

CHAPTER 1

Theoretical and Empirical Foundations of Contemporary Psychodynamic Approaches

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This volume was kindled by the need for a critical but balanced overview of contemporary psychodynamic approaches to psychopathology. The past decades have witnessed a dramatic increase in empirical research in this area, making it difficult for both researchers and clinicians to keep abreast of all the findings; it is the constructive chaos of these many findings that makes such a handbook a necessity.

Despite its ambitious-sounding title, this book's real aspirations are relatively modest: We aim to provide a sampling of the relevant literature, and it is neither our ambition nor our goal to be comprehensive. Instead, we aim to provide a representative overview of empirically supported psychodynamic approaches to understanding and treating psychopathology. We have focused this overview on the presenting problems that are most likely to appear in clinicians' offices and about which the field has generated significant empirical research, at both a basic and a clinical level. This volume is empirical in orientation, as we are strongly committed to the view that psychoanalytic ideas, just as any other approach within science, should be put to the test. This commitment has inevitably led us to exclude certain ideas and approaches that belong to the rich psychoanalytic tradition and that we believe are among the most imaginative in clinical psychology and psychiatry, but have not so far been addressed in empirical studies. It is our sincere hope that future editions of this handbook will include most of these ideas, as empirical research on them emerges.

The book is divided into four sections. The first introduces basic psychodynamic theories and approaches to psychopathology. The second reviews empirically supported psychodynamic approaches to conceptualizing and treating major psychiatric disorders in adults, and the third section focuses on psychodynamic theories about the origins and treatment of emotional and behavioral problems in childhood and

adolescence. The final section discusses the empirical base of psychodynamic treatment and reviews outcome and process–outcome research.

In this introductory chapter, we first discuss the revival of psychoanalytic approaches to psychopathology over the past decades. This is followed by a summary of basic psychoanalytic assumptions concerning the nature of psychopathology and its treatment.

THE REVIVAL OF PSYCHOANALYTIC APPROACHES TO PSYCHOPATHOLOGY

Although psychoanalysis is now a less dominant force in psychiatry and clinical psychology than it was in the 1950s and 1960s, a considerable body of empirical research has emerged on psychoanalytic theory, concepts, and practice (Bornstein & Masling, 1998a, 1998b; Fisher & Greenberg, 1996; Levy, Ablon, & Kächele, 2011; Luyten, Mayes, Target, & Fonagy, 2012; Shapiro & Emde, 1993; Shedler, 2010; Westen, 1998, 1999). These studies demonstrate not only that psychoanalytic concepts can be tested empirically, but also that solid evidence supports many psychoanalytic assumptions. Furthermore, psychoanalytic research is increasingly published in major, high-ranking, mainstream psychology and psychiatry journals. There is now also considerable evidence documenting both the efficacy and effectiveness of various forms of psychodynamic psychotherapy (Abbass, Hancock, Henderson, & Kisely, 2006; Fonagy, Roth, & Higgitt, 2005; Leichsenring & Rabung, 2011; Midgley & Kennedy, 2011). Thus, although the empirical basis for psychoanalysis is still less extensive than that for some other forms of psychotherapy, such as cognitive-behavioral therapy (CBT), assertions that psychoanalysis has not produced empirical data to support its theories and therapies fail to recognize this growing empirical portfolio. In addition, as the chapters in this volume illustrate, there is growing convergence between psychoanalysis and other theoretical approaches in psychology, such as cognitive psychology (Bucci, 1997; Erdelyi, 1985; Luyten, Blatt, & Fonagy, 2013; Ryle, 1990); developmental psychology and developmental psychopathology, including attachment research (Beebe, Rustin, Sorter, & Knoblauch, 2003; Diamond & Blatt, 1999; Emde, 1988a, 1988b; Fonagy & Target, 2003; Levy & Blatt, 1999; Lyons-Ruth & Jacobvitz, 2008; Main, 2000; Stern, 1985); social psychology (Mikulincer & Shaver, 2007; Westen, 1991); and the neurosciences (Fotopoulou, Pfaff, & Conway, 2012; Kandel, 1999; Mayes, 2000; Solms & Turnbull, 2002). This convergence attests to the continued value of psychoanalysis as a theory and to the notion that psychoanalytic concepts are amenable to rigorous hypothesis testing and empirical research.

These efforts have been paralleled by a growing awareness within the psychoanalytic community of the need for systematic, empirical evidence to support psychoanalytic assumptions and therapies (Blatt, Auerbach, & Levy, 1997; Bornstein, 2001; Fonagy, 2003; Luyten, Blatt, & Corveleyn, 2006; Shedler, 2002). Within the movement to develop an evidence base for psychoanalysis, there are two different “cultures” (Luyten et al., 2006). The first, which is chiefly interpretive in orientation, emphasizes meaning and purposefulness in human behavior, and relies primarily on the traditional case study method, as introduced by Freud, for theory-building,

and/or on more qualitative methods in general (Green, 2000; Hoffman, 2009). The second culture primarily relies on methods from the physical, natural, and social sciences that search for sequences of cause and effect, and on the use of probabilistic rather than individualistic models of data analysis and explanation.

We believe these two cultures within psychoanalysis are complementary: Each provides a basis for bridging the gap between psychoanalysis and other disciplines. The interpretive culture is the bridge to the humanities, whereas the neopositivistic, empirical culture is the bridge to the natural and social sciences. Methodological pluralism is needed, which implies an openness to research and theories from other theoretical and methodological perspectives including, but not limited to, linguistics, philosophy, developmental psychopathology, cognitive-behavioral research, and the neurosciences. As Fonagy (2003, p. 220) has noted, “The mind remains the mind whether it is on the couch or in the laboratory.”

