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CONSEQUENCES OF PSYCHODYNAMIC THERAPY ON OLDER ADULTS WITH AVOIDANT PERSONALITY DISORDER IN NIGERIA

Francisca Ngozi Okoro, Ph.D
Department Of Education Foundation and Counselling, Faculty of Education, Imo State University, Owerri, Nigeria

ABSTRACT
This article discusses the foundational concepts of the consequences of psychodynamic therapy on older adults with avoidant personality disorder. An influential therapeutic approach rooted in the understanding that unconscious thoughts, desires, and memories significantly impact behavior. Over time, psychodynamic therapy has evolved to emphasize resolving past conflicts and their ongoing influence on personality and behavior. Special emphasis is placed on how psychodynamic therapy can facilitate emotional expression, enhance interpersonal relationships, and treat complex conditions such as personality disorders in Nigeria. The paper highlights the holistic nature of psychodynamic therapy, integrating past experiences with present behavior for comprehensive treatment. It explore the complementarity of psychodynamic therapy with other therapeutic modalities, such as cognitive-behavioral therapy. Designed for mental health professionals and other members of the inter-professional care team. It provides a deep understanding of psychodynamic principles and practical tools for clinical application, fostering improved patient outcomes through collaboration and interdisciplinary care. An analysis of 7 randomized controlled trials concluded that both therapies are equally effective immediately after treatment; this suggests that both can be considered adequate, immediate treatment options for depression in adults.

KEYWORDS: *Consequences, Psychodynamic, Therapy, Older, Adults, Avoidant, Personality, Disorder, Nigeria*

INTRODUCTION
Psychodynamic therapy can be integrated with other therapeutic approaches, such as cognitive-behavioral therapy or mindfulness-based therapies, to create a more comprehensive treatment plan that addresses surface-level symptoms and deeper psychological issues. There have been comparisons of the effectiveness of psychodynamic psychotherapy and cognitive-behavioral therapy for treating adults with depressive disorders, (Abbass, Kisely, Kroenke, 2023).

"Psychoanalysis" and "Psychodynamic" theories have differing ideals. The psychoanalytic perspective refers to theories and therapeutic methods based on the original works of Sigmund Freud, an Austrian neurologist. Freud, often called the father of psychoanalysis, developed this model in the 1890s; the term "psychoanalysis" was introduced by Freud in 1896. Freud proposed that the subconscious mind plays a significant role in human behavior, including psychological and emotional challenges an individual may face. His interest in the unconscious mind was sparked by the case of "Anna O," who claimed recovery when her repressed memories were uncovered. (Abbass, Town, & Driessen 2024).

The basic assumptions of this approach include: Unconscious conflict: Psychological problems are rooted in the unconscious treatments focus on bringing the repressed conflict to consciousness. The unconscious ideas are patients' emotionally charged beliefs about their experiences formed from early life experiences, which the patients treat as facts rather than hypotheses due to the anxiety, guilt, or shame they provoke. (Ansell & Grilo 2022).

The psychodynamic therapy approach retains clinical relevance due to capacity to provide deep insights into unconscious processes, focus on interpersonal dynamics and early experiences, effectiveness in treating complex and chronic conditions, facilitation of emotional expression and trauma processing, holistic and individualized approach and potential for integration with other therapeutic modalities. Overall, psychodynamic therapy seeks to help individuals achieve deeper self-understanding and resolve long-standing emotional issues, leading to more meaningful

and fulfilling lives. This therapy also aims to provide individuals with insights into their life patterns, allowing them to evaluate and transform them for better personal growth and well-being. (Asarnow & Jaywx, 2001)

Psychodynamic therapy can have positive consequences for older adults with Avoidant Personality Disorder (AvPD) in Nigeria, particularly in improving self-awareness and relationships. However, it is crucial to consider cultural context and individual needs when implementing this therapy. Psychodynamic therapy helps older adults with AvPD understand the root causes of their avoidance behaviors by exploring past experiences and unconscious conflicts. This increased self-awareness can lead to a greater understanding of their current patterns of behavior and relationships. By exploring relationship dynamics and attachment patterns, psychodynamic therapy can help individuals with AvPD develop healthier and more fulfilling relationships. This may involve addressing past traumas or negative experiences that have contributed to their avoidance tendencies. Through exploration of unconscious conflicts and defense mechanisms, individuals may gradually reduce their avoidance behaviors and engage more fully in social situations. Psychodynamic therapy can facilitate personal growth and development by helping individuals address underlying issues and develop more adaptive coping mechanisms. (Jonghe Kort en & Krachtig 2005).

