

# Five Myths About Psychodynamic Therapy

Nicholas Schollars, PsyD.



# About Me Nick Schollars, PsyD.

- Licensed Psychologist in Utah
- Assessment & Testing
- Anxiety & Mood
- Trauma, Stress & Resilience
- Completing coursework in Behavioral & Cognitive Neurology


- Graduated from George Fox University '21
- APA Internship at Saint Elizabeths Hospital
  - Washington, DC.



# Today

- Agenda

- Define Psychodynamic Therapy
- Examine 5 Myths about Psychodynamic Therapy
- Provide meaningful interventions that can be integrated into your practice.

A man with short hair, wearing a dark shirt, is shown in profile from the chest up, looking towards the left. He appears to be speaking. The background is a blurred window with a view of a building and some greenery. The text is overlaid on the lower-left portion of the image.

The 7 Principles of  
Psychoanalytic Psychotherapy  
Jonathan Shedden, PhD



# What is Psychodynamic Psychotherapy?



- “Psychoanalysis is a sensibility.”  
—Lourdes Mattei

- “Motivational interviewing is done *for* and *with* a person. It is an active collaboration between experts.” —Miller & Rollnick



# The 5 Myths

1. Psychodynamic therapy is all about sex and the oedipal conflict.
2. Psychodynamic therapy is not evidence-based.
3. Psychodynamic therapy cannot be integrated with other therapies.
4. Psychodynamic therapy cannot be implemented in a managed care setting.
5. Psychodynamic therapy cannot be implemented in communities of color.

# Myth #1: Psychodynamic therapy is all about sex and the oedipal conflict.

- Psychodynamic therapy has evolved.
  - Freudian Psychoanalysis
  - Ego Psychology
  - Interpersonal Psychoanalysis
  - Kleinian Theory
  - Object-Relations
  - Self-Psychology
  - Relational Psychoanalysis

A photograph of a lit cigar lying horizontally. The cigar is brown and has a dark, charred tip. A plume of white smoke rises from the tip, drifting towards the left. The cigar is set against a plain white background.