Psychoanalysis is one of the most comprehensive theories of human nature. In our haste to achieve scientific respectability, we should not relinquish the full richness of its approach, but neither should we retreat into an orthodox position, closing ourselves off from the world. The danger is that methodology “conceived originally as a means to the end of scientific knowledge, may come to be an end in itself” (Mishler, 1979, p. 6).

Such a tendency toward orthodoxy also brings us to the reasons behind the resistance to change that undeniably characterizes some quarters within the psychodynamic community. First, psychoanalytic researchers and clinicians need to be aware of their own preferences and dislikes that may maintain the divide between two cultures of evidence gathering in psychoanalysis. The interpretive and neopositivistic cultures are relatively isolated from one another, and, as in all human interactions, processes of both idealization and denigration can be observed in how the two cultures depict themselves and each other. Moreover, current changes in evidence-based medicine and managed care may feel threatening to clinicians, as these changes may challenge their well-practiced interpretive ways of working and their years of training in interpretive approaches. Researchers, in turn, may want to stick to “hard” methods and theories in order to maintain scientific respectability and academic recognition.

More work is needed to get these two cultures on “speaking terms” again. This work should entail the inclusion of psychoanalytic research findings in psychoanalytic training programs, the presence of clinicians in funding agencies, and the establishment of practice research networks consisting of both clinicians and researchers. These are, in our opinion, necessary steps toward creating a unified culture for evidence gathering in psychoanalysis (Luyten et al., 2006; Luyten, Mayes, et al., 2012).

THE PSYCHODYNAMIC APPROACH TO PSYCHOPATHOLOGY

The Four Psychologies of Psychoanalysis and Beyond

Psychoanalysis encompasses a broad field with a rich historical tradition, and it has commonly been said that psychoanalysis provides the most comprehensive approach to human development. However, psychoanalysis is not one unified approach: Just as in other strands of science, there are different theoretical and conceptual threads

within the larger rubric of “psychoanalysis.” Furthermore, just as cognitive-behavioral approaches are characterized by several “waves” of theorizing and research, there have been major shifts over time in psychodynamic approaches. In this context, Pine (1988) and others have referred to the “four psychologies of psychoanalysis,” encompassing (1) the traditional Freudian approach, (2) ego psychology, (3) object relations/attachment theory, and (4) self psychology (McWilliams, 2011; Pine, 1988) (see Table 1.1).

Each of these approaches is rooted in the application of psychoanalytic ideas to different patients and problems. Historically, the different models have evolved through attempts to explain why and how individuals develop vulnerabilities for psychopathology in the course of their psychological development. The earliest models largely derived from clinical experience, with each model focusing on particular clinical problems, developmental issues, or phases, and often determined by individual analysts’ own interests, their setting, and the nature of their patient group or even specific patients.

The *Freudian drive approach* essentially emerged out of the study of patients perceived to be struggling with sexual and aggressive drives. It proposed that psychopathology is related to failures of the child’s mental apparatus to deal satisfactorily with the pressures inherent in a maturationally predetermined sequence of drive states, leading to fixation, and subsequent regression to these fixation points later in life when the individual is confronted with environmental adversity, intrapsychic conflicts, or a combination of both (Freud, 1905/1953).

In an effort to redress the balance of drive theory’s emphasis on sexual and aggressive drives, *ego psychology* emerged, with its focus on the child’s adaptive capacities, and particularly the capacity of the ego to adapt to changing external and internal demands (Hartmann, 1939; Hartmann, Kris, & Loewenstein, 1946). Anna Freud (1974/1981) developed a more comprehensive developmental theory, emphasizing the notion of different *developmental lines*, which continues to be a central tenet of developmental psychopathology (Cicchetti & Cohen, 1995). Additionally, within this focus on adaptive ego capacities, Erik Erikson (1950) formulated the still influential *epigenetic theory* of human development, which places emphasis on different developmental tasks throughout the life cycle. A rich body of developmental research continues to be based on Erikson’s formulations (Cox, Wilt, Olson, & McAdams, 2010; Kroger, Martinussen, & Marcia, 2010).

Object relations and attachment theory developed out of dissatisfaction with the largely “intrapsychic” focus of both the drive approach and ego psychology and these theories’ inability to explain the distortions in self and interpersonal relationships that are typically observed in individuals with psychotic and borderline features. Object relations theory is based on the central assumptions that (1) relationships are primary to drive satisfaction, rather than secondary, as is assumed in traditional drive and ego psychology, and (2) development fundamentally takes place within an interpersonal matrix, with attachment/interpersonal processes playing a key role in determining development, rather than a preprogrammed maturational process as is assumed in drive and ego psychology (Bion, 1962; Fairbairn, 1952/1954; Greenberg & Mitchell, 1983; Kernberg, 1976; Klein, 1937; Winnicott, 1960).

