

Psychodynamic Theory and Practice- 2012

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- A means of understanding the full range of human functioning: Healthy, Neurotic, Borderline and Psychotic
- A means of understanding both conscious and unconscious dynamics (arts, beliefs, dreams, symptoms, identity and intimacy)
- A theory of human development
- A deep form of psychotherapy that reduces symptoms *and* enhances mental capacities

My Eclectic Background (and my rejection of dogmatism)

- Undergrad focus on physics and philosophy of science
- For Ph.D. studied the artifacts in research with Rosnow and Lana (applied epistemology).
- Exposed to Wolpe and Lazarus at Temple University.
- After my Ph.D., I studied with Albert Ellis (Rational Emotive Therapy), Salvador Manuchin, Jim Framo, and Peggy Papp (family therapy).
- For a while my primary identification was, “family therapist.” (AFTA, AAMFT Supervisor).
- Eventually, I became convinced that primitive defenses and transferences were the main issues in couples work and I went on to study object relations. (Institute training and my psychoanalysis).
- I grew past the more simplistic psychological theories.

Historical Roots and Assumptions

Locke		Kant
Pavlov		Darwin
Skinner	von Bertalanffy	Freud
Behaviorism linear, stimulus-response, environment	Systems Simple homeostatic system	Psychodynamic Complex adaptive system of brain-environment-developmental interaction

Psychoanalysis assumes the evolution of brain structures that are often in conflict, and that child rearing and temperament add to or mitigate these conflicts. Behaviorism grew in opposition to the idea of a mind (as a defense against insight). Gordon, R.M. (2008a) *An Expert Look at Love, Intimacy and Personal Growth*. Second edition. (Chapter 9 Integrating Theories)

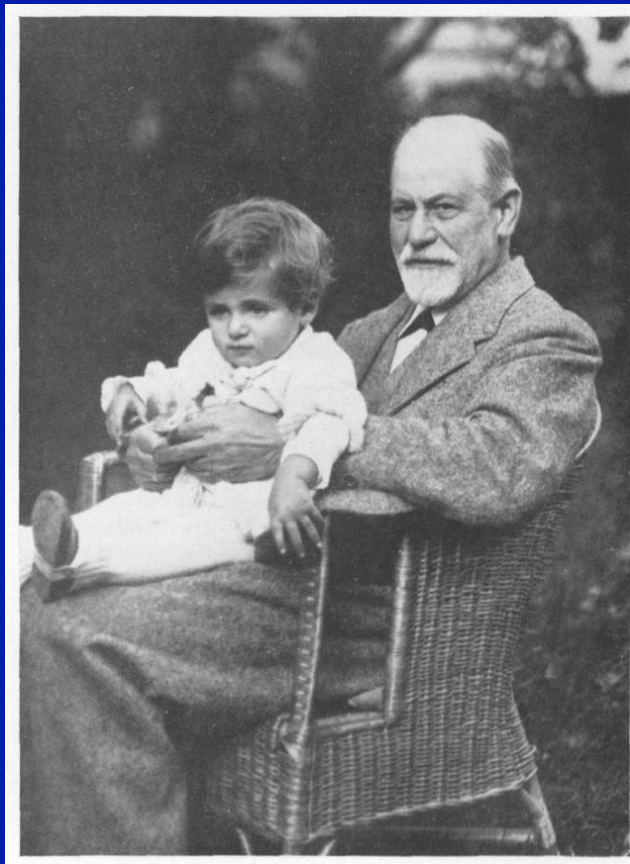
**Let Us Compare the
Competing Theories of
Psychoanalysis and
Behaviorism
Through the Cases of Little
Hans and Little Albert**

Freud and Psychoanalysis

- A brain in conflict between instincts (Id), inhibitions and morals (Superego) and mediated by maturity level (Ego).
- Need for parents (Oedipus Complex) for love and to help with sublimating instincts for healthy development.
- An interpretive-relational treatment

Freud and Little “Hans”

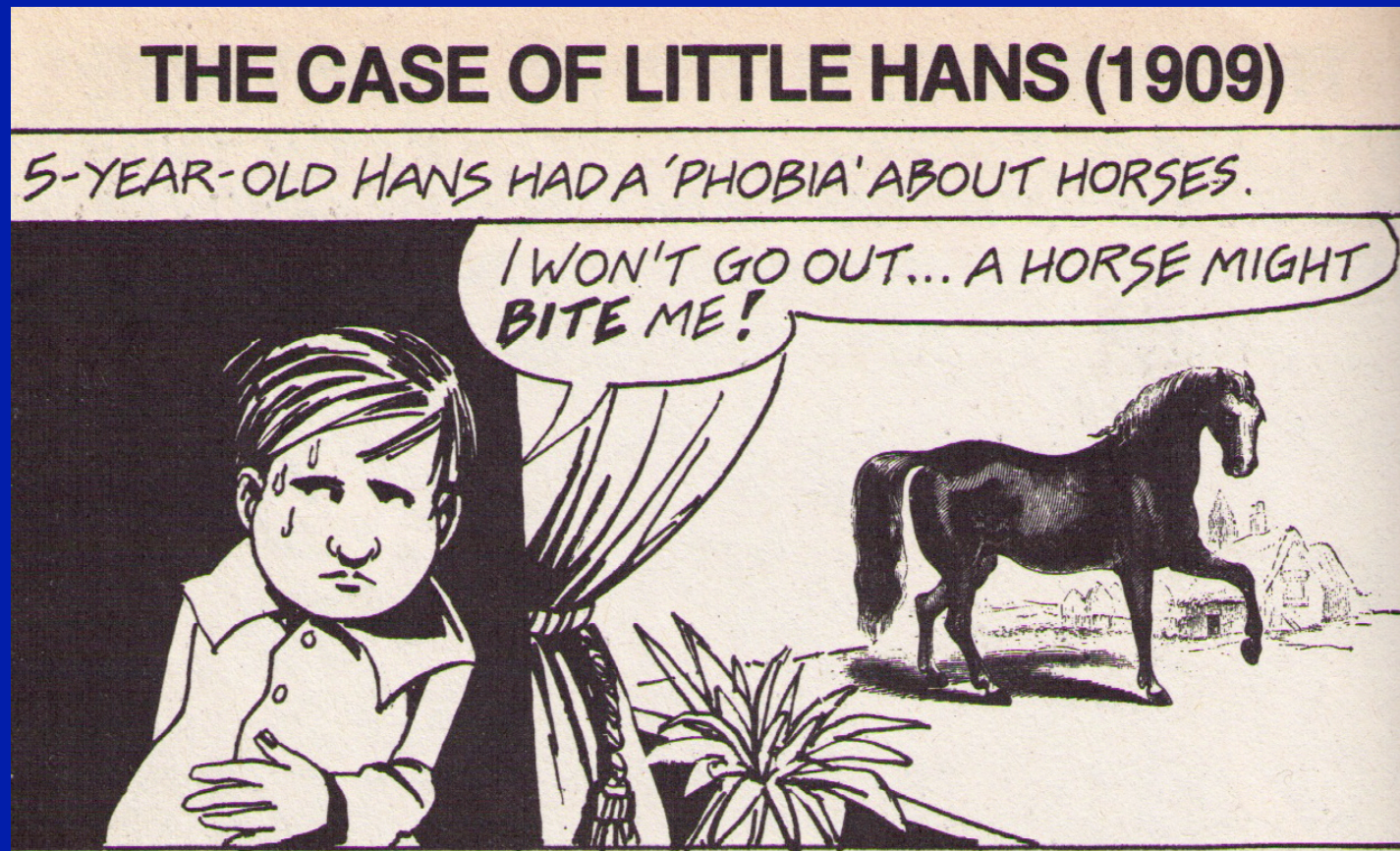
A Case of Infantile Sexuality and Phobia



