

# The SAGE Encyclopedia of Theory in Counseling and Psychotherapy

## Contemporary Psychodynamic- Based Therapies: Overview

Contributors: Nona Wilson

Editors: Edward S. Neukrug

Book Title: The SAGE Encyclopedia of Theory in Counseling and Psychotherapy

Chapter Title: "Contemporary Psychodynamic-Based Therapies: Overview"

Pub. Date: 2015

Access Date: May 01, 2015

Publishing Company: SAGE Publications, Inc.

City: Thousand Oaks,

Print ISBN: 9781452274126

Online ISBN: 9781483346502

DOI: <http://dx.doi.org/10.4135/9781483346502.n88>

Print pages: 230-235

©2015 SAGE Publications, Inc. All Rights Reserved.

This PDF has been generated from SAGE knowledge. Please note that the pagination of the online version will vary from the pagination of the print book.

<http://dx.doi.org/10.4135/9781483346502.n88>

Contemporary psychodynamic-based therapies are the descendants of the first psychological model of human development and the first model for the practice of psychotherapy: psychoanalysis. Psychoanalytical theory has had a sweeping and profound influence. As the genesis of psychotherapy, virtually every other form of therapy that has followed can be seen as an extension of, modification to, or reaction against psychodynamic principles. Moreover, in ways that no other psychological theory has achieved, psychodynamic thought has interacted with the broader culture; it has been integrated into numerous academic fields, particularly the arts and humanities, and into popular culture itself. Despite such pervasiveness, some scholars believe that psychodynamic psychotherapy is a frequently misunderstood approach. It often either is described in dense, highly specialized terminology, understood only by those with significant training, or is depicted in a superficial, stereotypical fashion that distorts and frequently mocks it. To address this dichotomy, a plain-language introduction to the core concepts of psychodynamic thought is offered herein.

## Historical Context

Contemporary psychodynamic theory and practice are rooted in psychoanalysis, which was developed by Sigmund Freud approximately 125 years ago. The significant influences that informed Freud's life and work, however, extend even further back in time. Freud was born in 1856 in Freiberg, Moravia. Then located in the Austrian Empire, the region is now part of the Czech Republic. He lived, worked, and developed his ideas in the context of momentous intellectual advances, cultural contradictions, and political conflicts. His own interests and education were remarkably broad in scope. The way in which his life and work were affected by wide-ranging influences has been studied and written about extensively elsewhere. Some important influences on his work are Charles Darwin's theory of evolution; Hermann Helmholtz's theory of the conservation of energy; the Romantic era philosophies and German idealism; the writings of Johann Wolfgang von Goethe, Arthur Schopenhauer, and Friedrich Nietzsche; a life-long love of the works of William Shakespeare; the conflicting values of the Victorian era; Judaism and anti-Semitism; and the destruction caused by World War I. A significant part of Freud's genius was his ability to harness the strengths of two very different traditions

—(1) the objectivity of science and (2) the subjectivity of philosophy—and then apply those strengths to the study of human experience.

Following his medical training in 1881, Freud developed his ideas and methods in Vienna. By 1905, he had published several major works on psychoanalysis, and in 1909, was invited to the United States to speak. In the early years of psychoanalysis in the United States, at least two [p. 230 ↓ ] factors greatly influenced its subsequent development: (1) there was concern within the medical community about medicine's scientific respectability and lack of standardized training and (2) Freud was increasingly concerned about the misuse of his methods. As a result, the American medical community carefully controlled analytic training, limiting such training to the province of medical schools and independent training institutes.

As psychoanalysis was taking hold in the United States, Freud continued to develop and refine his ideas. Following his death in 1939, his students and collaborators extended psychodynamic theory and practice. Since then, psychodynamic approaches have grown far beyond Freud's initial theories, but other models also took hold, including behavioral therapy, person-centered therapy, cognitive therapies, and systems approaches.

