



Teaching Psychoanalytic Theory: What do Graduate Students Want to Learn & How do They Want to Learn it?

Stephanie Kors, PhD
Sponsored by the Austen Riggs Center





Agenda



1

Need for Empirical Research

2

What Students Say (Study results)

3

Practical Implications

4

Future Research

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Student Quote

For as long as I've been pursuing a psychology degree, its been engrained in mine and my fellow peers brains that psychoanalytic approaches are inferior to all other therapeutic approaches and theories in the field.

I was always confused as to why so many people talked down on the concepts founded by Freud even when SOME of these concepts made sense. I remember being surprised when one of my professors wasn't dismissive of the theory altogether.

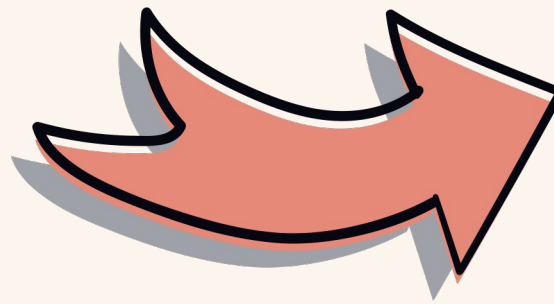
It was the first time I felt like I was given a CHOICE as to whether or not I wanted to learn psychoanalysis..its clear this is a universal experience for students....It makes me wonder ---why are we continuing to talk down on something that works?



Why Study this?

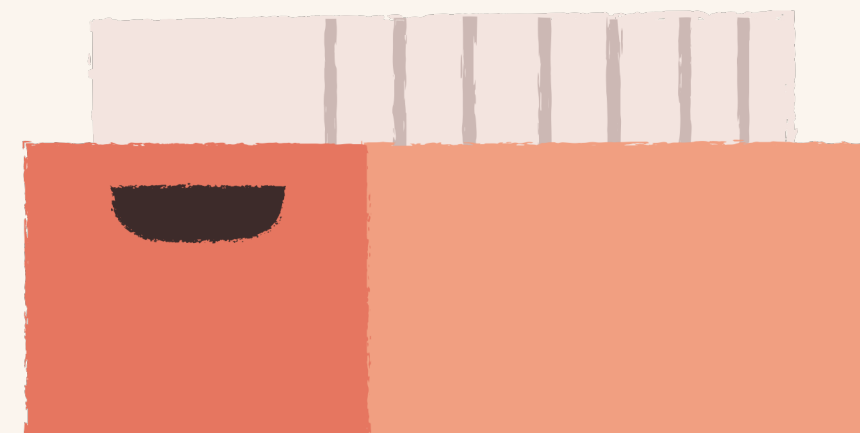
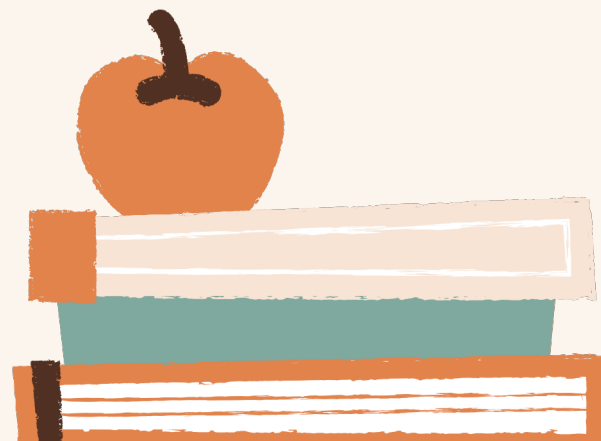
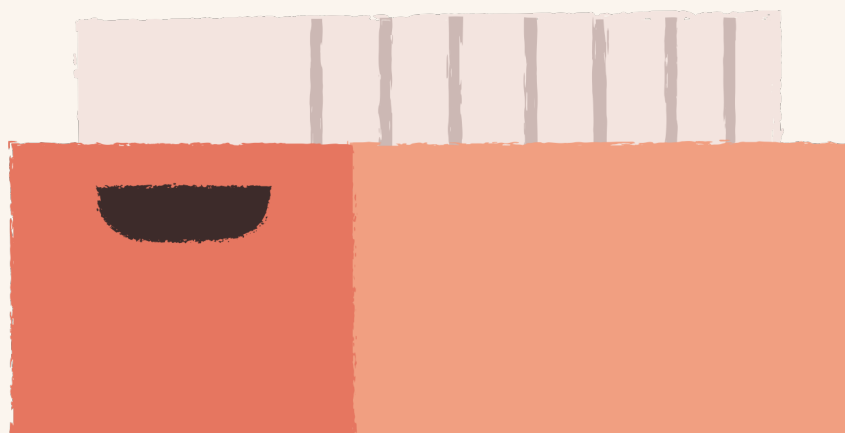
50%

