to explore how unconscious and conscious aspects of personality influence behaviour. However, they downplay the role of hidden sexual and aggressive motives and focus more on how early family relationships, other social factors, and our sense of 'self' shape our personality (Kohut,1977). For example, psychodynamic object relation theories focus on how early experiences with caregivers shape the views that people form of themselves and others(Kernberg,1984,2000).

These views unconsciously influence a person's relationships with other people throughout life.

The psychodynamic perspective dominated thinking about personality, mental disorders, and psychotherapy for the first half of the 20th century, and it continues to influence applied and academic psychology.

Among American psychologists who provide therapy, a large group - 20 to 30 percent - report their orientation as being psychodynamic. Psychoanalysis also remains a major force in European psychology (Tuckett,2005).

Links with psychodynamic concepts can be found within several areas of psychological science. For example, biologically oriented psychologists have identified brain mechanisms that can produce emotional reactions of which we are consciously unaware (LeDoux, 2000), and cognitive scientists have shown that many aspects of information processing occur outside of awareness (Chartrand and Bargh, 2002). Thus, while most contemporary psychological scientists reject Freud's version of the unconscious mind, many support the concept that behaviours can be triggered by non-conscious processes.

## IV. GOALS AND STRATEGIES OF MODERN PSYCHODYNAMIC THERAPY

Psychotherapists differ both in their ultimate and in their mediate goals (Parloff, 1967). Ultimate goals derive from views as to the nature of man and the desired states of mental health. The goal of therapy has been put in terms of removing symptoms, restoring earlier levels of functioning, freeing the person to be self-actualizing, helping the patient find personal meaning and values, or reconstructing defenses and character. Included among these would be releasing pent-up feelings, conditioning or reconditioning or particular responses, examining one's values and concepts, muscular relaxation, and becoming aware of conscious impulses, among others. The mediate goals of therapy and the techniques related to them, reflect the major differences among systems of psychotherapy.

A related way of contrasting therapeutic approaches has been suggested by Sundberg and Tyler who compare the work of different therapists in terms of the major purposes which therapeutic intervention is said to serve. Let us consider each of these approaches separately:

1. The first has been named strengthening patient's motivation to do the right thing. The essential idea is that change depends on motivated striving and that, with persuasion, a person can willfully move in the right direction.
2. The second approach involves efforts to reduce emotional pressure by facilitating the expression of intense feelings. Freud termed this as catharsis from the Greek term for emotional release which can be experienced when viewing great drama. However, in lesser forms, releasing pent up feelings figures importantly in many types of therapy, notably in some of the newer methods which encourage patients to express strong affects toward fantasised persons by, for example, pounding a pillow, doll, or punching bag, screaming and the like.

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Among the newer therapeutic approaches there has been a renewed interest in direct emotional expression rather than talking about feelings and experiences.

3. Another purpose of psychotherapy emphasizes releasing the patient's potential for growth. Rogers and Maslow postulate a primary tendency for growth and self-actualization. They are less concerned with the deterministic effects of early life experiences and emphasize more the modifiableness and human potential of others. The task of the therapist is to release and facilitate the basic potential for growth that exists in all humans.
4. Another way of viewing the purpose of therapy is in terms of habit change. The basic therapeutic task is to set up new learning situations which can either alter or replace the troublesome habits, which were acquired in the patient's past.
5. A fifth purpose of therapy involves modification of the cognitive structure of the person, that is, his ideas about the nature of the world, others, himself. Therapeutic change involves having patients become aware of their cognitive structures and the incongruencies among their constructs and between their belief and external criteria.
6. A related therapeutic purpose involves increasing the patient's knowledge and his capacity for effective life decisions. The psychotherapist deals with problems of sufficient intensity and extensity to dislocate the patient's life over a broad spectrum, while counsellors facilitate decision making where there are more focussed conflicts.
7. A seventh, commonly stated, purpose of psychotherapy is to increase self knowledge or insight. The notion that therapy should lead to increasing awareness and understanding of how and why we act as we do is fundamental to many therapeutic approaches.
8. Another therapeutic orientation emphasizes interpersonal relationships rather than those psychological processes which reside within the individual.
9. Still another form of intervention, which in a sense extends this logic further, sees the need for effecting changes in the patient's social environment. The well-being of patient rests importantly on the effects of outside persons or social institutions whose actions are beyond his control.
10. Finally, a last therapeutic purpose involves altering states of consciousness in order to extend self-awareness, control, and creativity. Oriental philosophers have long emphasized on the importance of inner experience in distinction to the western concern with rational thought and conscious, goal directed action. People are honoured who can shut themselves off from ordinary stimuli and meditate on internal experience.

## V. CONCLUSION

In addition to being a therapy, psychoanalysis is a method of understanding mental functioning and the stages of growth and development. Psychoanalysis is a general theory of individual human behavior and experience, and it has both contributed to and been enriched by many other disciplines. Psychoanalysis seeks to explain the complex relationship between the body and the mind and furthers the understanding of the role of emotions in medical illness and health. In addition, psychoanalysis is the basis of many other approaches to therapy. Many insights revealed by psychoanalytic treatment have formed the basis for other treatment programs in child psychiatry, family therapy, and general psychiatric practice.

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