Psychodynamic Therapy for Challenging Problems

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Disclosure Statement

The speaker has nothing to declare and no conflicts of interest. (All royalties from the *Psychodynamic Diagnostic Manual (PDM-2)* go to a fund to support clinical research.)
Questions addressed this morning:

1. What are the most distinctive features of the psychodynamic tradition?
2. What kinds of clients are most challenging, and how might psychoanalytic psychology help clinicians of all orientations to work more easily and helpfully with people in these groups?
What is distinctive about psychoanalytic psychology?

1. Emphasis on the dynamic unconscious
Personality as organized by thematic conflicts rather than traits

Concepts relevant to internalized themes and tensions

- Stern, D. N. (1985). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology*. New York: Basic Books. “representations of internalizations that have been generalized (RIGs)”


What is distinctive about psychoanalytic psychology?

1. Emphasis on the dynamic unconscious
2. Orientation to overall mental health goals
Fundamental psychological capacities

1. Attachment security (basic trust, ontological security, epistemic trust)
2. Self and object constancy (identity integration, cohesion)
3. Sense of agency (autonomy, self-efficacy)
4. Realistic and reliable self-esteem (healthy narcissism)
5. Reflective function and mentalization (theory of mind)
6. Comfort with both self-in-relation and self-definition
7. Sense of vitality
8. Acceptance of what cannot be changed
Love, work, play: Jaak Panksepp 1944-2017
What is distinctive about psychoanalytic psychology?

1. Emphasis on the dynamic unconscious
2. Orientation to overall mental health goals
3. Emphasis on intersubjectivity and the therapeutic relationship
American Psychological Association, 2012
Client outcomes vary according to:

1. Personality factors

2. Relationship factors

www.apa.org/about/policy/resolution-psychotherapy.aspx
What is distinctive about psychoanalytic psychology?

1. Emphasis on the dynamic unconscious
2. Orientation to overall mental health goals
3. Emphasis on intersubjectivity and the therapeutic relationship
4. Appreciation of unconscious resistances to change
What is distinctive about psychoanalytic psychology?

1. Emphasis on the dynamic unconscious
2. Orientation to overall mental health goals
3. Emphasis on intersubjectivity and the therapeutic relationship
4. Appreciation of unconscious resistances to change
5. Psychopathology as a matter of degree
Empirical support for a severity dimension

Relevant critiques of current biases in “evidence-based practice”


Clinical difficulties for which psychoanalytic ideas may be helpful

1. Severe personality disorders (personality organized in the borderline-to-psychotic range)
Major psychoanalytic contributors on borderline psychology, with influences

- Otto Kernberg: Transference Focused Psychotherapy (Melanie Klein, object relations theory, ego psychology)
- James Masterson (Margaret Mahler’s separation-individuation research)
- John Gunderson (focus on hospital management issues)
- Giovanni Liotti: Multiple integration model (attachment research and cognitive psychology)
- Fonagy and Bateman: Mentalization-Based Therapy (attachment research)
- Russell Meares: Conversational Model (self psychology, trauma and neuroscience literatures)
- Allan Abbass: Intensive Short-term Dynamic Therapy (Davanloo’s work)
- Gregory and Ramen: Dynamic Deconstructive Psychotherapy
Areas of agreement about psychodynamic work with severe personality disorders

1. Centrality of therapeutic relationship
2. Importance of limits, boundaries, contracts
3. Discouragement of regression
4. Emphasis on the here-and-now
5. Expectation of intensity, strong countertransferences, permeability, enactment
6. Inevitability of either-or dilemmas
7. Requirement that the therapist be conversational and emotionally responsive
8. Necessity of supervision and consultation
Clinical difficulties for which psychoanalytic ideas may be helpful

1. Severe personality disorders (personality organized in the borderline-to-psychotic range)
2. Complex trauma
Bessel van der Kolk’s integrative work on healing traumatic conditions
Unconscious, unverbalized intergenerational transmission of trauma


Childhood trauma and dissociated self-states
Clinical difficulties for which psychoanalytic ideas may be helpful

1. Severe personality disorders (personality organized in the borderline-to-psychotic range)
2. Complex trauma
3. Malignant narcissism
Depressive themes constitute the most common personality pattern in therapists

Glen Gabbard and Holly Crisp, 2018: synthesis of ideas about narcissism
Some therapeutic possibilities for working with narcissistic clients

- Remembering that this is the best way this person knows how to relate to another;
- Focusing on whether the patient has made his or her needs explicit;
- Focusing on thanking and apologizing;
- Thanking and apologizing from the therapist: exemplifying that one can maintain one’s self-esteem without having to be without need and without mistakes;
- Embedding all intervention in respectful appreciation of realistic positives in the person;
- Exemplifying humor in the face of devaluation.
Clinical difficulties for which psychoanalytic ideas may be helpful

1. Severe personality disorders (personality organized in the borderline-to-psychotic range)
2. Complex trauma
3. Malignant narcissism
4. Psychotic suffering
Integrating CBTp with psychoanalytic understanding of psychosis (2019)
Clinical implications of a dimensional view of psychosis

- It allows therapists and patients to relate empathically as one vulnerable human being to another.
- It permits therapists to think about and address issues of safety as central to patients in the psychotic range.
- Psychotic-level dynamics of terror and humiliation require clinicians to be both realistically authoritative and profoundly egalitarian.
- Normalizing is usually important for patients with psychotic tendencies.
- Education is usually necessary for patients dealing with psychotic confusions.
- Therapists of patients with psychotic tendencies need to be especially appreciative of health-seeking aspects of their symptoms.
- Therapy should be conversational and active.
Therapy with patients with psychotic suffering: Classic resources

Therapy with patients with psychotic suffering: Newer resources

Thank you!
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