TABLE 1.1. Central Features of the Four Psychologies of Psychoanalysis

Central focus	Ego psychology			Object relations/attachment theory	Self psychology
	Drive psychology		Adaptive capacities of the ego		
Influence of past versus present	Biological drives or in experiential terms: wishes, desires (sexuality, aggression)		Adaptive capacities of the ego	Development of relationships and underlying self and object representations	Development of self
	Strong emphasis on how the past influences drives, wishes, desires		More emphasis on present adaptation/coping strategies	Emphasis on how past influences present relationships and perception of self-in-relationships	Emphasis on how past influences present self-experience
Focus on unconscious factors versus consciousness	Unconscious influences central		More attention to role of consciousness	Emphasis on both conscious and unconscious factors	Emphasis on both conscious and unconscious factors
Focus on conflict versus deficit	Strong emphasis on conflict and defense		Acknowledgment of role of (developmental) deficit	Emphasis on conflict with attention to deficit	Emphasis on developmental deficit and conflict
Importance of transference	Strong emphasis on transference of past relationships from drive perspective		Less emphasis on transference	Emphasis on transference of “ways-of-being” with attachment figures that have been generalized in current relationships	Emphasis on transference of past self-experiences in relationships
Integrative approaches					

Self psychology, finally, aimed to replace the abstract theoretical language typical of many psychoanalytic approaches with a more phenomenological, experience-driven language to describe the development of the self and its disruptions (Kohut, 1971). The central tenet of self psychology is that the infant needs an understanding caregiver—a need that persists throughout life in order for the individual to develop and to promote the experience of selfhood (Wolf, 1988). Empathic responses from caregivers are needed to support the infant's wishes, ambitions, and ideals. Disruptions in this process are thought to lead to vulnerability to disorders of the self, such as depression and personality disorders characterized by problems with self-esteem and hypersensitivity to criticism and/or rejection (typically, narcissistic and borderline personality disorders). The influence of self psychology extends far beyond psychoanalysis, as, for instance, is demonstrated by burgeoning theorizing and research concerning the self, self-discrepancies, self-aggrandizement, and overt and covert narcissism in social and personality psychology (Baumeister, 1987; Besser & Zeigler-Hill, 2010; Higgins, 1987; Pincus & Lukowitsky, 2011; Zeigler-Hill & Abraham, 2006).

But even these four broad psychologies do not fully embody the tradition of psychoanalytic approaches, particularly given the growing tendency toward integration among these approaches, which has led to a wide spectrum of psychodynamic approaches with varying emphases and styles (Luyten, Mayes, et al., 2012). Given this increasing integration, we use the terms *psychoanalytic* and *psychodynamic* interchangeably in this volume, as it has become impossible to distinguish neatly between psychoanalysis and psychodynamic either theoretically or with regard to treatment (Kächele, 2010), as we will discuss below. Similarly, whereas the psychoanalytic approach historically provided a unique and very specific approach toward human development, increasingly, basic psychoanalytic assumptions and viewpoints have been incorporated (although not necessarily acknowledged) in other branches of (clinical) psychology, psychiatry, social sciences, and humanities and, more recently, the neurosciences.

In the following sections we discuss the basic assumptions shared by all psychodynamic approaches. These include (1) an inherently developmental model; (2) an understanding of unconscious motivation and intentionality; (3) the ubiquity of transference, that is, the repetition of feelings from past relationships in present ones; (4) a person-centered perspective; (5) an appreciation of complexity; (6) a focus on the internal psychic world and psychological causality; and (7) the assumption of continuity between normality and psychopathology (Table 1.2). For the purpose of highlighting their core importance to psychoanalytic theories as well as technique, we will discuss each of these assumptions separately. Evidently, however, these assumptions are intrinsically related, and together they comprise the specificity of the psychodynamic approach.

Basic Assumptions of Psychodynamic Approaches

The Developmental Approach within Psychoanalysis

Psychoanalytic theories are fundamentally developmental. They share a distinct emphasis on *the formative role of early life experiences and later psychic structures*

TABLE 1.2. Basic Assumptions of Psychodynamic Approaches to Psychopathology

Developmental perspective	A developmental understanding of psychopathology is central.
Unconscious motivation and intentionality	Factors outside of the individual's awareness play an important role in explaining the development and maintenance of psychopathology.
Transference	Templates of past relationships and ways of thinking influence current relationships and perceptions.
Person-oriented perspective	Focus is on understanding the whole person, including strengths and vulnerabilities.
Recognition of complexity	Emphasis is on regression and progression on interrelated developmental lines, and on the role of deferred action (events achieving new meaning based on later experiences).
Focus on the inner world and psychological causality	Focus is on how psychological factors may mediate the influence of social and biological factors.
Continuity between normal and disrupted personality development	There is no categorical distinction between normality and psychopathology: psychopathology is dimensionally distributed.

and behavior. Psychoanalytic theories are also inherently developmental in their emphasis on a gradual unfolding of the mind and mental capacities, with there being different ways of understanding and knowing the world at different stages of development. Indeed, psychoanalysts were among the first to offer clearly explicated stage theories of development (Tyson & Tyson, 1990). From the beginnings of psychoanalysis, psychoanalytic clinicians, starting with Sigmund Freud, Karl Abraham, and Melanie Klein, to name just a few, were struck by the critical importance of early developmental disruptions to understanding their patients' complaints. They conceptualized different forms of psychopathology as dynamic conflict–defense constellations, rooted in early adverse experiences and disruptions and/or impairments of early capacities and stages of development. Unsurprisingly, the theories these early clinicians built up were thus fundamentally developmental in nature. Their clinical intuitions were further elaborated by those who have since become known as the pioneers of developmental psychology, such as René Spitz (1945), John Bowlby (1951), Anna Freud (1973), Joseph Sandler (Sandler & Rosenblatt, 1987), and Margaret Mahler (1975). Many intuitions of these highly talented clinicians have subsequently been confirmed, for example, via the findings of contemporary neurobiology on the role of early experiences and the significance of critical time windows in development, in which biological/psychological systems are especially sensitive to environmental experiences (Lupien, McEwen, Gunnar, & Heim, 2009). Broad-ranging research findings have further confirmed and extended the early psychoanalytic emphasis on the formative nature of early experiences (Luyten, Vliegen, Van Houdenhove, & Blatt, 2008). Findings concerning the central importance of early attachment experiences

in setting patterns and prototypes for later expectations, attitudes, and feelings with regard to the self and others (Main, Kaplan, & Cassidy, 1985), as well as expectations about one's capacity to cope with conflict, stress, and adversity (Gunnar & Quevedo, 2007), further support psychoanalytic thinking about the importance of early developmental factors.