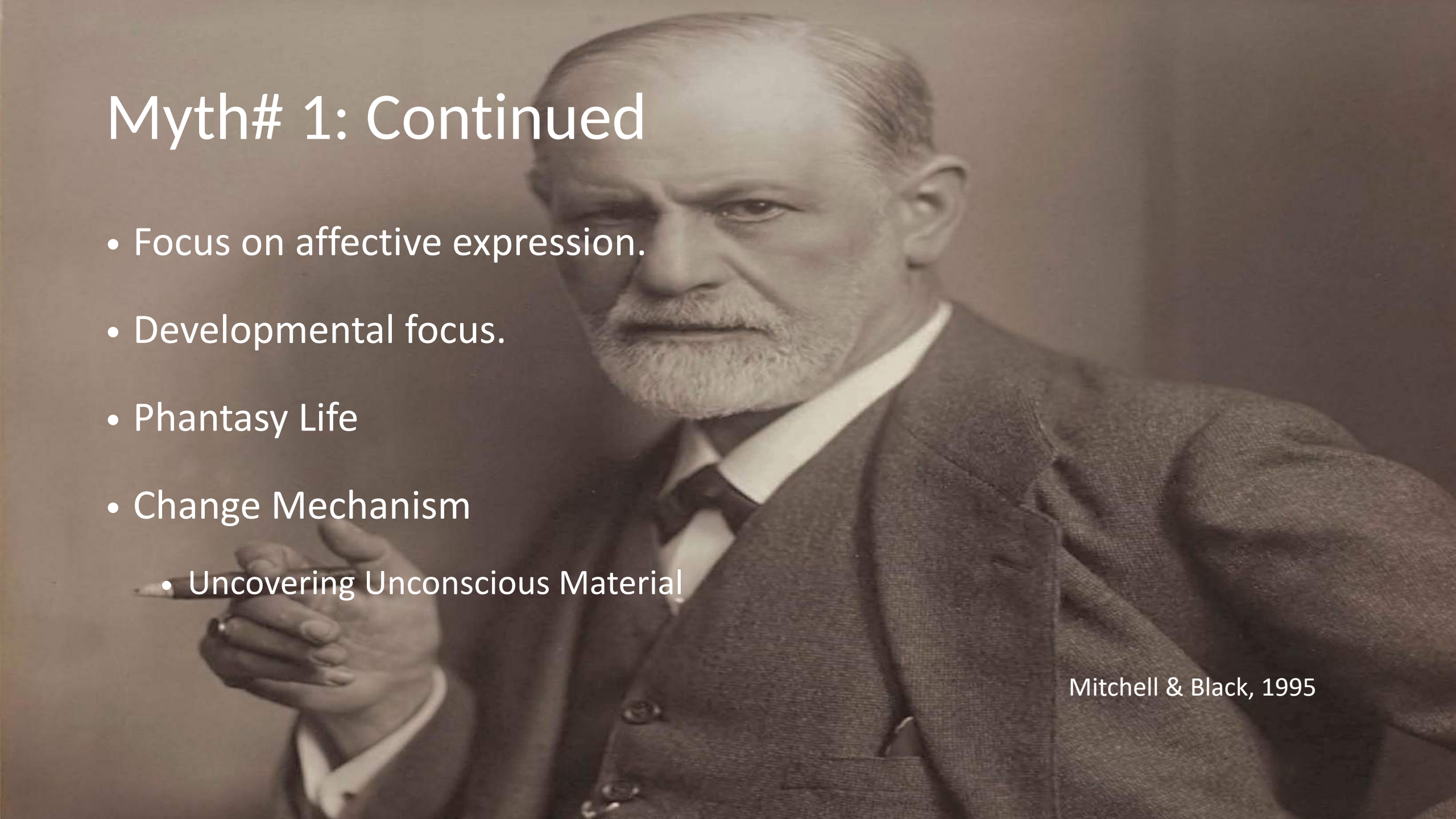
Mitchell & Black, 1995



# Myth# 1: Continued

- Focus on affective expression.
- Developmental focus.
- Phantasy Life
- Change Mechanism
  - Uncovering Unconscious Material

Mitchell & Black, 1995







## Myth #1: Continued

- Ego Psychology

- Analysis of Defense Mechanisms (DMs)
- Integrated with Evolutionary Theory
- Change Mechanism
  - Discerning the way DMs maintain maladaptive behavior.

Mitchell & Black, 1995

## Myth #1: Continued Interpersonal Psychoanalysis

- Harry Stack Sullivan
- Drive theory → Security Operations Theory
- Consciousness is socially constructed.

# Myth#1: Continued



## Kleinian Theory

- Reformulated Freud's Dual-Instinct Model
- Paranoid-Schizoid Position
- Depressive Position
- Change Mechanism
  - Grief
  - Integration



# Myth #1: Continued

## British Object Relations School

- Very similar to Klein (in fact she was a part of this school).
- Further adapted Freud's drive model.
  - Humans are driven to connection, not sex.

