

Psychodynamic Psychotherapy

A clinical manual



Deborah L. Cabaniss
and

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By

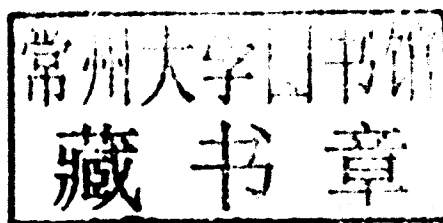
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For our families:

Thomas, William and Daniel

Marc, Rebecca and Ruth

Jon, William and Ben

Eric, Lena and Maia

Acknowledgments

As we write the last words of the book, the notion that “supporting and uncovering” go together feels so natural that it’s hard to believe that we ever thought otherwise. But even when we started our course on psychodynamic psychotherapy for psychiatry residents at the New York State Psychiatric Institute/Columbia University several years ago, that wasn’t necessarily the case. As we began to plan the course, I got an early e-mail from Carolyn. “So you’re calling your course psychodynamic psychotherapy,” she asked, “What about supportive psychotherapy – isn’t that psychodynamic, too?” I began to think – what was it that we were actually trying to teach? Sabrina reminded me of all the supervisees who hide their supportive comments from their supervisors, and wondered if our course could address this in a new way. Anna was on board. Thus began our journey toward a truly integrated way of looking at the technique of psychodynamic psychotherapy – and a method for teaching it to trainees.

Since this book was born as a syllabus for our wonderful Columbia residents, our biggest thanks go to them. They were our first readers and critics; they were the first people who encouraged us to publish this as a book. In particular, Allison Baker, Alexandra Martins, Catherine Roberts, and Alicia Rojas spent many hours over the last few years giving us the “residents’ perspective” and helping us to make our material as clear and understandable as possible.

I could not have written this book without the help of many people. Roger MacKinnon taught me to think crisply, to communicate clearly, and to love both psychoanalysis and teaching. Steven Roose launched my career as a writer and academic, and is always only a phone call away. Ronald Reider gave me the opportunity to shape the course that served as the nidus for this project, and Jeffrey Lieberman and Frederic Kass gave me the chance to expand that into a full psychotherapy curriculum. Maria Oquendo and Melissa Arbuckle allow me to keep my teaching going and are the best educational collaborators anyone could ask for. Carol Nadelson took time from her busy schedule to help me shape the book into the form it is today and was endlessly encouraging. Jane Remer first taught me about learning objectives on a snowy day. Joan Marsh and Fiona Woods have been our enthusiastic and responsive partners at Wiley.

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William and Daniel put up with a mom who sometimes seemed glued to her computer screen. They listened as I read whole chapters out loud and are genuinely proud, which means the world.

I can hardly find the words to thank Thomas Cabaniss. He first told me that I should write a book in 1986. Here it is, and it would never have happened without him. He read each word, was supportive at every moment of the process and is my best editor. Here's to the next one.

DEBORAH L. CABANISS, M.D.,
February 2010

Introduction

"Why can't I find a good relationship?"

"Why do I keep bombing out at work?"

"Why can't I have more patience with my children?"

"Why can't I feel good about myself?"

Feeling good about ourselves, having loving relationships with others, and doing satisfying work – these are the goals of most of our lives. We all have certain patterns that guide the way we try to achieve these goals. By the time we're adults, our patterns are fairly fixed, and changing them is not so easy. The habitual nature of these patterns is akin to the way water runs down a hill – after a while, a certain groove gets carved out and the water always flows down that channel. If you want the water to flow another way, you're going to have to do some hard work to alter the path. It's the same with us – after a certain age, we're pretty consistent about the way we think and behave. But for a lot of people, their characteristic ways of thinking about themselves and dealing with others are maladaptive and they need a way to change.

