Harvard Mental Health Letter

Merits of psychodynamic therapy

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The research suggests that benefits of this therapy increase with time.

Cognitive behavioral therapy (CBT) has emerged, both in the research literature and in the media, as a "first among equals" in psychotherapy — most often studied and most frequently cited in news reports. CBT seeks to change conscious thoughts and observable behaviors by making patients more aware of them. But considerable research also supports the efficacy of other types of psychotherapy, in particular psychodynamic therapy. In fact, a review in *American Psychologist* cited evidence that psychodynamic therapy is just as effective as CBT, and that the benefits may increase over time.

Psychodynamic therapy has its roots in psychoanalysis, the long-term "talking cure." Like psychoanalysis, psychodynamic therapy recognizes that the relationships and circumstances of early life continue to affect people as adults, that human behavior results from unconscious as well as conscious or rational motives, and that the act of talking about problems can help people find ways to solve them or at least to bear them.

Both psychoanalysis and psychodynamic therapy rely on the therapeutic alliance in order to work. The therapeutic alliance is the personal connection between therapist and patient that enables them to work in tandem so that the patient can gain insight into aspects of experience that may be difficult to talk and think about. As the therapeutic alliance deepens, a therapist helps patients to understand themselves in new ways, and to become more mindful of a greater range of their thoughts, feelings, perceptions, and experiences. Dr. Glen Gabbard, professor of psychiatry and psychoanalysis at Baylor College of Medicine, has called the therapeutic alliance the "envelope" within which psychodynamic therapy takes place.

Although modern therapists frequently question the distinction, it is useful to note that psychodynamic therapy and psychoanalysis differ in some ways. During psychoanalysis, patients generally attend meetings three to five days a week, whereas in psychodynamic therapy, a patient typically sees a therapist once or twice a week. Thus the intensity of the therapeutic relationship is greater in psychoanalysis. Both psychoanalysis and the long-term form of psychodynamic therapy may be conducted in an open-ended manner, over many years, with the patient and therapist/analyst taking as much time as they need to decide about the duration of treatment. Short-term treatment with psychodynamic therapy, in contrast, is time-limited and usually lasts less than six months.

Key points

- Psychodynamic therapy is an option for patients with a variety of mental health disorders and personality disorders.
- Although it is similar in some ways to psychoanalysis, psychodynamic therapy may be shorter in duration or intensity.
- Several reviews suggest that psychodynamic therapy is as effective as cognitive behavioral therapy.

Gaining self-knowledge

A paper compared psychodynamic therapy to CBT. It highlighted notable differences between these two forms of therapy.

Acknowledging emotion. Whereas CBT focuses on thoughts and beliefs, psychodynamic therapy encourages a patient to explore and talk about emotions as well — including those that are contradictory, threatening, or not immediately apparent. The focus is on using therapy to gain emotional, as well as intellectual, insight. Ideally, insight enables a patient to reconsider life patterns that once seemed inevitable or uncontrollable, and leads to the identification of new choices and options. The insight may lead a patient to feel more ready to make changes.

Understanding avoidance. Psychodynamic therapy helps patients to recognize and overcome ingrained and often automatic ways in which they avoid distressing thoughts and feelings. Therapy may bring avoidance into high relief — such as when patients cancel therapy appointments, arrive late, or tiptoe around emotionally charged topics. Psychodynamic therapists point out that such psychological maneuvers often involve painful compromises between the wish to attend sessions in order to get help, and the fear of what may emerge during therapy. Psychodynamic therapy can help a patient become more aware of these maneuvers, which are likely to manifest outside of therapy as well, with the aim of nurturing more flexible and adaptive ways of coping.

Identifying patterns. Psychodynamic therapy recognizes that in mental life, the past is often prologue. Early-life experiences, especially with parents, caregivers, and other authority figures, shape present-day outlook and relationships. The goal of psychodynamic therapy is not to dwell on the past but to explore how prior relationships and attachments may provide insight into current psychological problems. A psychodynamic therapist may work with a patient to identify recurring patterns in relationships, emotions, or behaviors (such as being drawn to a verbally abusive partner) to help the patient recognize them. At other times the patient may already be painfully aware of self-defeating patterns, but needs help to understand why they keep recurring and how to overcome psychological obstacles to making changes. The aim of this work is to give patients greater freedom to direct their lives.

