

PSYCHODYNAMIC THEORY

PART I: HISTORICAL UNDERPINNINGS

571-NCSSS

HISTORICAL CONTEXT

What is “psychodynamic theory”?
How did it evolve?

Psychodynamic theory is both an EXPLANATORY & CHANGE theory

- Provides explanations about development, human behavior, & psychopathology
- Provides principles to direct practice & predictions about treatment outcome



“Psychodynamic theory” consists of many different psychoanalytic theories that have evolved over time...

Drive or Structural Theory

Ego Psychology

Object Relations Theory

Self Psychology

Attachment & Relational Theories

Fonagy has said:

“At any time, psychoanalytic theory is like a growing family of ideas, with resemblances, relationships, and feuds.”

How does “psychodynamic theory”



*differ from & relate to
“psychoanalysis”?*



Freud's “couch”

Note...

- *Like all theories, “psychodynamic theory” is a social construction*
- *Its tenets are shaped by cultural & socio-historical contexts*
- *Over the past 125 years, the theory has shifted focus from a “conflict” theory to a “relational” theory*

KEY EARLY THEORISTS

What theorists & theories represent the 4 classical schools of psychoanalytic theory?

Drive Theory

Ego Psychology

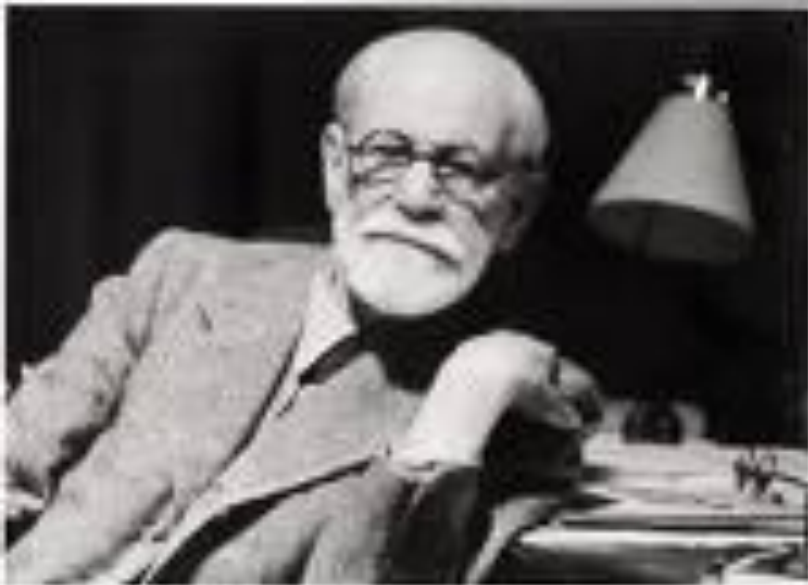
Object Relations

Self Psychology

DRIVE THEORY

(Structural Theory)

Sigmund Freud–



Who WAS Sigmund Freud?

Freud was a
product of his
time...

On holiday with
his daughter
Anna, in Italy,
1913



3 phases of Freud's evolving theory

PHASE I—"affect-trauma model"

- Symptoms come from strangulated affect in response to real trauma or abuse

PHASE II—"topographical perspective"

- The mind consists of 3 systems (unconscious, preconscious, & conscious)

PHASE III—"structural model"

- The mind has 3 agencies or structures (id, ego, superego) in conflict
- Neurosis comes from the ego being overwhelmed by the id
- Health is based on ego's capacity to manage conflict & stay in touch with reality

Drive/Structural Theory Highlights

- “Drives” are genetically determined & seek pleasure
 - *Libidinal (sexual) drive & aggressive drive*
 - *Pleasure & unpleasure principle*
- “Free association” allows us access to repressed memories of the past
- By reliving past & verbalizing memories, trauma can be “worked through”
- Wishes & urges are in conflict with other forces of the mind
 - *The mind is in unconscious conflict*

