

PSYC SPOT PSYCHOLOGY CLINIC

Understand and Develop Your Inner-Workings

A Primer on Psychodynamic Therapy (PDT) Developmental | Relational | Insight-Oriented | Depth

NEWSLETTER #8

Psychodynamic Therapy (PDT), the descendant of Freudian Psychoanalysis, has often been depicted in caricature forms (e.g., therapist fixate on finding clients hidden perversions) and discredited as unscientific. While it will take a thesis to contextualize the above biases and misconceptions, I could at least point out top-tier scientific journals and universities have stressed that PDT and its intricate theories (regarding how and why various common/generic or rare/idiosyncratic mental health struggles can develop, as well as how and why various therapy contents and processes may produce the observed effects) are well supported. So what are some of the key features of PDT and its theories?

First, PDT sees most (but not all) mental health problems as a function of how one has developed and correspondingly operates in imperfect ways. Focus is thus placed on knowing the formative history and particularities of the individual, and symptoms may be reduced “indirectly” by patching gaps in development to enable more mature and adaptive ways in operations (e.g., forming a realistically positive and robust sense-of-self and secure attachment style and such may obviate the need to depend on restrictive eating and purging to feel attractive, desirable, and worthy of love). **In contrast, many therapies view mental health problems as symptoms of distinct disorders that affect different individuals in more or less the same ways.** Focus is thus placed on understanding the disorders themselves, and disorder-defining symptoms are often targeted “directly” (e.g., scheduled eating and mindful eating for Eating Disorder).

Second, PDT utilizes the therapist-client relationship to gain insight into the issues (e.g., reflect on counter-transference) and exert a therapeutic influence. This element of PDT is multi-faceted, one of which pertains to how lot of mental capacities need to be formed within a relational process. Obvious examples include forming the capacity for empathy, Theory of Mind, appropriate trust and connection etc. via parent-child (or therapist-patient) reciprocal attunement. But less obvious ones exist (e.g., see Mentalization-Based Therapy). As well, beliefs, attitudes, moral values and such are often influenced by those we positively connect with, and this is carefully utilized alongside other intervention...

...(e.g., gently but unapologetically setting boundaries with a client who expects himself to overextend for others and others to do it in return may prompt reflections, discussions, and emulation – if done after building a strong relationship).

Third, PDT notes much of our mental processes happens outside of our awareness, and we are often driven to keep unpleasant thoughts, feelings, urges and such unconscious. Classic examples include externalizing blame to protect one’s ego, or internalizing fault to excuse a wrong loved one (or projecting it elsewhere, like insisting it must have been the stranger who seduced the innocently unfaithful partner). The use of various “defense mechanisms” to protect oneself from confronting realities can be adaptive or maladaptive. When they prove counterproductive, tactful efforts to help the client gain insight would be important. **By bringing these problematically avoided hard truths into the consciousness, one can candidly grieve or have other cathartic expressions, properly appraise and even change one’s perspective on the situation, make more mindful decisions, and consciously shift to better ways of coping with the situation.**

Fourth, PDT stresses everything (e.g., recurrent daydreams, peculiar jumps from one topic to another, seemingly simple problems like indecisiveness or procrastination) can at times reflect something deeper. By contextualizing and analyzing patterns, underlying issues may be uncovered. For instance, while procrastination may just be a bad habit, it may also reflect self-sabotaging to avoid losing an envious partner, or the re-enactment of early life experiences where crises were regularly resolved “just in time” and procrastinating till the last minute allows one to relive the tension and euphoria – among countless other examples. As implied, PDT focuses on delving deeper and differentiating between similar but different problems, while many other therapies focus on generalities and more surface level issues or syndromes.

There is so much more I want to fit in (e.g., existential issues; identity and ego construction; complexes and fixations), but I hope this could at least serve as a meaningful introduction.



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