Focusing on relationships. Interpersonal relationships — with loved ones, friends, and colleagues — are a core focus of psychodynamic therapy. A person's characteristic responses to other people often emerge in relation to the therapist, a phenomenon known as transference. For example, a patient who experienced hostility or dependency in an early important relationship may find the same feelings arise during a therapy session. Thus the therapeutic relationship provides a window into the dynamics of a patient's relationships outside the office, and offers an opportunity to recognize and change self-defeating patterns.
Psychodynamic therapy often addresses not just transference, but also the therapist's responses to the patient, often called "counter-transference." Such reactions may reflect the therapist's own formative relationships, but they often signify the "pull" the therapist feels to play out the patient's relationship patterns. Either way, the psychodynamic therapist tries to help patients understand how they contribute both to beneficial and painful relationship patterns, and how such reactions often originate within the self, yet foster the tendency to see the outside world (including relationships) as the exclusive source of disappointment or other painful emotion.

Encouraging free associations. In CBT and other structured therapies, the clinician tends to lead the discussion. In psychodynamic therapy, the clinician encourages a patient to speak as freely as possible about thoughts, desires, dreams, fears, and fantasies, as they come to mind. Psychodynamic therapists believe this unstructured, uncensored process of reporting provides access to thoughts and feelings that might otherwise remain outside of awareness. These thoughts and feelings might then become the raw material for helpful insight, or be reworked in ways that expand freedom and choice. However, it is not true that psychodynamic therapy is entirely "non-directive." For example, good dynamic therapists frequently direct the attention of their patients to issues that they are avoiding.

Benefits improve over time
Randomized controlled studies are the ideal way to evaluate treatments in medicine, but psychodynamic therapy, with its individualized technique and complex aims, has not lent itself readily to this type of study. It is not surprising that it has taken longer for researchers to develop and validate rigorous methods for studying this treatment. Nevertheless, randomized controlled studies support the use of psychodynamic therapy for anxiety, borderline personality disorder, depression, eating disorders, post-traumatic stress disorder, panic disorder, somatoform disorders, and substance-use disorders.
Meta-analyses are another way to judge efficacy of treatment. These reviews convert findings from multiple studies using different methods and populations into a common metric, most often an "effect size" that estimates overall treatment benefit.

Short-term therapy. A meta-analysis by the Cochrane Collaboration, an international group of experts, included 23 randomized controlled studies involving a total of 1,431 patients with varying diagnoses, most often depression and anxiety. All underwent short-term psychodynamic therapy (defined in this review as less than 40 hours in duration). When compared with controls (a waiting list, minimal treatment, or treatment as usual), short-term psychodynamic therapy significantly improved symptoms, with modest to moderate clinical benefits. When patients were assessed nine months or more after treatment ended, to determine long-term outcomes, the effect size of psychodynamic therapy had increased, suggesting that therapy led to lasting psychological changes that yielded more benefits as time went on.
A meta-analysis in *Archives of General Psychiatry* included 17 randomized controlled trials involving patients with a range of diagnoses. It concluded that short-term psychodynamic therapy was significantly more effective than a waiting list control or treatment as usual in the community, and that it was just as effective as other types of psychotherapy, such as CBT, supportive therapy, and interpersonal therapy.

Long-term therapy. A meta-analysis published in *The Journal of the American Medical Association* compared long-term psychodynamic therapy (defined in this paper as lasting at least a year or consisting of at least 50 sessions) with various short-term psychotherapies. It included 11 randomized controlled trials and 12 observational studies (included to provide results of psychodynamic therapy as practiced in real-world clinical settings). The studies enrolled 1,053 patients diagnosed with personality disorders or hard-to-treat mood or anxiety disorders. The analysis showed that long-term psychodynamic therapy significantly benefited patients with complex psychiatric disorders, and that patients continued improving after therapy ended.
Another meta-analysis, published in the *Harvard Review of Psychiatry*, included 27 studies of long-term psychoanalytic therapy (most often psychodynamic therapy), enrolling more than 5,063 patients and lasting an average of 150 sessions. Only one of the studies was a randomized controlled study; five were surveys and 21 were epidemiologic studies (most of them prospective). Diagnoses included anxiety, depression, and personality disorders, but often were unspecified. Based on a comparison of effect sizes, this meta-analysis concluded that long-term psychoanalytic therapy may be particularly useful for patients with severe personality disorders, who benefited more from treatment than patients with mixed or moderate pathology.

