# INTEGRATIVE MULTITHEORETICAL PSYCHOTHERAPY
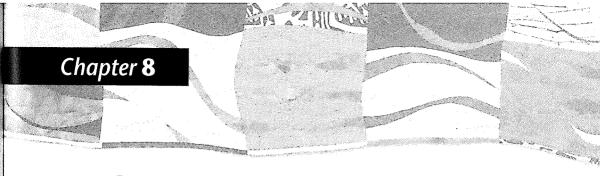
**Jeff E. Brooks-Harris**
*University of Hawaii at Manoa*

# Psychodynamic-Interpersonal Psychotherapy: Modifying Interpersonal Patterns

## INTRODUCTION TO PSYCHODYNAMIC-INTERPERSONAL PSYCHOTHERAPY

### Historical Context

During the first half of the twentieth century, psychotherapy was dominated by the ideas of Sigmund Freud and his followers. Freud's theory of *Psychoanalysis* emphasized ideas of the unconscious, repression, transference, and resistance (Karon & Widener, 1995). Freud believed that when an idea or instinct is repressed it becomes part of the unconscious (Freud, 1915). He described transference as the way people repeat old situations and painful emotions in new relationships (Freud, 1920). Freud saw resistance as the way individuals in *Psychoanalysis* might defend against change by repressing certain thoughts or feelings (Freud, 1915). *Psychoanalysis* was seen as a way to make the unconscious conscious and to resolve the impact of the past by working through the transference relationship with the psychotherapist.

Many of Freud's followers developed psychodynamic theories of their own with emphases different from traditional *Psychoanalysis.* For example, Alfred Adler put more emphasis on the social context of behavior, interpersonal interactions, holistic functioning, cognitive organization of life, and striving for mastery (Adler, 1926; Mosak, 2000). Carl Jung organized his psychological system around the idea of the psyche that combined spirit, soul, and idea. His view of the unconscious included a personal layer and a transpersonal, archetypal layer (Jung, 1957; Douglas, 2000). Harry Stack Sullivan emphasized the interpersonal dimension of psychology and described personality as a collection of strategies people use to manage anxiety in interpersonal relationships (Sullivan, 1953; Teyber, 2000). Eventually, several distinct psychodynamic theories emerged: Ego Psychology, Interpersonal

Theory, Psychoanalytic Developmental Psychology, Object Relations, Self Psychology, and Affect Psychology (Karon & Widener, 1995).

The next two major movements of psychotherapy—behaviorism and humanism—were both critical of many of the rigid excesses of Freudian theory. *Psychoanalysis'* emphasis on the unconscious made it hard to integrate with these other forms of psychotherapy that emerged during the middle of the twentieth century. A strict focus on the unconscious was incompatible with the behavioral emphasis on observable actions. Behaviorists criticized psychoanalysis as being too abstract and philosophical, and scoffed at the complexity of psychoanalytic explanations of human behavior, suggesting that any theory that could not be directly tested was not scientific at all. Humanists saw Freud's theory as excessively pessimistic and oriented toward the dark past rather than focusing on the bright future. The psychoanalytic emphasis on hidden drives, like eros (sexuality) and thanatos (death), was incompatible with the humanistic focus on human growth and potential. Based on the early emphases of these three theories (psychoanalysis, behaviorism, and humanism), it is easy to see why many psychotherapists concluded that the approaches were contradictory and incompatible.

Starting in the middle of the twentieth century some psychodynamic theorists, like Sullivan (1953) and Karen Horney (1950), began to emphasize the role of interpersonal patterns as much as unconscious processes. Many of these new forms of psychodynamic psychotherapy had updated Freud and modified earlier emphases in response to criticism from other theories. By the end of the century, many of the most important contemporary psychodynamic approaches emphasized a relational approach rather than focusing on unconscious drives and structures (e.g., Luborsky, 1984; Strupp & Binder, 1984; Book, 1998). The shift from focusing on unconscious processes to interpersonal patterns made it easier to reconcile psychodynamic theories with other approaches. In response to the behavioral criticism that psychoanalysis focused on unobservable events, interpersonal patterns were more easily observed. In response to the humanistic criticism that psychoanalysis was too dark, a focus on relationships was seen as more positive. Many integrationists have concluded that it is easier to integrate ideas and strategies from relational psychodynamic models with other psychotherapy theories, compared to more traditional drive or structural models (e.g., Wachtel & McKinney, 1992; Stricker & Gold, 2005).

## Psychodynamic-Interpersonal Adaptation

Chapter Three introduced the idea of psychodynamic-interpersonal adaptation, which includes an internal and external focus. It was suggested that psychodynamic psychotherapy focuses on the *internal* process of developing adaptive interpersonal *perceptions* (Luborsky, 1984; Book, 1998). The way

people perceive interpersonal relationships can be distorted by painful expe-
riences in the past. The purpose of psychodynamic psychotherapy is to help
clients work through past events in order to decrease interpersonal distor-
tions (Strupp & Binder, 1984). The goal is to help clients perceive interactions
more accurately so they can adapt to interpersonal relationships. Chapter
Three also suggested that interpersonal psychotherapy focuses on the *exter-
nal* process of helping clients adapt to interpersonal *environments*. Failure to
adapt to changes in the social environment often results in depression and
other psychological problems (Weissman, Markowitz & Klerman, 2000). The
theme that unites these two complementary approaches is the goal of modi-
fying interpersonal patterns by helping clients reduce distorted perceptions
in order to be able to adapt to the current relational environment.

## Psychodynamic Conceptualization

### *Focusing on Interpersonal Patterns*

Chapter Three suggested that a psychodynamic conceptualization may be
helpful when interpersonal patterns become a focal dimension in psy-
chotherapy. A psychodynamic conceptualization involves looking at rela-
tional patterns that may be influencing the way a person thinks, feels, and
acts. If a client's primary concerns appear to be related to repetitive relation-
ship patterns, a psychodynamic conceptualization can be used to guide treat-
ment. Many contemporary psychodynamic treatments focus on identifying
interpersonal patterns revealed in both past and present relationships as well
as the client's relationship with the psychotherapist (e.g., Strupp & Binder,
1984; Luborsky, 1984). Therefore, a psychodynamic conceptualization is based
on listening closely to the way clients describe their interactions with signifi-
cant others and watching for common themes. Lester Luborsky introduced a
simple and practical method to describe recurrent interpersonal patterns
called the *Core Conflictual Relationship Theme* (CCRT; Luborsky, 1984;
Luborsky & Crits-Christoph, 1990; Book, 1998). To identify a CCRT for a partic-
ular client, you must pay close attention to the description of several different
*relationship episodes* and identify three different components: (1) a client's
wish, (2) a response from another person, and (3) a response of the self.

### *Wish*

What is this client's wish, need, or intention in the context of a particular in-
teraction with another person (Luborsky, 1984)? The client's wish represents
what they are trying to achieve interpersonally. For example, someone may
wish for acceptance from their mother or respect from their supervisor.
When identifying this component, it is important to ensure that the wish is re-
lational and specific: What do they want *from* another person in a *particular*
interaction?