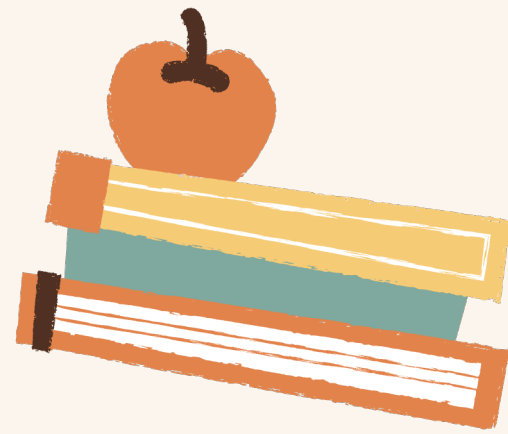
of clinicians identify as
psychoanalytic/psychody
namic in **1953** (Mahoney,
1995)



15%

of clinicians identify as
psychoanalytic/psychodyna
mic in 2005 (Norcoss,
Korpiak & Santoro, 2005)





Less research
establishing
empirical base



Less access to
research funds



Widespread
misunderstanding

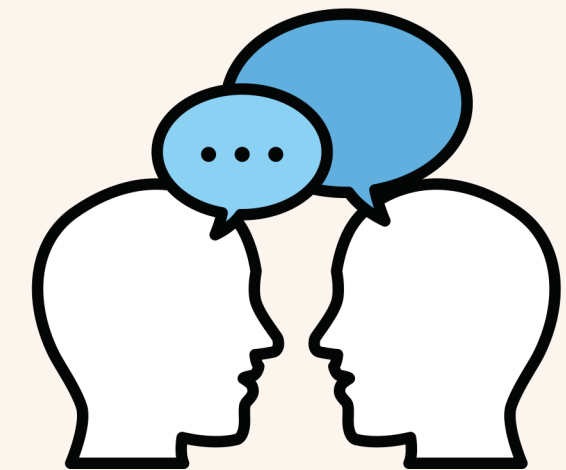
Implications



Government mandates
discourage use in public sector



Decreased accessibility for
marginalized populations



Isolation from mainstream
academia



Prior Research

- Student attitudes towards evidence-based psychodynamic therapy can change in a one semester course
 - CBT students change most significantly in their attitudes towards PDT

(Prout & Aafjes-van Doorn, 2022)

Current Research

What is it about the course, course content,
and teaching style that facilitates this
change?

What perceptions changed?
What perceptions stayed the same?
What will you take with you?
How do you actually practice?