Challenges and conclusions
One ongoing challenge in the research is that the studies of psychodynamic therapy often involve patients with different diagnoses, making it hard to draw conclusions about how effective this approach will be for individual patients. Moreover, many studies provide inadequate details about treatment methods or use "control" situations (such as a waiting list) that don't actually control for the benefits of active intervention, no matter what technique is being employed.
Nevertheless, there is now enough research available to support the claim that psychodynamic therapy is an evidence-based treatment with effect sizes similar to or superior to those reported for other psychotherapies. In the current reimbursement environment, however, a significant practical challenge is whether psychodynamic therapy will also prove to be cost-effective — especially in the "real world," where practitioners vary in terms of skills and experience, and patients vary in commitment to continuing therapy.
Yet it is encouraging that the benefits of psychodynamic therapy not only endure after therapy ends, but increase with time. This suggests that insights gained during psychodynamic therapy may equip patients with psychological skills that grow stronger with use.

De Maat S, et al. "The Effectiveness of Long-Term Psychoanalytic Therapy: A Systematic Review of Empirical Studies," *Harvard Review of Psychiatry* (Jan.–Feb. 2009): Vol. 17, No. 1, pp. 1–23.

Gabbard GO, ed. *Textbook of Psychotherapeutic Treatments* (American Psychiatric Publishing, 2009).

Shedler J. "The Efficacy of Psychodynamic Psychotherapy," *American Psychologist* (Feb.–March 2010): Vol. 65, No. 2, pp. 98–109.

ascribed to this other person. Furthermore, experience shows that we understand very well how to interpret in other people (that is, how to fit into their chain of mental events) the same acts which we refuse to acknowledge as being mental in ourselves. Here some special hindrance evidently deflects our investigations from our own self and prevents our obtaining a true knowledge of it.

This process of inference, when applied to oneself in spite of internal opposition, does not, however, lead to the disclosure of an unconscious; it leads logically to the assumption of another, second consciousness which is united in one's self with the consciousness one knows. But at this point, certain criticisms may fairly be made. In the first place, a consciousness of which its own possessor knows nothing is something very different from a consciousness belonging to another person, and it is questionable whether such a consciousness, lacking, as it does, its most important characteristic, deserves any discussion at all. Those who have resisted the assumption of an unconscious *psychical* are not likely to be ready to exchange it for an unconscious *consciousness*. In the second place, analysis shows that the different latent mental processes inferred by us enjoy a high degree of mutual independence, as though they had no connection with one another, and knew nothing of one another. We must be prepared, if so, to assume the existence in us not only of a second consciousness, but of a third, fourth, perhaps of an unlimited number of states of consciousness, all unknown to us and to one another. In the third place—and this is the most weighty argument of all—we have to take into account the fact that analytic investigation reveals some of these latent processes as having characteristics and peculiarities which seem alien to us, or even incredible, and which run directly counter to the attributes of consciousness with which we are familiar. Thus we have grounds for modifying our inference about ourselves and saying that what is proved is not the existence of a second consciousness in us, but the existence of psychical acts which lack consciousness. We shall also be right in rejecting the term 'subconsciousness' as incorrect and misleading.[1] The well-known cases of '*double conscience*'[2] (splitting of consciousness) prove nothing against our view. We may most aptly describe them as cases of a splitting of the mental activities into two groups, and say that the same consciousness turns to one or the other of these groups alternately.

In psycho-analysis there is no choice for us but to assert that mental processes are in themselves unconscious, and to liken the perception of them by means of consciousness to the perception of the external world by means of the sense-organs. We can even hope to gain fresh knowledge from the comparison. The psycho-analytic assumption of unconscious

1. [Freud virtually never uses "subconscious" or "subconsciousness." But the term has retained its popularity. When it is employed to say something "Freudian," it is proof that the writer has not read his Freud.]