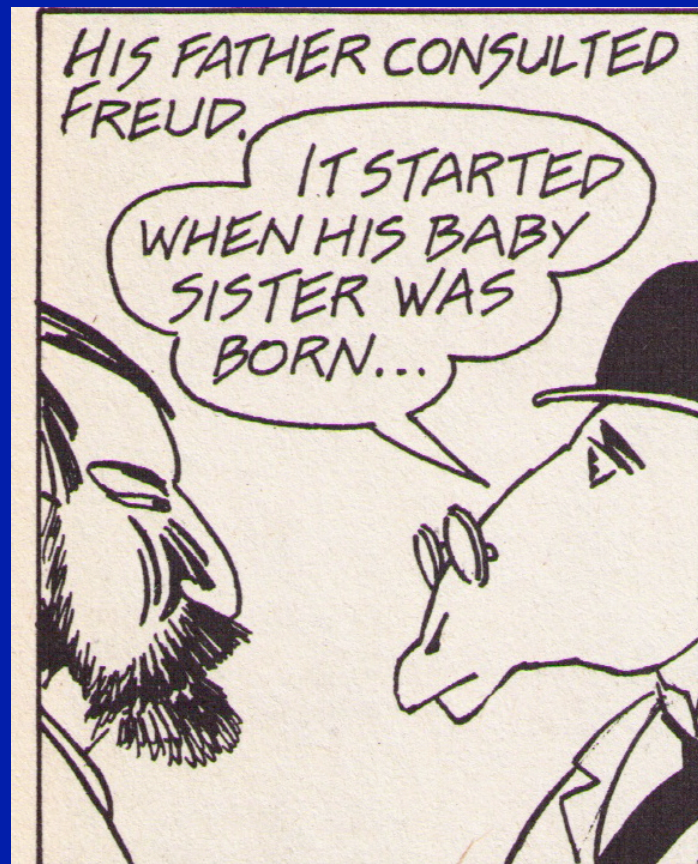
Freud, S. (1909) Analysis of a phobia of a five year old boy.

- When “Hans” was about 3, his mother told him not to touch his penis or else she would call the doctor to come and cut it off.
- When 4, Hans saw a horse collapse. He developed a horse phobia.
- When Hans was almost 5, Hans’ father wrote to Freud, “He is afraid a horse will bite him in the street.”
- At the turn of the century, Viennese culture included an intolerance of masturbation and little understanding of child development.

The Case Supported Freud's Theory of the Oedipal Complex and the Process of Symbolization and Displacement



Hans' phobia was thought to be the result of several factors, including the birth of a little sister, his desire to replace his father as his mother's sexual mate, emotional conflicts over masturbation, sexual seduction and emotional manipulation by his mother (his parents later divorce).



Freud Believes that Hans' Fantasies Have Meaning

- Hans fears the arrival of more babies will further reduce the attention he receives from his mother, and expresses the wish that his baby sister should die. He also expresses the wish to have children of his own with his mother, and with his father elevated to the role of grandfather.
- In the second fantasy, he described how a plumber came and first removed his bottom and penis and then gave him another one of each, but larger.

Use of Relationship and Insight

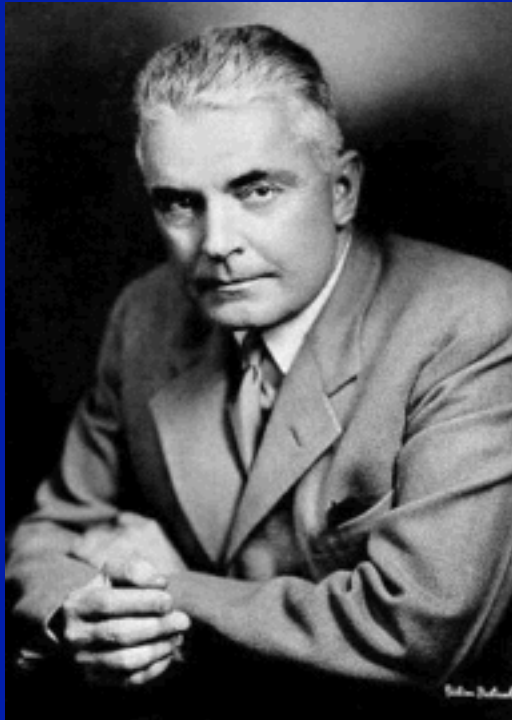
- Freud encourages the father to understand Hans' disorder in terms of the anxiety caused by both family dynamics and the need to satisfy his sexual curiosity with an open discussion.
- Although Oedipal wishes and castration anxiety are explored during the case history, Freud reproaches Hans' father for understanding the Oedipal issues too dogmatically.

A Case Study of The Integration of Theory and Treatment

- Hans' behavior and emotional state improved after he was provided with sexual information by his father, and the two became closer.
- Freud felt that the case of Little Hans supported his theory that children are born with a sexual instinct that needed to be socialized with the help of parents. Also the case supports that phobias are the symbolic result of unconscious conflicts.
- At age 19 Hans visits Freud having read his case history. Hans confirmed that he had suffered no troubles during adolescence and that he was “fit and well.”
- “Hans” was Herbert Graf (1904–1973) who became the director of the Metropolitan Opera in NYC.

Watson and Little “Albert”

Behaviorism-Prediction and Control of Behavior vs. Understanding the Mind



Beck, H. P., Levinson, S., & Irons, G. (2009). Finding little Albert: A journey to John B. Watson's infant laboratory. *American Psychologist*, Vol 64(7), 605-614.

Fridlund, A. J., Beck, H. P., Goldie, W. D., & Irons, G. (2012). Little Albert: A neurologically impaired child. *History of Psychology*.

His Behavioral Manifesto is Anti-Mind

- “Its theoretical goal is the prediction and control of behavior. Introspection forms no essential part of its methods...nor consciousness.” (1913)
- Watson believed that children should be treated as a young adult. He warned against the inevitable dangers of a mother providing too much love and affection and letting the infant sit on a parents' lap.
- Watson became president of APA in 1915

Watson Shows That Phobias Are Not a Product of Unconscious Forces

- In 1920, 9-month-old Little Albert is shown a white rat and is unafraid.
- Later, Watson and Rayner repeatedly present the rat along with a loud clang (UCS). The baby starts to cry (CR) at the mere appearance of the rat (CS).
- The fear (CR) extends to other furry things like a dog and a monkey, animals that previously provoked only mild interest.

Watson and Rayner Creating a Conditioned Fear

They demonstrated a conditioned fear without the need to consider a mind in conflict.



Trauma vs. Phobia

- Watson never treats Little Albert. But does film and use the experiment to demonstrate that fears are learned.
- This becomes a standard example in psychology texts.
- Watson confuses trauma with phobia.
- A trauma is from an actual event. A phobia is symbolic of internal conflicts that seem to emerge from nowhere.

Little Albert and Ethics

- Little Albert was Douglas Merritte, the son of a wet-nurse who worked at the Johns Hopkins University, where the experiment was carried out.
- Little Albert was not, as Watson insisted, “healthy” and “normal.” Merritte had suffered from hydrocephalus since birth and there is convincing evidence that Watson knew about the boy's condition and intentionally misrepresented the state of the child's health.
- Merritte died in 1925 at age six from convulsions brought on by hydrocephalus.

Behaviorism and Cognitive Behaviorism Becomes the Dominate Psychology in America

- Watson goes on to become a successful advertizing executive and develops for Maxwell House the slogan “take a coffee break.”
- American Psychology rejects the study of the mind for the study of observable behaviors and later verbalized cognitions (CBT).