### Response from Other

What is the actual or anticipated response from the other person in the context of the client's wish (Book, 1998)? In other words, what is the consequence of trying to get one's wish from that person (Luborsky, 1984)? This response represents how a client perceives or experiences someone else's reaction to their desire. An anticipated response can take the form of a fear or fantasy about how someone will respond. For example, a client might be afraid to call her estranged mother because of fear of rejection. An actual response represents what happens when a wish is acted upon. For example, when someone finally asks for a raise, his supervisor might give him a raise and a promotion to reward the hard work he has done for years.

### Response of Self

Based on the response of the other, what is the subsequent response of the self? This response includes two components: an *affective* response and a *behavioral* response in reaction to the actual or perceived response of another person (Book, 1998). For example, a client might feel angry in response to the fear that her mother will reject her but may suppress that anger in a way that results in depression. In many cases, the behavioral response of self represents one of three interpersonal coping strategies described by Karen Horney (1970): (1) *moving toward* others and trying to please people; (2) *moving away* from others through physical avoidance or emotional withdrawal; or (3) *moving against* others using aggression or control (Teyber, 2000).

After a psychotherapist has listened to several relationship episodes, themes appearing across interpersonal interactions can often be identified. The most common elements across relationship episodes are used to identify a client's CCRT. This common theme can be shared with a client to describe the pattern that the client is enacting across relationships (Luborsky, 1984; Book, 1998). Examples of questions that can be used to describe relationship episodes, explore interpersonal patterns, and formulate a psychodynamic conceptualization are provided in Table 8.1. Luborsky (1984) assumed that a client's interpersonal theme will appear in three relationship spheres: (1) the current therapeutic relationship between client and psychotherapist; (2) current relationships outside of treatment; and (3) past relationships, especially with parents or other caregivers. For example, a particular client may have hoped for praise and attention from his father (wish), but often felt criticized and put down (response of other). This client may have responded with disappointment (affective response of self) but may have acted on this interpersonal setback by turning toward his father and trying harder to please him (behavioral response of self). Because this interpersonal theme was learned in a formative relationship early in life, it may come to represent a CCRT that

**TABLE 8.1    Examples of Questions for a Psychodynamic Conceptualization**

**Interpersonal Wish**

- What did you want from your relationship with this person at this time?
- What did you hope for when you interacted with this person?

**Response from Other**

- What did you think might happen in this situation?
- How did the other person respond?
- Did you have any fears or fantasies about this relationship?
- What might happen if you acted on your impulses?

**Response of Self**

- Based on this person's response to you, how did you end up feeling and acting?
- What were your feelings about their response?
- How did you act in response to these feelings?

may shape subsequent relationships. In current relationships, this client may hope for praise and attention (wish), but may anticipate or fear criticism (response of other). When this client experiences actual or perceived criticism, he may respond by trying harder to please others in an attempt to win their praise (response of self). If a psychotherapist observes this theme in past and current relationships, then it is likely to recur in the therapeutic relationship as well. This client may do things to try to impress the counselor and earn praise (wish), but may feel criticized if praise is not forthcoming from the counselor (response of other). In response to a lack of verbal praise, the client may try harder to win the psychotherapist's favor (response of self). This tendency to act out old patterns in new relationships is an example of Freud's concept of transference. The CCRT method provides a practical method for identifying interpersonal themes that may result in transference. By attending to transference in the therapeutic relationship, a psychotherapist can understand and begin to resolve interpersonal patterns using here-and-now interactions between client and therapist.

## Case Examples of Psychodynamic Conceptualization

### Psychodynamic Conceptualization of Depression

Dr. P. wanted to understand how Claire's depression was related to losing her closest interpersonal relationship when her mother died over a year ago. Listening to Claire describe the way she had interacted with her mother,

Dr. P. tried to formulate a psychodynamic conceptualization based on these three interpersonal elements:

- **Wish:** Throughout her life, Claire had tried to foster a special bond with her mother. She wanted her mother to recognize and appreciate her efforts. Compared to her sisters, Claire wanted to be her mothers' favorite.

- **Response from Other:** During her lifetime, Claire's mother did appreciate and favor her eldest daughter. Claire had felt that giving up her own goals in order to care for her mother had been worth it. After her death, Claire felt like she had been abandoned by her mother.

- **Response of Self:** While her mother was alive, Claire had felt satisfied with the relationship and remained loyal and close to her mother. Claire felt comfortable enacting the role of dutiful daughter. After her mother died, Claire began to regret some of the sacrifices she had made and began to resent some of the demands that had been placed on her during her mother's illness. Claire felt guilty about these disloyal thoughts and did not want to tell anyone what she was feeling. Dr. P. thought these internal struggles, and suppressed feelings might be contributing to Claire's depression.

Dr. P. hoped that she could help Claire change this pattern by helping her identify new wishes that matched the current relational environment and to work through the painful interpersonal feelings that resulted from her mother's death.

### Psychodynamic Conceptualization of Health Behaviors

Abe told Dr. P. that his compulsive need to work was related to a desire to please and impress the senior partner of the law firm where he worked, an older man who had mentored Abe when he was first hired out of law school. As Dr. P. worked with Abe to understand his relationship with his mentor, it appeared that the pattern might be similar to the way Abe had related to his father in childhood. Dr. P. examined both relationships and concluded that they were influenced by the same core conflictual relationship theme.

- **Wish:** In Abe's relationship with his mentor, he hoped for respect and admiration. He wanted to impress this man through his work as an attorney and his contribution to the firm. This wish in a current relationship was similar to the wish in Abe's relationship with his father. As a child, Abe always wanted to please his father and receive his praise. The common theme in these two wishes was a desire for approval from a male authority figure.

- **Response from Other:** Despite Abe's hard work, he was not as successful as he would like. Abe feared that his mentor was

disappointed in him and realized they were not as close as they once were. He assumed that this was because of his mentor's disappointment in him. As a child, Abe's father had always seemed to withhold his approval and praise. When Abe succeeded, his father said that that was what was expected. When Abe did not do as well, his father's criticism was harsh. The common theme in these two responses was that Abe perceived that approval and praise were being withheld.

- **Response of Self:** As an attorney, Abe responded to his perceived failures by throwing himself into his work more completely and working longer and longer hours. Abe admitted that he always tried to arrive at work before his mentor and stay at work until after his mentor left for the evening. This was similar to his reaction as a child when he would work harder and harder to try to win his father's praise. The common theme was to try to work harder to win the approval that Abe feared he was not receiving. Abe's long hours of stressful work were interfering with his ability to take care of his health and family.

## PSYCHODYNAMIC STRATEGIES

This chapter describes sixteen key strategies drawn from psychodynamic (e.g., Luborsky, 1984; Strupp & Binder, 1984; Book, 1998) and interpersonal (e.g., Teyber, 2000; Weissman, Markowitz & Klerman, 2000) approaches to psychotherapy. One way to organize the 16 strategies described in this chapter is to identify the relationship sphere on which they focus (current relationships, past relationships, or the therapeutic relationship). Five of the strategies focus on current relationships outside of therapy (PSY-3, 4, 12, 14, and 15). Four strategies focus on past relationships (PSY-5 through 8). Four strategies focus on the therapeutic relationship between counselor and client (PSY-9 through 11, and PSY-16). The three remaining strategies (PSY-1, 2, and 13) are seen as exploratory skills designed to uncover unconscious thoughts and feelings, and that may lead to exploration of any of the three relationship spheres. The strategies described in this chapter are summarized in Table 8.2. These psychodynamic strategies are demonstrated in a training video (Brooks-Harris & Oliveira-Berry, 2004) distributed by Microtraining Associates (www.emicrotraining.com).