- Symptoms develop from the unconscious symbolic expression of the conflicts in our minds
- Human development follows universal psychosexual stages:
 - Oral
 - Anal
 - Phallic (oedipal)
 - Latency
 - Genital (adolescence)
- Transference consists of thoughts & feelings for someone based on feelings about another person
- Treatment takes place through understanding & interpreting *transference* (client's feelings toward clinician) & *countertransference* (clinician's feelings toward the client)

EGO PSYCHOLOGY

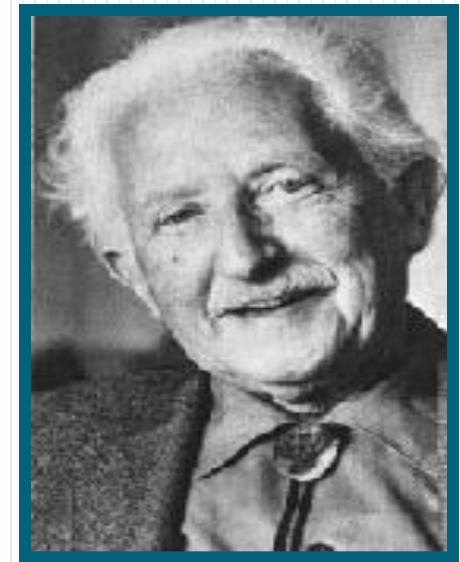
□ Heinz Hartmann—

“conflict-free ego sphere”



□ Anna Freud—

“ego defense mechanisms”



□ Eric Erikson—

“psychosocial model of development”

Ego Psychology Highlights

- The ego is the biologically-based “executive branch” of the mind that functions by helping us adapt & have coherence, identity, & organization
- Infants have in-born autonomous potentials free from conflict when infant has “goodness of fit” with an “average expectable environment”
- Unconscious ego defenses ward off anxiety to protect self from harm & unwanted impulses
- Ego development is “epigenetic” & sequential; shaped by culture & social environment
- Ego strengths develop through resolution of crises at each stage of life throughout the lifespan

OBJECT RELATIONS

- Margaret Mahler—
“separation-individuation”



- Donald Winnicott—
“true self/false self”
“facilitating environment”
“transitional objects & transitional space”
“good enough mother”

Object Relations Theory Highlights

- Humans have basic & profound needs to be connected or attached to others (known as “objects”)
- We internalize & take in relationships through our unconscious memories & patterns of relating
- Patterns of relating influence all our relationships — past, present, & future
- “Object relationships” develop between the unconscious, internal mental representations of self & others in relationship with real, observable others
- “True self” develops (in family & in therapy) in context of empathic “facilitating environment” & “good enough” caregiving

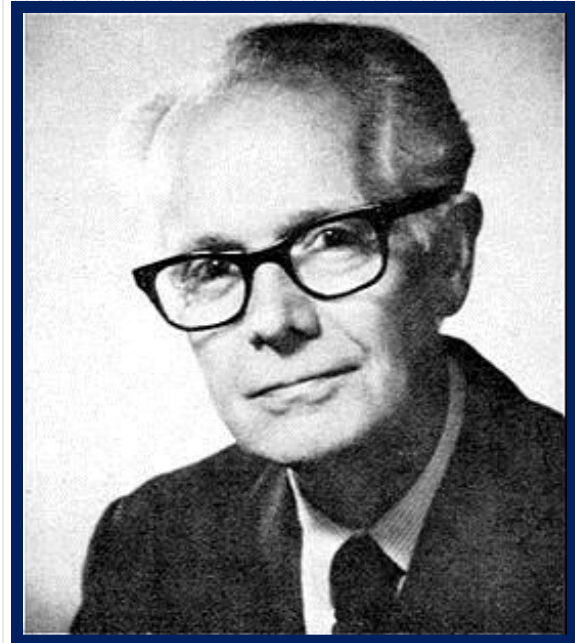
SELF PSYCHOLOGY

□ Heinz Kohut—

“empathy,”

“selfobjects,”

“optimal responsiveness”