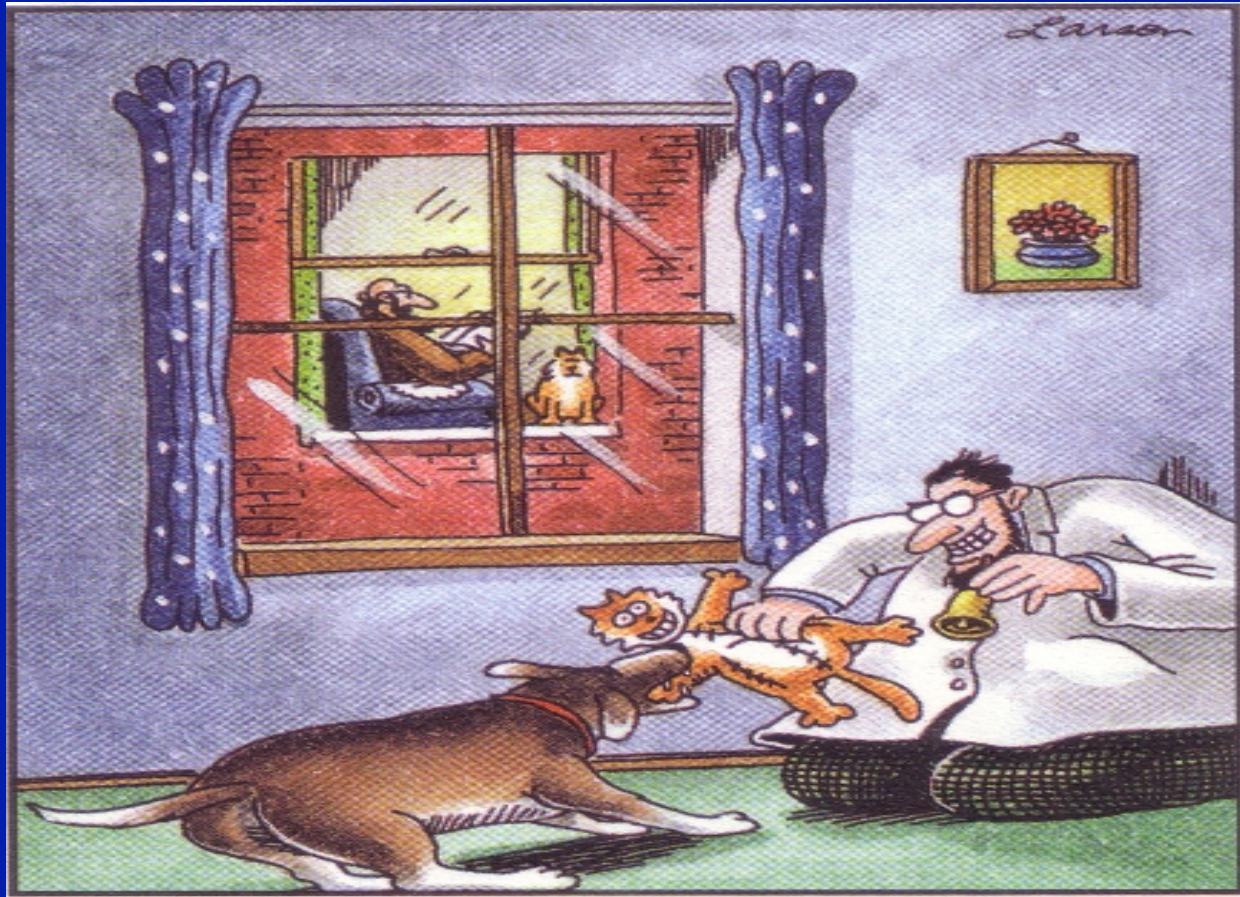
Behaviorism and Cognitive Behaviorism Are Anti- Psychoanalytic

“My anti-Freudian point of view was strengthened by joining an off campus group led by Joseph Wolpe...”

Lazarus, A. A. (2005). Is there still a need for psychotherapy integration?
Current Psychology: Developmental, Learning, Personality, Social, 24
(3), 149-152.

When a Theory Is Based on a Defense Against the Mind...

“Thus, in 1967 when I published a brief statement on the need for technical eclecticism (Lazarus, 1967)... Wolpe and Eysenck reacted with fury...Wolpe, who had been my mentor in South Africa, and with whom I served on the faculty at Temple University Medical School from 1967-70, tried to get me fired.” (I was at Temple during the purge of psychodynamic faculty and latter the purge of Lazarus for considering “thinking.”)



Unbeknownst to most students of psychology, Pavlov's first experiment was to ring a bell and cause his dog to attack Freud's cat.

Psychology's Hostility Against Psychoanalytic Theory

Drew Westen professor of psychology recently commented that, "Virtually no psychodynamic faculty are ever hired anymore. I can name maybe two in the last 10 years"

Spiegel, A. (2006). More and More, Favored Psychotherapy Lets Bygones Be Bygones. New York Times,

February 14, found on Internet.

Psychoanalytic Theory is Poorly Taught in Universities

Robert F. Bornstein reviewed psychology texts and found many gross oversimplifications and distortions of psychoanalytic theory and practice.

Bornstein, R. F. (1988). Psychoanalysis in the undergraduate curriculum: The treatment of psychoanalytic theory in abnormal psychology texts. *Psychoanalytic Psychology*, 5(1), 83-93.

“Empirically Validated Treatment Bias” or How Behavioral and CBT Set Up Their Horses to “Win.”

“A comparison therapy might be set up as a kind of straw man over which the favored therapy would prevail. The comparison therapy (often an ‘insight therapy’) would be treated with fairly obvious disdain and would be given not much opportunity for success.”

Smith ML, Glass GV, Miller TI. The Benefits of Psychotherapy. Baltimore, Md: John Hopkins University Press; 1980.

Psychoanalytic Theory is Challenging

- The theory is *intellectually* challenging and complex compared to other psychological theories.
- The theory is *emotionally* challenging and can evoke defensiveness.
- It requires a high level of comfort with affects, abstraction and psychological mindedness.

Is the Irrational Hostility Towards Psychodynamics a Reaction Formation?

Do some go into clinical psychology as a defensive against their fears of their own unconscious conflicts and then try to prove that there is no such thing?

An Example of Reaction Formation: Homophobia

By Adams, Henry E.; Wright, Lester W.; Lohr, Bethany A. *Journal of Abnormal Psychology*. Vol 105 (3), Aug 1996, 440-445.

A group of homophobic men and a group of non-homophobic men were exposed to sexually explicit erotic stimuli consisting of heterosexual, male homosexual, and lesbian videotapes, and changes in penile circumference were monitored. Only the homophobic men showed an increase in penile erection to male homosexual stimuli.

- Insight orientated therapists scored higher than behavior oriented therapists in intuition, openness for experience, and need for cognition. Topolinska, S. & Guido H. (2007)
- Psychodynamic graduate students scored significantly higher on Tolerance and Risk-Taking than those of other theoretical orientations. Christopher, C.W. (2008)
- Graduate students interested in psychodynamic orientation scored greater on intuitiveness, preference for the intangible, unstructured and symbolic. Scragg, R., Bar, R., & Watts, M. (1999)

“Psychodynamic therapists were significantly higher in the NEO-FFI domain of Openness as compared to cognitive behavioral therapists.

Psychodynamic therapists also scored significantly higher in ambiguity tolerance on the MAT-50 (Miller Analogies) ...the theoretical identities of psychodynamic and cognitive behavioral therapists are informed by personal proclivities and personality traits.”

MacLennan, K. (2008)

Psychodynamics Continues to Develop

- Freud- primarily a theory of the brain in conflict with itself (instinctive drives in conflict with inhibitions)
- Klein, Bion, Winnicott, Mahler, etc.- attachment and object relations- person needs a healthy attachment and relationships for development
- In 1979 APA's Division 39 - Psychoanalysis – was formed and later ABPP Board Certification in Psychoanalysis (both were strongly opposed by CBT psychologists)

