

The Evolution of the Psychodynamic Approach and System

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Abstract

Psychodynamic theory and practice has evolved from its psychoanalytic roots. The modern psychodynamic approach is among the most inclusive and versatile schools of thought available to therapists. With both cross-cultural application and a growing evidence base, psychodynamic therapy is practiced in many countries and cultures around the world. The dynamic approach is a system that touches on human development, personality, mental disorders, and of course, therapy. This article presents an overview of contemporary dynamic theory, its underlying philosophy, and its main objectives.

Keywords: psychodynamic, psychoanalysis, personality, theory, Freud

1. Introduction

Contemporary psychodynamic therapy differentiates itself from its Freudian predecessor in several ways. However, because the fundamentals of the former are typically presented within the context of the latter, the distinction between old and new is not always easy to discern. Textbook authors unfamiliar with the substantial and divergent progress made by the dynamic perspective since its late 19th century inception perpetuate myths and too often turn off students by presenting vestiges of old-school psychoanalysis (Redmond & Shulman, 2008). To fledgling counselors, radical concepts like penis envy and the Oedipus complex seem out-of-date at best, repugnant at worst. Falsehoods of dynamic theory influence practicing clinicians as well. Even experienced clinical counselors are apt to speak of the psychodynamic approach as if it is forever wedged in the Victorian age. Such equivalency is akin to speaking of computers as if they function no differently than their circa 1980 forerunners. Computers have changed—so has psychodynamic theory.

This paper traces the evolution of the psychodynamic approach – from the era of psychoanalytic exclusivity to a modern, inclusive psychodynamic theory. Section one discusses this dynamic evolution, overviewing the Freudian roots of psychoanalysis that developed into a dynamic system. An area of emphasis of the contemporary system is cross-cultural respect and applications. The second section of the article outlines four major pillars upon which modern psychodynamic theory stands. These pillars help form a philosophical basis of the approach. Next, five objectives that stem from the conceptual pillars are presented. The objectives represent clinically-relevant goals of psychodynamic practitioners. Finally, psychodynamic evolution, pillars, and objectives are discussed in totality. By describing the history of psychoanalysis as a theory that evolved into a modern, dynamic system, a major purpose of this article is to show that the dynamic approach is contemporary and relevant. With applications to clinical practice, personality theory, and cross-cultural studies, a modernized psychodynamic theory has much to offer the psychological sciences.

2. Dynamic Evolution

Given the myths and associations so readily evoked by mention of psychodynamic therapy, language is especially important when discussing contemporary approaches. Although dynamic practitioners and training centers vary in their terminology preference, this paper uses the terms psychoanalytic and psychodynamic in a deliberate fashion to convey separate meanings. Psychoanalysis is the model originated and promoted largely by Sigmund Freud. The term connotes a bygone era and approach. While a complete explanation of Freudian theory is outside the intent of the current article, a note ought to be made about the purpose it served in its day and time. Psychoanalytical therapy, practiced by medical doctors, was a lengthy process usually lasting for several years with patients being seen sometimes two or more times per week (Shirayev, 2015). Its tone was paternalistic, and known for techniques such as free association, dream analysis, and hypnosis (Seligman & Reichenberg, 2013).

The theory underlying the practice was steeped in notions of early childhood shaping personality, repression of trauma, and instinctual drives propelling the human species towards sex and aggression as modes of survival (Freud & Strachey, 1989). Considering Freud's medical training and the fact that his theory was derived at a time high in Darwinian thought, his biomedical approach is reasonable. That Freud introduced some psychology into his medicine and pioneered practices still used today—like talk therapy, scheduled appointments, and the belief that emotions can impact the body—is noteworthy. To paraphrase noted author and practitioner Jonathan Shedler, in some ways everyone is a Freudian still today, and in other ways no one is (Shedler, 2006). Freud garnered followers that became known as the Neo-Freudians, many of whom eventually split-off or were ostracized by Freud due to their theoretical departures (Kaufmann, 1992). Noted among these dissenters were Carl Jung and Alfred Adler. Nonetheless, Freud and the Neo-Freudians practiced a type of therapy rooted in their historical times and places, influenced by the zeitgeists of their eras. The traditional mode of theory and practice is referred to as psychoanalysis.