Self Psychology Highlights

- Strong self-esteem (“healthy narcissism”) develops through empathic responsiveness from others
- Children need to feel “mirrored,” have someone to “idealize,” & have a sense of “twinsip” with others
- Deficits develop in the child’s sense of self when caregivers lack empathy
- Change occurs when an empathic clinician becomes a healthy “selfobject” for the client
 - An idealizing selfobject, a mirroring selfobject, or a twinship selfobject
- Humans need empathic understanding throughout life

DIMENSIONS OF HUMAN BEHAVIOR IN PSYCHODYNAMIC THEORIES

(*especially strong)

Biological (yes)

**Psychological (yes)*

**Social (yes)*

Spiritual (somewhat)

**Micro (especially)*

Mezzo (somewhat)

Macro (beginning)

HUTCHISON'S PERSPECTIVES EVIDENT IN PSYCHODYNAMIC THEORIES

(*especially strong)

**Systems (all psychoanalytic theories)*

**Conflict (drive, ego, O.R.)*

Rational Choice (drive, ego, O.R.)

**Social Constructionist (self, relational)*

**Psychodynamic (all psychoanalytic theories)*

**Developmental (all psychoanalytic theories)*

Social Behavioral (ego, O.R., self, relational)

Humanistic (self, relational)

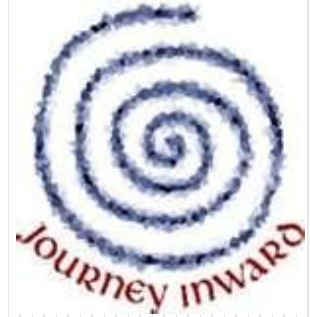
KEY PRINCIPLES OF PSYCHODYNAMIC THEORY

- *Basic tenets common to all psychodynamic theories*
- *Interventions common to all psychodynamic clinical practices*

Tenets common to all psychodynamic theories...



- The mind consists of unconscious & conscious processes that influence all human behavior
- Humans have inborn needs to connect & attach to others
- Infant-caregiver relationships set developmental trajectories, influencing how the past persists into the present
- Defense mechanisms protect humans from anxiety & unacceptable impulses
- Behavior is lawful & purposeful, though at times unconscious
- The external world affects the internal mind & body, & similarly the internal affects adjustment to the external world
- Humans adapt to their environment
- The therapeutic relationship serves as a focus for change



Interventions common to all psychodynamic practice...

- Give attention to developmental processes
- Place emphasis on therapeutic relationship, especially transference & countertransference
- Focus on affect & expression of client's emotions
- Identify patterns in actions, thoughts, feelings, experiences, & relationships
- Explore interpersonal experiences, wishes, dreams, fantasies
- Explore attempts to avoid topics or engage in activities that hinder therapy's progress

MAJOR CRITIQUES OF CLASSICAL PSYCHODYNAMIC THEORIES

- Limited focus on race, ethnicity, & culture
- Heterosexist, homophobic, & anti-feminist bias
- Limited evaluation research on treatment outcomes
- Long-term treatment model unsuitable for managed care environments & low-income clients
- Focus on individual human behavior & treatment, with insufficient attention to environmental context
- Lacks concrete techniques; has abstract principles

ATTACHMENT & RELATIONAL THEORY

PART II: CONTEMPORARY DEVELOPMENTS IN PSYCHODYNAMIC THEORY

How & why has contemporary theory changed from classical Freudian theory?



**Recent scientific development, cultural influences,
& demands for brief treatment...**



**Have changed psychodynamic theory
in the late 20th-early 21st century**

KEY FACTORS UNDERLYING CONTEMPORARY DEVELOPMENTS

- *Advent of attachment theory & research*
 - *Neuroscientific & cognitive research*
 - *Post-modern paradigm shift with questions about power & authority*
- *Responses to critiques regarding gender & sexuality; race, ethnicity, & culture*

Influence of neurobiology & infant brain research...