## Listening to Narratives

*Strategy PSY-1.* Listening with a receptive attitude and enabling clients to relate their life narratives in a way that illuminates conflicts and patterns

**TABLE 8.2    Psychodynamic-Interpersonal Strategies for Psychotherapy**

| | |
|---|---|
| PSY-1 | Listening to Narratives |
| PSY-2 | Encouraging Free Association |
| PSY-3 | Identifying Relationship Themes |
| PSY-4 | Making Interpersonal Interpretations |
| PSY-5 | Honoring Resistance |
| PSY-6 | Exploring Childhood Experiences |
| PSY-7 | Working Through Past Conflicts |
| PSY-8 | Identifying Attachment Styles |
| PSY-9 | Observing the Therapeutic Relationship |
| PSY-10 | Attending to Subjective Responses |
| PSY-11 | Resolving Conflicts in the Therapeutic Relationship |
| PSY-12 | Modifying Relational Interactions |
| PSY-13 | Interpreting Dreams |
| PSY-14 | Adapting to Interpersonal Losses or Disputes |
| PSY-15 | Encouraging New Relationships |
| PSY-16 | Learning from Termination |

### Theoretical Context

The foundation of psychodynamic psychotherapy relies on attending carefully to the way clients describe their own lives and listening for conflicts and patterns of which clients may or may not be aware. Hans Strupp and Jeffrey Binder (1984) described the client's story as a vital element of psychotherapy:

> The central model of psychological activity, structure and organization, for psychotherapeutic purposes, is the story. . . . In a story, experiences and actions become sequentially organized into more or less predictable patterns of situational feeling, perceiving, wishing, anticipating, construing, and acting. These patterns, when they lead to problems in living, become the subject matter of psychotherapy. (p. 69)

When listening to clients describe their concerns in the form of a narrative "the therapist is trying to find the subjective meaning that each successive vignette holds for the client and grasp what is most significant to the client from the client's point of view" (Teyber, 2000, p. 39). Before beginning to formulate psychological conceptualizations, it is crucial to understand how clients have come to understand their struggles. Only after understanding a client's own narrative, can a psychotherapist help change the story and work toward a happier ending.

### Strategy Marker

The foundation for all psychodynamic interventions is listening, understanding, and responding to clients. When clients share their life experiences, it is important for the psychotherapist to listen in a receptive way that encourages open exploration. As clients' stories unfold, the counselor should be listening closely for thoughts, feelings, interpersonal patterns, and the subjective meaning that clients assign to their life experiences.

### Suggestions for Use

There is an internal and external process involved in listening to narratives. The internal part of listening involves taking what is said by the client and organizing it in a way that promotes understanding. This understanding will prepare you to respond to the client in an effective way. The external part of listening involves communicating your desire to understand and help through verbal and nonverbal communication. Initially, it is best to use open questions and listen to the way clients choose to present their story. After a client has had a chance to share in this way, it may be helpful to ask more specific questions to fill in the details or to structure the information shared.

### Expected Consequence

As a result of being carefully listened to, clients are likely to feel the psychotherapist is invested in understanding and helping. Internally, the psychotherapist is expected to gain an understanding of clients and be more prepared to respond in a helpful way. From a psychodynamic perspective, this understanding will take the form of recognizing interpersonal conflicts and patterns that may need to be resolved in psychotherapy.

### Case Example

Abe came to psychotherapy after his first heart attack because he was having difficulty making changes in his health behaviors. Abe admitted that he worked too hard and didn't take care of himself. In order to understand Abe's view of his own struggles, Dr. P. wanted to listen carefully to the way Abe told his story.

Dr. P.: Why do you think you work so hard?

Abe: I've always worked hard, my whole life. I think I learned that I wouldn't succeed unless I worked all the time. I guess I don't know how to stop even though my work habits are killing me.

Dr. P.: That must be scary.

Abe: It is scary. I know that if I work all the time and don't relax and don't exercise that I'll have another heart attack and the next one may kill me. But I'm also afraid to stop working so hard.

Dr. P.: So, you are afraid of working, and you are afraid of slowing down.

*Abe:* I just don't know what to do that won't disappoint someone.

*Dr. P.:* Who are you afraid of disappointing?

*Abe:* If I don't slow down and take care of my health, I'll disappoint my wife and kids. If I do slow down, I'll disappoint my boss and my colleagues at work. If I don't succeed at work, I may lose my job and that will disappoint my wife and kids again.

*Dr. P.:* So, both ways you lose.

*Abe:* That's the way it feels.

*Dr. P.:* Have you always been afraid of disappointing others?

*Abe:* I guess so. My dad pushed me pretty hard when I was a kid.

*Dr. P.:* Were you afraid of disappointing him?

*Abe:* It never seemed like anything I could do was good enough.

*Dr. P.:* So, this fear of disappointing important people in your life is something you've felt for a very long time.

*Abe:* For my whole life, really.

## Encouraging Free Association

> ***Strategy PSY-2.*** **Encouraging clients to say whatever comes to mind in order to discover unconscious thoughts and feelings that might not emerge in a structured conversation**

### Theoretical Context

Free association is a psychodynamic strategy that dates back to Freud who wanted to make conscious the contents of the unconscious. In order to reduce the impact of suggestion on the part of the therapist, Freud asked his clients to report freely and without criticism whatever came into their minds (Arlow, 2000). Here is Bertram Karon and Annmarie Widener's (1995) description of this strategy:

> The technique of free association consists of asking the patient to verbalize everything that comes into his or her mind, as nearly as possible. The patient is told that 'Nothing is bad, nothing is trivial, nothing is irrelevant.' The therapist should not interrupt the patient's thought processes unless it will help the process of discovery. This technique allows the patient and the analyst to discover important issues that neither of them knew existed. (p. 25)

Free association is designed to help the psychotherapist discover thoughts and feelings that may be outside of the client's awareness. Once this material has surfaced, it can be used to create insight that leads to change.

### Strategy Marker

If clients do not know where to focus or have trouble identifying things to talk about, it may be helpful to encourage free association. If clients seem to be thinking a lot about what to say and what not to say, this may interfere with the natural process of discovery that can occur in psychotherapy. If clients appear to be editing or screening what they are sharing, a psychotherapist can encourage a more open process in which clients do not need to censor their thoughts or feelings from verbal expression.

### Suggestions for Use

Most people experience an ongoing stream of thoughts. Free association merely encourages individuals to express these thoughts verbally. It may be helpful to ask clients to provide a commentary on the "movie" running through their minds. It may take clients some time to get used to this type of unstructured and unedited communication. Permission giving and encouragement may facilitate the process of free association.

