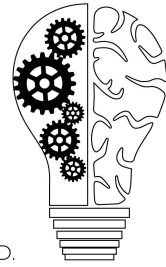


## **Episode 029: What is Psychodynamic Theory?**

David Puder, M.D.

This PDF is a supplement to the podcast “Psychiatry & Psychotherapy” found on [iTunes](#), [Google Play](#), [Stitcher](#), [Overcast](#), [PlayerFM](#), [PodBean](#), [TuneIn](#), [Podtail](#), [Blubrry](#), [Podfanatic](#)



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PSYCHOTHERAPY**

There are no conflicts of interest for this episode.

*On this week’s episode of the podcast, I interviewed Allison Maxwell-Johnson, a social worker and PhD student of clinical social work. I refer patients to her regularly for psychoanalysis, and she has had a wonderful impact on their mental health journey.*

Psychodynamic therapy is a form of talk therapy where the practitioner work focuses on the patient’s emotion, fantasies, dreams, unconscious drives and wishes, early and current life relationships, and the relationship that is forming between the patient and therapist.

## **The History of Psychodynamic Therapy**

Sigmund Freud is known as the father of psychodynamic therapy. He practiced in the late 1800’s and early 1900’s. Some psychiatrists and therapists think that Freud has been debunked because he is a controversial figure. But my colleague, Allison Maxwell, and I, think his impact on furthering the mental health field has been positive.

Historically, people with borderline personality disorder, somatic disorder and post traumatic stress disorder (PTSD) were all grouped under the title of “hysteria.” A few hundred years ago, these people would have been killed as witches, put in asylums, and there wasn’t much ability to, or interest in, digging into their psyche. There was certainly no warmth or empathy given to them.

Freud began to grapple with those deeper, tougher issues, claiming it wasn’t just a medical disorder. He gave empathy, and a level of connectedness to his patients that hadn’t been done before. As the first psychoanalyst, he was a pioneer in his field, and he figured out that having an emotionally connected relationship with his patients (he would even have his patients over for dinner and go for walks with them) could actually heal the patient.

## **Affect**

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Affect is something therapists need to pay attention to when it comes to each individual patient. It's about noting the facial and emotional state of the person. Is the patient emotionally flat or expressive? Are they depressed or happy? Are they peaceful or agitated?

We focus on their emotional state and try to lean in to understand what a patient is feeling during a session. As the doctor or therapist, what is the emotional reaction you're having to the patient, in the moment? Analyze the situation—both your feelings and theirs. Ask them for clarification on their feelings, then ask yourself how you can use that information to understand and connect with the patient emotionally.

There are multiple emotions going on which can be conflicting. We need to ask ourselves if we can empathize with the distress that is in the room.

It's not only about intellectually understanding what's happening with a patient, or diagnosis. It's about understanding how to create an emotional connection and help someone.

### **Transference**

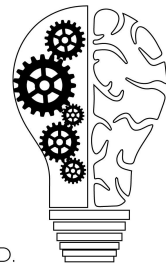
A therapist applies the principle of transference when we pay attention to the emotional state the patient has towards them. If the therapist reminds them of their abusive father, and they react emotionally, it's a classic transference situation.

Understanding transference can help a therapist remain empathic and curious, even when a patient is angry at them. Transference can be seen in their complete reaction towards you, both from their past, and how you are interacting with them.

### **Countertransference**

As therapists, we are also humans. We will have reactions to the patients we work with. Countertransference is the complete reaction we have towards our patients, both coming from how the patient reminds us of people from our past, and our reaction towards the things that the patient is uniquely doing.

The unconscious exists both in our patients and in us. If we can keep countertransference in our awareness as therapists, we can try to understand what is



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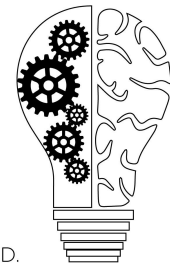
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happening interpersonally—why we do or don't like our patient, and why we feel angry or upset with our patients.

As therapists, we should not react to our patients out of direct emotion, but understand that countertransference is happening, and be curious about the meanings behind our feelings, and their feelings towards us.



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## Studies that show psychodynamic theory works:

- For the curious, read this article by Jonathan Shedler, “The Efficacy of Psychodynamic Psychotherapy” [PDF](#)

### Mentalization-based therapy

Mentalization therapy is an emotion-focused therapy for people with borderline personality disorder. It helps them question whether they are accurately mentalizing, or understanding, their own experiences and their therapists emotional experiences. The positive effect of mentalization-based therapy is measurable. It has a mean effect size of 1-2, meaning it is 1-2 standard deviations from the control group—it works.

People who were in and out of psychiatric hospitals with suicide attempts, after mentalization therapy, can have great success in achieving a normal life.

- Study on Mentalization based therapy with 8 year follow up: [PDF](#)

Transference Based Therapy:

- Article on transference focus therapy increasing a patient's narrative coherence and reflective function: [PDF](#)

### In Conclusion

As therapists, including psychodynamic principles can help us connect with our patients. It will protect us from burnout, and give our patients the chance to feel emotionally connected with someone, in a corrective and healing way. It can be incredibly rewarding, rather than draining, when we feel connected, and our patients usually express gratitude as they heal.