

# PSYCHODYNAMIC PSYCHOTHERAPY AND GROUP PSYCHOTHERAPY: THERAPEUTIC CONCEPTS AND INTERVENTIONS

## PSICOTERAPIA PSICODINÁMICA Y PSICOTERAPIA DE GRUPO: CONCEPTOS E INTERVENCIONES TERAPÉUTICAS

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### Extended Summary

#### Group Psychodynamic Psychotherapy

Group Psychodynamic Psychotherapy is a psychotherapy modality in which a group of people meet with the aim of treating personal psychological problems through a better understanding of themselves and other people that promotes the improvement of their personal and social relationships as well as one's own relationship with oneself.

Group psychodynamic psychotherapy provides an environment that, to a certain extent, reproduces some of the traits of the groups in which people find themselves, allowing them to re-experience, recall, analyze and reflect on the psychological mechanisms that intervene in the own behavior and its consequences on others and on relationships with them. It is based on and characterized by the use in group (or group) psychological treatment of at least some basic concepts derived from

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psychoanalysis. In the first place, of the concepts of unconscious, preconscious and conscious, I, it, I and superego, the principle of pleasure and reality and life and death drives. From the psychodynamic perspective, it is extremely relevant to pay attention to the influence of unconscious processes on behavior, including thoughts, feelings and actions. Second, of the conceptions of censorship, repression and defense, and the corresponding defense mechanisms (denial, projection, rationalization, sublimation, etc.), of transference and countertransference, idealization and identification, compulsion to repetition, ambivalence, ideal of the self, narcissism and object relations. Additionally, the ideas of manifest content and latent content, resistance, commitment formation, reactive formation, failed acts and acting out, among others, are also usually taken into account.

### **Psychodynamic psychotherapy**

The essence of psychodynamic psychotherapy, generally both individual and group, consists in the conception that psychological problems and disorders, psychological or emotional pain, in general, arise from conflict or the interaction between opposing psychological forces. These psychological forces can arise from the conflict between the unconscious and the conscious or the preconscious, between the id drives, the ego and the superego, between the principles of pleasure and reality, between the sexual and self-preservation drives, or between the drives of life and death. In the psychodynamic conception, individuals are conceived in a natural state of continuous tension between themselves, with the rest of the people with whom they interact and with the world in general and, specifically, with their family, social and work environment; This permanent dynamic of greater or lesser degree of conflict is one of the essential characteristics of human existence and is what shapes human psychological development and functioning. These internal conflicts are the fundamental origin of psychological pain and the failed attempts to eliminate it are at the base of the maladaptive behaviors and the psychopathological symptoms (Leiper and Maltby, 2004).

Psychodynamic psychotherapy places special emphasis on the importance of patients' personal history, their psychological development over time, and their understanding of critical events and their consequences at the present time. The experiences do not fade with the passage of time, but rather the mind accumulates them, organizes them and continues to exert their influence in the present (Kaner and Prelinger, 2005).

Psychodynamic psychotherapy, like speech psychotherapy, is a treatment aimed at changing behavior -understood broadly as the set of thoughts, feelings, fantasies and actions- and tries through verbal interaction to provide understanding, support and new experiences that are intended to be a learning experience that increases the range of behaviors available to the patient and modifies those that are maladaptive and that in this way the symptoms and inappropriate and harmful behavior patterns for the person and their personal relationships disappear (Ursano,

Sonnenberg and Lazar, 2004).

Psychodynamic psychotherapy considers that understanding based on emotion is an essential component of psychotherapeutic change and that working with emotions, and especially with the emotions that develop in therapy sessions, is an essential part of the therapeutic process (Maroda, 2010). Effective insight is not exclusively an intellectual activity but involves an emotionally charged and connected understanding that is related to problematic or painful aspects of the patient's experiences (Leiper & Maltby, 2004).

Psychodynamic psychotherapy is reluctant to consider the disappearance of symptoms or the concrete change in external behaviors as the exclusive objective of the therapeutic process -which can be specific, localized and of limited range, as well as superficial and unstable, and temporary and vulnerable due to the pressure of external circumstances- but it is essential that the result of the therapeutic process produces structural changes that are more profound, generalized and permanent, that is, that they are internal rather than external modifications. The focus of psychodynamic psychotherapy is more oriented towards stable, intense and extensive changes that remain long term. Since the structure of psychological functioning of people consists of an adequate balance between competing forces, it is not probable that the processes of change are linear and continuous, but rather that relapses and regressions to previous states, arrests, are likely to occur. In the noticeable and sudden progress and advancements. A psychodynamic definition of psychological health could be based on having a permanent and consolidated ability to change to respond flexibly to life circumstances in an adaptive and creative way (Leiper & Maltby, 2004).

This approach to psychodynamic psychotherapy, focused on deep personal transformation, involves the inclusion of wide-ranging themes such as the fundamental meaning of life and the person, relationships with the world, with others and with oneself, birth and death, the essential loneliness of the human being, the balance between the egoistic forces of self-preservation and the generous and altruistic forces of care, maintenance and development of humanity, the recognition and acceptance of human limitations and potentialities, etc. The processes of self-observation and self-reflection that psychodynamic psychotherapy promotes usually favor a profound change in terms of perception on of himself and of others. And, all this, with the aim of facilitating the development of a vision of life that allows the deployment of individual capacities that promote positive human performance, creativity and the enjoyment of the pleasure of life (Leiper and Maltby, 2004).

Westen (1998) summarizes the most important postulates that define psychodynamic psychotherapy in five statements:

1. Much of mental life -including thoughts, feelings and motivations- is unconscious, which means that people can behave in ways, or develop symptoms, that they cannot explain themselves.