All those models were, like psychoanalysis before them, shaped by and reflective of the social, cultural, political, and intellectual contexts in which they arose. Similarly, psychoanalysis was also influenced by such factors and by the emerging alternative approaches to psychotherapy. The civil rights and feminist movements of the 1960s raised pressing questions about power and authority; the multicultural movement beginning in the 1980s required new attention to issues of identity, particularly the role of race, ethnicity, gender, sexual orientation, religion, and physical abilities. Contemporary psychodynamic approaches reflect sensitivity and attention to these issues.

Currently, the context calls for evidence-based treatments in psychotherapy, which, in many circles, has become synonymous with cognitive-behavioral therapy. An oft-repeated accusation is that psychodynamic models lack empirical support and are no longer relevant. While some within the psychoanalytic community have eschewed research, others are leading the way to bring attention to the substantial empirical

evidence supporting psychodynamic psychotherapy and to demonstrate that much of what is “supported” empirically in other approaches are the psychodynamic elements that those models have incorporated.

## Theoretical Underpinnings

The theoretical underpinnings of contemporary psychoanalytic therapies reach back to Freud’s early work, but they have also moved far from his initial ideas. Many of his early ideas have been rejected outright by contemporary practitioners. While Freud’s early structural model (id, ego, and superego) is still used to introduce people to psychoanalytic concepts, contemporary practice makes virtually no use of it. Following Freud’s structural model and stages of psychosexual development, ego psychologists such as Heinz Hartman, Eric Erikson, and Anna Freud brought attention to the important ego functions that allow people to adapt to their environments and develop coherent identities. Margaret Mahler and Donald Winnicott each made major contributions to the understanding of mother–infant relationships. The resulting object relations branch of psychoanalytic therapy emphasizes the basic human need to be connected and the importance of unconscious internalized relationships. Unlike the ego psychological model, which was primarily interested in defense structures, or the drive psychological model, which emphasized the unconscious instinctual drives of the id, object relationists focused their attention on the nature of the individual’s attachment to others as a reflection of early parent–child attachment. They emphasized the actualities of that early environment, outside of the infant/child’s inner psychology. The Self Psychologists, most notably Heinz Kohut, stress the need for empathic understanding throughout life and how early, healthy narcissism (strong self-esteem) develops as a result of empathy received from caregivers. This line of development demonstrates the movement from a one-person conflict model to a two-person relational model in psychoanalytic theory.

Contemporary psychodynamic therapies are strongly influenced by attachment theory and research, particularly the work of John Bowlby. Additionally, they are increasingly intersecting with neuroscience and cognitive research and are being reshaped by questions regarding power, authority, and multiculturalism.

Evolving over a rich course of approximately 125 years of theory, practice, and research, contemporary psychodynamic theories and their corresponding therapeutic practices can differ significantly from one another and from the original psychoanalytic model from which they all arose. There are, however, common features that unite them. Nancy McWilliams, Jonathan Shedler, and Matthew Blagys and Mark Hilsenroth have identified such common [p. 231 ↓ ] features, including the following: (a) the significance of unconscious mental content and processes, (b) the resulting complexity of subjective experience, (c) the inherent defenses against honest self-knowledge, (d) the benefits and freedom that arise from such self-knowledge, (e) the significance of parent–child relationships, (f) transference and countertransference, and (g) attention to the counseling relationship.

## Importance of the Unconscious

The importance of the unconscious is perhaps the cardinal feature of psychodynamic-based theories. The models center on recognizing that psychological material and processes exist in varying degrees of consciousness—fully accessible to conscious awareness, outside of conscious awareness, or partially in and partially out. The extent to which material can be accessed consciously is related to the degree to which it is psychologically threatening: the less threatening, the more accessible, and the more threatening, the less accessible. Of particular interest to psychodynamic practitioners is unconscious psychological material, because it represents aspects of the self that have been disavowed—cut off from conscious awareness. Such material is kept from conscious awareness because it is somehow incompatible with present values.