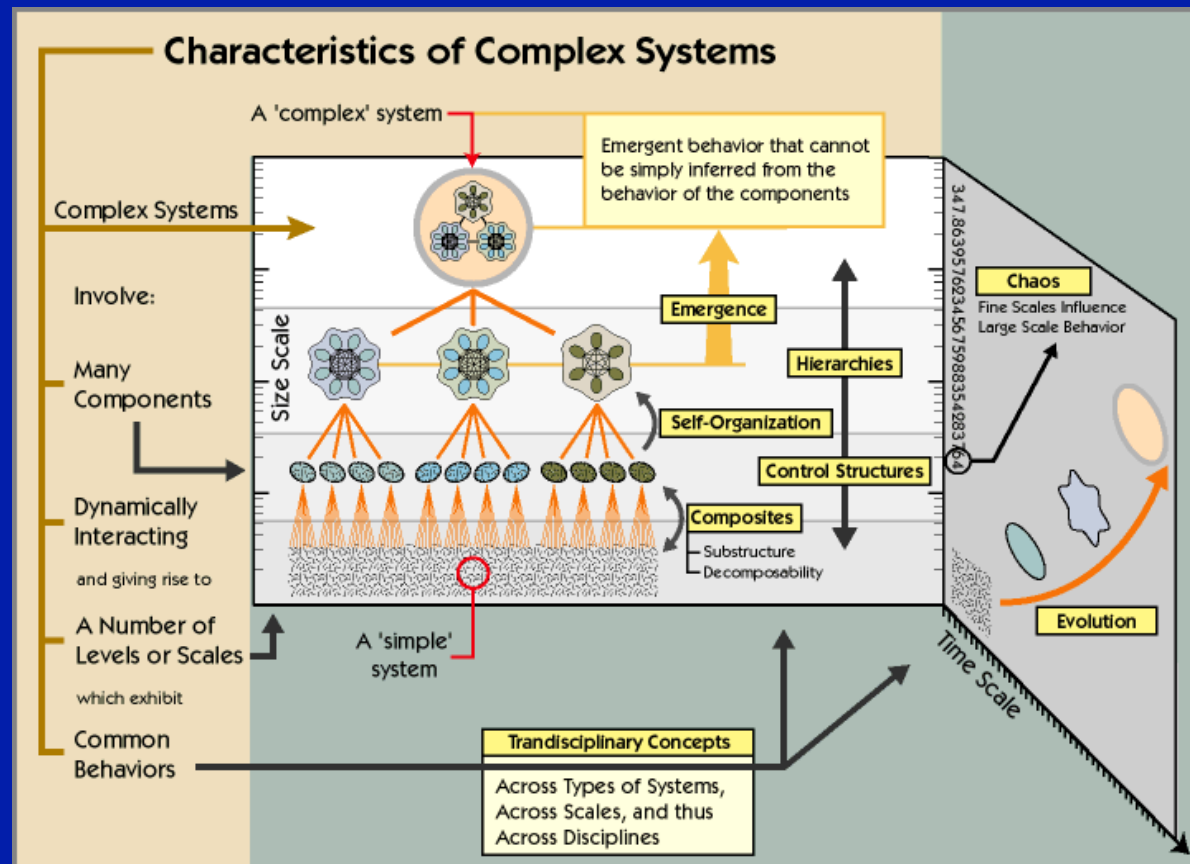
Empirical Support for Psychodynamic Theory of Conflict in the MMPI Hysteria Scale

- Dahlstrom, Welsh, and Dahlstrom (1972) stated that the items on the Hysteria scale seem mutually contradictory. They developed this scale on actual hysterics. It turns out to support Freud's theory of hysteria.
- The Hysteria scale has such seemingly unrelated issues such as:
 - somatic complaints,
 - naiveté,
 - denial of aggressive motives,
 - unhappy home life
 - and sexual conflicts.

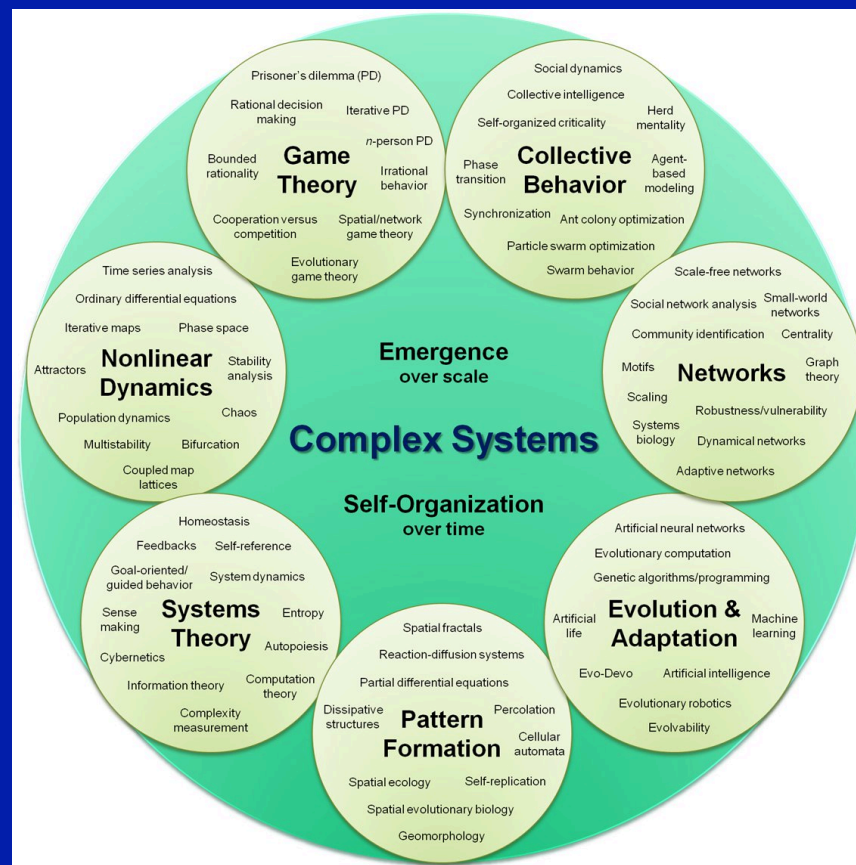
“Scales derived from populations with functional psychopathology are likely to reflect the conflicts, symptoms and defenses within the scale. Therefore, these scales should not necessarily have high item consistency, but rather reflect the complex of dynamics typical of the psychopathology.” (Gordon, R.M. (2006c) False Assumptions About Psychopathology, Hysteria and the MMPI-2 Restructured Clinical Scales. *Psychological Reports*, 98, 870-872.)

Psychodynamic Theory as a Complex Adaptive System

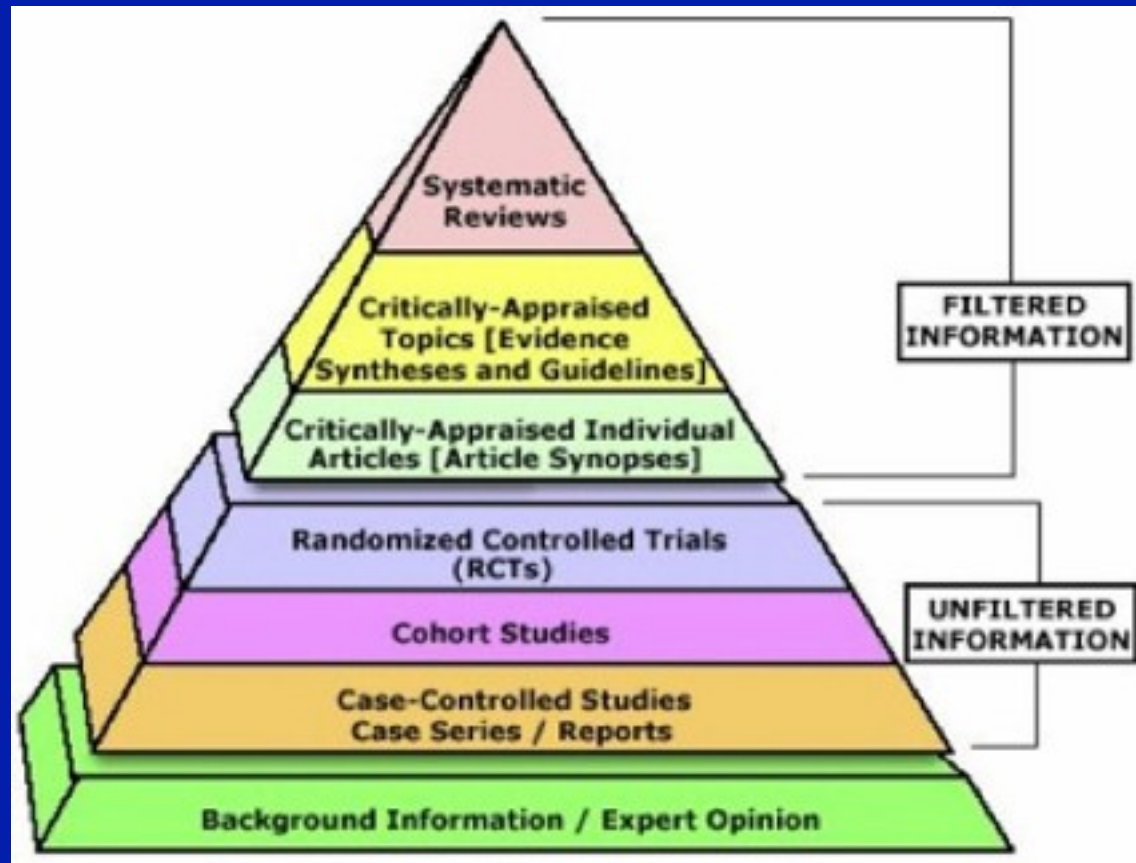
temperament, affects, cognitions, development, traumas, defenses, fantasies, attachments all interacting at various levels of consciousness.



