Psychodynamic Psychotherapy

A Clinical Manual

By

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and

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Psychodynamic Psychotherapy
Companion website

This book includes a companion website:

www.wiley.com/go/cabaniss/psychotherapy

with the “Listening Exercise” for Chapter 16 (Learning to Listen).

This is a short recording that will help the reader to learn about different ways we listen. It is designed to accompany a listening exercise which is found on the second page of Chapter 16 (p 144).
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Columbia University Department of Psychiatry, New York, USA
For our families:

Thomas, William and Daniel

Marc, Rebecca and Ruth

Jon, William and Ben

Eric, Lena and Maia
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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
INTRODUCTION

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?”
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
PART 1: WHAT IS PSYCHODYNAMIC PSYCHOTHERAPY?

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
can catch the drops in a pail, but that doesn’t stop the flow. The plumber knows that the rupture lies behind the plaster, somewhere in pipes that as yet cannot be seen. Here, though, the plumber has an advantage over the psychodynamic psychotherapist – he can use a sledgehammer to break through the plaster, reveal the underlying pipes, find and fix the offending leak, and patch the ceiling. But the psychodynamic psychotherapist is working with a human psyche, not a plaster ceiling, and thus requires more subtle tools to seek and mend what’s beneath the surface.

Uncovering and supporting

Like the plumber, the psychodynamic psychotherapist’s first goal is to understand what lies beneath the surface – that is, to understand what’s going on in the patient’s unconscious. Many of the techniques of psychodynamic psychotherapy are designed to do just that. Once we think that patients are motivated by thoughts and feelings that are out of their awareness, we then have to decide how to use what we have learned in order to best help them. Sometimes we decide that making patients aware of what’s going on in their unconscious will help. We call this uncovering – Freud called it ‘‘making conscious what has so far been unconscious’’ [8]. We have many techniques for helping patients to uncover – or become aware of – unconscious material. What we’re uncovering are inner thoughts and feelings that they keep hidden from themselves but which nevertheless affect their self-perceptions, relationships with others, ways of adapting, and behavior.

Sometimes, however, we decide that making patients aware of unconscious material will not be helpful. We generally make this decision when we judge that the unconscious material could be potentially overwhelming. Then we use what we have learned about the unconscious to support mental activity without uncovering thoughts and feelings. (See Chapter 18 for discussion of uncovering and supporting techniques.)

Here are two examples – one in which we would choose to uncover and one in which we would choose to support:

Ms A is a 32-year-old woman who has a trusting relationship with her husband, many close friends, and a satisfying personal career. In the past, she has used journaling, cooking, and athletics to work through short periods of anxiety. She presents to you complaining of insomnia that she believes has been triggered by a fight she is having with her younger sister, B. Ms A says that she’s ‘‘mystified’’ by B’s hostile behavior, which began about a month ago in the context of B’s impending graduation from medical school. Further exploration reveals that although B wanted to become a dermatologist, she was not offered a position in this field and will have to do an interim year of internal medicine and then reapply. Ms A says that she has been very sympathetic about this setback and does not know why B is so hostile toward her. When you ask about their earlier relationship, you discover that Ms A has cruised effortlessly from one Ivy League institution to another, while B has struggled academically. You hypothesize that B’s hostility towards Ms A may be fueled by envy, and that Ms A has been unconsciously keeping herself from becoming aware of this out of guilt. You think that Ms A will be helped by learning about her unconscious guilt and decide to help her uncover it. Once she grapples with her guilty feelings, she is able to recognize her sister’s hostility and envy. This awareness helps her to understand their recent interpersonal difficulties and resolves the insomnia.
Ms C is a 32-year-old woman who is isolated, moves frequently from job to job, and often reacts to stress by binging and purging. She presents to you complaining of insomnia that she believes has been triggered by a fight with her younger sister, D. She says that their mother has recently become ill, and that she, Ms C, is shouldering the entire burden of caring for her while D “just sits in her suburban home with the other soccer moms and sends checks.” Ms C, who is struggling to make ends meet, tells you that she thinks that her sister, who is married to a very wealthy man, is “shallow and materialistic” and that she “wouldn’t switch lives with her if you paid me.” She says that she is “enraged” at D for not doing more to help their mother and that ruminations about this are causing her to stay awake at night. You hypothesize that Ms C’s rage is fueled by envy of D, but you decide that learning about the way in which this might be contributing to the insomnia will not help her at this time. Instead, you decide to support Ms C’s functioning by empathizing with the amount of work she is doing to care for her ailing mother, and by suggesting that she use her mother’s Medicare benefits to get some help with the eldercare. Once she feels validated, Ms C relaxes, her insomnia resolves, and she is better able to understand many aspects of her current situation.