As discussed in more detail later in this chapter, *psychoanalytic approaches aim to explain both normal and disrupted development*, with a focus on factors explaining developmental disruptions (Fonagy & Target, 2003). Psychoanalytic developmental researchers have therefore played a key role in the field of developmental psychopathology, that is, the study of the development of psychological disorders (Fonagy, Target, & Gergely, 2006; A. Freud, 1973; Lyons-Ruth & Jacobvitz, 2008; Mahler, Pine, & Bergman, 1975).

At the same time, psychoanalytic developmental theories have often overstressed the importance of specific early experiences, resulting in overspecified theories that neglect the role of genetics, epigenetics, and later experiences (Fonagy et al., 2006). Overspecification of these theories is to be expected because of their roots in the clinical encounter, as they needed to enable psychoanalytic practitioners to make sense of highly complex clinical experiences. Examples of this overdetermined style of thinking include the link that is sometimes made between borderline personality disorder and the rapprochement subphase of separation and individuation (Masterson, 1976), or between oedipal conflict and obsessional neurosis (Freud, 1909/1955). Of particular note is the neglect of the often considerable role of genetics, as well as chance events and stochastic processes, in explaining developmental trajectories (Fraleay & Roberts, 2005). Furthermore, these early theories were often at odds with developmental data. The emphasis on very early, preverbal periods was particularly problematic because it placed many hypotheses beyond any realistic possibility of empirical testing (Westen, 1990; Westen, Lohr, Silk, Gold, & Kerber, 1990). These theories also often presumed the existence of capacities in children that were simply beyond developmental probability. Because many psychoanalytic developmental theories were based on work with adult patients and often rooted in reconstruction rather than direct observation (Stern, 1985), there has also been a tendency to make unwarranted extrapolations from observations of patients to normal development in children (Fonagy & Target, 2003).

Early psychoanalytic developmental theories thus overestimated the role of specific early experiences, although several psychoanalytic authors have attempted to redress this balance. These include, as mentioned earlier, Anna Freud (1974/1981), who emphasized the importance of simultaneously considering different developmental lines and their complex interactions; Erik Erikson (1959), who developed an epigenetic theory of human development across the lifespan; and George Vaillant (1977), one of the first researchers to launch longitudinal follow-up studies of adult development that focused on complex interactions among various factors impinging on psychological development. Contemporary psychoanalytic developmental theories, as the chapters in this volume attest, have become more integrative and do more justice to the complexity of developmental processes.

Unconscious Motivation and Intentionality

Psychoanalytic approaches focus on the importance of *unconscious motivation and intentionality*, consistent with contemporary theoretical models in the neurosciences (Lieberman, 2007), cognitive science (Westen & Gabbard, 2002a, 2002b), and social psychology (Mikulincer & Shaver, 2007). Whereas historically this was a unique position, there is now increasing consensus across several fields that factors influencing psychological development often exert their influence outside of conscious awareness. Moreover, there is also consensus that motivational factors may conflict with each other, and thus that both normal and pathological psychological functioning involve conflict—which is, of course, a central tenet of psychoanalytic approaches. Specifically, the coexistence of processing units from different developmental stages inevitably leads to conflict between these units, and psychological functioning thus involves the adaptive resolution of these conflicts, referred to as *compromise formations* in psychoanalysis and *constraint satisfaction* in neuroscience (Westen, Blagov, Harenski, Kilts, & Hamann, 2006). Imaging research and priming studies have, for instance, provided confirmation of the unconscious influence of attachment representations on constraint satisfaction in both normal and disrupted personality development (Mikulincer & Shaver, 2007; Westen et al., 2006) (see also Mikulincer & Shaver, Chapter 2, and Gerber, Viner, & Roffman, Chapter 4, this volume). Hence, there is now increasing consensus that both normal and disrupted psychological development reflect a series of attempts, however maladaptive, to achieve and maintain psychological balance (see also Luyten & Blatt, Chapter 5, this volume), and that psychological forces that are largely outside of the awareness of the individual play a key role in achieving such a balance.

The Ubiquity of Transference

Key to psychoanalytic thinking is the notion that *social interactions in any context, but especially in the therapeutic setting, are filtered through internalized schemas of past relationships, specifically, early caring relationships* (Andersen & Przybylinski, 2012; Westen, 1998; Westen & Gabbard, 2002b). Largely if not primarily unconsciously, these feelings, desires, and expectations regarding earlier objects are transferred to new relationships, and they are especially important in understanding both content and process in the psychoanalytic therapeutic context.