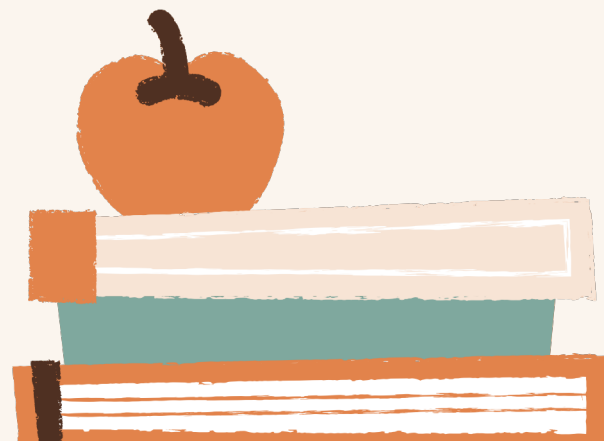
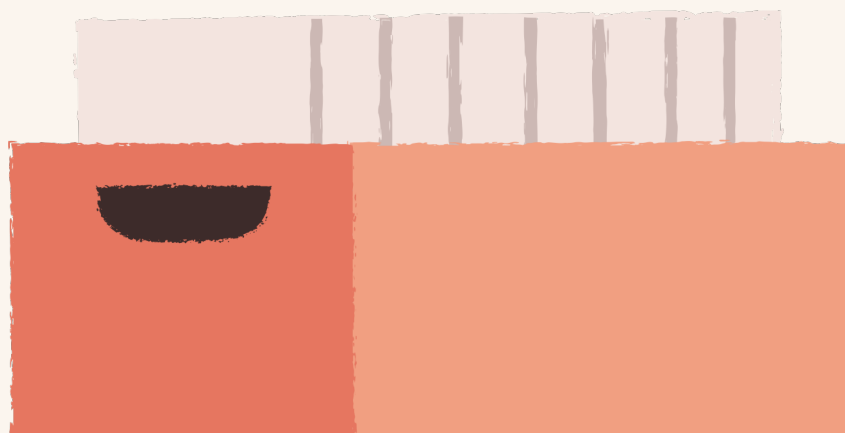


How Student Perceptions Changed

Modern
theory &
practice

Empirical
evidence

Flexibility



Student Quotes



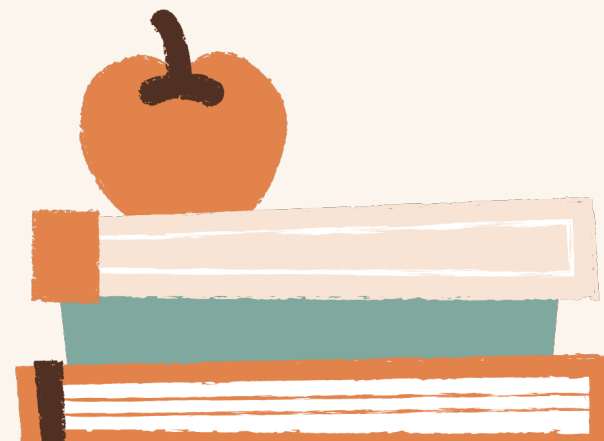
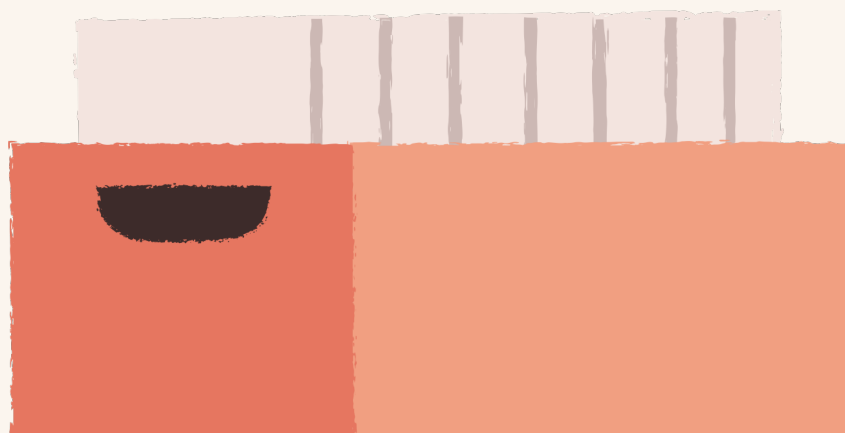
- I believe it more?
- It's not all about mommy/daddy issues
- I was initially skeptical on the evidence for this treatment. While I still prefer cognitive behavior therapy and think it more aligns with my style, I understand this approach much more and I think it is a reasonable approach in treatment.
- I learned what contemporary psychoanalytic therapy even is. I only knew Freud before

How Student Perceptions Stayed the Same

Inaccessible
confusing
language

Unstructured
complicated
treatment

Not the best
approach for
many
patients



Student Quote



When trying to do research for our group project it was incredibly difficult to find research that was actually focused on psychoanalytic work which didn't help me realize that it was more evidence based as was presented in class. I still think that it is too biased and closed off from other orientations. Much of what was covered in the readings in class about why it was better/different than other orientations directly contradicted what we had learned in other classes and it's hard to completely open yourself up to a topic that is only saying it is better by putting other things down on false grounds.