### Expected Consequence

If clients are encouraged to say whatever comes to mind, the intended result is greater access to unconscious thoughts and feelings. When clients stop editing their verbal expressions, they may reveal important material that can lead to insight and change in psychotherapy. The uncovering of interpersonal themes outside of awareness can then be used to understand thoughts, actions, feelings, and relationships.

### Case Example

When Claire began psychotherapy with Dr. P., it was very hard for her to talk freely about her relationship with her mother. Claire seemed to closely edit the things she was saying when she answered Dr. P.'s questions. In order to explore Claire's thoughts and feelings in a different way, Dr. P. decided to encourage free association.

*Dr. P.:* Sometimes, it seems like my questions make you uncomfortable.

*Claire:* I'm not always sure what to say.

*Dr. P.:* It seems like you are carefully planning your words so they come out just right.

*Claire:* Yes, I guess so.

*Dr. P.:* I'd like to try something a little different if it's okay with you. I'd like to encourage you to say whatever comes to mind without me asking any questions. I want you to take the lead and just share the ideas that pop into your head without any editing. Would you be willing to try that?

*Claire:* Do you want me to talk about my mother?

*Dr. P.:* About whatever comes to mind. Okay?

*Claire:* Okay.

*Dr. P.:* You can begin whenever you are ready. Whenever a new thought comes to mind, feel free to say it out loud.

*Claire:* I miss my mother ... My mother was a good woman ... I was a good daughter ... I always wanted to do the right thing ... I always tried to please her ... It was hard to please her sometimes ... I had to give up a lot to be a good daughter ... Sometimes I gave up too much ... Sometimes I wish I didn't have to be a good daughter all the time ... Sometimes I wanted to be selfish.

*Dr. P.:* You covered a lot of ground in a few minutes. What was it like to say all those things?

*Claire:* A little surprising. I was surprised that I said out loud that I wanted to be selfish.

*Dr. P.:* Is that something you try to hide from others?

*Claire:* Even from myself.

*Dr. P.:* So, that's an idea that you keep locked away?

*Claire:* Yes. I'm a little embarrassed that I told you.

*Dr. P.:* I know it might be difficult for someone else to know something that is so private. I want you to know that I'll do my best to respect your privacy. But, I think that knowing that you resented some of your responsibilities may help us address your depression in a different way.

*Claire:* So, it may be helpful that I told you those things?

*Dr. P.:* Yes, I think it will be very helpful.

## Identifying Relationships Themes

> **Strategy PSY-3.** Examining current relationships and identifying interpersonal themes that may represent long-term patterns

### Theoretical Context

Many contemporary psychodynamic theorists emphasize the importance of identifying relationship themes as a way of understanding interpersonal patterns that often result in psychological problems (e.g., Strupp and Binder, 1984; Luborsky, 1984; Book, 1998). One practical way of describing these relationship themes is to use Luborksy's CCRT method (described earlier in

the section on Psychodynamic Conceptualization) to summarize what Freud described as clients' perceptions of danger evoked in interpersonal relationships. Here is how Howard Book (1998) summarized this conceptualization method:

> The patient's Core Conflictual Relationship Theme is generated from the patient's relationship episodes. [A relationship episode] is a vignette or a story that the patient tells the therapist about his or her interaction with another person....The CCRT is simply a statement that contains three components: a statement of the patient's wish (W) in the context of a relationship, an actual or anticipated response from the other (RO) in the context of this wish, and a subsequent response from the self (RS). (pp. 22–23)

By listening to several relationship episodes and identifying common elements, a psychotherapist can generate a succinct summary of an interpersonal pattern that may result in psychological problems. It is predicted that the same theme will recur in three types of relationships: (1) the therapeutic relationship with the psychotherapist; (2) current relationships outside of therapy with family, friends, coworkers, and so forth; and (3) and in past relationships, especially with parent figures (Luborsky, 1984).

### Strategy Marker

When a psychotherapist begins to understand clients' relationship difficulties as part of an ongoing pattern, it may be helpful to describe the pattern to the client. Initially, when clients describe specific interactions, a counselor should listen closely to the story to identify common elements that might represent parts of a pattern. Eventually, when a therapist begins to see a clear theme, it can be described to the client to provide an interpersonal focus for psychotherapy.

### Suggestions for Use

The CCRT method provides a structured way to listen to relationship episodes and identify interpersonal patterns. For each relationship episode that a client shares, the interpersonal wish (W), response of other (RO), and response of self (RS) can be identified. After several relationship episodes have been explored, the CCRT can be summarized and shared with the client for clarification and exploration (Luborsky, 1984; Book, 1998). It is important for the counselor to understand the pattern clearly before presenting it to the client. Once a relationship theme has been identified, clients' responses can be used to refine this interpersonal formulation.

### Expected Consequence

Once a relationship theme has been identified collaboratively, then current relationships can be seen as part of an ongoing pattern. A relationship theme

allows clients to recognize continuity and to prepare for change by under-standing the link between past and present thoughts, actions, and feelings. Identifying an interpersonal theme brings repetitive patterns into conscious awareness where change is most likely to occur. Relationship themes can be used to look at the way formative relationships from childhood (see Strategy PSY-6) impact current interpersonal interactions including the client's rela-tionship with the psychotherapist (see Strategy PSY-9).

### Case Example

Dr. P. was interested in Abe's consistent fear that he might disappoint others. She wondered if this was part of an ongoing interpersonal pattern that was impacting his life in a negative way. When Abe related a story about his boss, Dr. P. listened carefully for this theme and used the CCRT method to identify important elements of the interaction.

> *Dr. P.:* You said that you were disappointed about a report you turned in to your boss.
>
> *Abe:* Yes, I worked all last weekend on a brief that I prepared for one of the senior partners. I had to turn it in Monday morning and got his feedback yesterday. He didn't seem to like the work I did and had a thousand little things I should change. He's a real stickler for details.
>
> *Dr. P.:* Let's look at this transaction a little more closely. In this situation with the senior partner, what did you want? Ideally, what did you hope for?
>
> *Abe:* I guess I wanted some recognition; a pat on the back. I hoped that he might tell me that I did a good job.
>
> *Dr. P.:* How did your boss respond? Did you get the recognition you wanted?
>
> *Abe:* No. Praise doesn't seem to be part of the system at this firm.
>
> *Dr. P.:* What happened instead?
>
> *Abe:* He pointed out lots of little things he thought I did wrong and focused on the weaknesses of the brief. He probably thinks I didn't work hard enough.
>
> *Dr. P.:* So, he was critical and may have been disappointed in you.
>
> *Abe:* Yes.
>
> *Dr. P.:* How did you respond to the criticism?
>
> *Abe:* I felt awful, but I'll probably work even harder to correct all the mistakes. I'll probably spend all of this weekend revising the brief based on all the nit-picky problems that were uncovered.

*Dr. P.:* Let me see if I understand. In this situation, you wanted some recognition for your hard work but you feel like you disappointed your boss and were criticized. As a result, you feel bad but are trying harder to win the approval and recognition that you wanted. Is that an accurate summary?