Mitchell & Black, 1995



Salvador  
Ferenczi



Melanie  
Klein



Wilfred  
Bion



# Bion's Grid

## Modelo de Grilla

De Wilfred Bion

*Enunciado*

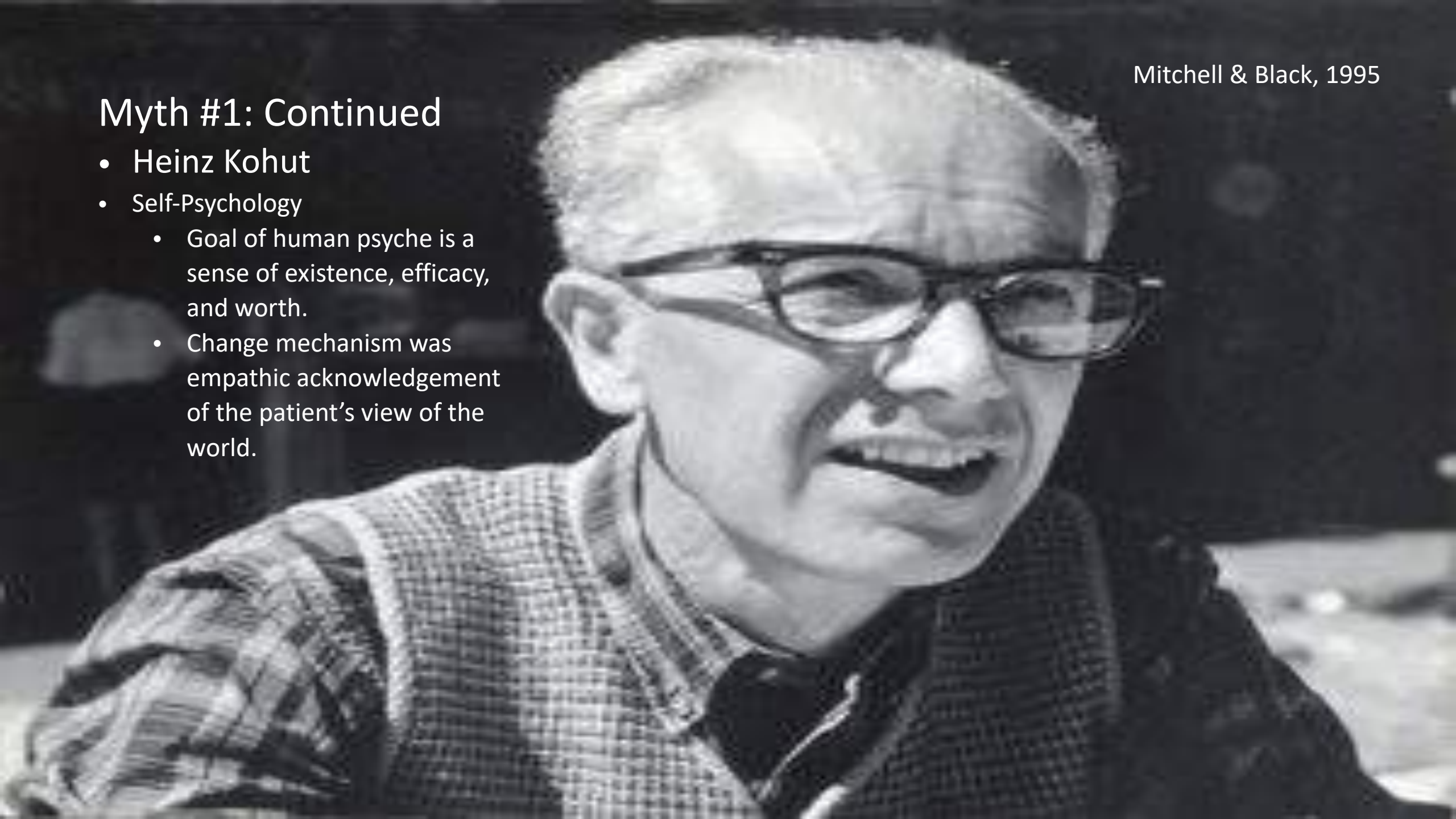
A Elementos Beta	A1	A2				A6	
B Elementos Alpha	B1	B2	B3	B4	B5	B6	... <i>Bn</i>
C Mito, sueño, Pensamiento onírico	C1	C2	C3	C4	C5	C6	... <i>Cn</i>
D Preconsciente	D1	D2	D3	D4	D5	D6	... <i>Dn</i>
E Consciente	E1	E2	E3	E4	E5	E6	... <i>En</i>
F Concepto	F1	F2	F3	F4	F5	F6	... <i>Fn</i>
G Sistema deductivo científico		G2					
H Cálculo algebraico							
	1 Hipótesis Definitoria	2 Negación	3 Notación	4 Atención	5 Investigación	6 Acción	<i>n...</i>