Complex Adaptive Systems- interaction, interdependence and diversity of constructs, emergences (symptoms), tails (one event can move the entire central tendency) and tipping points (break downs)



Paradigm Shift to Multi-Method Evidence- Better to Test Complex Theories



Psychoanalytic  Psychodynamic

Members of the international listserv of Psychodynamic Researchers found that psychology journals tend to reject research articles with “Psychoanalytic” in the title, but the term “Psychodynamic” is more likely to be accepted.

In 2008, we voted to use the term “Psychodynamic” in our research.

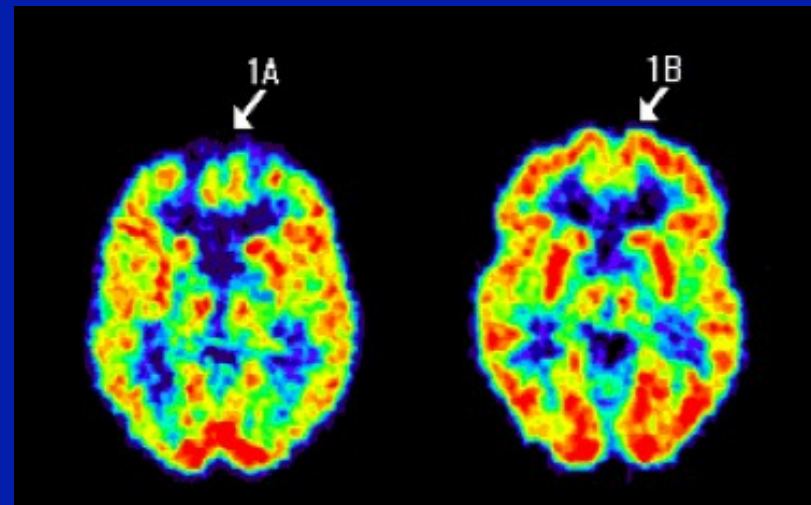
Today: Unconscious Motivational System

Nobel Prize-winner Eric Kandel

“My overriding concern is to bridge the gap between biology and psychoanalysis... which would build on the insights of Freud... His insights about instincts, about unconscious mental processes... have held up very well... that most mental life is unconscious is a profound idea that is obviously true.”

From Id, Ego and Superego, to Neuro-Psychoanalysis

From hypothetical construct of “Superego” to more empirical corresponding brain activities. This area of the brain is responsible for self-control, planning, judgment, and the balance of individual versus social needs. Patient (1A) sustained a closed head injury and developed a psychopathic personality. Figure 1B shows a normal brain in the same area.



Behaviorism and “Love”

- Watson warned, "When you are tempted to pet your child, remember that mother love is a dangerous instrument."
- His concern was that affection would only spread diseases and lead to adult psychological problems.

Harry Harlow refuted the behavioral assumptions about love
"Because of the dearth of experimentation...about the
fundamental nature of affection..." (1958)

Harlow's experiments offered scientific evidence that love is vital
for normal childhood development.



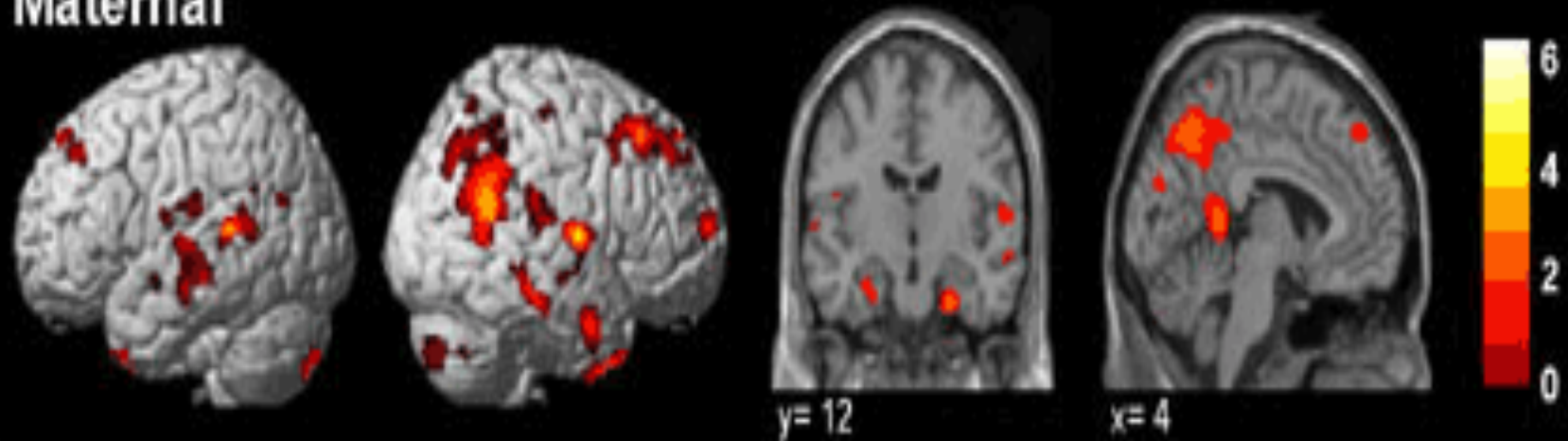
Attachment Security in Infancy and Early Adulthood: A Twenty-Year Longitudinal Study.

Walters, E. Merrick., S.; Treboux, D.; Crowell, J. and Albersheim, L. (2000), Child Development.

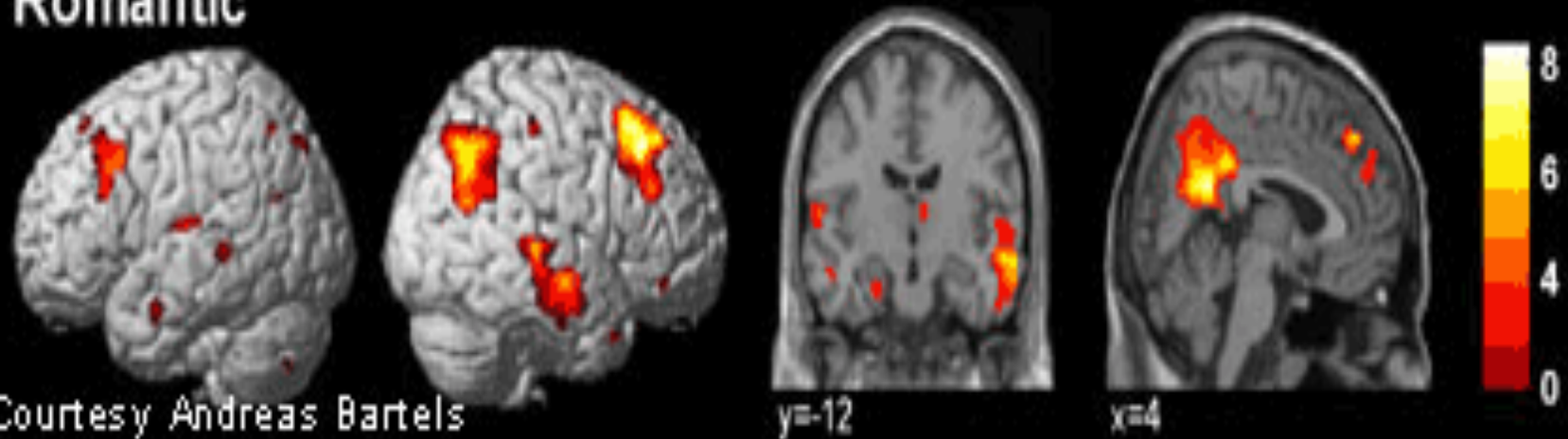
- Researchers looked at romantic relationship patterns in 50 young adults who were studied 20 years earlier as infants.
- Overall, 72% of the adults received the same secure verses insecure attachment classification they had in infancy.