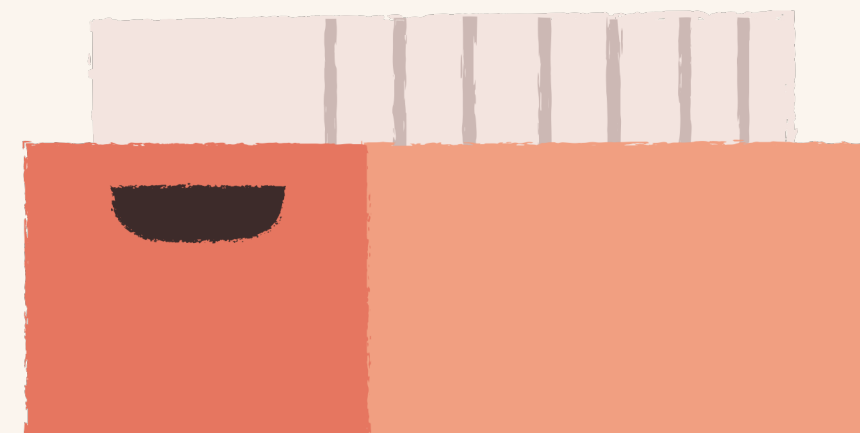
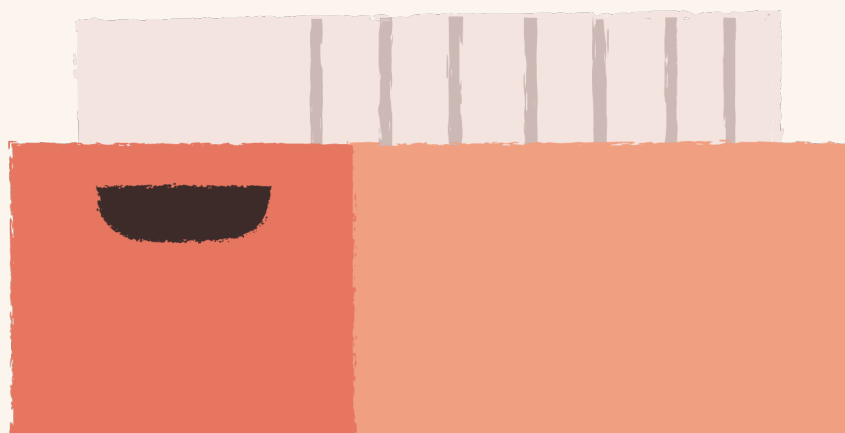
What Students Will Take with Them

Influence of
the past on
the present

Role of the
unconscious
in human
behavior

Thinking
about
patients
holistically

Silence can be
used
therapeutically



Do students use psychodynamic techniques?

Despite only 9% of the class self-identifying as psychodynamic or psychoanalytic orientation, results indicated a significant difference in use of psychodynamic ($M=5.11$; $SD=.26$) vs CBT technique ($M=3.52$; $SD=.77$); [$t(31)=7.75$, $p<.01$]

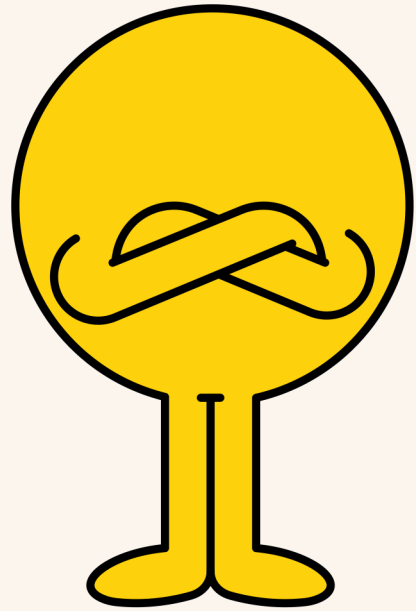




Practical Implications



Address biases & misconceptions first



Welcome criticisms.



Be honest about the limitations of the research & the treatment.