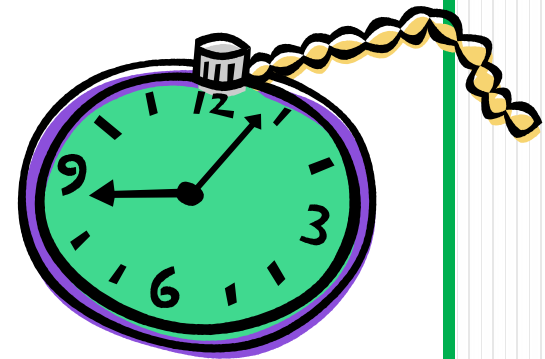
- Empirical validation that interpersonal experience in early infancy & childhood have major effects on child's developing brain
- Stored in right front lobe of brain:
 - *Internal working models of attachment*
 - *Trauma & interpersonal experiences in general*
- Some memories & emotional responses are stored in areas of the brain that predate & bypass part of brain focused on cognitive thought processes
 - Validates importance of giving attention in practice to relationships & emotions, prior to cognitive interventions

Influence of post-modernism, leading to paradigm shift

- New emphasis on belief that...
 - *Theories are socially constructed*
 - *The “self” is fluid & shaped by ever changing context*
- New emphasis on culture, race, gender, & sexuality
- New emphasis on “relationality” & “intersubjectivity” in treatment, including clinician self-disclosure
- Paradigm shift from focus on “conflict” to focus on “relationships”
- Movement from “one-person psychology” to “two-person psychology”

Influence of current economics & changing views about clinical practice...

- Increased demands for brief treatment
- Oversight of managed health care
- Competition with cognitive treatment
- Demands for evidence-based practice models



KEY CONTEMPORARY THEORIES & THEORISTS

ATTACHMENT THEORY—

John Bowlby



Mary Ainsworth

RELATIONAL THEORY & THEORISTS

Contemporary theorists—

Stephen Mitchell

Jay Greenberg

Lou Aaron

Jessica Benjamin

Many, many, many others....



KEY CONCEPTS OF ATTACHMENT & RELATIONAL THEORIES

What are “attachment” & “relational”
theories?

What are their ideas about change?

ATTACHMENT THEORY IS...

- *An object relations theory that began in mid-20th century, but has exploded in importance due to empirical research*



- *A multifaceted account of how close relationships are formed, maintained, & are influenced by significant others*



Attachment Theory Highlights

- Human attachments are universal & biologically based; serve to diminish isolation, fear, & distress
- In order to thrive emotionally, infants need warm, intimate, continuous relationship with primary caregiver
- Attachment figure's sensitivity affects quality of attachment bond between infant & caregiver
- Children who experience “secure base” with attachment figure explore the world with confidence & return to “safe haven” when comfort is needed

- “Internal working models” of attachment are based on child’s internalization of child-caregiver attachment
 - Childhood patterns: secure, insecure avoidant, insecure resistant/ambivalent, disorganized
 - Adult patterns: secure/autonomous, dismissing/avoidant, anxious/preoccupied, unresolved/disorganized
- Early patterns of relating establish foundation & trajectory of future emotional & relational life
- Secure infant attachment serves as protective factor for optimal development
 - Disorganized infant attachment is risk factor for later child & adult psychopathology
- Change comes through providing a “secure base” for treatment to unfold...tends to follow a relational model

RELATIONAL THEORY IS...



- *A contemporary change theory based on an amalgam of psychodynamic theories*
- *Views the “self” as a fluid entity that shifts in the context of relationships*
- *Primarily a treatment model for adults, the client-practitioner relationship is the focus of the change process*
- *Relational theory uses concepts & research from attachment theory as an explanatory model of behavior & the change process*

Relational Theory Highlights

- Both client & practitioner influence the relationship
- The larger social & political contexts inevitably influence the working relationship
- Change comes through a “two-person” approach with an emphasis on interaction & intersubjectivity
- Change emphasizes “the relational matrix”
- Careful, deliberate, & timely disclosure is given by the practitioner when disclosure is relevant & needed
- Attention is given to the “relational unconscious” which is “experientially familiar”
- Awareness comes through “not knowing” and , instead, “wondering together”