Much has been written about techniques for “working in the transference” and the ways in which both positive and negative transferences may impede (or at times, facilitate) therapeutic change (Bradley, Heim, & Westen, 2005; Høglend, 2004; Levy et al., 2006). The idea of transference is also closely related to more contemporary notions from attachment theory about internal working models. Studies in this area similarly suggest that transference is primarily unconscious, and that early attachment templates/schemas impact reactions to relationships in adulthood as well as in other key developmental periods and are key to stress modulation (Gunnar & Quevedo, 2007; Mikulincer & Shaver, 2007). “Security” implies not just the ability to sustain positive and caring relationships or to have a positive transference (for the

two may not be at all synonymous), but rather the capacity when under stress to turn to and use others effectively and adaptively for emotional regulation and comfort. The Adult Attachment Interview (George, Kaplan, & Main, 1985) and other measures that more directly assess individuals' conscious appraisal of the importance of relationships (Ravitz, Maunder, Hunter, Sthankiya, & Lancee, 2010) provide empirical approaches to capturing the ways in which early experiences may shape aspects of social expectation, stress regulation, and the overall approach to the object world (Roisman, Tsai, & Chiang, 2004).

Although there are different approaches within psychoanalysis, and certainly myriad approaches outside psychoanalysis, to using patients' unconscious but enacted views and templates of persons in their contemporary lives in an effective and therapeutic way, the idea that past relationships remain active and predispose an individual to repeat the past in the present is a core psychoanalytic concept.

A Person-Oriented Perspective

Psychoanalytic approaches typically consider the whole person. Rather than focusing on the developmental pathways implicated in a particular disorder, or one symptom, behavior, or personality feature, this *person-centered perspective* emphasizes the role of *multifinality* and *equifinality* (Cicchetti & Rogosch, 1996) in explaining different pathways of individuals. Equifinality proposes that there are many possible pathways toward one specific outcome, rather than assuming that there is a single pathway for each mental disorder or developmental outcome. Multifinality, in contrast, implies that a given factor may result in a variety of outcomes, depending on the presence of other factors. This view thus involves a shift away from disease- and variable-oriented strategies toward person-oriented research and treatment strategies. This emphasis is at the core of psychoanalytic developmental theory in clinical practice, in which the focus is always on the person and his or her developmental history rather than solely on a particular symptom, disorder, or developmental outcome (Luyten et al., 2008). Indeed, psychoanalysis is strongly rooted in an individual epistemology that emphasizes the importance of specialized knowledge from the individual and individual meaning-making (Fajardo, 1998). Furthermore, multifinality characterizes the psychoanalytic approach to psychopathology in the implications for how "disorders" are defined more by an understanding of how an individual's presentation is serving adaptive and maladaptive functions, how mechanisms for these "disorders" are understood in terms of the individual's history and current circumstances, and how treatments are oriented toward understanding the role the "disorder" serves for the individual and how the maladaptive aspects of the "disorder" may be mitigated.

On the other hand, this broad focus may historically have led to overly lengthy treatments that inadequately specify the relationship between particular developmental problems and disorders and technical interventions. Furthermore, the focus on an individual epistemology and heuristic of individual meaning makes it difficult to generalize across patients and understand the relative effectiveness of specific techniques. Currently, there is a clear movement within psychoanalysis toward more specified and targeted interventions for particular problems and disorders in children

and adolescents (Fonagy & Target, 2002), and toward research that combines person- and variable- or disorder-centered perspectives (Luyten, Blatt, & Mayes, 2012).

Recognition of Complexity

Psychoanalytic approaches emphasize the *complexity of psychological functioning*. Specifically, they emphasize the importance of nonlinear processes, regression, and progression on multiple interrelated developmental lines, and the role of deferred action, which refers to the reciprocal relationship between developmental events and circumstances and their later reinvestment with new meaning (e.g., a girl realizing only in adolescence that her father's behavior toward her as a child involved sexual abuse) (Mayes, 2001).

As we have discussed, many early psychoanalytic developmental theories were too linear and overspecified. In recognition of the simplicity of these earlier models, contemporary psychodynamic developmental models are both more sophisticated and more in line with current knowledge about the complexity of development (Sroufe, 2005). Interestingly, Freud (1920/1955, pp. 167–168) himself cautioned about attempts to predict later development from childhood to later adulthood:

So long as we trace the development from its final outcome backwards, the chain of events appears continuous, and insight which is completely satisfactory or even exhaustive. But if we proceed the reverse way . . . then we no longer get the impression of an inevitable sequence of events which could not have been otherwise determined. We notice at once that there might have been another result, and that we might have been just as well able to understand and explain the latter. *The synthesis is thus not so satisfactory as the analysis; in other words, from a knowledge of the premises we could not have foretold the nature of the result* [emphasis added]. . . . We never know beforehand which of the determining factors will prove the weaker or the stronger. We only say at the end that those which succeeded must have been the stronger. Hence the chain of causation can always be recognized with certainty if we follow the line of analysis, *whereas to predict it along the line of synthesis is impossible* [emphasis added].

Focus on the Inner World and Psychological Causality

Psychoanalytic approaches are characterized by a focus on the *inner psychological world and psychological causality across the lifespan*. Psychological development can be seen as involving a move toward increasing complexity, differentiation, and integration of feelings, thoughts, and representations of self and others. These range from the most primitive undifferentiated feelings, thoughts, and fantasies of the infant to more elaborated, differentiated, and integrated representations of self and others, or internal working models, hopes, desires, fantasies, dreams, and fears (Blatt et al., 1997). Although early psychoanalytic developmental models sometimes attributed improbable cognitive abilities to infants, their intuition has been shown to be correct in that current research has amply demonstrated the essentially social nature of human infants and that the human capacity for social cognition is key to understanding the confluence of social and biological factors in determining both normal

and disrupted development (Fonagy, Gergely, & Target, 2007). These views open up interesting perspectives for both research and intervention at a time when biological reductionism may again be on the rise.