In both cases, the first thing that the psychodynamic psychotherapist needed to do was to understand the way in which unconscious thoughts and feelings were affecting the patient’s conscious behavior. However, in one situation the therapist decided to uncover while in the other the therapist decided to support. Thus, we can say that the goals of psychodynamic psychotherapy are to:

1. understand the ways in which the patient is affected by thoughts and feelings that are out of awareness;
2. decide whether uncovering or supporting will help most at that moment;
3. uncover unconscious material and/or support mental functioning in the way that best helps the patient.

Making the decision in step #2 depends on careful assessment of the patient, both at the beginning and throughout the treatment, to determine what will be most helpful at any given point in time (see Part Two). Psychodynamic psychotherapies that primarily use uncovering techniques are often called insight oriented, expressive, interpretive, exploratory, or psychoanalytic psychotherapies, while those that primarily use supporting techniques are often called supportive psychotherapies [9]. Unfortunately, these are often seen as completely separate from one another. On the contrary, uncovering and supporting do not constitute separate therapies but rather they are two types of techniques that are used in an oscillating manner in all psychodynamic psychotherapies. One patient may benefit from a therapy in which a preponderance of uncovering techniques is used, while another may benefit from a therapy in which supporting techniques predominate, but all treatments use some of each at different points.

The optimal mix of supporting and uncovering techniques will vary from patient to patient, and sometimes from moment to moment, depending on the individual person’s strengths, problems, and needs. Some patients only require the implicit support conveyed in the therapist’s attitude of empathy, understanding, and interest. Other patients need more explicit support throughout the therapy. Whatever the overarching goals we choose at the start of treatment, we are prepared to shift our approach flexibly depending on the patient’s changing needs.
The importance of the therapeutic relationship

Uncovering and supporting do not happen in a vacuum – they happen in the context of the relationship between the therapist and the patient. This relationship is central to what defines psychodynamic psychotherapy. It not only provides a safe environment in which patients can talk about their problems, but it also allows them to learn about themselves and their relationships to others through their interaction with the therapist. The relationship itself is likely to be an agent of change in psychodynamic psychotherapy, both as a “relationship laboratory” that the patient can learn from, and as a direct source of support that can foster growth and change. Talking about and learning from the therapeutic relationship is called discussion of the transference (see Chapters 12 and 21) and is often a major focus of psychodynamic psychotherapy.

With this addition, we can round out our definition of psychodynamic psychotherapy in this way:

*Psychodynamic psychotherapy is a talk therapy based on the idea that people are affected and motivated by thoughts and feelings that are out of their awareness. Its goals are to help people to change habitual ways of thinking and behaving by helping them to learn more about how their minds work, and/or directly supporting their functioning, in the context of the relationship with the therapist.*

But how does this happen? Let’s move on to Chapter 2 to explore some of the theories behind the technique.
2 How Does Psychodynamic Psychotherapy Work?

Key concepts
A theory of therapeutic action is a theory that tries to explain how a psychotherapy works. Basic theories of therapeutic action for psychodynamic psychotherapy include:

- making the unconscious conscious
- supporting weakened ego function
- reactivating development

Psychodynamic psychotherapy can be thought of as a remedial process in which development can be reactivated and new growth can occur in the context of the relationship with the therapist.

Theories of therapeutic action
In order to choose what to say to patients, we have to have some idea about why what we’re saying will help them. This means that we have to have theories about how we think therapy works. A theory that tries to explain how a psychotherapy works is called a **theory of therapeutic action** [10]. In psychodynamic psychotherapy, we have several theories of therapeutic action that help guide our work.

Making the unconscious conscious
In psychodynamic psychotherapy, one of the things that we think helps our patients is making the unconscious conscious. This idea was the basis for Freud’s first theory of therapeutic action [11]. Drawing on his clinical work, Freud hypothesized that some patients developed symptoms because thoughts and feelings that were not accessible to consciousness nevertheless exerted a pathological effect on their conscious functioning. Freud’s idea was that many of these thoughts were memories, and thus he famously said that these patients “suffer mainly from reminiscences” [12]. Although Freud first used hypnosis to bring the sequestered memories into consciousness, he and his patients soon realized that simply talking freely brought
unconscious thoughts and feelings to the surface. Since that time, ideas about therapeutic action have become more complex. However, the basic ideas that:

- thoughts and feelings that are out of awareness can affect and motivate people, often leading to habitual but maladaptive ways of thinking and behaving; and
- becoming aware of these thoughts and feelings can be therapeutic

are still central tenets of psychodynamic psychotherapy.