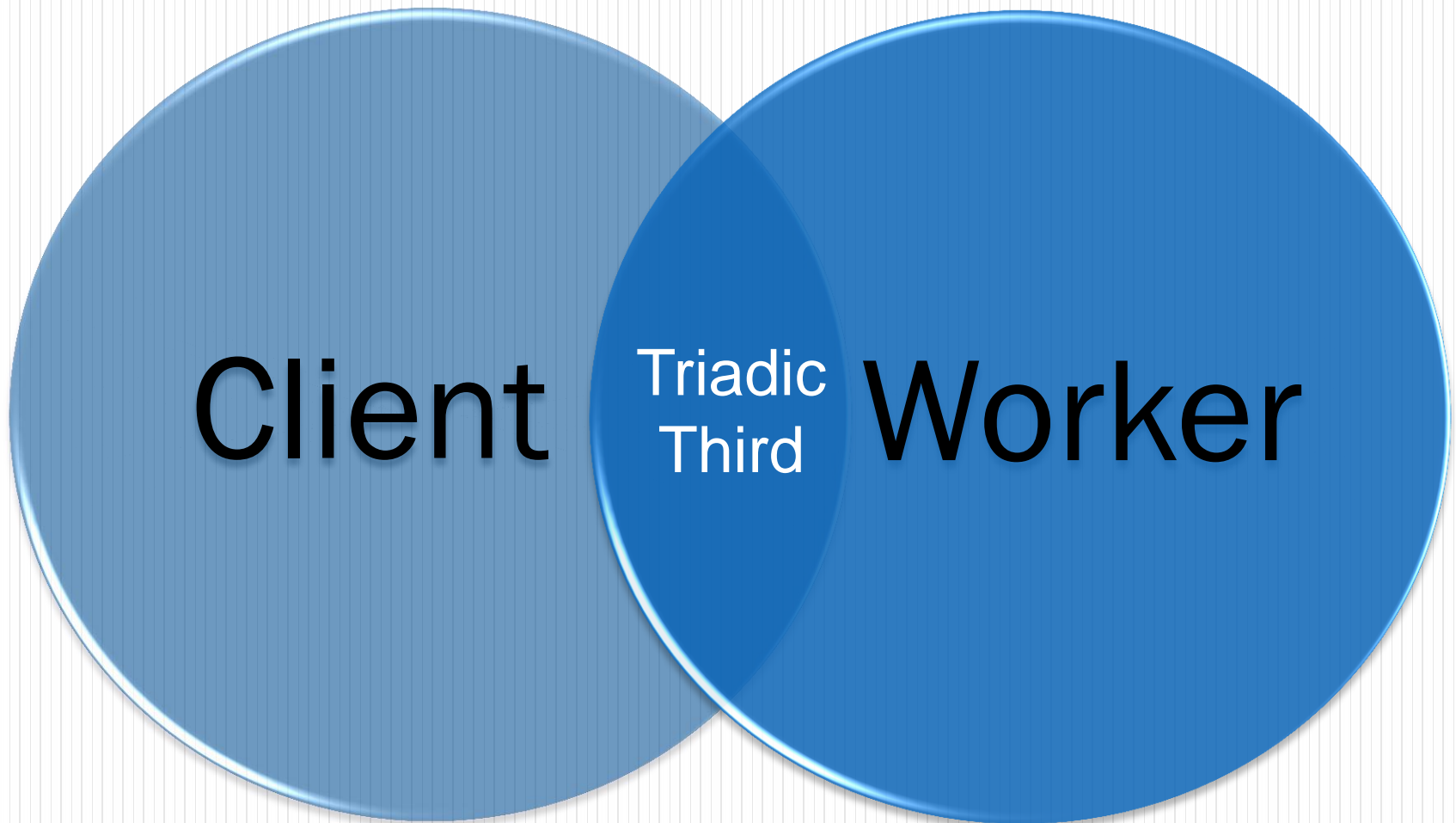
We can't move to the "how to" of practice until we experience what's getting in the way of change...

