

## Treating Mental Disorders

**Aims:** Describe and Assess Psychodynamic Therapies

### Objectives

By the end of this session you should be able to:

- Outline the Psychodynamic model of Psychological disorders
- Describe two Psychodynamic treatments for mental disorders
- Assess the appropriateness of these therapies for different mental disorders
- Describe two research studies of the effectiveness of Psychodynamic therapy
- Assess the effectiveness of these therapies
- Outline one ethical issue with Psychodynamic therapies

### Assessment

*Essay Question:*

- (a) Describe one psychodynamic therapy for psychological disorders.
- (b) Outline research studies of the effectiveness of this therapy.
- (c) Evaluate the therapy you described in part (a).

## Psychodynamic Treatments for Psychological Disorders

### The Psychodynamic Model

- Psychodynamic psychologists see psychological problems as rooted in the unconscious mind.
- Manifest symptoms are caused by latent disturbances.
- Typical causes include unresolved issues during development or repressed trauma.
- Treatment focuses on bringing the repressed conflict to consciousness, where the client can deal with it.

### Psychodynamic Therapy: General Procedure

1. Probe the clients unconscious to identify the repressed issues.
2. Gradually bring the repressed material into consciousness.
3. Help the client to work through it and accept it.

We will focus on two psychodynamic therapies:

- Classical Psychoanalysis
- Brief Psychodynamic Therapy

## Classical Psychoanalysis

In order to access the client's unconscious the analyst uses a number of different techniques.

Technique	What it involves	How it works
Free association	The client says whatever comes into their mind, without censoring or leaving anything out, and without thinking too hard.	Free association imagery reflects unconscious themes and associations.
Word association	The analyst reads out a list of words, the client responds to each one with a word of their own.	The responses reflect unconscious associations. Inability to respond might indicate repressed issues.
Dream analysis	The client keeps a record of their dreams. These are discussed with the therapist.	Imagery in dreams comes directly from the unconscious mind.
Projective tests	The therapist shows the client a series of pictures or inkblots. The client reports what they see in the pictures, or tells a story about each.	The client's interpretation of the material may indicate unconscious interpretations or associations.



*Picture from the Thematic Apperception Test*

### Interpretation

- As the client becomes freer in offering up material from their unconscious, the therapist starts to make interpretations.
- Interpretations show the client the links between what they say and their unconscious conflicts.
- Interpretation must not be offered too early or the client will go into denial.
- Interpretation should ideally be made when the client is on the point of drawing the same conclusions.

### Transference and 'Working Through'

- The aim of therapy is to bring about transference.
- The client redirects their repressed feelings onto the therapist.
- The therapist comes to stand in for important figures in the client's life.
- Once the client's feelings are 'out in the open', the therapist can work on getting the client to accept them.

### Duration

- Classical Psychoanalysis requires the client to attend 2-3 sessions a week for anything upwards of 6 months.
- About 2 years of therapy is about normal, but some clients (e.g. 'Sybil', a multiple personality patient) attend for up to 20 years.

### Brief Psychoanalytical Therapy

Because Classical Psychoanalysis takes so long, some therapists have developed a shorter version called Brief Psychoanalytical Therapy. It uses many of the same techniques as Classical analysis but:

- It is time limited (between 8 and 12 weekly sessions).
- Therapeutic goals are agreed at the outset.
- Therapy focuses on current concerns rather than childhood events.
- Transference is not encouraged.

### Appropriateness of Psychodynamic Therapies

Disorder	Prognosis	Reason
Anxiety (mild)	Good	Gives the client an understanding of their distress.
Anxiety (severe)	Poor	May be an underlying biological problem
Depression (mild)	Good	Gives the client an understanding of their distress
Depression (severe)	Poor	Client may lack motivation to engage with the therapist
Schizophrenia	Poor	Client lacks insight & may not understand therapeutic process

- Likely to work for milder forms of disturbance.
- Works better when client is prepared to open up and discuss things with therapist.
- Time-consuming and expensive, so only available to richer clients.

Appears to work best with YAVIS clients:

- Young
- Attractive
- Verbal
- Intelligent
- Successful

## Effectiveness of Psychodynamic Therapies

### Eysenck (1952)

- 24 Therapeutic outcome studies
- Spontaneous remission rate of 68%

Therapy	% CSI
Psychoanalysis	44%
Eclectic	64%

Eysenck's conclusions:

- Most people with psychological symptoms get better without therapy.
- Eclectic therapy is no more effective than no treatment.
- Psychoanalysis delays recovery.

Problems with Eysenck's (1952) Study:

- Clients who dropped out of psychoanalysis counted as 'failures'
- Success rate rises to 66% if dropouts omitted.
- Criteria for 'CSI' weighted against psychoanalysis.
- If CSI is defined differently, success rate is 83% (Begin, 1971)

Other Outcome Studies:

Source	Therapies compared	Results
Luborsky et al (1975)	Various	All therapies equally effective.
Smith & Glass (1977)	Various compared with no therapy.	Any therapy is better than no therapy (75% CSI)
Smith et al (1980)	Psychoanalysis, behaviour therapy compared with no therapy.	Any therapy better than no therapy (80% CSI); Behaviour therapy better for anxiety, psychoanalysis better for depression.

*NB: unlike behavioural therapy, therapeutic goals (e.g. work through repressed issues) are not easily measured. This makes assessing the effectiveness of psychoanalysis very difficult.*

## Ethical Problems with Psychodynamic Therapies

In Psychoanalysis, the therapist takes an expert role. Because the client has no insight into their own unconscious, they rely on the therapist wholly for feedback about their progress. This can create an imbalance of power between therapist and client.

### Possible Ethical Problems:

- Financial exploitation of the client.
- Creates dependency, rather than independence.
- Potential for the creation of false memories.

## Conclusions

- Psychodynamic therapies work well with mild disturbances.
- They are better than no treatment, but not necessarily better than other forms of therapy.
- It is not clear whether the clients that benefit from psychoanalysis would eventually get better anyway.
- Psychoanalysis may speed up the rate at which clients get better.
- The nature of Psychoanalysis creates a power imbalance between therapist and client that could raise ethical issues.