*Abe:* Yes, that's it in a nutshell.

# Making Interpersonal Interpretations

*Strategy PSY-4.* Interpreting subtle thoughts, actions, and feelings in order to bring them into awareness and illuminate their relationship to interpersonal patterns

## Theoretical Context

One of the ways that psychotherapists help clients to become aware of inter-personal patterns or unconscious conflicts is to make interpretations that spotlight certain thoughts, feelings, or patterns. Strupp and Binder (1984) suggested that change occurs when clients make a connection between current maladaptive behaviors and their origin in childhood conflicts. They suggest the use of interpretation to encourage these connections between past and present:

> Interpretation is an intervention that enlarges the patient's awareness of his or her current psychological state by a communication that facilitates understanding of a current interpersonal experience and the factors complicating it . . . its purpose is to restructure and reorga-nize the meanings of current experience to the end of making it more congruent with present day reality. (Strupp & Binder, 1984, p. 165)

Similarly, Luborksy (1984) suggested that interpretation can be used to make a link between current psychological symptoms and relationship themes that have been identified using the CCRT method. Interpretation is an important psychodynamic strategy designed to expand awareness and encourage insight.

## Strategy Marker

If clients behave in ways that enact part of a long-term pattern, then it may be helpful for the psychotherapist to make interpretive comments that iden-tify the current behavior as part of the pattern. When a counselor observes something outside of clients' awareness that is related to their presenting concerns, interpretation brings these subtle cues out into the open where they can be examined and understood.

### Suggestions for Use

When making interpretive comments, it is helpful to do so in a tentative, exploratory manner so that the client can accept the insight or modify it in a collaborative manner. For example, an interpretation may begin in the following manner, "I wonder if your reaction today may be related to the pattern we've been talking about for the past few weeks . . ." Many interpretations are designed to increase awareness of how current behavior is shaped by past relationships. These interpersonal interpretations may take two forms. First, interpretations can be used to point out a link between a past relationship and the therapeutic relationship. Second, a therapist may use interpretation to highlight a link between a formative relationship and a current relationship outside of psychotherapy.

### Expected Consequence

If a psychotherapist interprets current behaviors in the context of long-standing relational patterns, then the client is likely to increase awareness and gain insight into the link between past and present. This insight is intended to help the client deal with reality in a more effective way with less interference from the past. Once a pattern is brought into awareness through interpretation, it can be experienced and changed.

### Case Example

Dr. P. noticed that it was very hard for Claire to admit how difficult it had been for her to care for her dying mother. Dr. P. knew that her family role as a loyal daughter was a valued part of her Asian culture. Dr. P. also wondered if loyalty was a central element in the relationship between Claire and her mother. Dr. P. wondered if Claire's reluctance to complain was part of the way she and her mother had implicitly structured their relationship.

> *Dr. P.:* I wonder why it is so hard for you to talk with me about your mother.
>
> *Claire:* I'm not sure why either.
>
> *Dr. P.:* Do you have any ideas?
>
> *Claire:* I guess I'm not sure you'd understand our relationship.
>
> *Dr. P.:* How so?
>
> *Claire:* I gave up a lot to take care of my mother. I'm not sure you'd understand why.
>
> *Dr. P.:* You're not sure I would understand your choices.
>
> *Claire:* And I feel uneasy if I say anything negative about my mother.
>
> *Dr. P.:* Like what?

*Claire:* I don't want to complain about the choices I made.

*Dr. P.:* I'm wondering if your reluctance to complain may be an important part of your relationship with your mother that we may want to explore.

*Claire:* What do you mean?

*Dr. P.:* It seems like when your mother was alive, you were very loyal to her.

*Claire:* Yes, I guess I was.

*Dr. P.:* I wonder if you still feel an important sense of loyalty. Perhaps talking to me and possibly expressing any sense of burden might feel like you are betraying your mother. Like you are violating the agreement you had between the two of you to always stick together.

*Claire:* It does feel a little weird to talk about how hard it was to care for my mother when she was sick.

*Dr. P.:* Does it feel like you are being a bad daughter if you complain?

*Claire:* I think so. It feels as if my mother might find out and might be hurt by my words.

*Dr. P.:* I think this is an important idea for us to explore. Even though your mother is no longer with you, you may still feel the same obligation or loyalty you did when she was alive. Do you think it might be helpful for us to explore this theme and for you to decide how your duty to be loyal may be different now?

*Claire:* Yes. I think it might help me understand why I'm still depressed.

## Honoring Resistance

**Strategy PSY-5.** Honoring resistance and fostering awareness of the way clients resist change and maintain the status quo in order to protect themselves from fearful changes

### *Theoretical Context*

A client's reluctance to change in therapy has always been an important theme in the psychodynamic tradition, starting with Freud. "*Resistance* refers to the observation that, when a therapist attempts to help a patient gain awareness of his or her unconscious processes (by undoing repression), all kinds of difficulties suddenly appear and impede the therapeutic process" (Karon & Widener, 1995, p. 26). Traditional psychoanalysis viewed

resistance as an impediment to psychotherapy that interfered with progress toward more adaptive behavior (Strupp & Binder, 1984). More recently, some interpersonal-psychodynamic theorists have described resistance as indicative of coping strategies that were helpful earlier in life. Edward Teyber (2000) described resistance as something that should be understood and respected:

> Both the therapist and the client must honor the client's resistance, because it originally served a self-preservative and adaptive function. The therapist can help the client appreciate the fact that this coping strategy was the best possible response to an unsolvable conflict that the client had available at an earlier time in his development.... The therapist then helps the client to realize that he no longer needs this coping strategy, at least in the present relationship, but can develop more flexible response styles. (p. 63)

From this perspective, resistance is not something to overcome but to be understood and transformed. By understanding the outdated adaptive function that resistance may be representing, counselors can help clients find effective coping behaviors that represent better adaptations to current situations.

### Strategy Marker

If a client is reluctant to make changes in therapy, it is important for the psychotherapist to recognize and address this resistance. When clients are not ready for change, it is important to explore and understand any barriers. Rather than viewing resistance as a mere impediment to progress, resistance can be seen as a valuable area for exploration that will reveal ways that clients have dealt with stress and conflicts in the past.

### Suggestions for Use

It is often helpful to examine the thoughts, actions, and feelings that represent resistance and to identify the adaptive purpose that these behaviors may have played earlier in life. When resistance is viewed as an outdated coping strategy, it is easier to recognize the need for new, more effective ways to cope that may need to be developed before clients give up their old strategies. When looking at resistance, it will be beneficial to approach clients' reluctance to change in an exploratory rather than judgmental manner.

### Expected Consequence

If a counselor explores and understands resistance, then more effective coping strategies can be identified. When outdated coping behaviors are understood, then it is more likely that adaptive thoughts, feelings, and actions can be identified and embraced. These new strategies will represent more contemporary and effective methods of dealing with stress and conflicts. When new ways of managing anxiety and other feelings are adopted, then clients will be more comfortable living in the here and now.

### Case Example

Dr. P. was aware that Abe had made previous attempts to change his health habits that were not successful. Dr. P. wanted to explore Abe's resistance to change in spite of his fears about his health.