Continuity between Normal and Disrupted Personality Development

The growing evidence for dimensional approaches to psychopathology (Costa & McCrae, 2010; Krueger, Skodol, Livesley, Shrout, & Huang, 2007; Lahey et al., 2008; Skodol, 2012) parallels the emphasis in psychoanalytic approaches on the *essential continuity between normality and pathology* (Blatt & Luyten, 2010; see also Luyten & Blatt, Chapter 5, this volume). As noted earlier, from the psychodynamic perspective, both normal and disrupted psychological development involve attempts to find a dynamic equilibrium between the impact (psychological and biological) of past experiences and current needs in the context of an individual's environment.

Given the ubiquity of conflict in human development and the inevitably imperfect resolution of life's important developmental tasks, human beings are fundamentally vulnerable to developing psychological problems, especially when faced with adversity that may trigger latent vulnerabilities and/or challenge coping strategies that were previously adaptive but have outlived their usefulness. These views have increasingly been adopted by other theoretical frameworks, not least by cognitive-behavioral approaches such as schema therapy (Beck, 2009; Luyten et al., 2013; Young, 1999).

PSYCHODYNAMIC TREATMENT APPROACHES

A growing evidence base for the effectiveness of psychoanalytic treatments has built up over recent years. An increasing number of controlled and naturalistic trials provide evidence for the effectiveness of psychoanalytic treatments for children and adolescents as well as adults (Abbass et al., 2006; Fonagy et al., 2015; Leichsenring, Abbass, Luyten, Hilsenroth, & Rabung, 2013; Leichsenring & Rabung, 2011; Roth & Fonagy, 2004; Shedler, 2010). However, given the lag in accumulating evidence compared to other treatments, particularly pharmacotherapy and CBT, much work remains to be done. This is further highlighted by the fact that, over the course of its history, psychoanalysis has not only developed a considerable number of theories about different aspects of human functioning, but many variations in treatment techniques have emerged in response to these different theories. As an increasingly diverse set of patients sought help with psychoanalytically trained therapists, psychoanalytic theory expanded and new treatment approaches developed accordingly. These new treatments focused on patients in different settings (e.g., inpatient, outpatient, and day-hospitalization-based treatments), different presentations (e.g., substance abuse, borderline personality disorder), and different populations (e.g., children, adolescents, adults). Psychoanalytic researchers now face the daunting task of systematically categorizing and evaluating these various treatments. Thus, there is no such thing as "psychoanalytic treatment"; rather, there are spectra of psychodynamic treatments

that vary greatly in terms of their length (with some psychoanalytic treatments being as brief as eight sessions), structure, population, and setting.

As an illustration, Table 1.3 summarizes the basic features of major types of psychodynamic therapies for adults. As the table shows, these treatments vary considerably in terms of the nature of the interventions, their frequency and setting, and their goals and central focus. Briefly, psychoanalysis, historically the first treatment approach to emerge from the psychoanalytic tradition, is a high-frequency treatment of long duration that is indicated in patients with complex and chronic personality and relational problems who have the motivation and capacity for insight—as well as time and money—that is needed to achieve sustained personality changes, the ultimate aim of psychoanalysis. Such sustained changes are achieved through a long process involving the in-depth examination of the influence of the past on the present, in large part through examining the transference of patterns of feeling and thinking on to the relationship with the analyst.

Needless to say, only a minority of patients—estimates suggest fewer than 5% of all patients who are in any psychoanalytic treatment—is suitable for this intensive treatment or has the motivation and means to pursue a personal analysis, although studies suggest it can be highly effective in these patients (de Maat et al., 2013). Research indicates that these patients may derive a similar benefit from long-term individual psychodynamic psychotherapy, although studies that directly compare these two types of treatment are largely lacking (de Maat et al., 2013). Within the spectrum of long-term psychodynamic treatments, the number of sessions may vary greatly, depending on the patients' presenting problems, the specific type of long-term treatment, and the patients' wishes. Typically, in higher functioning patients there is a greater emphasis on techniques that foster insight into one's own past and present patterns of thinking and feeling and the relationship between both. For patients whose capacity for insight and affect tolerance is more compromised (e.g., those with borderline personality features), more structured and supportive treatments have been developed and empirically evaluated (see also Clarkin, Fonagy, Levy, & Bateman, Chapter 17, this volume). Brief dynamic psychotherapies can similarly be situated on a so-called expressive–supportive spectrum, with some therapies emphasizing expressive features that foster insight, while others place greater emphasis on providing structure and support. Although brief dynamic treatments aim for more modest changes in symptoms and adaptive capacities, and therefore are more suited for patients with less complex and chronic psychological problems, changes as a result of brief treatment may be considerable and long lasting (Abbass et al., 2006). Because of its more limited scope and brief nature, the examination of transference patterns plays, relatively speaking, a more limited role in brief dynamic treatments.