The problem is that although they know they *want* to change, they don't know *what* they want to change. That's because habitual patterns, more often than not, are motivated by wishes, thoughts, fears, and conflicts that are out of awareness. For example, take a person who never advocates for herself and doesn't know why – but who deep down feels that she deserves to be punished. Or a person who is lonely but is unaware that his fear of rejection is actually causing him to avoid others. For these people, learning about their deep-seated thoughts and fears can be unbelievably powerful. The insecure woman can understand that her self-sabotage has been a lifelong form of self-punishment, and the lonely man can begin to understand that he produces his own isolation by denying his need for others. They can start to develop new patterns of behavior. They can change their lives.

This is what psychodynamic psychotherapy is all about. It offers people a chance to create new ways of thinking and behaving in order to improve the quality of their lives. Since most of the ways that we think about ourselves and deal with our environment evolved as we grew up, we can think of this process as reactivating development. One thing that's incredibly exciting about this view of psychodynamic psychotherapy is that it fits so well with advances in neural science [1–4]. For example, we now hypothesize that all learning comes with changes in neural circuitry – so adult

brains change all the time. In the words of Eric Kandel, "Insofar as psychotherapy works, it works by acting on brain functions, not on single synapses, but on synapses nevertheless" [5]. New growth – new connections – new patterns.

In this model, not all environments foster new growth – you need a particular set of circumstances in which the person feels safe enough to allow this to happen. If you've ever worked on changing anything that had become habitual, it's likely that the process involved another person, like a coach, a teacher, or a parent. In psychodynamic psychotherapy, that person is the therapist. Change happens not only because people learn new things about themselves, but also because they feel safe enough to try out new ways of thinking and behaving in the context of this new relationship.

This manual will teach you to conduct psychodynamic psychotherapy. Because it was first developed as a syllabus for teaching psychiatric residents, it has been classroom tested for several years. It will systematically take you from evaluation to termination using straightforward language and carefully annotated examples. Psychodynamic psychotherapy is a specific type of therapy that requires the therapist to carefully and deliberately make a thorough assessment, establish a therapeutic framework, interact with the patient in particular ways, and make choices about therapeutic strategies. As you journey through this book, you will learn all of these essential skills. Here's the basic roadmap: Part One (What is Psychodynamic Psychotherapy?) will introduce you to psychodynamic psychotherapy and to some of the ways we hypothesize that it works. Part Two (The Evaluation) will teach you how to evaluate patients for psychodynamic psychotherapy, including assessment of ego function and defenses. In Part Three (Beginning the Treatment) you'll learn the essentials for beginning the treatment, including fostering the therapeutic alliance, setting the frame, and setting goals. Part Four (Listen/Reflect/Intervene) will teach you a systematic way of listening to patients, reflecting on what you've heard, and making choices about how and what to say. Part Five (Conducting a Psychodynamic Psychotherapy: Technique) will teach you to apply the listen/reflect/intervene method to the essential elements of psychodynamic technique – affect, resistance, transference, countertransference, unconscious fantasy, conflict, and dreams. By then you'll be ready to use these methods to meet therapeutic goals, and in Part Six (Meeting Therapeutic Goals) you'll see how these techniques are used to address problems with self-esteem, relationships with others, characteristic ways of adapting, and other ego functions. Finally, Part Seven (Working Through and Ending) will take you to the end of the treatment, addressing ways in which our technique shifts over time.

Learning is best when it's active – and thus we've included suggested activities at the end of many of the chapters. These are designed to allow you to try out the skills and techniques that you will learn in this book. They can be done alone, with a partner, or as part of a classroom activity. "Comments" are included to guide reflection and discussion; they are not meant to be definitive or "correct" answers.

We have made many deliberate choices about the use of jargon. For example, we do not extensively use terms like "transference" and "resistance" until we formally introduce them in Part Five, both because we want to carefully define our terms and because we want you to think as openly as possible as you begin learning about this treatment. We all have preconceived ideas about these concepts and, as

much as possible, we are trying to reduce the impact of previously held notions. We have also consciously decided to avoid discussion of particular theoretical schools of psychodynamic psychotherapy, such as object relations theory and self-psychology. Again this decision reflects our intention to teach the technique of psychodynamic psychotherapy in the most ecumenical way possible.