## Complexity of Subjective Experience

What makes unconscious material so significant is that it does not simply rest inert or outside of awareness but rather exerts considerable influence on the conscious aspects of experience. That is, although unconscious material is barred from conscious awareness, it pushes for expression, and it can guide conscious experience in sometimes puzzling and problematic ways. Thus, unconscious material is active and

alive within the mind, even while outside of conscious awareness; this is the “dynamic” aspect of psychodynamic models.

Psychodynamic therapies seek to understand unconscious material—the expectations, motives, desires, and fears that shape people’s lives but that lie outside the bounds of conscious choice. Because unconscious material, by definition, lies outside of conscious awareness, one cannot rely solely on conscious processes for self-understanding. Unconscious material is accessed through associative processes— that is, by encouraging free discussion of whatever comes to mind. This may sound simple, but even as one is invited to speak freely, and consciously agrees to do so, resistance to unconscious material arises in the form of psychological defenses.

## Defenses Against Self-Knowledge

The idea of psychological defenses (e.g., denial, repression, regression, or projection) is another hallmark of psychoanalytical theory and practice. Defenses not only censor psychological material, but they are themselves outside of conscious awareness. That is, a person does not consciously choose defense mechanisms. Although others may find a person’s defensive strategies frustrating, unpleasant, or even destructive, for the person, defenses are a form of self-protection or self-preservation.

## Benefits of Self-Knowledge

Achieving greater access to unconscious material (i.e., acknowledging the truth about oneself to oneself) is believed to result in substantial benefit because it allows for the possibility of conscious choice, which in turn affords a kind of personal freedom not otherwise available. Quite importantly, then, the goal of contemporary psychodynamic therapies is not simply freedom from psychological symptoms but the freedom to be more fully oneself and to consciously engage in one’s life.

## Parent–Child Relationships

Parent–child relationships and early-life experiences play a significant role in psychodynamic theory and practice. They are seen as formative, shaping the development of personality and providing a template for future experiences and relationships. Not surprisingly, it is believed that the past exerts influence on subsequent experiences largely unconsciously, often manifesting itself in transference.

## Transference and Countertransference

Transference is a process by which people react to new situations and new relationships as if they were previous situations and relationships. For example, a client might respond to the counselor in [p. 232 ↓ ] ways she would to her mother, not solely because the counselor is in reality similar to her mother. She is believed to do so because she brings to the helping relationship unconscious expectations, carried forward from her earlier relationship with a primary caretaker. Transference is also a defense against remembering and thus serves, through repetition, as a protection from reexperiencing painful or unpleasant memories.

In psychodynamic therapy, considerable attention is given to recognizing and working through the client's transference reactions to the counselor. However, transference is confined neither to the client nor to the counseling relationship; rather, transference is ubiquitous in human experience. The counselor also experiences transference (referred to as countertransference), and all human relationships are influenced by transference. Transference reactions can range from extremely positive to extremely negative, either easing the formation of new emotional bonds or hindering them. Its potential to become problematic is increased when it remains an active force outside of conscious awareness.



# The Counseling Relationship

Relationships are central in psychodynamic theory and practice. They are seen as the foundations for health and well-being, with early relationships setting the stage for later relationships and with most client difficulties understood as arising from relational concerns. The therapeutic relationship itself, then, is of central importance. It is the primary route by which the client's relational difficulties are assessed, understood, and worked through.

## Short Descriptions of Contemporary Psychodynamic-Based Therapies

### Accelerated Experiential Dynamic Psychotherapy

Accelerated experiential dynamic psychotherapy maintains that intense emotional experiences are an inescapable part of being alive and that people have a natural capacity to heal and adapt. When intense emotions are painful and relationships fail to support adaptive responses, people may resort to problematic defenses. This approach seeks to foster natural healing capacities in the context of an emotionally safe and supportive relationship.

### Archetypal Psychotherapy

Archetypal psychotherapy, initiated in the 1970s by James Hillman, is a post-Jungian approach that emphasizes myth, fantasy, and image. The model seeks to understand and value the existential unfolding of the psyche—or the “soul”—and challenges many mainstream notions of mental health.