<http://psiquebasica.blogspot.com/>

*Transferencia*

## Myth #1: Continued

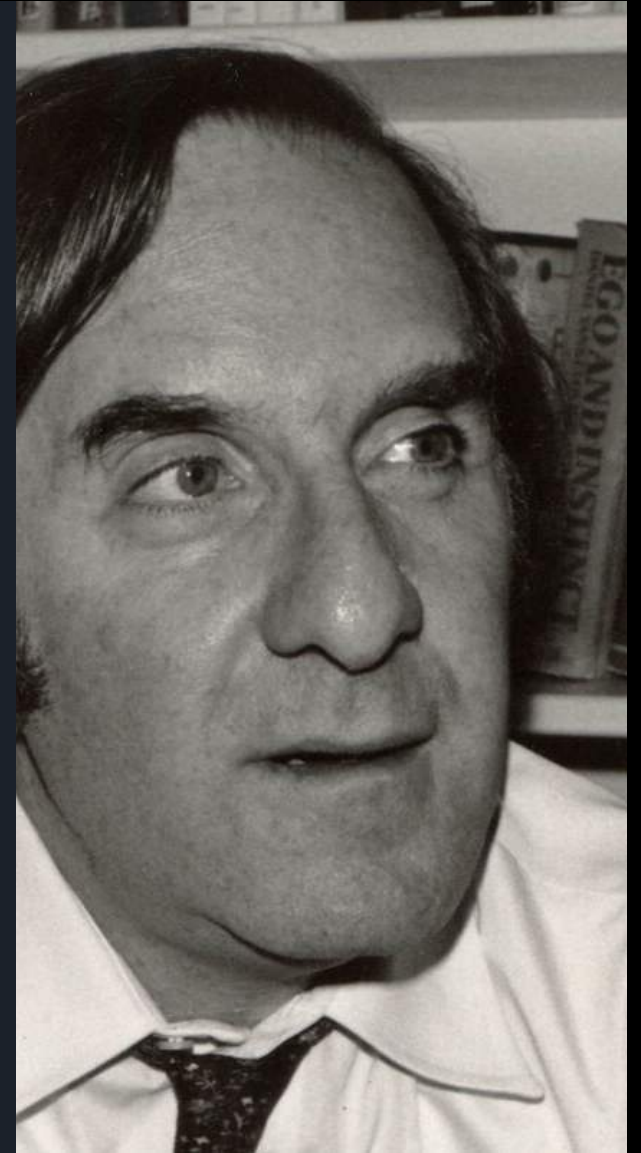
- Heinz Kohut
- Self-Psychology
  - Goal of human psyche is a sense of existence, efficacy, and worth.
  - Change mechanism was empathic acknowledgement of the patient's view of the world.





## Myth #1: Continued

- Relational Psychoanalysis
- Drive/Conflict vs. Relational/Conflict
  - Greenberg & Mitchell, 1983
- Re-evaluation of psychoanalysis via feminist thought.
  - Jessica Benjamin
  - Intersubjectivity
  - Minds are co-created
- Mitchell & Black, 1995





# Myth #1: Takeaways

- As you can see, psychoanalytic thought is much broader than what is covered in Psychology 101 textbooks or media coverage.
- You will likely have recognized parallels with other theories.



Myth #2:  
Psychodynamic  
therapy is not  
evidence-based.



## Myth #2: Continued

- Effectiveness of Long-Term Psychodynamic Therapy: A Meta-Analysis
  - Leichsenring & Rabung, 2008
  - 11 RCT's & 12 Observational Studied
    - At least 50 sessions
  - N= 1053 patients
  - Effect size computed with Hedges d-statistic (d= .80 indicates a strong effect)
  - Between-group effect size in relation to comparison groups (d = 1.8; 95% CI, 0.7-3.4; P = .002)
  - Within-group effect sizes ranged from .78-1.98
  - Limited in generalization since LTPP is expensive.

## Myth#2: Continued

- Short-term Psychodynamic Psychotherapies for Common Mental Disorders
  - Abass, et al., 2014
  - Meta-Analysis
    - 33 RCTs, n= 2173 patients
    - <40 hours of Short-term Psychodynamic Therapy
    - Computed Effect size via standardized mean difference (SMD)
      - .2 = small ES; .5 = moderate ES; .8 = strong ES)
    - Short-term ES = .71
    - Medium-term ES = .2
    - Long-term ES = 1.51
  - Limited by heterogeneity

## Myth #2: Continued

- Evidence-Based Psychodynamic Therapy with Personality Disorders.
  - Messer & Abass, 2010
    - Examine 7 studies measuring outcomes for Brief-Dynamic Therapy vs. control.
      - Mean ES = .91