Common Deactivations By Love

Maternal



Romantic



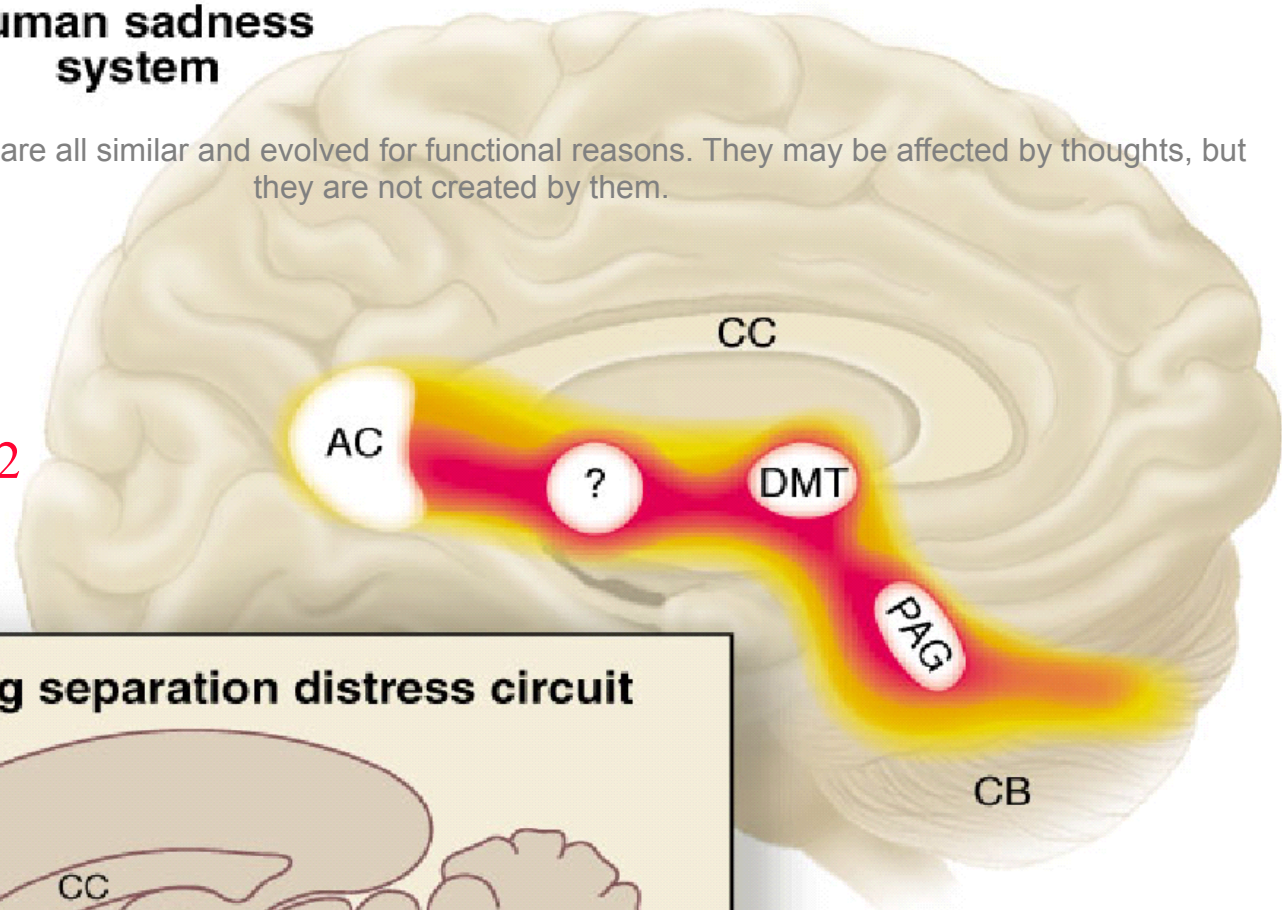
Courtesy Andreas Bartels

Bartels and Zeki used a fMRI to peer into the brains of 17 people who had been madly in love for an average of about two years. By comparing the brains of these people as they looked at loved ones and then as they looked at friends, Bartels and Zeki produced what they believe are the first pictures of the brain in love. Bartels compared the brains of mothers looking at their infants to those of lovers looking at their significant others. Except for activity in the hypothalamus--located at the base of the brain--that seems to be linked to sexual arousal, the intense devotion of a mother and a lover are indistinguishable to an fMRI machine.

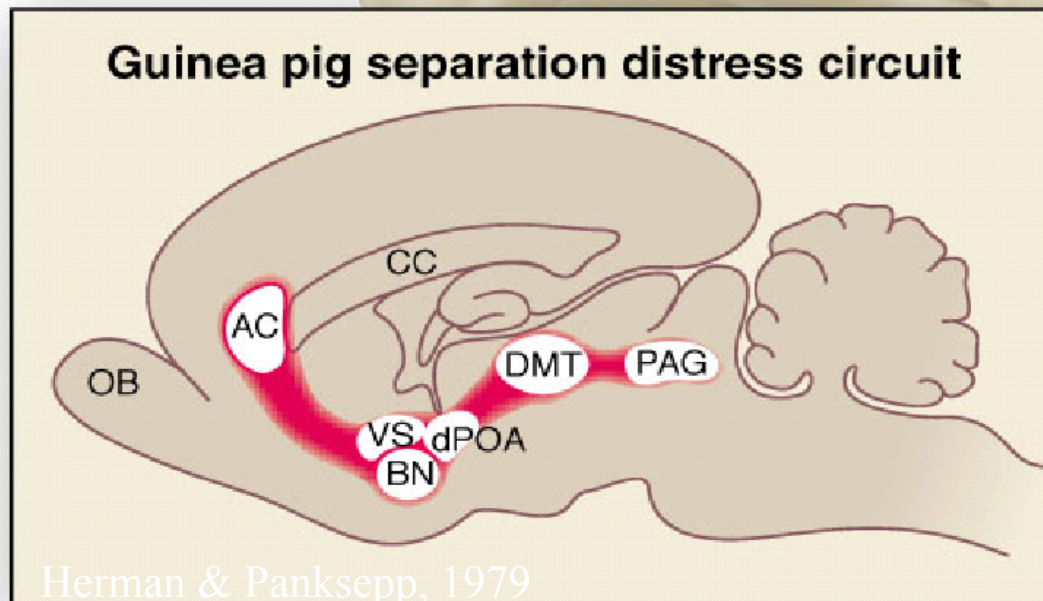
Human sadness system

Emotions in mammals are all similar and evolved for functional reasons. They may be affected by thoughts, but they are not created by them.

Damasio, et al., 2002



Guinea pig separation distress circuit



Herman & Panksepp, 1979

Panksepp, J. (2003).
Science, Oct 10th.

Value of Insight into the Self

- 800 Psychologists ranked a list of 38 of the most beneficial things they got from their own psychotherapy.
- They listed first, “Self-understanding.”
- “Symptom relief” was halfway down the list
- Included in the survey were psychologists from all theoretical orientations (Behaviorists, Cognitive-Behaviorists, Psychoanalytic, etc.).
- Pope, K. T., B.G. (1994). Therapists as patients: A national survey of psychologists' experiences, problems, and beliefs. *Professional Psychology: Research & Practice*, 25(3), 247-258.