> *Dr. P.:* Abe, you've said it has been hard for you to change your health habits in the past. Do you have any ideas why?
>
> *Abe:* We've talked about my need to work all the time. When I try to make time to exercise, I guess I feel guilty for not working.
>
> *Dr. P.:* Where do you think that comes from?
>
> *Abe:* I think it probably goes back to childhood. My father never wanted me to play sports. He wanted me to be a scholar. He thought if I played sports, it would take me away from my studies.
>
> *Dr. P.:* It sounds like the choice between intellectual pursuits and physical pursuits is something that you've struggled with for a long time.
>
> *Abe:* Indeed. Lots of the Black kids in my neighborhood thought that playing basketball was their only ticket out.
>
> *Dr. P.:* Did you feel that way?
>
> *Abe:* No. I was never very athletic. My father always told me I could be a great scholar. He kept telling me that I should focus on books. That would be my ticket.
>
> *Dr. P.:* So, for a very long time you've learned that intellectual pursuits would be your pathway to success and that athletics might distract you.
>
> *Abe:* Yes. I guess so.
>
> *Dr. P.:* I wonder if that makes it hard, even now, for you to take time away from work to exercise and take care of your health.
>
> *Abe:* I assume it probably does. The guilt has to come from somewhere.
>
> *Dr. P.:* As we look at ways to help you change your behavior, I think it will be important to acknowledge the historical roots of this pattern and to honor the feelings that you have about work and exercise so that we change the pattern in a way that feels comfortable now.

## Exploring Childhood Experiences

*Strategy PSY-6.* Exploring childhood experiences in order to understand the origin of interpersonal patterns and how early relationships may shape or distort current interpersonal perceptions

### Theoretical Context

The impact of childhood experiences on adult relationships and psychological functioning has always been an important theme in psychodynamic psychotherapy. Freud's theory of *Psychoanalysis* was based on the principle of *determinism* in which current thoughts, feelings, and impulses are causally related to earlier experiences in an individual's life (Arlow, 2000). Contemporary psychodynamic theorists that focus on interpersonal patterns have pointed out that past relationships influence both the therapeutic relationship and current relationships outside of therapy (Luborsky, 1984). Teyber (2000) pointed out that social learning in the family of origin has a pervasive impact on behavior because family transaction patterns are frequently repeated and magnified by intense affect. This is the way he describes the value of exploring childhood experiences:

> It can be liberating for clients to explore the familial interactions and developmental experiences that shaped their current conflicts. As they gain understanding of their childhood dilemmas, they become more accepting of the choices, compromises, and adaptations they had to fashion in their lives. . . . A mutual exploration of familial and developmental experiences can teach therapists a great deal about the corrective experiences that clients need in treatment, and help therapists to begin generating working hypotheses. (Teyber, 2000, p. 288)

Once childhood experiences have been explored and their link to current interpersonal patterns has been understood, counselors are likely to observe the way the past influences current relationships both inside and outside of psychotherapy sessions.

### Strategy Marker

If interpersonal conflicts are reported in current relationships or if struggles emerge in the therapeutic alliance, it may be helpful to explore how these patterns have been learned earlier in life. When clients begin to recognize interpersonal patterns, they may feel some natural curiosity about the origin of these repetitive interactions. A psychotherapist can support this desire for insight by helping clients understand the impact of the past on the present.

### Suggestions for Use

When exploring childhood experiences, it may be helpful to use the CCRT method to summarize relationship episodes with parents or other significant caregivers. If you look carefully at clients' wishes, their perceptions of the response of others, and the response of self (see Strategy PSY-3), then you can make comparisons between past and present relationships (Luborsky, 1984;

Book, 1998). Because interpersonal patterns are embedded in broader family and social systems, exploring the source of interpersonal patterns will involve the use of systemic strategies that complement psychodynamic-interpersonal skills. For example, in order to understand a client's background, it may be important to describe the structure of the family, identify family roles, and clarify family belief systems (see Systemic-Constructivist Conceptualization section in Chapter 9).

### Expected Consequence

Insight is often a precursor for change. If clients understand the origin of interpersonal patterns, they may be more likely to feel empathy for themselves by recognizing the context of their past and current struggles. Once the childhood origin is brought into conscious awareness, then the pattern is more likely to be changed.

### Case Example

Claire had talked to Dr. P. about her adult role as a caregiver for her aging mother but had not shared much about her childhood. Dr. P. wanted to better understand the interpersonal relationship between Claire and her mother by exploring its origins in childhood.

> *Dr. P.:* We've talked about how you related to your mother in the years before her death. What do you remember about your relationship with her as a child?

> *Claire:* I guess I was pretty clingy as a child. I always wanted to be close to my mother.

> *Dr. P.:* Can you think of a specific example?

> Claire: I remember doing extra chores so I could be close to her.

> *Dr. P.:* Chores?

> *Claire:* I would volunteer to help my mother wash the dishes so I would have time with her after dinner when my younger sisters would be playing.

> *Dr. P.:* When you volunteered to do extra chores, what were you hoping for?

> *Claire:* I guess I wanted my mother to see me as a good little girl.

> *Dr. P.:* And how did your mother respond to your wish to be seen as a good little girl?

> *Claire:* I think my mother appreciated me, and, perhaps, she favored me over my sisters. She gave me certain privileges; to reward me, I guess.

> *Dr. P.:* And how did you respond to her favor and her rewards?

*Claire:* I think I continued to try to please her. Sometimes I think I tried to make sure my sisters didn't get too much of my mother's attention.

*Dr. P.:* So, let me see if I understand. You wanted your mother to appreciate you, and you worked hard to try and please her. Your mother responded positively to your efforts and gave you special privileges in the family. As a result, you tried to stay close to your mother and make sure you maintained a special relationship with your mother. Is that right?

*Claire:* Yes, I think that was how things were for most of my childhood.

*Dr. P.:* How do you think that pattern impacted you as you grew into adulthood?

*Claire:* I think it kind of continued. I stayed pretty close to Mom, and my sisters moved away and were able to develop relationships and get married and start families of their own.

*Dr. P.:* Claire, as we try to help you resolve your grief, I think it will be important to understand your close relationship with your mother and how it may continue to impact you now even though your mother is gone.

*Claire:* Do you think it may be hard for me to let go because I held on so tightly for so long?

*Dr. P.:* I think that's a very good question for us to explore together.

## Working Through Past Conflicts

> *Strategy PSY-7.* Expressing and working through thoughts and feelings related to painful interpersonal conflicts from the past

### Theoretical Context

Freud believed that once conflicts from the past had been interpreted, they still had to be worked through in therapy. Although Freud believed that working through occurs primarily in the therapeutic relationship, Luborsky (1984) pointed out that working through can occur in all three relationship spheres: the therapeutic relationship, current relationships outside of therapy, and past relationships with caregivers. In this chapter, working through past relationships is highlighted here in Strategy PSY-7, whereas working through conflicts in the therapeutic relationship is the focus of Strategy PSY-11.