2. Mental processes, including affective and motivational processes, operate

in parallel in such a way that individuals may have conflicting feelings towards the same person or situation, which motivate them to act in opposite ways and which often, lead to compromise solutions.

3. Stable personality patterns begin to form in childhood, and childhood experiences play an important role in personality development, especially in shaping later social relationships.

4. Mental representations of self, others, and relationships guide people's interaction with others and influence how they become psychologically symptomatic.

5. Personality development not only involves learning to regulate sexual and aggressive feelings but also includes learning to change from an immature and socially dependent state to a mature and interdependent state.

### **Psychotherapeutic intervention in psychodynamic psychotherapy**

Therapeutic intervention in psychodynamic psychology is characterized by seven distinctive features: it pays special attention to affect and the expression of emotion, it explores attempts to avoid some aspects of the experience, it tries to identify recurring themes and patterns of behavior and thought, it attaches importance, explores and elaborates on past experiences, gives importance to the analysis of interpersonal relationships, takes into consideration the therapeutic relationship, and explores the wishes, dreams and fantasies of the patient (Gabbard, 2010).

From the point of view of therapeutic action, psychodynamic psychotherapy combines interpretive and non-interpretive interventions, emphasizing the importance of the quality of the therapeutic relationship, the manifestation and analysis of reality tests, as well as, consciously or unconsciously, facilitating the free association of patients, while the psychotherapist uses the facilitation and promotion of psychological elaboration processes, floating attention and the principles of abstinence are applied (absence of gratification of transference desires, especially physical gratification) and neutrality (non-judgmental attitude of the patients' behaviors, wishes or feelings without being indifferent or cold).

Interpretive interventions increase the patient's understanding of the repetitive conflicts that underlie her problems. Interpretation is the most representative form of the interpretive pole: it tries to make sense of the patient's behaviors and feelings and explain their origin, either through past experiences or current circumstances. Likewise, it tries to show in each case how the fundamental mechanisms of psychic functioning are manifested and promotes the understanding of the underlying psychological conflicts.

Through confrontation, the psychotherapist tries to draw the patient's attention to psychic phenomena, behaviors and feelings, which are incoherent or contradictory, and of which the patient is usually not aware and, repeatedly, -despite the patient's basic desire to cooperate with the therapist- shows resistance to their awareness and acceptance, trying to avoid re-reliving experiences of painful feelings and fantasies.

Likewise, the psychotherapist performs many different clarifying interventions

that contribute to a detailed understanding of the behaviors, sensations, feelings and circumstances that make up the difficulties and problems of patients (Gabbard, 2000; Luborsky, 1984).

Supportive interventions are aimed at strengthening the patient's abilities that are inaccessible at any given time due to an acute stress situation (for example, traumatic events) or that the patient has not developed sufficiently (for example, lack of control of impulses in borderline personality disorder). These abilities are known in psychodynamic psychotherapy as "ego functions" (Bellak, Hurvich & Gediman, 1973). Thus, supportive interventions can be described as the maintenance or development of ego functions (Wallerstein, 1989). Supportive interventions include, for example, fostering the therapeutic alliance, setting goals, or strengthening ego functions such as reality testing or impulse control (Gill, 1951; Luborsky, 1984; Schlesinger, 1969; Blanck and Blanck, 1974).

A very relevant non-interpretive intervention is empathic validation through which the therapist shows his emotional understanding of the patient's emotions, feelings and/or thoughts, pointing out the emotional resonance that what the patient affirms produces in the therapist.

The advice is used in those occasions in which the confusion or the altered state of the patient incapacitates him to reason clearly and is faced with various alternatives of action, some of which could be harmful to the patient. The most common way of using the advice is to present the patient with various possibilities of action together with the analysis of their possible advantages, disadvantages and risks.

The congratulation is used to show the therapist's approval of those actions of the patient that show the patient's progress in achieving the therapeutic goals, greater mental clarity and a balanced capacity to act according to the patient's circumstances.

The recognition, together with the reinforcement that this sometimes entails, shows the understanding on the part of the therapist of the patient's statements about her sensations, feelings, desires or thoughts.

The therapeutic alliance plays an important role in psychodynamic psychotherapy. It consists of the involvement of the patient and the therapist in the establishment, maintenance and achievement of a set of common objectives through a shared work procedure, together with the understanding and acceptance of the different roles of the patient and the therapist that each must play in the therapeutic process, as well as acceptance and adaptation to the established therapeutic framework (Horvath and Luborsky, 1993). Psychodynamic psychotherapy's emphasis on the relational aspects of transference is a key difference from cognitive-behavioral therapies (Cutler et al., 2004). The transference, defined as the repetition of past experiences in present interpersonal relationships, consists of patterns of feelings and behaviors that arise from the first ontogenetic experiences and that affect relationships and daily reality. In psychodynamic psychotherapy, the analysis and elaboration of the transference is conceived as one of the primary sources of under-

standing and therapeutic change and the understanding (insight) on the part of the patient is considered an important factor for the therapeutic change. Likewise, the relational dimension of an intervention is an important corrective factor (Gabbard, 2000, 2003; Luborsky, 1984).

Likewise, it is relevant to bear in mind that listening to the patient in the practice of psychodynamic psychotherapy is not listening focused exclusively on content, but rather that when listening psychodynamically, what is conscious for the patient and what he or she is aware of is attended to. It is not aware, as well as the subtle reflections of internal conflicts, transference processes and defense mechanisms (Frederickson, 1999).