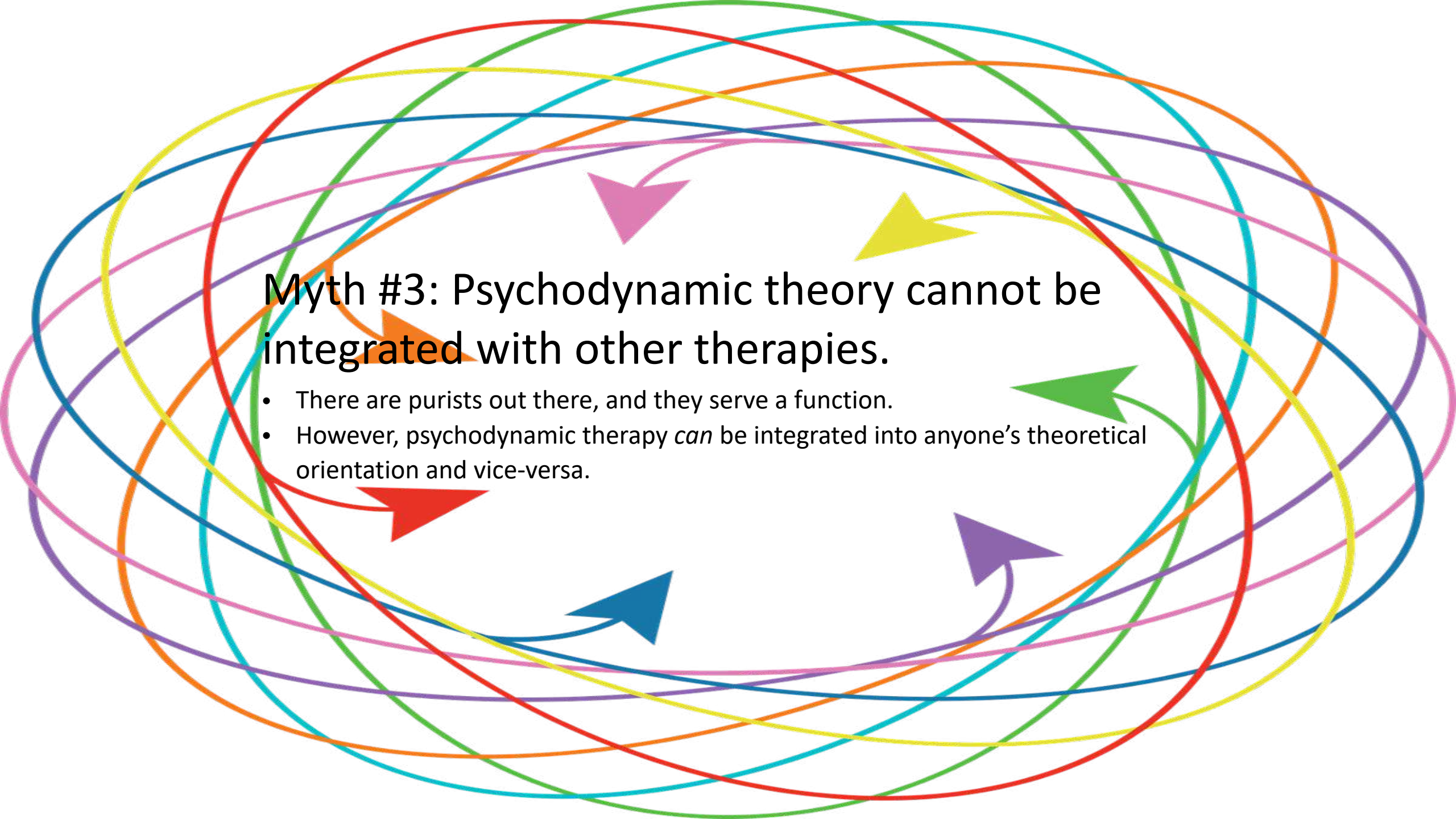


## Myth #2: Continued

- Abass et al., 2021
  - Metanalysis
  - 22 pre-post studies & 15 RCTs (n = 2094 patients)
  - Patients with functional somatic disorders
  - Short-term Psychodynamic Therapy
  - Short-term post treatment ES = .90
  - Long-term follow-up ES = 1.07
  - Limited by:
    - Heterogeneity.
    - Two studies eliminated due to bias.
    - Not all studies (i.e. pre-post) were calculated against a control group.

## Myth 2: Takeaways

- Psychodynamic Therapy meets criteria for an Evidence-Based Treatment.
- Psychodynamic Therapy is shown to be as effective as CBT, ACT, and other therapeutic modalities.



**Myth #3: Psychodynamic theory cannot be integrated with other therapies.**

- There are purists out there, and they serve a function.
- However, psychodynamic therapy *can* be integrated into anyone's theoretical orientation and vice-versa.





# Myth #3: Cognitive Analytic Therapy

•Ryle & Kerr, 2020

- Integration based on psychoanalytic and cognitive approaches.
- Time-limited (16-24 sessions)
- Reciprocal Roles & Reciprocal Role Procedure





## Mentalization Based Therapy

- Bateman & Fonagy, 2010
  - Fonagy is a psychoanalyst.
  - Bateman works for the Anna Freud National Centre for Children and Families in London
- Mentalization is the ability to consciously reflect on one's own mental states, as well as consider the mental states of others accurately.
  - Psychic Equivalence
  - Teleological Mode
  - Pretend Mode
  - Bateman, 2022



# Myth #3: AFT & BRT

- Safran & Kraus (2014)
  - AFT = Alliance-Focused Training
  - BRT = Brief Relational Therapy
- Alliance-Focused Training
  - Developed specifically for CBT therapists who want to learn more about how to integrate relationally-oriented interventions.
  - Decreased dropout for CBT patients.
- Brief Relational Therapy
  - Same principles taught in AFT, but manualized as its own treatment.
  - Found to be as effective as CBT and short-term dynamic therapy.