Critique existing research together.



Ask what they've always been curious about.

Highlight the strengths second.



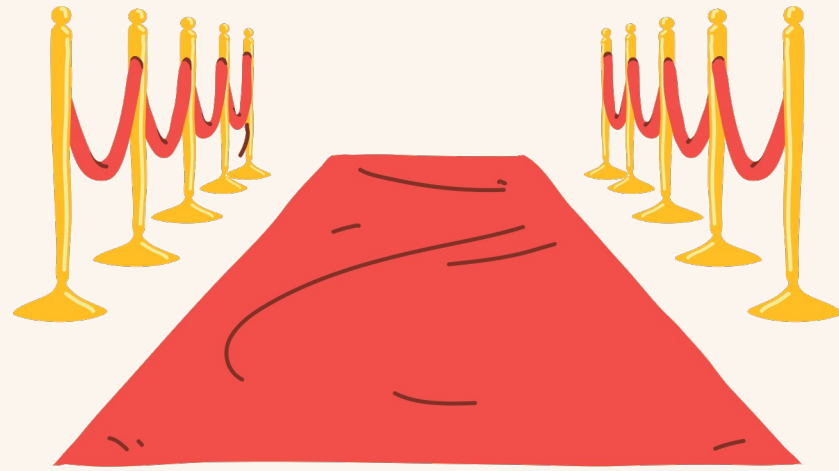
Value placed on the person, not the diagnosis.

Oriented towards long-term solutions rather than quick fixes.

Can treat co-morbid diagnoses simultaneously.

Theory grounded by neuroscience.

Make it Relevant



Highlight psychoanalytic concepts which are already a part of their daily life.



Build upon concepts they already understand from other disciplines.



Prepare them for their practicum experiences in a variety of settings.



Intentionally include diverse case examples & discuss culture in the therapy room.

How might psychoanalytic theory help us to make sense of racism?

- Projection (Altman, 2006)
- Good me, bad me, not me (Sullivan, 1948)
- Container for the unacceptable (Leary, 2003)
- Racial enactment (Leary, 2000)
- Ethnocultural transference (Comas-Diaz & Jacobsen, 1991)
- Beverly Stoute, Michael Slevin, Anton Hart, Usha Tummala-Narra, Marie Rudden, Kirkland Vaughans, Jama Adams

Teach in their zone of proximal development



Assign recent,
jargon free
readings.

Focus on the main
ideas, not the
ongoing debates,
history or even the
vocabulary.

Offer multiple
ways for students
to master
concepts.

Facilitate
deliberate
practice.

Example Activity

The Chain of Emotions (Quatman)



Have students close their eyes.
Speak for 5 minutes yourself
about an emotionally-salient
event but share only facts (or
alternatively play a 5 minute clip
of a patient).

Ask students to write down:

- What feelings arise?
- What did you experience in your body?
- What images came to mind?



What did you feel?

Worry, fear, confusion
Sadness

I felt a gap in my heart

Heaviness, oppression

strong feelings of sadness

I wanted to cry even though you weren't

anger, loneliness

A feeling of wilting

Sad, so much pain

A closet of sadness that doesn't want to be flung open





What images came to mind?

Something ripping apart

Dim lighting

An empty house

Hospital beds

Hurricane

Tornado

A wispy dandelion flung away in the wind

A rope bridge

Trying to hold onto sand as it falls out of your clenched
fist





What did you feel in your body?

Tenseness
shortness of breath
heavy chest
clenching
Fast heartbeat
goosebumps
tightness in my chest
Like I was under a weighted blanket
Like my body was getting heavier
Things felt slow
Knot in my throat



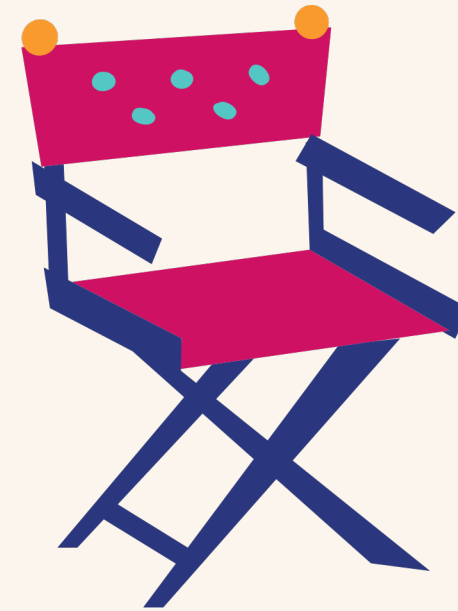
Tell them what to do (yes, really)



Provide specific quotes which illustrate each technique in practice.