Effective psychodynamic therapy requires specialized training and expertise, which may not be readily available in all settings in Nigeria. Psychodynamic therapy is often a long-term treatment, which can be a barrier for some individuals due to financial constraints or time limitations. Individuals with personality disorders may face stigma in Nigeria, which can affect their willingness to seek help and engage in therapy. (Ferrero, Pierò, Fassina, Massola, Lanteri & Okoro 2025).

Older adults with AvPD may experience a decrease in social isolation and increased participation in social activities. By addressing underlying issues and reducing avoidance behaviors, older adults may experience a greater sense of well-being and improved quality of life. Psychodynamic therapy can help older adults develop greater independence and self-reliance. (Gabbard, 2000).

REVIEW OF RELATED LITERATURE

CONCEPTUAL FRAMEWORK

Psychoanalytic theory is the cornerstone of psychodynamic theories and models' evolution. Freud's original concepts have transformed through a collaborative and dynamic process that has now expanded into the culmination of the contemporary iteration of the psychodynamic model recognized today. Childhood experiences primarily influence personality; therefore, early relationships with caregivers (objects) shape individuals' internal representations of themselves and others, influencing their interpersonal dynamics and relational patterns. In 1905, Freud introduced the concept of an object of an instinctual drive, along with object-directedness, object choice, and object finding. He made contradictory statements about the nature of drives in infancy and the timing of object choice. His clinical work revealed the complexity of children's mental lives, enhancing his understanding of drive objects and leading to a sequence of sexual life organizations based on drive sources and object-directedness. While object choice and directedness depend on the drive object concept, they require additional explanatory constructs. (Choudhury, John, Garrett, Stagner, 2020).

In 1915, Freud defined "object" in his drive theory but did not introduce a new object concept, though progress was evident. (Compton 1985). These models are enriched and diversified through the contributions and critiques of Freud's followers. Carl Jung (1975) created analytical psychology through concepts like the collective unconscious and around 9 universal, symbolic, and primary archetypes. Alfred & Adler (2020) created a school of thought known as individual psychology that emphasizes the importance of social factors and community in personality development and the concept of the inferiority complex. Sigmund Freud's daughter contributed significantly to child psychoanalysis and ego psychology. Erik Erikson (2017) was influenced by Freud's theories; these helped him with his work on psychosocial development, where he proposed the 8 stages of human development. Wilhelm Reich developed theories on character analysis and the role of sexual energy, leading to the creation of forgone therapy. Heinz Kohut (1985) worked in the area of self-psychology. Melanie Klein (2022) developed play therapy and introduced Maddux JE, Winstead BA Maddux JE, Winstead BA epts such as the paranoid-schizoid and depressive positions in early childhood. Jacques Lacan (2023) reinterpreted Freud's work and emphasized the importance of language and the unconscious in the structure of the psyche, which has significantly impacted contemporary

psychoanalytic thought and critical theory. John Bowlby (2022) Bowlby introduced the attachment theory. Mary Ainsworth (2017) developed the individual differences in attachment theory.

EMPRICAL REVIEW

Okoro, (2025) studied on Dialectical Behavior Therapy (DBT) is a type of therapy that helps people learn to accept and change their behaviors and emotions. DBT is based on cognitive behavioral therapy (CBT), but it is adapted for people who experience intense emotions. The main goal of therapists who use dialectical behavior therapy (DBT) is to strike a balance between validation (acceptance) of who you are and your challenges and the benefits of change. Dialectical behavior therapy (DBT) is a common treatment for borderline personality disorder (BPD) that can help people manage their emotions, cope with difficult situations, and improve relationships. DBT is based on the idea that BPD is caused by a combination of emotional vulnerability and growing up in an environment where emotions were dismissed. A person with low emotional intelligence may have difficulty maintaining relationships due to a lack of social skills or difficulty empathizing with other people. They may also find it hard to regulate their emotions and use them to guide appropriate behaviors. (Mechler, Lindqvist, Magnusson & Ringström 2024).