**Why should becoming aware of unconscious thoughts and feelings be therapeutic?**

There are many ways to think about this:

- **Lancing the abscess** – One idea is that cloistered off thoughts and feelings can be harmful and releasing them can be cathartic. The analogy in physical medicine is the pus-filled abscess that causes pain even if it is hidden beneath the skin. Just as the abscess needs to be lanced and debrided, this theory says that sequestered feelings need to be released. This is often called *abreaction* and remains an important idea in psychodynamic psychotherapy [13].

- **Preventing proliferation in the dark** – Freud said an element from the unconscious “proliferates in the dark” if it is not brought into consciousness through speaking, meaning that it will grow to enormous, inappropriate dimensions [14]. Again, we have all had the experience of being less afraid of something once we’ve talked about it. In this model, talking about something is like turning on the light in your bedroom to find that the giant monster in the corner is really a hat on a chair.

- **Knowing ourselves better helps us to make better decisions** – If the forces that govern our thoughts, feelings, and behavior are unconscious, we cannot control them. They guide our decision-making, provoke anxiety, and produce feelings. It makes sense, then, that increasing awareness of these forces can help people by giving them more conscious control over how they run their lives, for example how they make decisions, think about themselves, and have relationships with others. Explaining this concept to patients can be a very effective and powerful way to help them understand this treatment and its therapeutic potential.

**How do we help people to become aware of things that are out of awareness?**

If we think that unconscious thoughts and feelings cause conscious suffering, we have to access them – but the question is how. It’s like getting to uncharted territory without a map. Even if we had a map, we might not understand what we found there because the unconscious mind and the conscious mind are characterized by different types of thought processes. The unconscious mind is governed by what we call *primary process*, which is non-linear and non-verbal (like dreams), while the conscious mind is governed by *secondary process*, which is linear and verbal (like conscious thought) [15]. Thus, in order to understand unconscious thoughts
and feelings, we have to translate them into a form that the conscious mind can understand. We do this with \textit{words}. Words are the transporters from the unconscious to the conscious mind. You can think of words as boats that ferry ideas between the unconscious and conscious parts of the mind. We’ve all had this experience – when we use a word to shape an inchoate thought, we often have an “a-ha” moment. This is enormously helpful, and can reduce anxiety. Once we have words for a thought or feeling, we can talk about it, subject it to conscious scrutiny, and use it to understand ourselves more fully.

You will learn specific techniques for helping patients to uncover unconscious thoughts and feelings in Parts Four and Five of this manual.

\textbf{Supporting weakened ego functions}

A second theory of therapeutic action is that psychodynamic psychotherapy works by helping patients to \textit{strengthen their ego function}. In order to understand this theory, let’s first define the term \textit{ego function}. We can divide the mind into three basic parts – the \textit{id}, the \textit{ego}, and the \textit{super-ego}. These are not actual structures that can be located anatomically, rather they are best thought of as clusters of functions. The \textit{id} consists of wishes and desires, the \textit{super-ego} contains conscience and personal ideals, and the \textit{ego} manages the person’s inner mental life and relationship to the world. In order to do this, the \textit{ego} relies on many essential functions, such as impulse control, internal and external stimulus regulation, the capacity for tolerating anxiety and strong feelings, and mobilization of defense mechanisms (see Chapter 4 for more detail). If these \textit{ego functions} are weak, people can suffer in many ways. \textit{Ego function} can be chronically weak, or can wax and wane in response to intermittent stress, trauma, or physical illness. Some patients have global problems with \textit{ego function}, while others have difficulty in only one or two areas.

Psychodynamic psychotherapy can help patients by \textit{supporting} weakened \textit{ego function}. This can be explicit, for example when we teach patients new ways of dealing with strong feelings. It can be also be implicit, for example when the sheer act of meeting to discuss feelings with the therapist helps to decrease a patient’s anxiety. This theory of therapeutic action suggests not only that patients derive temporary benefit by “borrowing” \textit{ego function} from their therapists during times of \textit{ego weakness}, but also that they can internalize new ways of thinking and behaving in order to strengthen \textit{ego function} on a more permanent basis.