Book (1998) explained the dynamic interplay between past and present in the working through process in the following manner:

> For most patients, the major thrust of treatment occurs during this middle phase when the childhood roots of the transference driven response from other are worked through. . . . The focus of therapy during this second phase is on interpreting how the patient's expectations of others' responses in the present are intensely colored by attitudes, feelings, and behaviors aimed at caretakers from the past. Much of this interpretation involves explaining how the patient is unconsciously and inappropriately reliving those past attitudes and behaviors with people in the present. (Book, 1998, p. 67–68)

In psychotherapy, clients can experience old conflicts and have a new opportunity to respond to them in a more adaptive way.

### Strategy Marker

When clients begin to explore early experiences that may have shaped current interpersonal relationships, it may be necessary to work through painful memories and emotions. When clients look at the damaging ways that others have responded to them in the past, it may be necessary to explore unexpressed feelings or reprocess inaccurate thoughts. Working through past conflicts may be helpful when old thoughts and feelings linger and have a negative impact on current functioning.

### Suggestions for Use

When working through past conflicts, it is important not to dwell on the past without attending to the here and now. It is assumed that change occurs in the present and that past conflicts will repeat themselves. Therefore, there should be a dynamic interplay between this focus of working through past conflicts and working through conflicts in the therapeutic relationship (Strategy PSY-11). Working through past conflicts often involves the emergence of painful feelings or distorted thoughts. When working through painful feelings, different layers of emotions may be uncovered (such as an outer layer of anger covering a deeper layer of sadness or loss). As a counselor, your role is to help clients explore painful feelings, to discover adaptive emotions, and to find appropriate ways to express their feelings. When working through past conflicts, hidden thoughts may emerge that distort current perceptions (for instance, "I deserve to be punished"). When these distortions are uncovered in psychotherapy, they should be explored. These cognitions may have served an adaptive purpose earlier in life (for instance, viewing self as bad allows a child to maintain ties to an abusive parent). However, it is often

necessary to help clients realize that these thoughts no longer serve a useful function. After this realization has been made, more adaptive thoughts can be identified, tested, and reinforced.

### Expected Consequence

If clients work through past conflicts, the intended result is less distorted thoughts, feelings, and actions in the present. Once a client has resolved painful thoughts or feelings about childhood experiences, then the past is more likely to stay in the past. As a result of working through early conflicts, there will be a greater capacity to make changes in the therapeutic relationship and other current relationships.

### Case Example

Dr. P. had noticed that when Abe had talked about his father, he did so in a detached manner with little emotional expression. Dr. P. wanted to explore Abe's feelings about the pressure he felt from his father.

*Dr. P.:* When you were growing up and your father would encourage you to study harder so you would succeed in school, how did you feel about his guidance?

*Abe:* I knew he wanted me to succeed in a way that he couldn't. He wanted me to have opportunities that he didn't.

*Dr. P.:* Did it feel more like support or pressure?

*Abe:* I think he meant for it to be supportive but it sure felt like pressure to me.

*Dr. P.:* What was that like for you as a kid? To deal with so much pressure?

*Abe:* I think it was hard for me. Sometimes I'd go in my room and say to myself that I hated my Dad.

*Dr. P.:* Did you ever tell him? Or your mother?

*Abe:* No, I never told anyone.

*Dr. P.:* What's it like to say it in here.

*Abe:* It's kinda strange. It felt like a relief to say it out loud.

*Dr. P.:* Would you like to say it again? "I hated my Dad for pressuring me so much"?

*Abe:* I really hated the way my Dad pressured me and made me feel like crap when I just wanted to be a kid.

*Dr. P.:* How do you feel right now?

*Abe:* I feel angry.

*Dr. P.:* Tell me about it using an angry voice, if you can.

*Abe:* I'm angry at my Dad for never giving me a break and always being on my case when I was doing fine and I just wanted to be a normal kid.

*Dr. P:* What's it like letting these emotions out after all these years.

*Abe:* It's a big relief. I feel less tense. I feel a little more free.

*Dr. P:* It makes sense to me that you couldn't express those feelings when you were a kid. But now, as an adult, I think it may be helpful for us to work through some of these old feelings that you had to hide away from your parents. I'm glad you felt safe enough in here to share these feelings.

*Abe:* I appreciate the opportunity to talk about these things. I think I've been holding some of these feelings in for a very long time.

## Identifying Attachment Styles

***Strategy PSY-8.*** **Examining early and ongoing attachment experiences and identifying attachment styles in order to encourage more secure attachments**

### *Theoretical Context*

Attachment style is an important concept in the psychodynamic tradition because it provides a specific example of how childhood experiences are internalized and impact interpersonal relationships later in life. John Bowlby's (1969) research on attachment between children and caregivers has been widely used by psychodynamic therapists to explain ongoing relational patterns. Many psychodynamic therapists, like Diana Fosha (2000), believe that attachment styles acquired in childhood provide a central clue for understanding how adults continue to regulate emotions. Here is how Fosha summarizes the impact of attachment:

> The securely attached child is able to experience his feelings of separation and reunion and is not overwhelmed by them; they enhance the strength of the attachment bond, contributing to his resilience. . . . The insecure, resistant child, who cannot let go relationally and cannot modulate his own affects, cries at separation from the mother but fails to be soothed by reunion with her. . . . The insecure, avoidant child sacrifices his affective life in order to function. Throughout, his play uninterrupted, he exhibits neither distress at separation not joy at reunion, *as* if he were indifferent to the caretaker's goings and comings. (Fosha, 2000, p. 42–43)

It may be helpful for psychotherapists to understand how childhood attachment experiences may have an ongoing impact on adult relationship patterns.

### Strategy Marker

When clients are describing problems in current or past relationships, it may be helpful to look at how they have attached or failed to attach to significant others in life. When clients are exhibiting a pattern of insecure or avoidant attachment, it may be helpful to understand this as a developmental problem that may have its roots in early childhood.

### Suggestions for Use

It may be helpful to think about clients in terms of three different attachment styles described by Bowlby (1969): secure attachment, insecure attachment, or avoidant attachment. Individuals who experienced secure attachment to caregivers are likely to be able to manage interpersonal conflicts without excessive anxiety. People who experienced insecure attachment as children are likely to respond to interpersonal conflicts with greater anxiety. Individuals who responded to childhood by developing a pattern of avoidance are likely to continue to detach themselves from others, particularly in the face of interpersonal conflict.

### Expected Consequence

When a psychotherapist helps clients examine attachment experiences and identify attachment styles, the intended result is a clearer understanding of the origin of interpersonal struggles. If clients understand the origin of insecurity or avoidance, they will be better prepared to make relational changes that may result in more secure attachments in current and future relationships.

### Case Example

Claire had described her close relationship with her mother both in adulthood and as a child. Dr. P. wondered if the close relationship had resulted in a secure attachment that Claire could feel even when her mother was not around or if the attachment was insecure, leaving Claire with feelings of abandonment when her mother was not physically close.

