

PSYC SPOT PSYCHOLOGY CLINIC

Understand and Develop Your Inner-Workings

The Scientific Validity and Practical Utility of Psychodynamic Therapy (PDT)

NEWSLETTER #8

Psychodynamic Therapy (PDT), the descendant of Freudian Psychoanalysis, has a history of being depicted in caricature forms (e.g., the therapist comically fixates on finding clients' hidden perversions), and discredited as being insufficiently evidence-based. While it will take a thesis to contextualize the above biases and misconceptions, I could at least point out many top-tier journals and world-leading universities have repeatedly stressed PDT is actually supported by a wealth of empirical evidence, just not the kind of evidence valued in the current model of psychological science.

Specifically, PDT's interconnected **theories on how and why various forms of mental health problems can develop and be resolved are generally well supported**. Yet as noted in **Newsletter #7**, our scientific paradigm is just concerned with **validating therapy procedures that can be methodically applied and somehow followed by symptom reductions**. Because PDT proponents emphatically disagree with this vacuous model of research, and insist PDT cannot be reduced to prescriptive procedures without distorting its essence, PDT was rarely subjected to this paradigm's investigations. However, when parts of PDT did get extracted and translated into procedures (as in the case of Interpersonal Therapy, Schema Therapy, Metalization Therapy, Brief PDT and such), they get validated as evidence-based treatments.

So what are PDT's defining principles and theories? First, PDT recognizes that many (but certainly not all) mental health problems are a function of how people have developed and operate in problematic ways. PDT theories are usually based on our understanding of normative or ideal psychological development, and how deviations can happen. **For example, how do people (e.g., children) come to develop moral values, empathy, interpersonal attachment, sense of responsibility, self-control, self-regard, desire for attention, depth and intensity of emotional experience, and so on? What factors and processes make people develop too much or too little of these traits and capacities? How do corrections happen?**

PDT theories not only help psychologists see how particular traits and capacities may be over or under developed (and how that could bias the person's way of interacting with the world), they also help explain how particular therapeutic efforts can positively shape the client's character structure and day-to-day operations.

Second, PDT makes use of the therapist-client relationship and interactions to facilitate change. For instance, if a client who has always been punished by loved ones for expressing emotions (and thus suppresses her "deplorable" emotions) starts to unleash them towards the therapist, the therapist's sincere efforts to embrace the storm of emotions and even thank the client for trusting the therapist with her feelings (as opposed to reflexively calming her down) can be a deeply impactful and reflection-prompting experience for the client. Similarly, clients who dramatize their struggles to elicit care, or feel the need to intimidate every person they come across to feel powerful and respected, could benefit from measured therapeutic relationships that serve as templates for new (and more mature) ways of human interactions.

Third, PDT focuses on bringing what's been kept unconscious to our conscious awareness when and if it can be of benefit. To use elementary examples, a person who thinks and claims he is not jealous but acts in unmistakably jealous ways, or proclaims how wonderful it is to be a loner but blatantly struggles with loneliness, may benefit from tactful and well-timed efforts to make him aware of the inconvenient truths, so he can consciously address these predicaments.

There is so much more I wish we could fit in. I hope this could at least serve as a brief but meaningful introduction.

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