\textbf{Psychodynamic psychotherapy as the reactivation of development}

Another theory of therapeutic action in psychodynamic psychotherapy is that this treatment can reactivate mental and emotional development in order to foster new, healthier growth. A good analogy for this model is what happens when a tennis player stops improving because she is hampered by a weak serve. A new coach diagnoses the problem, helps her to “unlearn” her old serve, and teaches her a new technique. Fortified with a new, stronger serve, her game improves. In a similar way, things happen in peoples’ lives that may lead to problematic development
in one or more areas. For example, lack of praise as a child could stunt creative development. There are myriad ways in which aspects of mental and emotional development can be arrested or stunted, rendering people unable to move forward as adults. This can lead to a variety of problems, such as maladaptive coping mechanisms, impaired relationships with other people, and problems in maintaining self-esteem. The reason for the developmental problem is usually something very painful, such as abuse, neglect, emotional deprivation, lack of parental attunement, or over-stimulation. Advances in neuroscience are teaching us that early experiences like this can result in lasting biological changes that may be reversible in certain circumstances [16].

It’s also important to remember that these early experiences occur in the context of the person’s unique temperamental and genetic milieu, which can impact his/her development [17]. In the psychodynamic frame of reference we are very interested in these early experiences and the way in which the need to put them out of awareness can lead to diverse developmental problems. We have many theories about how this happens and how development is affected – but all of our theories postulate that psychodynamic psychotherapy helps to reactivate development in the context of the new relationship with the therapist. Areas in which new growth can occur include:

- development of new ways of thinking about oneself and of regulating self-esteem
- development of new ways of relating to others
- development of more flexible, adaptive coping mechanisms.

For example, if a person who believes that no one will take care of him realizes that his therapist does, we hypothesize that this reactivates the development of his self-esteem regulation and capacity for relationships with others, allowing for new, healthier growth. For some patients, putting this experience into words can help them become aware not only of the problem and the potential reasons for it, but also of the ways in which the therapeutic relationship is helping them to develop new patterns of thinking and feeling. With other patients, this process may be more experiential and less verbally explicit. Determining which patients will benefit from each type of technique depends on making a careful assessment, which is the topic of the next part of this manual.

Now that you have an idea of what psychodynamic psychotherapy is and how we think it works, let’s move on to thinking about how we evaluate patients for this treatment and for whom it is most helpful.

**Theories of therapeutic action**

- Making the unconscious conscious
- Supporting weakened ego function
- Reactivating development
Part One References

PART TWO: The Evaluation

Introduction

Key concepts
There are four basic phases of psychodynamic psychotherapy:

- evaluation
- induction (beginning)
- midphase (main work time of the therapy)
- termination (ending)

There are two major goals of the evaluation phase of psychodynamic psychotherapy:

- To gather information about the patient in order to formulate the case and make a recommendation
- To make a connection with the patient, and set the tone for the treatment
Psychodynamic psychotherapy has four basic phases:

<table>
<thead>
<tr>
<th>Phase</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation</td>
<td>Making an assessment</td>
</tr>
<tr>
<td>Induction</td>
<td>Beginning the treatment: includes establishing the treatment, making an alliance with the patient, setting goals, and helping the patient to learn to use the therapy.</td>
</tr>
<tr>
<td>Mid-phase</td>
<td>The main work time of the treatment: the patient and therapist are working well together on achieving therapeutic goals.</td>
</tr>
<tr>
<td>Termination</td>
<td>Ending the treatment: includes consolidating goals, reviewing the treatment, realistic appraisal of change and possibility for future change, planning for future treatment if necessary, and leave taking.</td>
</tr>
</tbody>
</table>

In this manual, we will review all of the phases of treatment. In this section we will begin with the **evaluation phase**.

In order to best help our patients, we need to understand as much as we can about the problems that have brought them for help and the way in which their minds characteristically work. This is the task of the evaluation phase. Chapter 3 will teach you how to take a full history while creating conditions of comfort and emotional safety designed to encourage your patients to talk freely and openly. Chapter 4 focuses specifically on the assessment of ego functions, including defense mechanisms. In Chapter 5, we will describe a particular way of thinking about and organizing clinical data – the **Problem → Person → Goals → Resources model** – that will help you formulate specific goals for a psychodynamic psychotherapy. Finally, Chapter 6 describes the general indications for psychodynamic psychotherapy so that you can have a clear idea of who will benefit most from this type of treatment.