2. [The French term for 'dual consciousness'.]

mental activity appears to us, on the one hand, as a further expansion of the primitive animism which caused us to see copies of our own consciousness all around us, and, on the other hand, as an extension of the corrections undertaken by Kant of our views on external perception. Just as Kant warned us not to overlook the fact that our perceptions are subjectively conditioned and must not be regarded as identical with what is perceived though unknowable, so psycho-analysis warns us not to equate perceptions by means of consciousness with the unconscious mental processes which are their object. Like the physical, the psychical is not necessarily in reality what it appears to us to be. We shall be glad to learn, however, that the correction of internal perception will turn out not to offer such great difficulties as the correction of external perception—that internal objects are less unknowable than the external world.

II. Various Meanings of 'the Unconscious'— The Topographical Point of View

Before going any further, let us state the important, though inconvenient, fact that the attribute of being unconscious is only one feature that is found in the psychical and is by no means sufficient fully to characterize it. There are psychical acts of very varying value which yet agree in possessing the characteristic of being unconscious. The unconscious comprises, on the one hand, acts which are merely latent, temporarily unconscious, but which differ in no other respect from conscious ones and, on the other hand, processes such as repressed ones, which if they were to become conscious would be bound to stand out in the crudest contrast to the rest of the conscious processes. It would put an end to all misunderstandings if, from now on, in describing the various kinds of psychical acts we were to disregard the question of whether they were conscious or unconscious, and were to classify and correlate them only according to their relation to instincts and aims, according to their composition and according to which of the hierarchy of psychical systems they belong to. This, however, is for various reasons impracticable, so that we cannot escape the ambiguity of using the words 'conscious' and 'unconscious' sometimes in a descriptive and sometimes in a systematic sense, in which latter they signify inclusion in particular systems and possession of certain characteristics. We might attempt to avoid confusion by giving the psychical systems which we have distinguished certain arbitrarily chosen names which have no reference to the attribute of being conscious. Only we should first have to specify what the grounds are on which we distinguish the systems, and in doing this we should not be able to evade the attribute of being conscious, seeing that it forms the point of departure for all our investigations. Perhaps we may look for some assistance from the proposal to employ, at any rate in writing,

the abbreviation *Cs.* for consciousness and *Ucs.* for what is unconscious, when we are using the two words in the systematic sense.[3]

Proceeding now to an account of the positive findings of psycho-analysis, we may say that in general a psychical act goes through two phases as regards its state, between which is interposed a kind of testing (censorship). In the first phase the psychical act is unconscious and belongs to the system *Ucs.*; if, on testing, it is rejected by the censorship, it is not allowed to pass into the second phase; it is then said to be 'repressed' and must remain unconscious. If, however, it passes this testing, it enters the second phase and thenceforth belongs to the second system, which we will call the system *Cs.* But the fact that it belongs to that system does not yet unequivocally determine its relation to consciousness. It is not yet conscious, but it is certainly *capable of becoming conscious* (to use Breuer's expression)—that is, it can now, given certain conditions, become an object of consciousness without any special resistance. In consideration of this capacity for becoming conscious we also call the system *Cs.* the 'preconscious'. If it should turn out that a certain censorship also plays a part in determining whether the preconscious becomes conscious, we shall discriminate more sharply between the systems *Pcs.* and *Cs.* For the present let it suffice us to bear in mind that the system *Pcs.* shares the characteristics of the system *Cs.* and that the rigorous censorship exercises its office at the point of transition from the *Ucs.* to the *Pcs.* (or *Cs.*).

By accepting the existence of these two (or three) psychical systems, psycho-analysis has departed a step further from the descriptive 'psychology of consciousness' and has raised new problems and acquired a new content. Up till now, it has differed from that psychology mainly by reason of its *dynamic* view of mental processes; now in addition it seems to take account of psychical *topography* as well, and to indicate in respect of any given mental act within what system or between what systems it takes place. On account of this attempt, too, it has been given the name of 'depth-psychology'. We shall hear that it can be further enriched by taking yet another point of view into account.