Dialectical behavior therapy (DBT) is a cognitive-behavioral psychotherapy developed by Linehan for Para suicidal patients with a diagnosis of borderline personality disorder (BPD). DBT is based on a biosocial theory that views BPD as primarily a dysfunction of the emotion regulation system. The treatment is organized around a hierarchy of behavioral goals that vary in different modes of therapy. Study testing DBT theory revealed that, dialectical techniques balancing acceptance and change were more effective than pure change or acceptance techniques in reducing suicidal behavior. Using a hierarchical linear modeling approach, study found out that DBT can be delivered through a combination of group and individual therapy. DBT may not work for everyone, and symptoms like chronic feelings of emptiness and fear of abandonment can be more difficult to treat. Evidence suggests that DBT can be useful in treating mood disorders and suicidal ideation as well as for changing behavioral patterns such as self-harm and substance use. (Okoro, 2025).

A study conducted by Ashley & Timberlake. (2023) examined the Avoidant personality disorder (AvPD) is characterized by feelings of shyness, inadequacy, and restraint in intimate relationships and has been associated with a disturbance in narrative identity, which is the internalized and evolving story of past, present, and future experiences. Study findings have indicated that an improvement in overall mental health through psychotherapy may increase narrative identity. However, there is a lack of studies incorporating not only the examination of narrative identity development before and after psychotherapy but also within psychotherapy sessions. (Abbass Kisely, Kroenke, 2023) Ravitz,e Et al. (2024), examined the development of narrative identity in short-term psychodynamic psychotherapy treatment of a patient with AvPD, using therapy transcripts and life narrative interviews before, after, and 6 months following treatment termination. Narrative identity development was assessed in terms of agency, communion fulfillment, and coherence. Results showed that the patient's agency and coherence increased over the course of therapy, whereas communion fulfillment decreased. At the six-month follow-up, agency and communion fulfillment increased, whereas coherence remained stable. The results of this case study suggest that the patient's sense of narrative agency and ability to narrate coherently improved after undergoing short-term psychodynamic therapy. The decrease of communion fulfillment during psychotherapy and later increase after termination suggests that the patient became more aware of conflictual patterns in their relationships, therefore realizing that their wishes and desires were not being fulfilled in their current relationships. This case study displays the possible impact short-term psychodynamic therapy may have by helping patients with AvPD develop a narrative identity. (Ravitz, Flores, Novick, Watson, & Swartz, 2024).

Obioma, & Opara (2018), investigated the effect of psychodynamic, cognitive behavioural and group approaches in managing dependent personality disorder (DPD) among secondary school students in Rivers State. Two research questions and two hypotheses guided the study. The study adopted a quasi-experimental design involving pre-test and post-test. A sample size of 80 students was drawn from the population of 400 students using the simple random sampling as well as the non-proportionate sampling technique.

The Dependent Personality Disorder Questionnaire (PDQ-IV-TR, DSM-IV) was used as instrument for data collection (Adapted from the work of Hyler 2002). Validity of the instrument was done by the supervisor and two experts in measurement and evaluation. Reliability was done via Cronbach Alpha and a reliability index of 0.94 was realized.

Mean, standard deviation, t-test, analysis of Covariance (ANCOVA) and analysis of variance (ANOVA) were used for data analysis. Result showed that; psychodynamic therapy (PT), cognitive behaviour therapy (CBT) and group therapy (GT) had a significant effect on management of dependent personality disorder among subjects; there is a significant effect of psychodynamic therapy, CBT and group therapy on management of DPD among male and female participants as shown by their post test scores. Recommendations were made among which is that continuous assessment of the students should be done in order to ensure their continuous retention of the treatment in managing dependent personality disorder (DPD). (Kline, Hill, Lu, & Gelso 2023).

