

# 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., fixate on revealing 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 PDT is supported by a wealth of empirical evidence, just not the kind of evidence valued in the current system. **Specifically, Psychodynamic theories on: (a) how and why mental health problems can develop; (b) how and why various therapeutic efforts can have the effects observed, are well supported.** Yet as noted in Newsletter #7, the current paradigm focuses on validating treatment procedures that can be methodically followed (instead of establishing conceptual understandings and treatment principals). Because PDT proponents strongly disagree with this vacuous paradigm, PDT is rarely subjected to its investigations. However, when elements of PDT get proceduralized and tested (e.g., Mentalization Therapy, Schema Therapy, Short-Term PDT), they are validated as evidence-based therapies.

So what are its key tenets? **First, PDT sees most if not all mental health problems as a function of how the person has developed and correspondingly operates in imperfect ways.** Focus is thus placed on knowing the formative history and particularities of the person, and symptoms may be reduced **“indirectly”** by patching gaps in development to enable more mature and adaptive ways operation (e.g., establishing healthy values, realistically positive and robust sense-of-self, secure attachment style and so on, may obviate the “need” to rely on restrictive eating and purging to feel desirable and worthy of love). In contrast, many therapies lean towards construing mental health problems as distinct disorders that affect different individuals in more or less the same ways. Focus is thus placed on understanding the disorders that each client “has” and disorder-defining symptoms are often targeted **“directly”** in treatment (e.g., scheduled 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 subtly impact the client (e.g., “re-parenting” to patch gaps in development and offer other corrective influences).** Thick books are needed to cover this multi-faceted element. As a simplistic example of one facet, when a client who has long been punished for expressing “burdensome” emotions at home started to unleash at the therapist, the therapist’s efforts to embrace the storm and empathize (instead of reflexively calm the client with clinical techniques) can be an impactful and reflection-prompting experience.

**Third, PDT notes people frequently hold beliefs, realizations, feelings, desires and such that are in conflict. Instead of consciously reconciling them all, we may just unconsciously deny or distort the distressing or otherwise unwanted ones.** Classic examples include externalizing blame to protect one’s ego, or internalizing fault to excuse a wronged loved one (or projecting it elsewhere, like the stranger who *must have* seduced the innocently unfaithful partner). When these psychological defenses cause more harm than they’re worth, the therapist tactfully guides the client to engage in honest reflections and process the resultantly surfaced emotions.

**Fourth, PDT stresses everything (e.g., recurrent daydreams, peculiar jump from one topic to another, seemingly simple problems like indecisiveness or procrastination) can at times reflect something much deeper.** Through carefully interpreting patterns, deeper issues may be uncovered. For example, while procrastination may just be a bad habit, it may also reflect self-sabotaging to avoid losing an envious partner, or the reenactment of early life experiences where crises were constantly resolved just in time followed by the otherwise elusive sense of relief and accomplishment, among other idiosyncratic underlying problems.

Fifth, PDT...

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