## Myth #4

Psychodynamic  
Therapy cannot be  
implemented in a  
managed-care setting.



## Myth #4: Continued

- Two factors often influence clinician avoidance of psychodynamic therapy within the mental health system.
  - Cost
  - Time-limitations



# Myth# 4: Continued

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- Cost
  - Utah Medicaid
    - (No limit on session number)
  - Regence Blue Cross Blue Shield of Utah; SaveWell Bronze 8500 plan
    - 50% co-pay for unlimited sessions.
  - Select Health Utah; Signature Benchmark Bronze—HMO
    - No copay for unlimited sessions. Pre-authorization required for OON.
  - University of Utah Health; Healthy Premier Bronze HAS
    - Unlimited sessions
    - 0% copay for in-network-providers

# MYTH #4: CONTINUED TIME-LIMITATIONS

## Veteran's Administration

### Acceptance & Commitment Therapy for Depression (ACT-D)

- 10-16 Sessions

### Behavioral Activation

- 20-24 Sessions

### Cognitive Processing Therapy

- 10-17 Sessions
- <https://www.mentalhealth.va.gov/get-help/treatment/ebt.asp>

## Evidence-Based Psychodynamic Modalities

### Time-Limited Dynamic Therapy

- Up to 20 sessions

### Short-Term Psychodynamic Therapy

- 16-30 Sessions

### Brief Dynamic Therapy

- 25 sessions or less

### Cognitive Analytic Therapy

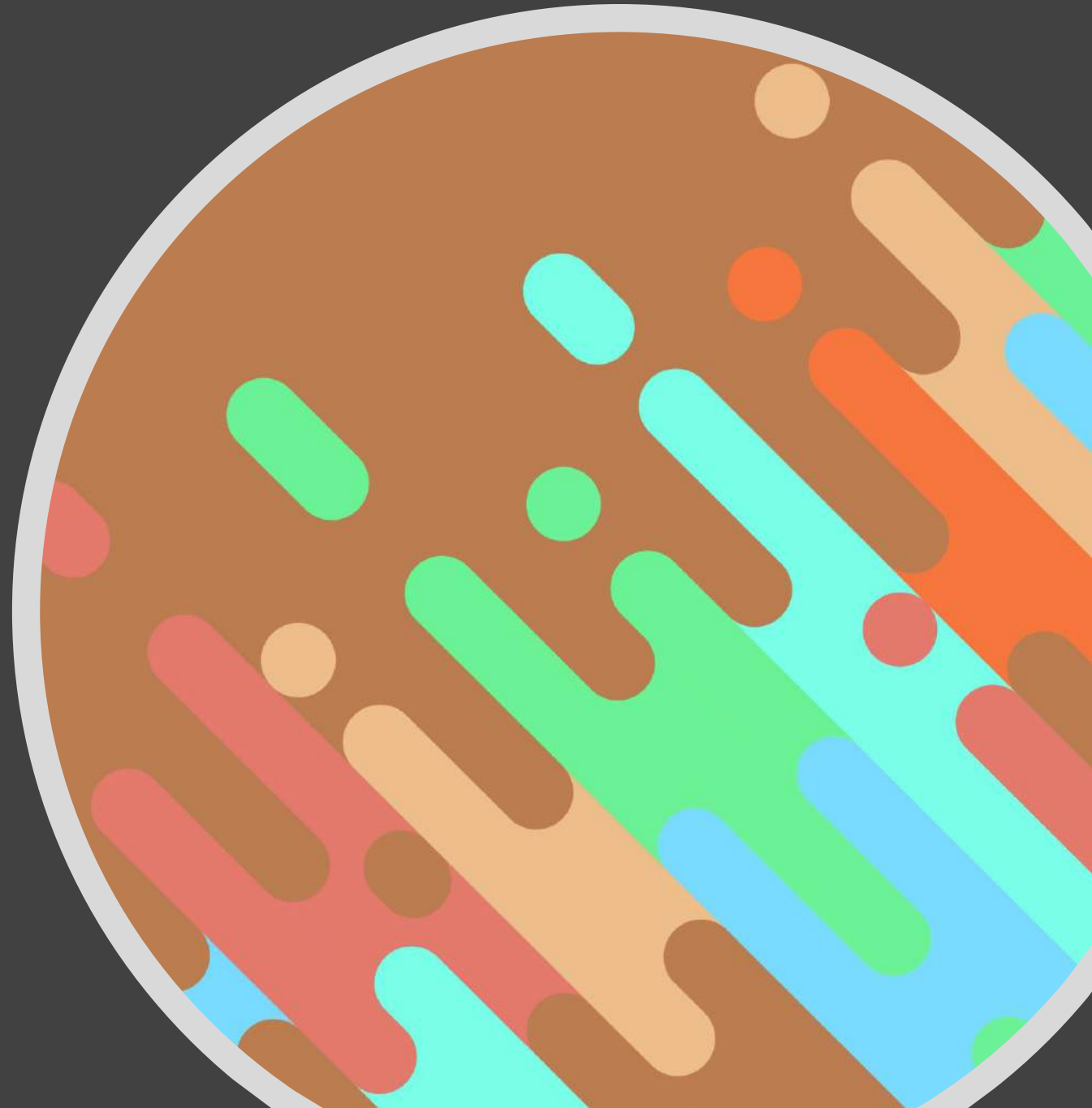
- 16-24 sessions

## MYTH #4: TAKEAWAYS

It is common for insurance companies to reimburse for psychodynamic therapy.

Psychodynamic treatments can be implemented in the same amount of time as other leading treatments.

Myth#5: Psychodynamic  
therapy cannot be  
implemented in  
communities of color.







## Myth#5: cont.

### Jean Spurlock, M.D.



- Chicago Institute for Psychoanalysis (1962)
- *Black Psychiatrists in American Psychiatry*
  - Spurlock, 1999.

## Myth#5: cont.

### Enrico Jones, Ph.D. (d. 2003)

- San Francisco Psychoanalytic Institute (1992)
  - Editorial Boards
    - *Journal of the American Psychoanalytic Association*
    - *Psychoanalytic Quarterly*
    - *International Journal of Psychoanalysis*
  - Selected Works
    - *Therapeutic Action: A Guide to Psychoanalytic Quarterly* (2001)
    - *Psychotherapy Process Q-set* (2002)