Okoro, (2024), conducted a research on the effect of mindfulness based therapy on 100 level students with narcissistic personality disorder in Imo State University. The study found that Narcissistic Personality Disorder is the new borderline personality disorder of our current era. There have been recent developments on narcissism that are certainly worthwhile examining. Firstly, relational and inter subjective psychoanalysts have been rethinking the underlying concepts of narcissism, focusing on the development of self and relations to others. Narcissistic personality disorder (NPD) is a prevalent condition that frequently co-occurs with other diagnoses that bring patients into treatment. Narcissistic disturbances are not often the chief complaint, but they complicate the development of an adequate therapeutic alliance. Typical counter transference challenges, combined with stigma related to NPD, result in difficulty for the therapist to relate to these patients empathically. Metallization-based treatment provides a means for therapists to reach these patients by taking a “not-knowing” stance with interest and curiosity in clarifying and expanding a shared awareness of the patient’s emotional experiences. By understanding the attachment functions, metalizing imbalances, and problems of epistemic disregard among patients with NPD. Research shows that the earlier someone with NPD receives intervention and treatment, the better their prognosis.

David, Marilyn, Jeff, & William, (2013), Using a longitudinal, time-series design, this effectiveness study analyzed archival data collected as a routine part of clinical services and program evaluation at a community mental health clinic utilizing psychodynamic therapy with older adult clients (N = 106) in its Seniors Program. An empirical measure, the Outcome Questionnaire 45.2, was used to track progress and to examine the nature of change over time at 3-month intervals across 12 time points. The effect size was large (ES = .8) and participants showed little deterioration. Findings suggest that older clients can and do benefit from psychodynamic treatment offered in this format.

The research emphasizes the role of emotional experiences and therapeutic alliances in fostering significant changes, with insight playing a pivotal role. Results from one study demonstrated that a solid therapeutic alliance can predict greater emotional experience in subsequent sessions, although the emotional experience does not necessarily strengthen the alliance in return. Emotional experience and client functioning are shown to have a reciprocal relationship, where higher emotional engagement predicts better functioning and vice versa. The therapeutic alliance indirectly influences client improvement by fostering more profound emotional experiences and enhancing overall functioning. These findings highlight the interconnected roles of emotional experience and therapeutic alliance in facilitating therapeutic change. (Leichsenring, Heim, Keefe Lilliengren, Luyten 2024).

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Leichsenring Heim, Keefe, Lilliengren & Luyten. (2024) conducted a research on the meta-analyses of effectiveness studies of psychodynamic therapy (PDT) for the major categories of mental disorders. Comparisons with inactive controls (waitlist, treatment as usual and placebo) generally but by no means invariably show PDT to be effective for depression, some anxiety disorders, eating disorders and somatic disorders. There is little evidence to support its implementation for post-traumatic stress disorder, obsessive-compulsive disorder, bulimia nervosa, cocaine dependence or psychosis. The strongest current evidence base supports relatively long-term psychodynamic treatment of some personality disorders, particularly borderline personality disorder. Comparisons with active treatments rarely identify PDT as superior to control interventions and studies are generally not appropriately designed to provide tests of statistical equivalence. Studies that demonstrate inferiority of PDT to alternatives exist, but are small in number and often questionable in design. Reviews of the field appear to be subject to allegiance effects. The present review recommends abandoning the inherently conservative strategy of comparing heterogeneous "families" of therapies for heterogeneous diagnostic groups. Instead, it advocates using the opportunities provided by bioscience and computational psychiatry to creatively explore and assess the value of protocol-directed combinations of specific treatment components to address the key problems of individual patients. (Abbass, Town, Driessen. 2024).

According to Corradi. (2024), Psychodynamic therapy aims to uncover and address the root causes of psychological distress, often buried in the unconscious mind. This profound exploration can lead to significant insights and long-lasting change, as it helps individuals understand how the unconscious influences their thoughts, emotions, and behaviors. By bringing unconscious processes to conscious awareness, clients can better understand themselves, which can be a powerful tool for personal growth and self-improvement. Psychodynamic therapy aims to promote deep understanding and insight into personal issues by exploring unconscious processes. This insight leads to significant personal growth and long-term changes in behavior and personality. (Ravitz, Flores, Novick & Watson, 2024)

The therapy relies on 3 key mechanisms: Insight: involves uncovering unconscious patterns, allowing clients to understand their dependency needs and other deep-seated issues. Affect: encourages clients to express and process their emotions, helping them confront feelings they had previously resisted. Therapeutic alliance: creates a supportive environment that allows clients to explore these aspects safely (Mechler, Lindqvist, Magnusson 2024)

Collectively, these elements contribute to significant improvements in clients' emotional and interpersonal functioning, emphasizing the effectiveness of psychodynamic therapy in promoting long-term psychological growth and self-awareness (Barbosa 2023).

