

Prev

Next

Treating people with mental disorders

The psychodynamic approach

Treating people with mental health problems is recognised as one of the core components of psychology. **Matt Jarvis** continues his series looking at key approaches to this topic. Here, he discusses the psychodynamic approach.

Psychology Review

Volume 16, 2010/ 2011

Issue 2



Psychology Review

Psychodynamic approach

Psychopathology

Psychotherapy



 f all the approaches still employed in modern psychology and psychiatry, the psychodynamic approach is the oldest. Sigmund Freud (writing from the 1890s to 1930s) developed this approach. From the outset, his work was oriented towards providing psychological therapy for people suffering mental disorder. Freud proposed that many cases of mental disorder were rooted in childhood experiences, in particular traumatic events and poor-quality family relationships 

Today we are much more aware of other factors affecting mental disorder, for example genetic variations. However, there is considerable evidence to support a role for early experience in leaving some people particularly vulnerable to mental disorder. In a prospective study, Massie and Sjanberg (2002) followed 76 people from infancy up to 30 years of age, noting quality of attachments, traumatic life events and mental disorder. It was found that both childhood trauma and poor-quality attachment to parents were associated with higher probability of having suffered a mental disorder by the age of 30.

Techniques of psychodynamic therapy

The most basic psychodynamic technique is free association. This involves encouraging the patient to say whatever comes into his or her mind, however strange it might appear. During **free association**, patients can recall forgotten events and relive early experiences. The technical term for this is **abreaction**. Abreaction leads to **catharsis**, the letting out of emotions left over from early experiences.

Breuer and Freud, working in the late nineteenth century, demonstrated this process in their case of 'Anna O'. Anna was suffering from temporary deafness. When she free associated on this she recalled an embarrassing childhood incident in which she was caught eavesdropping while her parents had sex. Having recalled this, and after reliving the shame and embarrassment, her deafness disappeared.

Modern research to support the benefits of catharsis comes from studies of scriptotherapy, in which patients gain relief from writing about their experiences. The fact that scriptotherapy is helpful yet does not involve any therapist's techniques suggests that it can only be catharsis that is having the desired effect (Smith and Greenberg 2000).



Psychoanalysis involves regular meetings with a therapist

Lisa F. Young/Fotolia

The other major psychodynamic technique is **interpretation**. This involves linking a current behaviour or symptom to something from the past, such as an early relationship or traumatic event. For example, patients may become oddly angry or affectionate towards their therapist. This may be interpreted as transference of early relationships, such as those with parents, onto the therapist.

Dreams may be interpreted in therapy, and may represent wishes. Freud (in his famous study, *The Interpretation of Dreams*) provided a number of examples of dreams as wish fulfilment. In one such dream, a woman who had been isolated for a few weeks when nursing a contagious child dreamed of being visited and entertained by a group of famous authors. Where dreams concern socially unacceptable wishes, for example those with sexual or aggressive content, the

dreamer disguises the content. Some apparently innocent dreams can thus be interpreted as disguised sexual and aggressive wishes.

The aim of interpretation is to give patients insight into their symptoms and the origins of those symptoms. There is evidence to suggest that this is effective. Kivlighan et al. (2000) tracked symptoms and insight across 20 sessions of therapy with 12 patients. Immediately after each new insight, symptoms lessened.

Varieties of psychodynamic therapy

When we think about psychodynamic approaches to therapy, we usually think first of **classical psychoanalysis**. This is the most intensive and long-term form of individual therapy, taking place four to five times per week and often lasting several years. It tends to be limited to classic psychodynamic techniques like free association and interpretation.

However, classical psychoanalysis is now relatively uncommon. Patients are much more likely to receive **psychoanalytic psychotherapy**, a less intensive form of therapy taking place one to three times a week, usually for one to three years.

There are also **group psychodynamic therapies**. These can involve:

- analysis *in* the group, in which the therapist makes interpretations of individual clients based on their behaviour in the group
- analysis *by* the group, in which the group members learn to interpret one another
- analysis *of* the group, in which the therapist interprets the behaviour of the group as a whole

A more recent development is **brief dynamic therapy** (BDT), which is based on psychodynamic principles but uses a range of short-cuts to achieve quicker insight.

Effectiveness and appropriateness

Until recently, there was relatively little evidence for the effectiveness of psychodynamic therapies. In fact, early studies cast doubt on their effectiveness. In the 1950s, Eysenck reviewed early studies of outcomes of psychoanalysis and

concluded that there was no evidence that psychoanalysis was any use to patients. About two-thirds of patients had improvement in symptoms regardless of whether or not they had analysis.

However, the Eysenck review had some serious methodological problems. Re-analysing his data in the 1970s, Bergin and Garfield estimated that around 80% of patients in analysis and 30% with no treatment improved.

Current research shows good outcomes for psychoanalysis. A recent review by Leichsenring and Leibing (2007) involved 24 studies, nine of psychoanalysis and 15 of brief dynamic therapy. Twenty-three of the 24 studies showed that psychodynamic therapies, including psychoanalysis, are as effective as the other standard therapies.



Group therapy

Cultura/Alamy

Brief dynamic therapy appears to be as effective as other short-term therapies and does not raise any particular issues of appropriateness. Long-term psychoanalytic

psychotherapy and psychoanalysis raise more complicated issues. The question is not so much whether they work as whether they are cost effective, i.e. whether the patient could achieve similar gains by means of a shorter, cheaper and less disruptive approach to therapy. Remember that the cost of therapy several times a week is very high, and that the requirement to have therapy on most days can interfere with work and family life. That said, there is still a place for long-term psychoanalytic therapies for more complex cases of mental disorder, in particular those linked to childhood events.

Matt Jarvis lectures in the teaching of introductory psychology at Keele University. He is the author of numerous best-selling textbooks in both psychology and education and is a former A-level senior examiner.

References

Bergin, A. E. and Garfield, S. (1978) *Handbook of Psychotherapy and Behaviour Change*, Wiley.

Breuer, J. and Freud, S. (1896) *Studies in Hysteria*, Hogarth Press.

Eysenck, H. J. (1952) 'The effects of psychotherapy: an evaluation', *Journal of Consulting Psychology*, Vol. 16, pp. 319–24.

Freud, S. (1900) *The Interpretation of Dreams*, Hogarth Press.

Leichsenring, F. and Leibing, E. (2007) 'Psychodynamic therapy: a systematic review of techniques, indications and empirical evidence', *Psychology & Psychotherapy*, Vol. 80, pp. 217–28.

[Previous](#)

[Next](#)

Related articles:

