Key concepts

Psychodynamics means *mind in motion*.

A psychodynamic frame of reference postulates that dynamic (moving) elements in the unconscious affect conscious thoughts, feelings, and behavior.

A psychotherapy that is based on the psychodynamic frame of reference is a psychodynamic psychotherapy.

The basic goal of psychodynamic psychotherapy is to help people with problems and patterns that lead to unhappiness and dissatisfaction in life by uncovering unconscious thoughts and feelings and/or directly supporting function in the context of the relationship with the therapist.

Both uncovering and supporting techniques are used in almost every psychodynamic psychotherapy.

What is psychodynamic psychotherapy?

Literally, *psychotherapy* means *treatment for the mind*. Psychotherapy has its origins in psychoanalysis – the “talking cure” that was first developed by Sigmund Freud [1]. Consequently, the word psychotherapy has come to refer to a treatment that involves talking. But it’s not just any talking – in order to be psychotherapy, the talking has to be:

- a treatment
- conducted by a trained professional
- within a set framework
- in order to improve the mental and emotional health of a patient

And what about *psychodynamic*? You’ve probably heard this word many times – but what does it mean? Psycho comes from the Greek word *psyche*, which meant *soul* but has come to mean *mind*, and dynamic comes from the Greek word *dynamis*, which meant power but has come to mean *physical force in motion*. Simply stated, the word psychodynamics refers to the forces of the mind that are in motion. Freud coined this word when he realized that, as opposed to earlier conceptualizations of a static psyche, the mind was an ever-changing system, rolling with perpetually moving energized
elements. These unconscious elements could explode into consciousness and vice versa, while powerful wishes and prohibitions could barrel into one another, releasing the psychic equivalent of colliding subatomic particles [2].

Freud realized not only that elements of the mind were in motion, but also that most of this frenzied mental activity was going on outside of awareness. He described this mental activity as unconscious and hypothesized that it could affect conscious thoughts, feelings, and behavior. Thus, we arrive at the two definitions that provide the foundation for this manual:

1. A psychodynamic frame of reference is one that postulates that unconscious mental activity affects our conscious thoughts, feelings, and behavior.
2. A psychodynamic psychotherapy is any therapy based on a psychodynamic frame of reference.

The unconscious

We often refer to our unconscious mental activity as the unconscious. Feelings, memories, conflicts, ways of relating to others, self-perceptions - all of these can be unconscious and can cause problems with thoughts and behavior. Unconscious thoughts and feelings develop in a person from childhood, and are a unique mix of early experiences and temperamental/genetic factors. We keep certain thoughts, feelings, and fantasies out of awareness because they threaten to overwhelm us if they become conscious. They might be too frightening or stimulating; they might fill us with shame or disgust. Because of this, we make them unconscious but they do not disappear - they remain full of energy and constantly push to reach awareness. Their energy affects us from their unconscious hiding places, and they exert their influence on the way we think, feel, and behave. A good analogy comes from Greek mythology:

Zeus, the young god, was tired of being ruled by the patriarchal Titans, so he buried them in a big pit called Tartarus. Deep beneath the earth, they no longer posed a threat to Zeus's dominance. Or did they? Though out of sight, they had not disappeared, and their rumblings were thought to cause earthquakes and tidal waves.

So too, unconscious thoughts and feelings are hidden from view but continue to rumble in their own way, causing unhappiness and suffering in the form of maladaptive thoughts and behaviors.

Psychodynamic psychotherapy and the unconscious

In many ways, the psychodynamic psychotherapist is like the plumber you call to fix your leaky ceiling. You see the dripping, but you can't see the source; you can catch the drops in a pail, but that doesn't stop the flow. The plumber knows that the rupture lies behind the plaster, somewhere in pipes that as yet can't be seen. Here, though, the plumber has an advantage over the psychodynamic psychotherapist - he can use a sledgehammer to break through the plaster, reveal the underlying pipes, find and fix
the offending leak, and patch the ceiling. But the psychodynamic psychotherapist is working with a human psyche, not a plaster ceiling, and thus requires more subtle tools to seek and mend what’s beneath the surface.

**Uncovering and supporting**

Like the plumber, the psychodynamic psychotherapist’s first goal is to understand what lies beneath the surface – that is, to understand what’s going on in the patient’s unconscious. Many of the techniques of psychodynamic psychotherapy are designed to do just that. Once we think that patients are motivated by thoughts and feelings that are out of their awareness, we then have to decide how to use what we have learned in order best to help them. Sometimes we decide that making patients aware of what’s going on in their unconscious will help. We call this **uncovering** – Freud called it “making conscious what has so far been unconscious” [3]. We have many techniques for helping patients to uncover – or become aware of – unconscious material. What we’re uncovering are inner thoughts and feelings that they keep hidden from themselves but that nevertheless affect their self-perceptions, relationships with others, ways of adapting, and behavior.

Sometimes, however, we decide that making patients aware of unconscious material will **not** be helpful. We generally make this decision when we judge that the unconscious material could be potentially overwhelming. Then we use what we have learned about the unconscious to **support** functioning without uncovering thoughts and feelings. (See Chapter 18 for discussion of uncovering and supporting techniques.)