Patients' experiences of change in cognitive-behavioral therapy and psychodynamic therapy: a qualitative comparative study

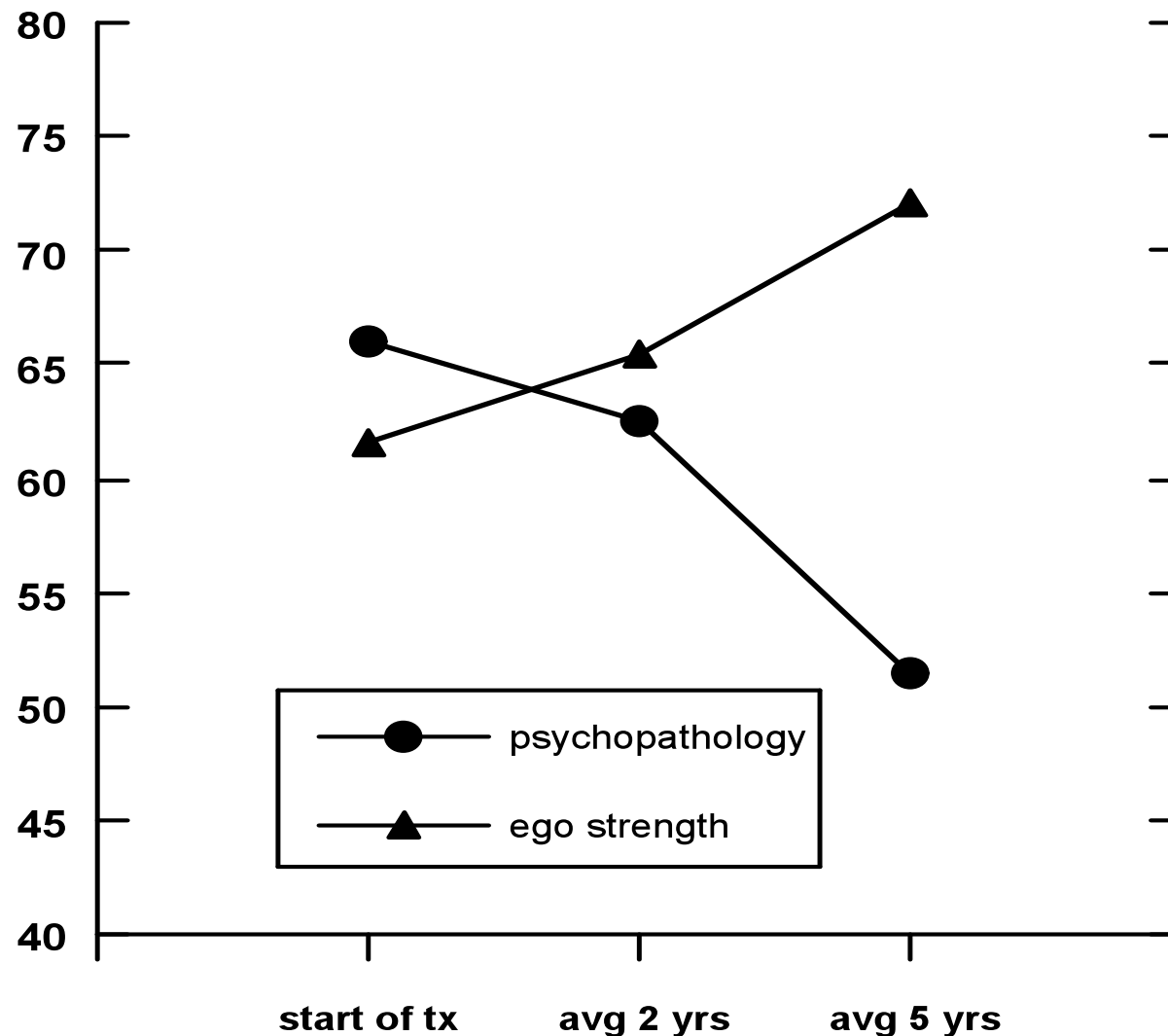
Nilsson, T., Svensson, M., Sandell, R., & Clinton, D. (2007) Psychotherapy Research, 1-14

Patients who had terminated cognitive-behavioral therapy or psychodynamic therapy were interviewed about their experiences in psychotherapy.

What Aspects of Therapy Contributed to Change?

	% Patients CBT	Psychodynamic
Emotional support	38	73
Exposure to frightening thing	75	9
Finding connections and patterns	0	55
Straightforward explanations	100	0
The therapist's professionalism	13	64
The therapist's sensitivity	25	55
Working through trauma	13	55

Gordon, R.M. (2001) MMPI/MMPI-2 Changes in Long-Term Psychoanalytic Psychotherapy. The MMPI is very stable and does not react to low dose treatment. It did react to high dose long term psychoanalytic psychotherapy with mainly borderline level patients. It took years to get to the level of structural changes- reduced symptoms and more emotional maturity.



PDT Research

- Blatt, (2006), Norcross (2002), Wampold (2001) have concluded that the nature of the psychotherapeutic relationship, reflecting interconnected aspects of mind and brain operating together in an interpersonal context, predicts outcome more robustly than any specific treatment approach *per se*.
- Westen, Novotny, and Thompson-Brenner (2004) have presented evidence that treatments that focus on isolated symptoms or behaviors (rather than personality, emotional, and interpersonal patterns) are not effective in sustaining even narrowly defined changes.
- Fonagy's and Leichsenring (2006) demonstrate that in addition to alleviating symptoms, psychodynamically based therapeutic approaches improve overall emotional and social functioning.

Shedler, J. (2010), The Efficacy of Psychodynamic Psychotherapy, *American Psychologist*, 65,2, 98-109.

RCT studies supports the efficacy of PDT for depression, anxiety, panic, somatoform disorders, eating disorders, substance related disorders, and personality disorders.

Shedler's Historic Review of Psychodynamic Treatments

Westen, Novotny, & Thompson-Brenner, (2004) found that the benefits of the non-psychodynamic therapies tend to decay over time while Shedler (2010) found that PDT has enduring benefits. For example, Bateman & Fonagy, (2008) found that five years after treatment completion (and eight years after treatment initiation), 87% of patients who received treatment as usual continued to meet diagnostic criteria for borderline personality disorder, compared to 13% of patients who received PDT. No other treatment for personality pathology has shown such enduring benefits.

The Efficacy of Psychodynamic Psychotherapy, *American Psychologist*

Shedler presented five independent meta-analyses showing that the benefits of PDT not only endure but also increased with time. That is, the patients not only had significant symptom reduction that held up over time, but also acquired increased mental capacities that allowed them to continue in their maturation over the years.

Additionally, Shedler presented several studies that showed that it is the psychodynamic process that predicted successful outcome in cognitive therapy rather than the pure cognitive aspects of the treatment.

Psychoanalysis

Cogan & Porcerelli, (2005) using the Shedler-Westen Assessment Procedure (SWAP) as an outcome measure, found that patients who completed psychoanalysis as compared to those in the beginning stage of psychoanalysis, not only had significantly lower scores in symptoms such as depression, anxiety, guilt, shame, feelings of inadequacy, and fears of rejection, but also significantly higher scores in inner strengths and capacities. These included an increased capacity for pleasure, ability to achieve, empathy for others, interpersonal effectiveness, and increased resiliency.

How is PDT Different?

Blagys & Hilsenroth (2000) found seven features that reliably distinguished PDT from other therapies:

1. focus on affect and expression of emotion,
2. exploration of attempts to avoid distressing thoughts and feelings (defenses),
3. identification of recurring themes and patterns,
4. discussion of past experience (developmental focus),
5. focus on interpersonal relations,
6. focus on the therapy relationship (transference), and
7. exploration of wishes and fantasies.

The Psychodynamic Diagnostic Manual (2006)

Since psychodynamic theory is the only grand theory in psychology, it has been able to develop a psychologically based nosology of the whole person.