# Attachment Theory and Attachment Therapies

Attachment-based therapies are grounded in attachment theory, which examines the early emotional bonds between infants and caregivers. Mary Ainsworth identified three attachment styles: (1) secure, (2) insecure-avoidant, and (3) insecure-resistant. Attachment therapies emphasize how such early attachment patterns are internalized and repeated in adult relationships.

## Core Process Psychotherapy

Core Process Psychotherapy (CPP) is a mindfulness-based theory combining Buddhist and psychodynamic concepts. CPP emphasizes the transformative power of awareness and of relationships, extending the one-person process of mindfulness into a two-person process of therapy. Very little has been written about CPP and its effectiveness.

## Cyclical Psychodynamics

Cyclical psychodynamics is an integrated approach that examines how relationships with others, behaviors, unconscious motivations, and conflicts are all reciprocally determining. The approach values contextual factors (external events) as well as internal states. Internal states may lead to behaviors that create reactions that, in turn, support or alter internal states.

## Emotion-Focused Therapy

Emotion-focused therapy is an empirically validated brief treatment approach. Emotion-focused therapy seeks to help people reclaim disowned [p. 233 ↓ ] experiences as a crucial first step toward change. The emphasis is on accepting, expressing, regulating,

and then, if needed, changing emotion. Emotional intelligence and secure relationships are central goals.

## Feminist Psychoanalytic Therapy

Whether aligned with classical or relational psychoanalytical thought, feminist psychoanalytic therapy critically considers how gender dynamics affect psychic structures, which are then reinforced by relational patterns. The model emphasizes the role of gender in parent–child relations and the development of identity, as well as the ongoing affects of sexism and gender inequality.

## Holding Therapy

Holding therapy (HT) is an intervention first used on children with autism; one or more therapists restrain the child and maintain eye contact, with the goal of inducing anger or rage. The assumption is that “releasing” blocked anger will foster attachment. HT is highly controversial. Death and injury have resulted. Sometimes identified as part of attachment therapy (AT), HT and AT are not the same as the ATs discussed in association with attachment theory.

## Interpersonal Psychoanalysis

Interpersonal psychoanalysis is based on the work of Harry Stack Sullivan, who maintained that the patient’s internalized view of self and the world can be understood by examining personal relationships. The analytic process then becomes centered on the relationship between the analyst and the patient and what it reveals about the patient’s inner world.

## Intersubjective-Systems Theory

Intersubjective-systems theory is a contemporary relational perspective. Much of intersubjective-systems theory is based in philosophy and argues that analysts must examine their beliefs about the mind and about their clients. The approach maintains that the mind is not an isolated entity and that clients are not separate objects to be fixed.

## Lacanian Psychoanalysis

Lacanian psychoanalysis derives from Jacques Lacan's poststructuralist revisioning of Freudian concepts. Lacan emphasized language and deconstructing the illusions of a unified psychic life. Drawing from philosophy, structural linguistics, anthropology, logic, and mathematics, he developed key Freudian insights relevant both to the centrality of speech and to language in analysis.

## Mentalization-Based Treatment

Mentalization-based treatment is a form of psychodynamic therapy developed for those with borderline personality disorder. Mentalization is an ability to observe and interpret one's own state of mind as well as imagine that of other people. This approach seeks to help patients develop that skill and use it, especially during times of stress.

## Neuropsych psychoanalysis

Neuropsych psychoanalysis brings together two different fields of study, both related to brain functioning: (1) neuroscience, which focuses on the biology of the brain, and (2) psychoanalysis, which examines the subjective experience of the mind. Neuropsych psychoanalysis draws on philosophy, neuroscience, psychoanalysis, psychiatry, and psychology, and it seeks an understanding of how neurological processes are turned into psychological processes.