RESEARCH METHOD

Measures of defense (Defense Style Questionnaire) and symptoms and functioning were administered at regular intervals over the course of 2–4 years to adults who entered a naturalistic study of long-term psychodynamic psychotherapy. With hierarchical linear regression, the relative contributions of change in variables on the Defense Style. Questionnaire to change in other outcome variables were calculated. Secondary data analysis were conducted and archival data was collected at a community mental health clinic that serves older adults in its Seniors Program. These data, which include Outcome Questionnaire (OQ) 45.2 scores for clients collected at 2-month intervals, are used to inform clinical care at an individual level and to track broader outcomes as part of the clinic's research program. The data, which were collected as part of a larger study of 500 adult clients looking at both the course of change in, and outcomes associated with, psychodynamic psychotherapy, were collected at 2-month intervals, over 10 time points, beginning with 80 clients aged 70 to 90 years at baseline and ending with 2 clients at 50 months. Thus, the researcher adopted a longitudinal, time-series design with a two-level model using multi-level statistical modeling and created a mixed model utilizing the 12 time points during which 10 or older adults were represented.

RESULTS

Those with high initial scores on the maladaptive and self-sacrificing defense styles improved, with effect sizes of 0.70 and 0.57, while overall defensive functioning improved, with an effect size of 0.43. The effect size of the change in score on the Global Assessment of Functioning scale was 0.72. Depressed subjects improved their scores significantly on the Hamilton Depression Rating Scale, and there was a significant improvement in distress, as measured by the SCL-90-R. Changes in score on the Defense Style Questionnaire added substantially to the prediction of variance in these three outcomes above their initial levels. A higher level of defensive functioning also predicted a better self-reported therapeutic alliance.

FINDINGS

Overall, findings from this study suggest that older clients can and do benefit from psychodynamic treatment, when offered in this treatment configuration. This is evidenced by older adults in this sample demonstrating statistically and clinically reliable change, as measured in the use of multilevel modeling; and in the finding of a relatively strong effect size, larger than the average effect size for the broader sample. It is also suggested in (a) relatively low levels of deterioration (5% to 12%), which remained relatively stable and decreased slightly over the first year of treatment; (b) by the decreasing number of people meeting criteria for cases similarly throughout the first year of treatment; and (c) in percentages of clients achieving clinically reliable change comparable to national norms for adults (Henderson, 2010; Lambert et al., 2004)

RECOMMENDATIONS

Based on the findings of the study, it is recommended that;

Improve clinical practice by integrating insights from psychodynamic therapy with current research on emotional and interpersonal functioning. Implement strategies to build and maintain a strong therapeutic alliance, fostering a supportive environment for patients to explore unconscious processes. Select appropriate psychodynamic interventions based on individual patient needs and therapeutic goals. Coordinate with interdisciplinary teams to ensure that psychodynamic therapy is effectively integrated into the overall patient care strategy. Therapists/psychologists who are conversant with the use of psychodynamic therapy technique should as well adopt that in the treatment of adolescents' behaviour problems especially in dependent personality disorder management.

Therapists/psychologists who are conversant with the use of cognitive behavioural therapy technique should as well adopt that in the treatment of adolescents' behaviour problems especially in dependent personality disorder management. Therapists/Psychologists who are conversant with the use of group therapy technique should as well adopt that in the treatment of Adults' behaviour problems especially in dependent personality disorder management. Finally, continuous assessment of the Adults should be done in order to ensure their continuous retention of the treatment in managing dependent disorder. They should not be left alone because at the long run, they may show some relapse.

CONCLUSION

Psychodynamic therapy can be a valuable tool for addressing AvPD in older adults in Nigeria, but careful consideration of cultural context, training, and individual needs is essential. By addressing underlying issues and promoting self-awareness, this therapy has the potential to improve relationships, reduce avoidance behaviors, and enhance overall well-being in older adults.

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