The modern approach that evolved from Freudian origins is termed the psychodynamic system. As there is no definitive cut-off date distinguishing older psychoanalytic practice from newer psychodynamic practice, the change is best conceptualized as an evolutionary process. In biological evolution, there is no distinct event that clearly demarcates one species from another. Evolutionary biologist Richard Dawkins likens the phenomena to viewing one's own family genealogy through a series of photographs, going back millions of years (Dawkins, 2012). Your distant ancestors will appear different from those coming on the scene a few hundred years ago. However, identifying the exact point that your ancestors became *Homo sapiens* will prove difficult due to evolution being a continual process rather than a series of discrete events—as with the evolution from psychoanalysis to the psychodynamic approach.

Implicit in the term psychodynamic is the mind as a dynamic system. Dynamic systems are multileveled, each subunit interacting with the other (Fuchs, 2013). They are, thus, distinguished from the sequential, linear structure extolled by classical behaviorists. Stimulus-response (S-R) psychology views behavior as the predictable byproduct of stimuli that produce either desirable or undesirable effects, respectively increasing or decreasing the likelihood of that behavior occurring again (Nevin, 1999). The complexity of a dynamic system assumes the simultaneous occurrence of a multiplicity of causes and effects within the mind at any given moment. A dynamic system is capable of creating two or more ostensibly disparate emotional states at one time. For clients, this takes the form of feelings of ambivalence, of inner battles that lead to confusion or identity crises, of self-loathing and melancholy abated by altruistic behaviors. A psychodynamic approach recognizes the often illogical, deceptive nature of the human mind. The approach views the mind as a curvilinear and intricate system.

2.1 Contemporary Psychodynamics

Modern psychodynamic thought is best conceptualized as a system. More than a therapeutic modality, or theory of personality, psychodynamic thought is a comprehensive, versatile system that both encompasses and explains irrationality. Dynamic thought is not a unified field theory of everything, but it does propose explanations and origins of problems and maladies. Like any process in the midst of evolution, work remains to be done and progress must still be made. Most recently, findings in neuroscience have contributed to the development of psychodynamic thought (Panskeep & Solms, 2012). This need for progress notwithstanding, modern psychodynamic theorists highlight consistent themes and concepts and modern psychodynamic clinicians practice similar techniques towards shared objectives. By synthesizing the philosophy, theory, and practice of the psychodynamic system, an inclusive and cross-cultural therapeutic approach emerges.

2.2 Cross-Cultural Applications

Psychodynamic theory is grounded in an etic viewpoint while its versatile practice integrates the emic perspective. Psychodynamic research recognizes objectivity as paramount, while clinical practice acknowledges client perception as having the most emotional value. Merging elements of the universal with the culturally specific, the psychodynamic approach lends itself well to multicultural counseling. There has been a recent push towards establishing multicultural competencies within the theory (Tummala-Nara, 2015).

Psychodynamic therapy addresses aspects of humanity familiar to most people the world over. Everyone has a past and has been shaped by it. People are neurologically similar regardless of their cultures. Developments in neuroscience, specifically the way experiences alter neurons, have lent validation not just to dynamic assumptions, but even to ideas propagated by Freud himself (Northoff, 2011). Moreover, people around the world cope with distress and the vicissitudes of life by adopting protective fronts, as recognized by the psychodynamic concept of defense mechanisms.

More evidence for the cross-cultural implications of psychodynamic theory comes from its assimilation into professional phraseology, as well as the array of research studies applying the approach to a diverse clientele. Regarding language, psychodynamic ideas appear in the therapeutic nomenclature. The Society for the Advancement of Psychotherapy uses the psychodynamic terms of transference and countertransference as an aspect of the therapeutic relationship in multicultural psychotherapy, alongside the working alliance and actual relationship (Fuertes, Brady-Amoon, Thind, & Chang, 2015). On the research front, dynamic therapy has been studied for its application and efficacy with Iranian adults, with a Thai population, and in many locales on the South American continent (Heidari, Lewis, Allahyari, Azadfallah, & Bertino, 2013; Lisman-Pieczanski & Pieczanski, 2014; Loyo, 2015; Tori & Bilmes, 2002). From psychodynamic therapies oriented in attachment theory to psychosomatic medicine to ego-defense mechanisms, compelling evidence for its contemporary relevance across multiple cultures exists. Psychoanalysis has exclusivist roots; however, the modern psychodynamic approach is burgeoning into a diverse field.

3. Modern Presuppositions

Every therapeutic modality presumes something to be true based on underlying theory and philosophy. Cognitive-behavioral therapy (CBT) presumes that thoughts cause feelings. The CBT modality helps clients challenge automatic, self-defeating thoughts (Riggenbach, 2012). The strict behaviorism of Watson and Skinner presumes that only overt behaviors are of psychological importance (Skinner, 1976). Modern psychodynamic thought rests on four major presuppositions.