# Theory of Psychosocial Development

Erik Erikson's theory of psychosocial development is the most widely known and details eight stages of development from birth to death, through which all people should pass. As they do, they face, and ideally master, a psychosocial challenge. Other notable figures include Arthur Chickering and Linda Reisser, James Marcia, Otto Rank, and Karen Horney.

## Relational Psychoanalysis

Relational psychoanalysis is a relatively new, but influential, form of psychoanalysis, which places primary importance on the role of relationships, both real and imagined. It is closely linked to [p. 234 ↓ ] social constructivism and brings together theoretical concepts from interpersonal psychotherapy (Harry Stack Sullivan) and British object relations.

## Self Psychology

Self Psychology, initiated by Heinz Kohut, represented a challenge to the classical drive and defense perspectives offered by Freud and the object relations theorists. It shifted attention from internal conflicts to unmet or disrupted developmental needs. Key concepts include self objects, optimal frustration, idealization, and twinship needs. It set the stage for the current interest in relational and intersubjective approaches to psychoanalytic psychotherapy.

**See also** [Accelerated Experiential Dynamic Psychotherapy](#); [Archetypal Psychotherapy](#); [Attachment Group Therapy](#); [Core Process Psychotherapy](#); [Cyclical Psychodynamics](#); [Emotion-Focused Therapy](#); [Feminist Psychoanalytic Therapy](#); [Freud, Sigmund](#); [Holding Therapy](#); [Horney, Karen](#); [Interpersonal Psychoanalysis](#); [Intersubjective-Systems Theory](#); [Jung, Carl Gustav](#); [Kernberg, Otto](#); [Klein, Melanie](#); [Lacanian Psychoanalysis](#); [Mahler, Margaret](#); [Mentalization-Based Treatment](#); [Neuropsychanalysis](#); [Psychosocial](#)

Development, Theory of; Relational Psychoanalysis; Self Psychology; Sullivan, Harry Stack; Winnicott, Donald

NonaWilson

<http://dx.doi.org/10.4135/9781483346502.n88>

Further Readings

Blagys, M. D., & Hilsenroth, M. J. (2000). Distinctive activities of short-term psychodynamic-interpersonal psychotherapy: A review of the comparative psychotherapy process literature . *Clinical Psychology: Science and Practice* , 7, 167–188. doi:<http://dx.doi.org/10.1093/clipsy.7.2.167>

Cabaniss, D. L., Cherry, S., Douglas, C. J., & Schwartz, A. R. (2011). *Psychodynamic psychotherapy: A clinical manual* . Hoboken, NJ: Wiley-Blackwell.

Frederickson, J. (1999). *Psychodynamic psychotherapy: Learning to listen from multiple perspectives* . New York, NY: Routledge.

Luepnitz, D. (2002). *Schopenhauer's porcupines: Intimacy and its dilemmas* . New York, NY: Basic Books.

Maroda, K. J. (2010). *Psychodynamic techniques: Working with emotion in the therapeutic relationship* . New York, NY: Guilford Press.

McWilliams, N. (1999). *Psychoanalytic case formulation* . New York, NY: Guilford Press.

McWilliams, N. (2004). *Psychoanalytic psychotherapy: A practitioner's guide* . New York, NY: Guilford Press.

McWilliams, N. (2011). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process* . New York, NY: Guilford Press.

Shedler, J. (2006). *That was then, this is now: An introduction to contemporary psychodynamic therapy* . Retrieved from <http://www.jonathanshedler.com/PDFs/Shedler%20%282006%29%20That%20was%20then,%20this%20is%20now%20R9.pdf>

Shedler, J. (2010). The efficacy of psychodynamic psychotherapy . *American Psychologist* , 65(2), 98–109. doi:<http://dx.doi.org/10.1037/a0018378>

Shedler, J. (2010). Getting to know me . *Scientific American* , 52–57. doi:<http://dx.doi.org/10.1038/scientificamericanmind1110-52>

Thompson, M. J., & Cotlove, C. (2005). *The therapeutic process: A clinical introduction to psychodynamic psychotherapy* . Washington, DC: Jason Aronson.