We must feel what another is feeling in order to be really helpful, whether we are working as a clinician, a community organizer, or working in a completely macro context

How do we “feel” what another is feeling in relational treatment?

- Pay attention to the therapeutic “triadic third”
- Use countertransference & self-disclosure to understand the relational third

“Triadic Third” in Relational Matrix



Snapshots



"Yes, well, in my practice patients are encouraged to express their feelings to the fullest."

Attention is paid to expression of affect, as well as self disclosure on the part of the client & the clinician.

For new social work students:

Some questions about self-disclosure

- *What do our clients see when we're with them?*
- *Who are we to them?*
- *What is appropriate to deliberately share?*



Further thoughts for all social workers on self-disclosure to clients

- Always consider why you might want to self-disclose & the timing of the communication; understand what is going on & why you feel the “urge” to disclose
- Disclose only after very careful consideration & after discussions with your supervisor
- Recognize that *not* disclosing can be as helpful/or harmful as disclosing
 - Neither is a neutral act
 - Even withholding communicates something

Connection between Relational Theory and Relational Practice

What do you think are the links or connections between relational/attachment theory & relational practice?

- *Assumptions*
- *Theory*
- *Model*
- *Assessment*
- *Goals*
- *Interventions*

MAJOR CONTRIBUTIONS:

Attachment as an Explanatory Theory

- ❑ Attachment theory has contributed extensively to our understanding of the relational nature of human behavior & development
- ❑ Massive volume of empirical research validates attachment concepts throughout lifespan & cross-culturally

MAJOR CONTRIBUTIONS:

Attachment & Relational Theories for Social Work Practice

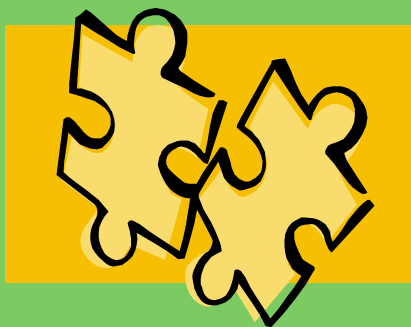
- Attachment theory & research provide:
 - An understanding of risk factors for development, psychopathology, & predictors for change
 - An understanding of the importance of establishing a secure base & safe haven for micro & mezzo practice & positive change outcomes
 - The importance of attending to attachment processes & in organizational & macro practice

MAJOR CONTRIBUTIONS (continued)

- ❑ Relational theory provides a model of practice that emphasizes:
 - The importance of unconscious attachment patterns & the co-created real relationship
 - Mutuality & respect in the change process
 - Attention to racial, ethnic, gender, sexual, & cultural diversity in the change process
 - Attention to issues of authority & power in the change process
 - The professional's real self & the influence of professional self-disclosure

Closing questions about contemporary psychodynamic theory & social work

**Is there a good fit between SW,
attachment theory, & relational theory?**



**Do the theories mesh with social work's
values & ethics?**

Psychodynamic concepts to know:

- Drive theory
- Affect-trauma model
- Topographic model
- Conscious & unconscious mind
- Structural model
- Id, ego, superego
- Free association
- Transference & countertransference
- Psychosexual stages
- Ego psychology
- Ego defense mechanisms
- Ego functions
- Autonomous ego functions in conflict-free ego sphere
- Psychosocial stages of development
- Epigenetic
- Object relations
- True self & false self
- Transitional object

More psychodynamic concepts...

- Separation-individuation
- Good-enough mother
- Facilitating environment
- Self psychology
- Selfobjects
- Empathy
- Attachment theory
- Secure base & safe haven
- Internal working models
- Secure attachment
- Insecure attachments (2)
- Disorganized attachment
- Relational theory
- Intersubjectivity
- 1-person vs. 2-person psychology
- Relational matrix & triadic third