Recent trends have also witnessed the development of intervention and prevention strategies aimed at at-risk populations (Suchman et al., 2010), and Internet-based interventions (Andersson et al., 2012; Johansson et al., 2013; Lemma & Fonagy, 2013). The various chapters in this volume similarly attest to the broadening scope of psychodynamic treatment approaches, ranging from more traditional brief and longer-term individual treatments for adults with substance abuse (Gottdiener

TABLE 1.3. Major Types of Psychodynamic Therapy within the Spectrum of Psychodynamic Therapies for Adults

	Psychoanalysis	Longer-term psychodynamic psychotherapy	Brief psychodynamic psychotherapy
Aims	Personality change as a result of insight into the relationship between past and present	Personality change as a result of insight into the relationship between past and present, but targeted changes are typically more limited	Changes in symptoms and adaptive capacities
Role of free association	Central feature	Important role, though more limited	Limited, emphasis on dialogue between patient and therapist
Therapist stance	Technical neutrality, evenly hovering attention	Technical neutrality less strict, more active stance	More active, supportive and often directive stance
Role of repeated working through of conflicts	Repeated focus on relationship between past and present conflicts	More limited focus on relationship between past and present conflicts	More limited, focus on conflicts in here-and-now
Role of countertransference (feelings in the therapist engendered by the patient)	Major tool to inform interventions and working through	Informs interventions and working through	Informs interventions
Major interventions	<ul style="list-style-type: none">• Clarification and confrontation are used to broaden the patient's perspective• Central role of interpretation of the relationship between past and present ("there-and-then" and "here-and-now")• Limited use of supportive and directive interventions	<ul style="list-style-type: none">• Clarification and confrontation are used to broaden the patient's perspective• Interpretation of relationship between "here-and-now" and "there-and-then," but also more attention to current conflicts and problems• Supportive interventions and directive interventions may be used, particularly in more supportive variants	<ul style="list-style-type: none">• Clarification and confrontation are used to broaden the patient's perspective• Interpretation is limited to a specific focus in the "here-and-now"• Supportive and directive interventions are used more to help the patient adapt to current problems and circumstances and to foster change
Intrapsychic–interpersonal focus	Mainly intrapsychic focus	Intrapsychic–interpersonal focus	Intrapsychic–interpersonal focus often emphasis on the interpersonal
Frequency	3–5 times a week	1–3 times a week	1–2 times a week
Setting	Couch	Face to face	Face to face

& Suh, Chapter 11) or dependent personality disorder (Bornstein, Chapter 16), to novel combined individual and group treatments for borderline personality disorder (Clarkin et al., Chapter 17), and early prevention and intervention programs (Grienenberger, Denham, & Reynolds, Chapter 21). Table 1.4 presents a summary of the typical outcomes associated with successful psychodynamic treatment, with greater effects typically associated with greater treatment length, showing that these effects potentially stretch far beyond the relief of symptoms, congruent with assumptions about the aims of psychoanalytic treatments (see also Table 1.3). Research evidence supporting the spectrum of psychodynamic treatments is discussed in greater detail by Leichsenring, Kruse, and Rabung in Chapter 23.

Common and Specific Features of Psychoanalytic Treatments

It is increasingly recognized that different types of psychotherapy in general, and psychoanalytic treatments in particular, have many elements in common. The specific techniques used in each type of psychotherapy can therefore be only partially responsible for treatment outcomes. Other factors must account for a larger portion of the variance in treatment outcome, and there are estimates of around only 15% of the variance in outcome being predicted by specific techniques, 30% by common factors (e.g., providing support), 15% by expectancy and placebo effects, and 35–40% by extratherapeutic effects (e.g., spontaneous remission, positive life events or changes) (Lambert & Barley, 2002). This does not mean that psychoanalytic treatment approaches have no unique, distinguishing features, or that there can be no specific set of predictions with regard to mutative factors. Research shows that relative to cognitive-behavioral therapists, for instance, psychodynamic therapists tend to place a stronger emphasis on (1) affect and emotional expression; (2) the exploration of patients' tendency to avoid topics (i.e., defenses); (3) the identification of recurring patterns in behavior, feelings, experiences, and relationships; (4) the past and its influence on the present; (5) interpersonal experiences; (6) the therapeutic relationship; and (7) the exploration of wishes, dreams, and fantasies (Blagys & Hilsenroth, 2000) (see Table 1.5). The Improving Access to Psychological Therapies initiative in

TABLE 1.4. Outcomes of Successful Psychodynamic Treatment

-
- Symptomatic improvement
 - Improvements in relationship functioning and well-being
 - Increased capacity for self-analysis
 - Ability to experiment with new behaviors, particularly in interpersonal relationships
 - Finding pleasure in new challenges
 - Greater tolerance for negative affect
 - Greater insight into how the past may determine the present
 - Use of self-calming and self-supportive strategies
-

Note. Based on Leichsenring, Abbass, Luyten, Hilsenroth, & Rabung (2013); Shedler (2010); Falkenstrom, Grant, Broberg, and Sandell (2007); and Luyten, Blatt, and Mayes (2012).

the United Kingdom has similarly shown that although the therapist competencies required for psychodynamic treatment overlap to some extent with those required for other treatments (such as the ability to engage the client and establish a positive therapeutic alliance), a number of specific competencies distinguish psychodynamic therapy (such as the ability to work with transference and countertransference, and to recognize and work with defenses) (Lemma, Roth, & Pilling, 2009). Continuing to develop the evidence base for psychoanalytic treatments will require research into the specifics of a given psychoanalytic therapeutic approach, as well as into the core set of competencies and therapeutic skills shared by other mental health interventions.

What Works in Psychoanalytic Treatments?