If we are to take the topography of mental acts seriously we must direct our interest to a doubt which arises at this point. When a psychical act (let us confine ourselves here to one which is in the nature of an idea) is transposed from the system *Ucs.* into the system *Cs.* (or *Pcs.*), are we to suppose that this transposition involves a fresh record—as it were, a second registration—of the idea in question, which may thus be situated as well in a fresh psychical locality, and alongside of which the original unconscious registration continues to exist? Or are we rather to believe that the transposition consists in a change in the state of the idea, a change involving the same material and occurring in the same

3. {These abbreviations are among the very few concessions Freud made to technical language.}

locality? This question may appear abstruse, but it must be raised if we wish to form a more definite conception of psychical topography, of the dimension of depth in the mind. It is a difficult one because it goes beyond pure psychology and touches on the relations of the mental apparatus to anatomy. We know that in the very roughest sense such relations exist. Research has given irrefutable proof that mental activity is bound up with the function of the brain as it is with no other organ. We are taken a step further—we do not know how much—by the discovery of the unequal importance of the different parts of the brain and their special relations to particular parts of the body and to particular mental activities. But every attempt to go on from there to discover a localization of mental processes, every endeavour to think of ideas as stored up in nerve-cells and of excitations as travelling along nerve-fibres, has miscarried completely. The same fate would await any theory which attempted to recognize, let us say, the anatomical position of the system *Cs.*—conscious mental activity—as being in the cortex, and to localize the unconscious processes in the subcortical parts of the brain. There is a hiatus here which at present cannot be filled, nor is it one of the tasks of psychology to fill it. Our psychical topography has *for the present* nothing to do with anatomy; it has reference not to anatomical localities, but to regions in the mental apparatus, wherever they may be situated in the body.

In this respect, then, our work is untrammelled and may proceed according to its own requirements. It will, however, be useful to remind ourselves that as things stand our hypotheses set out to be no more than graphic illustrations. The first of the two possibilities which we considered—namely, that the *Cs.* phase of an idea implies a fresh registration of it, which is situated in another place—is doubtless the cruder but also the more convenient. The second hypothesis—that of a merely *functional* change of state—is *a priori* more probable, but it is less plastic, less easy to manipulate. With the first, or topographical, hypothesis is bound up that of a topographical separation of the systems *Ucs.* and *Cs.* and also the possibility that an idea may exist simultaneously in two places in the mental apparatus—indeed, that if it is not inhibited by the censorship, it regularly advances from the one position to the other, possibly without losing its first location or registration.

This view may seem odd, but it can be supported by observations from psycho-analytic practice. If we communicate to a patient some idea which he has at one time repressed but which we have discovered in him, our telling him makes at first no change in his mental condition. Above all, it does not remove the repression nor undo its effects, as might perhaps be expected from the fact that the previously unconscious idea has now become conscious. On the contrary, all that we shall achieve at first will be a fresh rejection of the repressed idea. But now the patient has in actual fact the same idea in two forms in different places in his mental apparatus: first, he has the conscious memory of

the auditory trace of the idea, conveyed in what we told him; and secondly, he also has—as we know for certain—the unconscious memory of his experience as it was in its earlier form. Actually there is no lifting of the repression until the conscious idea, after the resistances have been overcome, has entered into connection with the unconscious memory-trace. It is only through the making conscious of the latter itself that success is achieved. On superficial consideration this would seem to show that conscious and unconscious ideas are distinct registrations, topographically separated, of the same content. But a moment's reflection shows that the identity of the information given to the patient with his repressed memory is only apparent. To have heard something and to have experienced something are in their psychological nature two quite different things, even though the content of both is the same.

So for the moment we are not in a position to decide between the two possibilities that we have discussed. Perhaps later on we shall come upon factors which may turn the balance in favour of one or the other. Perhaps we shall make the discovery that our question was inadequately framed and that the difference between an unconscious and a conscious idea has to be defined in quite another way.

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IV. *Topography and Dynamics of Repression*

We have arrived at the conclusion that repression is essentially a process affecting ideas on the border between the systems *Ucs.* and *Pcs.* (*Cs.*), and we can now make a fresh attempt to describe the process in greater detail.