So, let's begin at the beginning – on to Part One and “What is Psychodynamic Psychotherapy?”

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PART ONE:

What Is Psychodynamic Psychotherapy?

1 The Treatment for a Mind in Motion

Key concepts

Psychodynamics means *mind in motion*.

A psychodynamic frame of reference postulates that dynamic (moving) elements in the unconscious affect conscious thoughts, feelings, and behavior.

A psychotherapy that is based on the psychodynamic frame of reference is a psychodynamic psychotherapy.

Both uncovering and supporting techniques are used in almost every psychodynamic psychotherapy.

The basic goals of psychodynamic psychotherapy are to:

1. understand elements of the patient's unconscious that are affecting his/her conscious thoughts, feelings, and behavior
2. decide whether uncovering or supporting will help most at that moment
3. uncover unconscious material or support mental functioning in the way that will best help the patient

What is psychodynamic psychotherapy?

Literally, **psychotherapy** means *treatment for the mind*. Psychotherapy has its origins in psychoanalysis – the “talking cure” that was first developed by Sigmund Freud [6]. Consequently, the word psychotherapy has come to refer to a treatment that involves talking. But it's not just any talking – in order to be psychotherapy, the talking has to be:

- a treatment
- conducted by a trained professional
- within a set framework
- in order to improve the mental and emotional health of a patient

And what about **psychodynamic**? You've probably heard this word many times – but what does it mean? Psycho comes from the Greek word *psyche*, which meant *soul* but has come to mean *mind*, and dynamic comes from the Greek word *dynamis*, which meant power but has come to mean *physical force in motion*. Simply

stated, the word psychodynamics refers to the forces of the mind that are in motion. Freud coined this word when he realized that, as opposed to earlier conceptualizations of a static psyche, the mind was an ever-changing system, roiling with perpetually moving energized elements. These unconscious elements could explode into consciousness and vice versa, while powerful wishes and prohibitions could barrel into one another, releasing the psychic equivalent of colliding subatomic particles [7].

Freud realized not only that elements of the mind were in motion but also that most of this frenzied mental activity was going on outside of awareness. He described this mental activity as **unconscious** and hypothesized that it could affect conscious thoughts, feelings, and behavior. Thus, we arrive at the two definitions that provide the foundation for this manual:

1. A psychodynamic frame of reference is one that postulates that unconscious mental activity affects our conscious thoughts, feelings, and behavior.
2. A psychodynamic psychotherapy is any therapy based on a psychodynamic frame of reference.

The unconscious

We often refer to our unconscious mental activity as *the unconscious*. Feelings, memories, conflicts, ways of relating to others, self-perceptions – all of these can be unconscious and can cause problems with thoughts and behavior. Unconscious thoughts and feelings develop in the person from childhood, and are a unique mix of early experiences and temperamental/genetic factors. We keep thoughts, feelings, and fantasies out of awareness because they threaten to overwhelm us if we are aware of them. They might be too frightening, or stimulating; they might fill us with shame or disgust. Because of this, we make them unconscious but they do not disappear – they remain full of energy and constantly push to reach awareness. Their energy affects us from their unconscious hiding places, and they exert their influence on the way we think, feel, and behave. A good analogy comes from Greek mythology:

Zeus, the young god, was tired of being ruled by the patriarchal Titans, so he buried them in a big pit called Tartarus. Deep beneath the earth, they no longer posed a threat to Zeus' dominance. Or did they? Though out of sight, they had not disappeared, and their rumblings were thought to cause earthquakes and tidal waves.

So too, unconscious thoughts and feelings are hidden from view but continue to rumble in their own way, causing unhappiness and suffering in the form of maladaptive thoughts and behaviors.

Psychodynamic psychotherapy and the unconscious

In many ways, the psychodynamic psychotherapist is like the plumber you call to fix your leaky ceiling. You see the dripping but you can't see the source; you