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## GUIDELINE 11

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# Psychodynamic Therapy for Adults

### Description

Psychodynamic treatment seeks to reengage normal mechanisms of adaptation by addressing what is unconscious and, in tolerable doses, making it conscious. The psychological meaning of a traumatic event is progressively understood within the context of the survivor's unique history, constitution, and aspirations. This includes collaborative sifting and sorting through wishes, fantasies, fears, and defenses stirred up by the event. Transference and countertransference are universal phenomena that should be recognized by therapists but may or may not be addressed explicitly depending on the treatment modality and therapist judgment. Psychodynamic treatment requires insight and courage, and is best approached in a therapeutic relationship that emphasizes safety and honesty. The therapist–patient relationship is itself a crucial factor in the patient's response. The wide range and broad public health implications of posttraumatic responses are best understood and addressed within the adaptational, dimensional context of psychodynamic principles rather than in descriptive, categorical terms that typify the prevailing medical model of posttraumatic stress disorder (PTSD). Psychodynamic psychotherapy approaches PTSD by way of the mind. As such, it offers a unique and useful clinical tool.

### General Strength of the Evidence

Only a few empirical investigations with randomized designs, controlled variables, and validated outcome measures have been reported. Case reports and

tightly reasoned scholarly works comprise the bulk of the psychodynamic literature (Level D). These can neither provide ultimate tests for psychodynamic hypotheses nor define the limits of psychopathology, theory, or technique. They are, however, an essential part of the scientific effort to understand the human impact of psychological trauma. Randomized clinical trials and other efficacy study methods demonstrate that a treatment works within a controlled setting but are difficult to apply to the complex, interactive, and progressive processes involved in psychodynamic interventions. Effectiveness research (which examines outcomes in real-world settings rather than in the laboratory) may provide a powerful new lens for psychodynamic studies.

## Course of Treatment

Formal psychoanalysis involves four to five 45- to 50-minute sessions each week over the course of 2–7 (or more) years. Psychodynamic psychotherapy most commonly involves one to two meetings per week and may be relatively short-term (a few months) or open-ended (lasting years). Brief psychodynamic psychotherapy involves once or twice weekly meetings for an average of 12–20 sessions. Supportive psychotherapy may be brief and focal or long-term and open-ended. Supportive psychotherapy typically involves one session per week, but sessions may be more or less frequent depending on the patient's needs and tolerance.

## Recommendations

The decision to undertake psychodynamic psychotherapy and the choice of modality depend on the depth, complexity, and severity of the patient's problems, his or her attributes, the presence of maladaptive psychological defenses, and the patient's goals for treatment. Indications for more expressive treatment include strong motivation, significant suffering, ability to regress in the service of the ego, tolerance for strong affects and frustration, psychological mindedness, intact reality testing, ability to form meaningful and enduring relationships, reasonably good impulse control, and ability to sustain a job. Patients who are significantly lacking in one or more of these attributes are more likely to benefit from more supportive, less insight-oriented treatment. All psychodynamic psychotherapies combine expressive and supportive elements. Formal psychoanalysis is primarily an expressive psychotherapy that aims at decreasing symptoms, increasing self-understanding, improving ego strength, and bringing about fundamental change in the patient's intrapsychic balance (by focusing on long-standing conflicts, relationship problems, and developmental issues in the context of analysis of the transference). Psychodynamic psychotherapy is also a primarily expressive technique, but it differs from formal psychoanalysis in that it does not aim at fundamental

changes in intrapsychic structure and does not necessarily center upon interpretation of the transference. Brief psychodynamic psychotherapy (either expressive or supportive) may be indicated when the situation is relatively acute and the patient's issues are focal. Contraindications to expressive therapies include long-standing ego weakness, acute life crisis, poor tolerance for anxiety and/or frustration, poor capacity for insight, poor reality testing, severely impaired object relations, limited impulse control, low intelligence or organic cognitive dysfunction (including significant traumatic brain injury), difficulty with self-observation, and tenuous ability to form a therapeutic alliance. These attributes do not preclude psychodynamic psychotherapy, but modifications of technique may be indicated to help the patient take part in treatment.

## Summary

Psychodynamic psychotherapy has a long and rich tradition in the mental health field. Its roots stretch back more than 100 years. With the introduction of PTSD into the diagnostic nomenclature, authors contributed considerable scholarly work to adapt existing treatments to this psychiatric condition. Yet few empirical studies exist in the literature today. Given the large number of psychodynamically trained clinicians in the field, more systematic research in this area is warranted.

## Suggested Readings

- American Psychoanalytic Association. (2006). *Empirical studies of psychoanalytic treatments, process, and concepts*. Retrieved July 14, 2007, from [www.apsa.org/research/empiricalstudiesinpsychoanalysis/tabid/449/default.aspx](http://www.apsa.org/research/empiricalstudiesinpsychoanalysis/tabid/449/default.aspx)
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- Kudler, H. (2007). The need for psychodynamic principles in outreach to new combat veterans and their families. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 35(1), 39–50.