3.1 Forces Behind the Scenes are Influential

Examples of unseen forces include biological impulses, psychological motives, and cultural pressures. The conglomerate of these forces is housed in what dynamic theorists refer to as the unconscious. Developments in cognitive neuroscience suggest a neural basis for a dynamic unconscious (Berlin, 2011). Aspects of the unconscious may be self-defeating. The assortment of clandestine forces—from drives to unknown motivators—often produces mental conflict. Untangling this puzzle can be a difficult yet crucial task in the formation of emotional insight.

3.2 Personality Shapes Experience

Personality impacts a person's development, preferred defensive processes, and the manifestation of mental disorders—or alternatively, psychological health. Personality begins forming early as inborn temperament interacts with environmental factors to shape character. Heavily influenced by caregivers, the amount of attunement and adaptive functionality in one's early environment either lead to the use of primitive defenses (e.g., denial) or facilitate the later use of mature defensive processes (e.g., sublimation). Depending on the environment, personality develops differently. Functional environments lead to healthy personality structures, while dysfunctional environments are associated with neurotic, borderline, or psychotic personality structures (Lingiardi, McWilliams, Bornstein, Gazzillo, & Gordon, 2015).

The psychological self is akin to a sensitive instrument vigilantly on alert for threat or anxiety. Defensive processes are the tools used for protection and maintenance of homeostasis (McWilliams, 2011). In this sense, the self is systemic, trying to maintain balance between biological, psychological, and sociological forces. In a significant deviation from its reductionistic, psychoanalytical predecessors, modern psychodynamic counselors acknowledge a biopsychosocial philosophy.

3.3 The Past is Powerful

The past shapes the present. Humans have been called “repeating machines” (Wedding & Stuber, 2010). Psychodynamic theory addresses the past because the past is powerful. Far from seeking to dwell on the past or dissect it without rationale, dynamic clinicians aspire to help free their clients from outdated and no longer useful ways of being (Shedler, 2010). In this sense, dynamic theory is a harsh critic of the past. The theory is essentially concerned with helping clients to live fully in the present, unrestrained by past hindrances. The future stands to be shaped by either current and adaptive choices or stale and self-defeating patterns of the past. While often considered a past-oriented therapy, the psychodynamic approach cares mostly about the here and now. The problem remains the power of the past, a force capable of present and future impairment.

Past relationships manifest therapeutically through transference, and possibly countertransference. Transference relates to a client's perception of relationships, rather than objective reality. Clients view the therapeutic relationship through a subjective lens shaped by past relationships, especially those emotionally charged. Although counselors may approach clients essentially the same way, clients respond to a therapist's welcome in vastly different manners (Shedler, 2006). Transference becomes the process of clients acting and reacting

towards the therapist as if the therapist were a significant figure from their past. The corresponding relationship dynamics provide therapists with a rich source of information to process with their clients. Because the therapist is an active participant in the encounter, his or her own projections towards clients are relevant (Oelsner, 2013). The countertransference of a therapist runs the risk of hijacking the session, or transforming the encounter into his or her own therapy session. Alternatively, countertransference can be indicative of a client's relationship style. For example, a client may act in a manner that regularly makes others feel less-than, or inferior. Self-aware therapists, regularly monitoring their own internal state, will recognize how the client invoked feelings of inferiority in them too. Therapists may choose to address and process these occurrences with the client.

3.4 Psychic Determinism is Real

The heavy weight of the past, the inclination of temperament to act in ways unbeknownst to the conscious mind, and a host of other hidden forces exert a tremendous impact on the lives of each client. The strain is great enough that clients risk being victims of psychic determinism; in essence, enslaved organisms with little control over the direction of their lives. Psychic determinism coincides with unawareness while insight and emotional mastery is analogous to awareness and autonomy over one's life. A central aim of dynamic therapy is both cognitive and emotional awareness (Rutan, Stone, & Shay, 2014).

4. Objectives

The psychodynamic presuppositions form the theoretical and conceptual underpinnings of the approach. Stemming from underlying theory are clinical objectives that psychodynamic practitioners strive to accomplish or bring about in session. Each objective is a logical expansion of at least one presupposition. There are at least five major objectives of psychodynamic counseling.