The Psychodynamic Diagnostic Manual (PDM 2006) Is Not Just About Symptoms

- The PDM is based on neuroscience, treatment outcome, personality, developmental and other empirical investigations.
- Research on brain development and the maturation of mental processes suggests that patterns of emotional, social, and behavioral functioning involve many areas working together rather than in isolation.

Psychodiagnostic Chart (PDC)

An Integration of the Psychodynamic
Diagnostic Manual (PDM), ICD and DSM

Robert M. Gordon and Robert F. Bornstein

Goal of the PDC

To offer a person-based nosology by integrating the PDM, ICD and DSM; this integrated nosology may be used for:

1. More descriptive diagnoses,
2. Treatment formulations,
3. Progress reports,
4. Outcome assessment,
5. Research on personality and psychopathology.

Psychodiagnostic Chart

Personality Structure



Personality Patterns



Mental Functioning



Symptoms

1. Level of Personality Structure

Severe		Moderate				Healthy			
1	2	3	4	5	6	7	8	9	10

Please rate each capacity from 1 to 10; ratings range from Most Disturbed (1) to Most Healthy (10).

1. Identity: ability to view self in complex, stable, and accurate ways
2. Object Relations: ability to maintain intimate, stable, and satisfying relationships
3. Affect Tolerance: ability to experience the full range of age-expected affects
4. Affect Regulation: ability to regulate impulses and affects with flexibility in using defenses or coping strategies
5. Superego Integration: ability to use a consistent and mature moral sensibility
6. Reality Testing: ability to appreciate conventional notions of what is realistic
7. Ego Resilience: ability to respond to stress resourcefully and to recover from painful events without undue difficulty

Scoring Level of Personality Structure

Healthy Personality- characterized by 9-10 scores, life problems never get out of hand and enough flexibility to accommodate to challenging realities.

Neurotic Level- characterized by mainly 6-8 scores, rigidity and limited range of defenses and coping mechanisms, basically a good sense of identity, healthy intimacies, good reality testing, fair resiliency, fair affect tolerance and regulation, favors repression.

Borderline Level- characterized by mainly 3-5 scores, recurrent relational problems, difficulty with affect tolerance and regulation, poor impulse control, poor sense of identity, poor resiliency, favors primitive defenses such as denial, splitting and projective identification.

Psychotic Level- characterized by mainly 1-2 scores, delusional thinking, sometimes hallucinations, poor reality testing and mood regulation, extreme difficulty functioning in work and relationships.

Overall Personality Structure



2. Personality Patterns or Disorders (PDM)

Schizoid

Paranoid

Psychopathic (antisocial); Subtypes - passive/parasitic or aggressive

Narcissistic; Subtypes - arrogant/entitled or depressed/depleted;

Sadistic (and intermediate manifestation, sadomasochistic)

Masochistic (self-defeating); Subtypes - moral masochistic or relational masochistic

Depressive; Subtypes - introjective or anaclitic; Converse manifestation - hypomanic

Somatizing

Dependent (and passive-aggressive versions of dependent); Converse manifestation - counterdependent

Phobic (avoidant); Converse manifestation - counterphobic

Anxious

Obsessive-compulsive; Subtypes - obsessive or compulsive

Hysterical (histrionic); Subtypes - inhibited or demonstrative/ flamboyant

Dissociative

Mixed/other

Severe

1

2

3

4

Moderate

5

6

7

8

Mild

9

10

Personality Disorders and Maladaptive Traits:

_____Overall Severity of Impairment_____

For Example: P107. Depressive Personality Disorders

P107.1 Introjective: self-critical, self-worth

P107.2 Anaclitic: concern with attachment issues

- **Contributing constitutional-maturational patterns:** Possible genetic predisposition
- **Central tension/preoccupation:** Goodness/badness or aloneness/relatedness
- **Central affects:** Sadness, guilt, shame
- **Characteristic pathogenic belief about self:** There is something essentially bad or incomplete about me
- **Characteristic pathogenic belief about others:** People who really get to know me will reject me
- **Central ways of defending:** Introjection, reversal, idealization of others, devaluation of self

Treatment for Depressive P.D.

- The Mood disorder generally responds to medication, but not so much the personality disorder, which requires long-term intensive treatment.
- The introjective type tends to respond better to interpretations and insight.
- The anaclitic type tends to respond better to the actual therapeutic relationship.

3. Mental Functioning

Severe Defects

Moderate Level

Optimal

1 2 3 4 5 6 7 8 9 10

1. Capacity for Attention, Memory, Learning, and Intelligence
2. Capacity for Relationships and Intimacy (including depth, range, and consistency)
3. Quality of Internal Experience (level of confidence and self-regard)
4. Affective Comprehension, Expression, and Communication
5. Level of Defensive or Coping Patterns
 - 1-2: Psychotic level (e.g., delusional projection, psychotic denial, psychotic distortion)
 - 3-5: Borderline level (e.g., splitting, projective identification, idealization/devaluation, denial, acting out)
 - 6-8: Neurotic level (e.g., repression, reaction formation, rationalization, displacement, undoing)
 - 9-10: Healthy level (e.g., anticipation, sublimation, altruism, and humor)
6. Capacity to Form Internal Representations (sense of self and others are realistic and guiding)
7. Capacity for Differentiation and Integration (self, others, time, internal experiences and external reality are all well distinguished)
8. Self-Observing Capacity (psychological mindedness)
9. Realistic sense of Morality

Global Assessment of Functioning Scale: Fluctuation of Symptoms

GAF (1-100) Last 12 Months:

Lowest_____to Highest_____

Current_____

4. ICD OR DSM SYMPTOMS

Symptoms are considered in the context of:

1. level of personality structure,
2. personality pattern or disorder, and
3. mental functioning

Here you may use the ICD or DSM symptoms that may be the chief complaint and necessary for third party reimbursement. However, you treat the person, not just the symptoms.

Psychology's Only Grand Theory

- Psychodynamic Theory and PDM allow for the deepest and fullest understanding of a person, nosological sophistication, and the greatest amount of empathy.
- Psychodynamic Theory allows the practitioner to use many interventions based on this full understanding of a person's needs as long as it is helpful and ethical.

Camille Paglia writes that Freud, "...intricately explored the metaphors and metamorphoses of the dream process; he demonstrated our daily, comic self-sabotage through slips of the tongue and accidents; he charted the fierce, subliminal conflicts of love and family life; he argued for the full sexuality of women, which the Victorian 19th century censored out; he shockingly established that sexuality does not begin at puberty but in childhood and even infancy". <http://www1.salon.com/col/pagl/1997/10/14paglia2.html>

Freud predicted that it would take at least 100 years for his theories to be accepted.

The Scientific 100: A Ranking of the Most Influential Scientists, Past and Present, John Galbraith (2000)

1. Isaac Newton
2. Albert Einstein
3. Neils Bohr
4. Charles Darwin
5. Louis Pasteur
6. Sigmund Freud
7. Galileo Galilei
8. Antoine Lavoisier
9. Johannes Kepler
10. Nicolaus Copernicus

Readings

- Articles on the scientific basis for psychodynamic theory and practice: Search “Are there any studies that empirically support psychoanalytic theory and treatment? Robert M. Gordon”
- Psychodynamic Psychotherapy Research: Evidence-Based Practice and Practice-Based Evidence (Current Clinical Psychiatry) by Horst Kächele, Raymond A. Levy and J. Stuart Ablon (2011)
- Psychoanalysis and Psychoanalytic Therapies (Theories of Psychotherapy) by Jeremy D. Safran (2012)
- Psychoanalytic Psychotherapy: A Practitioner's Guide by Nancy McWilliams (2004)
- Psychoanalytic Diagnosis, Second Edition: Understanding Personality Structure in the Clinical Process by Nancy McWilliams (2011)
- Empirical Perspectives on the Psychoanalytic Unconscious (Empirical Studies of Psychoanalytic Theories) by Robert F. Bornstein and Joseph M. Masling (1998)
- Practical Psychoanalysis for Therapists and Patients, by Owen Renik, Other Press, New York, (2006)