It must be a matter of a *withdrawal* of cathexis: but the question is, in which system does the withdrawal take place and to which system does the cathexis that is withdrawn belong? The repressed idea remains capable of action in the *Ucs.*, and it must therefore have retained its cathexis. What has been withdrawn must be something else. Let us take the case of repression proper ('after-pressure'), as it affects an idea which is preconscious or even actually conscious. Here repression can only consist in withdrawing from the idea the (pre)conscious cathexis which belongs to the system *Pcs.* The idea then either remains uncathected, or receives cathexis from the *Ucs.*, or retains the *Ucs.* cathexis which it already had. Thus there is a withdrawal of the preconscious cathexis, retention of the unconscious cathexis, or replacement of the preconscious cathexis by an unconscious one. We notice, moreover, that we have based these reflections (as it were, without meaning to) on the assumption that the transition from the system *Ucs.* to the system next to it is not effected through the making of a new registration but through a change in its state, an alteration in its cathexis. The functional hypothesis has here easily defeated the topographical one.

But this process of withdrawal of libido is not adequate to make another characteristic of repression comprehensible to us. It is not clear why the idea which has remained cathected or has received cathexis from the *Ucs.* should not, in virtue of its cathexis, renew the attempt to penetrate into the system *Pcs.* If it could do so, the withdrawal of libido from it would have to be repeated, and the same performance would go on endlessly; but the outcome would not be repression. So, too, when it comes to describing *primal* repression, the mechanism just discussed of withdrawal of preconscious cathexis would fail to meet the case; for here we are dealing with an unconscious idea which has as yet received *no* cathexis from the *Pcs.* and therefore cannot have that cathexis withdrawn from it.

What we require, therefore, is another process which maintains the repression in the first case [i.e. the case of after-pressure] and, in the second [i.e. that of primal repression], ensures its being established as well as continued. This other process can only be found in the assumption of an *anticathexis*, by means of which the system *Pcs.* protects itself from the pressure upon it of the unconscious idea. We shall see from clinical examples how such an anticathexis, operating in the system *Pcs.*, manifests itself. It is this which represents the permanent expenditure [of energy] of a primal repression, and which also guarantees the permanence of that repression. Anticathexis is the sole mechanism of primal repression; in the case of repression proper ('after-pressure') there is in addition withdrawal of the *Pcs.* cathexis. It is very possible that it is precisely the cathexis which is withdrawn from the idea that is used for anticathexis.

We see how we have gradually been led into adopting a third point of view in our account of psychical phenomena. Besides the dynamic and the topographical points of view, we have adopted the *economic* one. This endeavours to follow out the vicissitudes of amounts of excitation and to arrive at least at some *relative* estimate of their magnitude.

It will not be unreasonable to give a special name to this whole way of regarding our subject-matter, for it is the consummation of psycho-analytic research. I propose that when we have succeeded in describing a psychical process in its dynamic, topographical and economic aspects, we should speak of it as a *metapsychological* presentation. We must say at once that in the present state of our knowledge there are only a few points at which we shall succeed in this.

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V. *The Special Characteristics of the System* Ucs.

The distinction we have made between the two psychical systems receives fresh significance when we observe that processes in the one

UPDATED 3/13/18
Class Schedule Outline

Class	Date	Topic	Assignment Due
12	3/6	Interpersonal communication: theories of helping (person centered)- RG #1	Parsons ch. 13 (p. 191-192, & 195) Supplemental materials ***Reflection paper #1***
13	3/8	Interpersonal communication: theories of helping (cognitive/behavioral)- RG #2	Parsons ch. 13 (p. 192-194) & supplemental materials
14	3/13	Interpersonal communication: theories of helping (cognitive/behavioral)- RG #3	Supplemental materials
15	3/15	Interpersonal communication: theories of helping (psychoanalytic)- RG #4	Parsons ch. 13 (p.195-196) & Supplemental materials
16	3/20	Interpersonal communication: theories of helping (psychoanalytic)- RG #5 & RG #6	Supplemental materials
17	3/22	Interpersonal communication: theories of helping (integrating theories)- RG #7	Parsons ch. 13 (p. 195-196) & case studies Rough draft Paper #2
		NO CLASS 3/26 – 4/1 due to Spring Break	
18	4/3	Integrating theories of helping topics: class discussion- RG #8	Review approaches to helping info Paper #2
19	4/5	Test 2	Test preparation

Changes in the Syllabus: The instructor reserves the right to make appropriate changes in the course syllabus. If changes should be made, they will be communicated to students and a revised syllabus will be passed out.