## Myth#5: cont.

# Dorothy Evans Holmes, Ph.D.

- Training and Supervising Analyst at Baltimore-Washington Institute of Psychoanalysis
- Past President of Association of Black Psychologists (2007-2009)
- Selected Works
  - *Race and Transference in Psychoanalysis and Psychotherapy*, (1992)
  - *The Wrecking Effects of Race and Social Class on Self and Success*, (2006)
  - *Success Neurosis: What Race and Social Class Have to Do with it?*, (2006)



# Myth#5: cont.

## Salman Ahktar, M.D.

- Training and Supervising Analyst at Psychoanalytic Center of Philadelphia
- Selected Works
  - *Immigration and Identity*, (1999)
  - *Listening to Others*, (2007)
  - *Comprehensive Dictionary of Psychoanalysis*, (2009)





Myth#5: cont.

Sylvia Flechner, M.D.

- *Truth, Reality, and the Psychoanalyst: Latin-American Contributions to Psychoanalysis*, (2005)

# Research on Psychodynamic Therapy Outcomes

- *But as I have hoped to show here, that future can be unnecessarily compromised through: (a) failure to report sample characteristics more specifically and completely; and b) failure to include more non-White participants in our research samples. Psychodynamic psychotherapy is not a “for Whites only” treatment, but our research up to this point does little to belie that interpretation.*
  - Watkins, 2012




# Nuggets of Truth

How can you apply it?



# Setting the Table: APA Division of Psychotherapy Guidelines

- Evidence-Based Relationships
  - Therapeutic Alliance (ES = .57)
  - Collaboration (ES = .61)
  - Goal Consensus (ES = .49)
  - Empathy (ES = .58)
  - Positive Regard & Affirmation (ES= .28)
  - Congruence/Genuineness (ES = .46)
  - Emotional Expression (ES = .85)
  - Managing Countertransference (ES =.84)
- Evidence-Based Treatments
  - CBT for Depression (ES = .57)
    - APA Division 12
  - ACT for Mixed Disorders (ES = .64)
    - APA Division 12
  - Short-Term Psychodynamic Therapy for Depression (ES = .80)
    - APA Division 12



# APA Division of Psychotherapy Task Force

“Both clinical experience and research findings underscore that the therapy relationship accounts for as much, and probably more, of the outcome variance as particular treatment methods.”