Share your own de-identified process notes & have them write their own after a fake session.

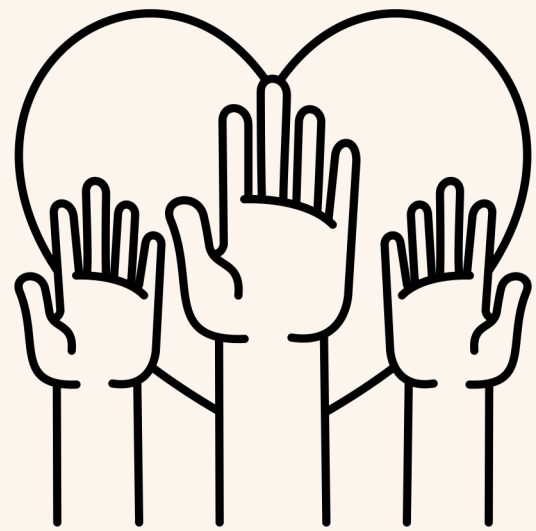


Live role play an entire session with a Q & A following.



Name their potential early & often.

Create a holding environment.



Foster a community which supports risk-taking & vulnerability.

Use unstructured discussion intentionally.

Use pair & small group activities to build trust.

Follow what sparks their curiosity.

Application



- Have students identify each principle in a session transcript and discuss what each principle accomplished



Principles of psychodynamic therapy



Focus on
affect &
expression of
emotion

Exploration of
attempts to
avoid
distressing
thoughts/
feelings

Identification
of reoccurring
themes &
patterns

Discussion of
past
(development)





Principles of psychodynamic therapy cont.



Focus on
relationships

Focus on
therapy
relationship

Exploration of
fantasy life



- Co-constructing a patient's story.

Who are the main characters?

Which characters did the patients choose?

Which characters were in the original
storyline?

What do the original and the new characters
have in common?

Who is playing what character from the past?

What scene keeps playing?

What are the themes?

What's the problem the patient can't solve?



Psychodynamic Therapy Manuals

Transference
Focused
Psychotherapy

Regulation
Focused
Psychotherapy

Panic Focused
Psychodynamic
Psychotherapy

Psychodynamic
Treatment of
Depression

Trauma
Focused
Psychodynamic
Psychotherapy

Psychodynamic
Psychotherapy:
A Guide to
Evidence Based
Practice

Accelerated
Experiential
Dynamic
Psychotherapy

Mentalization
Based Therapy



The bottom line



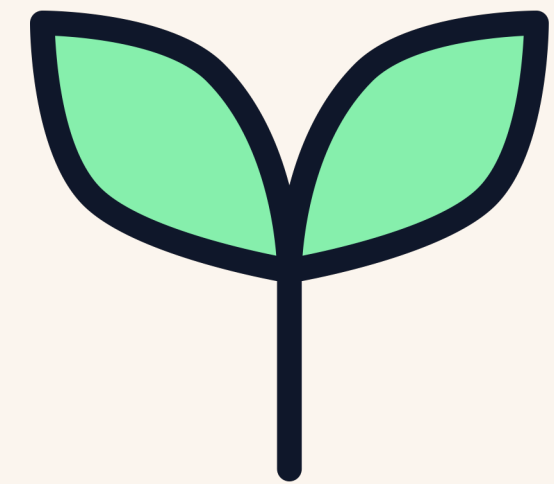
Focus on the
empirical base



Use experiential,
multimodal
teaching
methods



Keep it simple
& relevant



Plant a seed of
interest for later



Questions?

Contact: stephaniekorsphd@gmail.com

Thank you to Tracy Prout who served as a discussant
for an earlier version of this talk