4.1 The Development of Insight

Psychodynamic therapy remains an insight-oriented approach. In individual and group counseling, counselors are looking for the development of cognitive and affectual insight (Rutan, Stone, & Shay, 2014). Cognitions are not anathema to the dynamic approach, but the latter does place a heavier emphasis on emotion over thoughts (Summers & Barber, 2012).

4.2 The Expansion of Choice

Consistent with the idea of psychic determinism, counselors help clients to find their own voices to make mature, rational choices, and to tolerate and act from a wider range of information and emotion. The expansion of choice requires both remedying past issues and nurturing current strengths (Cabaniss, Cherry, Douglas, & Schwartz, 2011).

4.3 Liberation from the Past

Despite being an arch critic of the past, psychodynamic therapy still concedes its power. Adults may struggle with the introjected voice of a demeaning parent or grapple with the lingering effects of childhood bullying. While the defenses used to cope with these affronts may have served them well as children, clients may find the same coping strategies to be a hindrance in adulthood, perhaps preventing them from establishing satisfying relationships. The past has a tendency to live on like a specter haunting the present. Counselors work to liberate clients from their pasts to enhance and enrich their presents (Shedler, 2006).

4.4 Improvement of Interpersonal Relationships

Consistent with its emphasis on holism, modern psychodynamic practice works to contextualize client experience into their greater milieu. Recognizing that no individual exists in a vacuum, the contextual, systemic viewpoint places importance on relationships. Barring rare exceptions, such as clients with schizoid personalities, most presenting problems of clients involve either directly or indirectly a longing for better interpersonal relationships (McWilliams, 2011).

4.5 The Corrective Emotional Experience

The psychodynamic approach clearly distinguishes between intellectually knowing better and emotionally feeling better. Cognitive awareness alone is recognized as insufficient for progress. Dynamic practitioners work to develop a corrective emotional experience by helping build ego strength, agency, and authenticity in their clients (Hartman & Zimberoff, 2004). Clients may speak fluently about their problems and even potential solutions; yet, unless the emotion that so often drives perception and interpretation is addressed, clients may make minimal, if any, therapeutic progress.

5. Conclusion

Contemporary psychodynamic thought is akin to an inclusive system. From its holistic philosophy to its adoption of cognitive and behavioral focal points, the dynamic system is versatile in both theory and application. Although myths about dynamic therapy remain, a wider research base along with some noted publications have helped educate the therapeutic community about the modern theory. One such publication is the second edition of the *Psychodynamic Diagnostic Manual (PDM-2)* (Lingiardi & McWilliams, 2017). Designed to supplement existing diagnostic manuals, the PDM showcases dynamic theory's emphasis on personality. Both Nancy McWilliams' (2011) *Psychoanalytic Diagnosis* and Jonathan Shedler's (2010) *The Efficacy of Psychodynamic Psychotherapy* have served to usher the modern dynamic perspective into the mainstream.

The cross-cultural implications of a modernized psychodynamic approach are immense. At the core of dynamic theory are ideas with universal appeal: that people have a persistent personality, that the past impacts the present, that childhood matters in later life, that psychological defenses are used to help people cope with the trials and tribulations of life, that people often feel conflicted and at odds within themselves, and that emotions have behavioral consequences. The dynamic system is inclusive not only of culture, but also of orientation in time and in psychology. The threefold technique of exploring the past to understand current perceptions in hopes of bringing about new behavioral responses addresses all three realms of time—the past, the present, and the future (Summers & Barber, 2012). In addition, the psychological trifecta of emotions, cognitions, and behaviors are addressed with such a strategy.

Like all systems, the psychodynamic model is alive and therefore evolving. Before looking ahead to forward progress, the modern approach must remain committed to dispelling myths and educating the therapeutic community about its cross-cultural implications. Eliminating archaic concepts from counseling theories textbooks—terms like penis envy and the Oedipus complex, for instance—would help. Contextualizing Sigmund Freud would also help. Writing about Freud as a historical figure and man of his times rather than dispensing his ideas as if they were commonly implemented today would help budding counselors develop accurate perceptions of the theory at large. While remaining mindful of its limitations, the therapeutic community has a great deal to gain by adopting psychodynamic principles. Whether CBT or client-centered, one approach rarely works for all clients all the time. The inclusion of dynamic principles into his or her therapeutic practice would expand any given clinician's repertoire. The word inclusive seems the most apt way to describe the contemporary psychodynamic approach. With a solid theoretical and philosophical grounding, the modern psychodynamic system continues its evolution to fit the needs of a changing world.

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