“Meta-analyses of psychotherapy outcome literature consistently reveal that specific treatment methods account for 0%–10% of the outcome variance....”



# Grounding principles:

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- The unconscious is a real phenomenon that holds sway over our behavior.
- The unconscious behaviors of *both* client and therapist will manifest in the therapeutic relationship.
- Those unconscious behaviors are likely to serve the function of maintaining equilibrium in the both the therapist and the client's life.





# #1 DTR (Define the relationship.)

- When you think about the “therapeutic relationship,” what are you thinking about?
  - The therapeutic relationship is too strong of a tool for change (or harm!) to simply assume that it is of minimal clinical relevance.
  - It does not matter the specifics, but if you assume that your act of relating something to someone is going to have some effect, then we must assume an ethical responsibility to have some theoretical reason for why we act in the way that we do.
- 
- “The relationship is the feelings and attitudes that therapist and client have toward one another, and the manner in which these are expressed. This definition is quite general, and the phrase.”
    - APA Taskforce for Psychotherapy
  - “Put differently, treatment methods are relational acts (Safran & Muran, 2000).”
  - Psychodynamic theory contains a century’s worth of concepts about how to orient yourself in the therapeutic relationship—perhaps more than any other theory.



# #2 Adjust Your Intake

McWilliams, 1999

- Assess what cannot be changed.
  - Assess development history with a relational focus.
  - Assess clients' defenses (coping skills)
  - Assess dominating affects.
- 
- Assess clients' identifications.
  - Assess current relational patterns.
  - Assess clients' views of them selves (self-esteem).
  - Assess pathogenic beliefs.

### #3 Analyze transference & countertransference.

- Everything is countertransference... everything!
- This is often thought of as “the way I feel about a client.”
- This is a much more nuanced concept.
- This is assumed to be known by most treatment protocols, but it is not taught in graduate school curriculums.

- Complementary .vs. Concordant .vs. Personal
- Complementary
  - When you feel as others in a client’s life feels.
- Concordant
  - When your reactions to the client are similar to the way the client reacts to themselves.
- Personal
  - Your own “stuff,” which will overlap with the client to varying levels.

# #4 Determine your therapeutic stance...all the time.

Stark, 2000

- What is the goal of the client?
  - What will your “therapeutic action” be?
    - Knowledge
    - Experience
    - Relationship
  - This will fluctuate from moment-to-moment.
- 
- Knowledge
    - “What is happening to me?”
    - “How should I feel about XYZ?”
    - “I don’t know why I feel this way.”
  - Experience
    - “I feel numb.”
    - “I feel sad all the time.”
    - “I feel misunderstood.”
  - Relationship
    - “I feel alone.”
    - “I feel ashamed.”
    - “I hate XYZ.”

# #5 Harness Enactments

- “The patient’s reliving of past relationships in the transference relationship with the therapist.”
    - APA Dictionary
  - Intersubjectivity
    - The sharing of subjective experience between two or more people. Intersubjectivity is seen as essential to language and the production of social meaning. The term is often applied to the relationship between a therapist and a client.
- 
- When the patient *and* therapist relive past relationships and current cultural dynamics in their relationship with each other.
    - Leary, 2012
  - Enactments are only useful if they’re noticed.
  - Form the basis for intersubjective dialogue, and the maintenance of the working alliance.



# Conclusion

## 5 Myths of Psychodynamic Therapy

- Psychodynamic therapy is all about sex and the oedipal conflict.
- Psychodynamic therapy is not evidence-based.
- Psychodynamic theory cannot be integrated with other therapies.
- Psychodynamic Therapy cannot be implemented in a managed-care setting.
- Psychodynamic therapy cannot be implemented in communities of color.

## 5 Interventions to add today.

- Define the relationship.
- Adjust your intake.
- Analyze Transference & Countertransference
- Determine your therapeutic stance...all the time.
- Harness Enactments



Questions



We are hiring!

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*Program Director*

Trauma, Stress, Resilience (TSR) Program

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