Here are two examples – one in which we would choose to **uncover** and one in which we would choose to **support**:

**Ms A** is a 32-year-old woman who has a trusting relationship with her husband, many close friends, and a satisfying personal career. In the past, she has used journaling, cooking, and athletics to work through short periods of anxiety. She presents to you complaining of insomnia that she believes has been triggered by a fight she is having with her younger sister, B. Ms A says that she’s “mystified” by B’s hostile behavior, which began about a month ago in the context of B’s impending graduation from medical school. Further exploration reveals that although B wanted to become a dermatologist, she was not offered a position in this field and will have to do an interim year of internal medicine and then reapply. Ms A says that she has been very sympathetic about this setback and does not know why B is so hostile toward her. When you ask about their earlier relationship, you discover that Ms A has cruised effortlessly from one Ivy League institution to another, while B has struggled academically. You hypothesize that B’s hostility toward Ms A may be fueled by envy, and that Ms A has been unconsciously keeping herself from becoming aware of this out of guilt. You think that Ms A will benefit from learning about her unconscious guilt and decide to help her **uncover** it. Once she grapples with her guilty feelings, she is able to recognize her sister’s hostility and envy. This awareness helps her to understand their recent interpersonal difficulties and resolves the insomnia.

**Ms C** is a 32-year-old woman who is isolated, moves frequently from job to job, and often reacts to stress by binge eating and purging. She presents to you complaining of insomnia that she believes has been triggered by a fight with her younger sister, D. She says that she is shouldering the entire burden of caring for their chronically ill mother while D “just sits in her suburban home with the other soccer moms and sends checks.” Ms C, who is struggling to make ends meet, tells you that she thinks that her
sister, who is married to a very wealthy man, is “shallow and materialistic” and that she “wouldn’t switch lives with her if you paid me.” She says that she is “enraged” at D for not doing more to help their mother and that ruminations about this are causing her to stay awake at night. You hypothesize that Ms C’s rage is fueled by envy of D, but you decide that learning about the way in which this might be contributing to the insomnia will not help her at this time. Instead, you decide to support Ms C’s functioning by empathizing with the amount of work she is doing to care for her ailing mother, and by suggesting that she use her mother’s Medicare benefits to get some help with eldercare. Once she feels validated, Ms C relaxes, her insomnia resolves, and she is better able to understand many aspects of her current situation.

In both cases, the first thing that the psychodynamic psychotherapist needed to do was to understand the way in which unconscious thoughts and feelings were affecting the patient’s conscious behavior. However, in one situation the therapist decided to uncover while in the other the therapist decided to support. Thus, we can say that the basic techniques of psychodynamic psychotherapy are to:

1. understand the ways in which the patient is affected by thoughts and feelings that are out of awareness
2. decide whether uncovering or supporting will help most at that moment
3. uncover unconscious material and/or support mental functioning in the way that best helps the patient

Making the decision in Step #2 depends on careful assessment of the patient, both at the beginning and throughout the treatment, to determine what will be most helpful at any given point in time (see Part Two). When psychodynamic psychotherapy primarily uses uncovering techniques, it is often called insight-oriented, expressive, interpretive, exploratory, or psychoanalytic psychotherapy, and when it primarily uses support, it is often called supportive therapy [4]. Unfortunately, these techniques are often seen as completely separate from one another. On the contrary, uncovering and supporting do not constitute separate therapies, but rather are both used in an oscillating manner in all psychodynamic psychotherapy. One patient may benefit from therapy in which mostly uncovering techniques are used, while another may benefit from therapy in which supporting techniques predominate, but all treatments use some of each at different points.

The optimal mix of supporting and uncovering techniques will vary from patient to patient, and sometimes from moment to moment, depending on the individual person’s strengths, problems, and needs. Some patients only require the implicit support conveyed in the therapist’s attitude of empathy, understanding, and interest. Other patients need more explicit support throughout the treatment. Whatever the overarching goals we choose at the start of treatment, we are prepared to shift our approach flexibly depending on the patient’s changing needs.

The importance of the therapeutic relationship

Uncovering and supporting do not happen in a vacuum – they happen in the context of the relationship between therapist and patient. This relationship is central to what
defines psychodynamic psychotherapy. It not only provides a safe environment in which patients can talk about their problems, it also allows them to learn about themselves and their relationships through their interaction with the therapist. The therapeutic relationship itself is likely to be an agent of change in psychodynamic psychotherapy, both as a “relationship laboratory” from which the patient can learn, and as a direct source of support that can foster growth and change. Talking about and learning from the therapeutic relationship is called discussion of the transference (see Chapters 12 and 21) and is often a major focus of psychodynamic psychotherapy.

With this addition, we can round out our definition of psychodynamic psychotherapy in this way:

Psychodynamic psychotherapy is a talk therapy based on the idea that people are affected and motivated by thoughts and feelings that are out of their awareness. Its goals are to help people to change habitual ways of thinking and behaving by helping them learn more about how their minds work, and/or directly supporting their functioning, in the context of the relationship with the therapist.

But how does this happen? Let’s move on to Chapter 2 to explore some of the theories behind the technique.

Chapter 1: References