With regard to the factors responsible for therapeutic change in psychoanalysis, several different theories have been formulated. These include changes in ego, id, and superego in traditional psychoanalytic formations (Freud, 1923/1961); changes in ego capacities (and defenses and coping strategies in particular) from the perspective of ego psychology (Hartmann, 1939); changes in the differentiation, articulation, and integration in object representations, according to object relations approaches (Blatt & Behrends, 1987; Levy et al., 2006); changes in self-structures from the self psychology perspective, leading to a so-called restoration of the self (Kohut, 1977); changes in the individual’s position with regard to the desire of the Other, as conceptualized in Lacanian approaches (Lacan, 2006); and, more recently, changes in states of mind with regard to attachment experiences (Levy et al., 2006), and reflective

TABLE 1.5. Common and Distinguishing Features of Psychoanalytic Treatment Approaches

Common features

- Ability to engage the client
- Ability to develop and maintain a good therapeutic alliance, and to understand the client’s perspective and general “worldview”
- Ability to deal with emotional content
- Ability to manage endings in therapy
- Ability to assess client’s relevant history and suitability for intervention
- Ability to engage with and derive benefit from supervision

Distinguishing features involve greater focus on . . .

- Affect and emotional expression
- Exploration of patients’ tendency to avoid topics (i.e., defenses)
- Identification of recurring patterns in behavior, feelings, experiences, and relationships
- Focus on the past and its influence on the present
- Focus on interpersonal relationships
- Exploration of the therapeutic relationship
- Exploration of wishes, dreams, and fantasies

Note. Based on Blagys and Hilsenroth (2000); Lemma, Roth, and Pilling (2009); and Shedler (2010).

functioning or mentalizing, that is, the capacity to understand the self and others in terms of mental states (Fonagy & Luyten, 2009).

A common denominator among these (and other) theories of therapeutic action is that psychoanalytic treatment results in what has been called the *internalization of the analytic function*—that is, the capacity to continue self-analysis after the end of treatment, leading to greater inner freedom, creativity, and self-reflectiveness and the ability to proceed with analysis after the end of treatment, leading to sustained efficacy underpinned by increased adaptive capacities to deal with stressors (Blatt, Zuroff, Hawley, & Auerbach, 2010) (see also Table 1.4). In this context, it is important to note that successful psychoanalytic treatment is associated with sustained and continuing improvement after the end of treatment (so-called sleeper effects) (de Maat et al., 2013; Leichsenring & Rabung, 2008). These findings support the view that psychodynamic treatments are associated with increased security of internal mental exploration (Fonagy & Luyten, 2009), leading to greater resilience in the face of adversity (Luyten, Fonagy, Lemma, & Target, 2012).

More research, however, is needed to determine whether a causal relation indeed exists between specific psychoanalytic techniques and these outcomes, and whether these outcomes are unique to psychoanalytic treatments. As noted, research findings suggest that these outcomes are probably not unique (Luyten, Blatt, & Mayes, 2012). An important question is whether the effects of (long-term) psychoanalytic treatments and traditional psychoanalysis are qualitatively different, as is sometimes claimed in the psychoanalytic literature. The few extant studies on this subject point primarily to quantitative differences; that is, traditional psychoanalysis may be associated with greater change, but perhaps only because of the higher frequency and longer duration, and potentially because of the interaction between duration and frequency. Importantly, studies have also failed to identify different rates of change between psychoanalysis and psychodynamic therapy (Grant & Sandell, 2004; Kächele, 2010). Hence, successful psychotherapy seems to set in motion a process of change that begins during treatment but, crucially, is thought to continue after treatment. Different treatments may be able to activate such a process via different routes. For instance, challenging dysfunctional assumptions about the self and others in CBT may activate this process just as effectively as the repeated exploration and interpretation of relationship patterns in psychoanalytic treatments and, at least for some patients, may result not only in changes in patients' representations of self and others, but also in an increased ability to reflect on one's own self and others, leading to "broaden and build" cycles (Fredrickson, 2001). One implication of these views is that psychoanalytic treatment—and most other treatments for that matter—may have relatively neglected the transferring of insight and knowledge gained in treatment to situations and relationships outside the treatment setting (Fonagy, Luyten, & Allison, in press).

At the same time, the extent to which such a process of change is set in motion may differ considerably between different treatments. Furthermore, treatments may also contain interventions that reflect "superstitious behavior," that is, practices inherited through tradition and training that are unrelated to outcome but repeated simply because they are believed to be associated with outcome (Fonagy, 2010).

Moreover, psychoanalytic treatments (or indeed any mental health treatment) may also contain elements that hamper such a process and thus may be iatrogenic. These factors point to the need for careful research to understand which elements of a treatment are essential to change, which are a part of core competencies across treatments, and which may be either inert or, at worst, damaging.

CONCLUSIONS

This book seeks to draw attention to the benefits that can be reaped from an intellectually creative interaction among psychoanalysts, psychoanalytic researchers, and workers in other fields. We also aim to demonstrate the considerable gains to be made if we can achieve a considered balance among clinical work, engagement with psychoanalytic theory, and empirical research focused on a critical evaluation of psychodynamic approaches.

In 1994, Henry, Strupp, Schacht, and Gaston (1994, p. 498) concluded their review of the evidence supporting psychodynamic therapies as follows:

By their very nature, psychodynamic concepts have been the most intractable to scientific scrutiny. Perhaps then, the most important observation that can be made about the current research is that it exists at all. Psychodynamic researchers have made a promising start to a most challenging endeavor—that of operationalizing complex constructs and developing replicable measurement procedures.

We hope and are convinced that this volume not only demonstrates that psychoanalytic researchers have heeded this call, but also that they will continue to do so in the future.

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