> *Dr. P.:* You've talked about how important it was for you to be close to your mother when you were a child. I wonder what it was like to be away from your mother when you were a child.
>
> *Claire:* I think it was pretty hard for me. I was told that when I was in elementary school I got sick a lot and had to stay home.
>
> *Dr. P.:* Do you think that was related to not wanting to leave your mother?
>
> *Claire:* My mother told me that I had lots of digestive problems but that the doctors could never find anything wrong.
>
> *Dr. P.:* Do you remember any of this?

*Claire:* I remember being dropped off for kindergarten once and not wanting to go and throwing up in the back seat of the car and then Mom taking me home because I was sick.

*Dr. P.:* Do you think that was related to not wanting to be separated from your mother?

*Claire:* Looking back, I think it might have been. I remember thinking it wasn't fair that I had to go to school when my younger sisters were still at home with Mom. I was probably jealous or afraid they would get more attention from her.

*Dr. P.:* How do you think those kinds of fears influenced you as you grew up?

*Claire:* I think I was too clingy all along. Both of my sisters went away to college, but I lived at home and went to college right here in my hometown.

*Dr. P.:* So, the pattern of clinging to your mother continued for a long time.

*Claire:* Then I think it transformed itself. When my father died, I think my mother started to cling to me the same way I always clung to her.

*Dr. P.:* The close attachment went both ways.

*Claire:* Yes, it did. No wonder it's so hard for me to recover from her death.

*Dr. P.:* You and your mother depended on each other for a very long time. It will be a challenge for you to find new ways of relating to the world without her.

*Claire:* I think I'll need a lot of help.

*Dr. P.:* I'll offer you as much help as I can. I think understanding the way you clung to your mother growing up and being afraid of losing her to your sisters may help us understand your current fears.

*Claire:* I guess you're right.

## Observing the Therapeutic Relationship

> **Strategy PSY-9.** Observing the way clients relate to the psychotherapist in order to understand the way interpersonal patterns are enacted and repeated within the therapeutic relationship

### *Theoretical Context*

Transference was one of the foundational concepts that defined Freud's theory of *Psychoanalysis.* "*Transference* is a phenomenon wherein patients relive

experiences, feelings, and memories from the past as if they were occurring in the present" (Karon & Widener, 1995). Freud believed that the analysis and resolution of transference within the therapeutic relationship was the central mechanism for psychotherapeutic change. Contemporary psychodynamic theorists continue to value the importance of observing the therapeutic relationship as a way to understand the client's relationships with others. Strupp and Binder (1984) described the role of transference in the following manner:

> A good therapeutic relationship provides an ideal medium for experiencing one's maladaptive interpersonal predispositions, while at the same time facilitating their correction. . . . Transference . . . refers to the patient's proclivity for enacting emotional conflicts through the relationship to the therapist. This conception was introduced by Freud when he postulated that therapeutic progress occurs solely and uniquely through the patient's relationship to the therapist. (p. 143)

Because clients will repeat their relationship problems in psychotherapy, this provides an opportunity for the therapist and client to work together to understand and change interpersonal patterns.

### Strategy Marker

If clients repeat problematic interpersonal patterns within the therapeutic relationship, then it will be useful for the psychotherapist to pay close attention to this reenactment. The transference relationship between the client and therapist provides an opportunity to look at and understand maladaptive behaviors that clients may have learned earlier in life and that they may be repeating in current relationships.

### Suggestions for Use

It is important for a counselor to closely observe transference and to begin to understand it before sharing overt observations. However, once a preliminary transference hypothesis has been formulated, you can explore interpersonal behaviors in a collaborative manner using *process comments*. Teyber (2000) suggested the following example of a process comment: "I think that something important might be going on right now. Can we talk together about what just happened between us? I know people don't usually talk together this way, but I think it could help us understand what's been going wrong with your wife and others as well" (p. 51). Process comments focus on the interaction between therapist and client, allowing here-and-now exploration of transference reactions that may illuminate longstanding patterns.

### Expected Consequence

If a psychotherapist attends to transference in the therapeutic relationship, then there is an opportunity to observe interpersonal patterns up close in a present and personal manner. Transference in the therapeutic relationship

represents an interpersonal laboratory in which naturally occurring patterns can be isolated and examined in a controlled environment in order to better understand the ongoing relationship problems faced by clients. This type of understanding prepares clients to resolve conflicts in the therapy relationship (see Strategy PSY-11) as well as modifying interactions in current relationships outside of psychotherapy (see Strategy PSY-12).

### Case Example

Dr. P. had asked Abe to keep track of some health behaviors they had agreed to monitor. When Abe came back the next week with a spreadsheet printed in three different colors, Dr. P. wondered if Abe was trying to impress her and win her admiration the way he had wished for his father's admiration and the respect of the senior partner at work.

*Dr. P.:* This is quite a chart. It's very impressive.

*Abe:* I put a lot of work into it.

*Dr. P.:* I wasn't really expecting something this elaborate. I just wanted you to keep track of exercise, eating, and some of your thoughts related to health.

*Abe:* Do you think I went overboard?

*Dr. P.:* Perhaps. Mostly, I'm curious why you put so much effort into this little project when so many other things are competing for your time.

*Abe:* I guess I wanted to let you know I was taking therapy seriously.

*Dr. P.:* Have I said anything that may have suggested that I didn't take you seriously?

*Abe:* I just wanted to make a good impression.

*Dr. P.:* Can I share a hunch with you? I wonder if the pattern we've talked about with your boss and your father may be recurring here in our relationship. I wonder if you are trying to win my admiration and respect by working hard like you do with others.

*Abe:* I guess I might be. Is it weird that I'm doing the same old thing again?

*Dr. P.:* It's not surprising that the pattern we're looking at in other relationships may be happening with us as well. Actually, it gives us an opportunity to look at both sides of the dance to see what I may be doing that may be triggering an old pattern. It also gives us a chance to look carefully at your part in a way that is difficult in other relationships.

*Abe:* So, it's okay that I was trying to impress you with hard work like I try to impress everyone else?

*Dr. P.:* It's natural. What we might want to do is to try to find a different way for us to relate so that you can learn that some people might respect and admire you without you having to work so hard. Would you be willing to explore how we interact in order to find new ways of relating?

*Abe:* Are you saying that I could have jotted down my chart on the back of a napkin and that would have been good enough?

*Dr. P.:* Yes. That would have been good enough.

## Attending to Subjective Responses

**Strategy PSY-10.** Attending to the psychotherapist's own subjective responses as a basis for understanding clients' interpersonal experiences and how they may be perceived by others

### *Theoretical Context*

Freud realized that psychotherapists were likely to engage in transference the same way clients do. He called therapists' transference feelings toward clients *countertransference*. Traditionally, psychodynamic therapists were taught to be careful to minimize countertransference because it might impede treatment (Karon & Widener, 1995). Interpersonal psychotherapists have developed a more positive view of countertransference and see it as a valuable source of information about how clients relate to the people around them. For example, Donald Kiesler (1982) stressed the importance of attending to countertranference reactions—what he calls *impact engagements*—in response to clients acting out their typical relational style:

> The basic task of the interpersonal communication therapist is to disrupt the rigid transactional pattern which the client imposes on the therapy sessions. The therapist does this by continually giving intervention priority to the client's relational messages—by identifying the client's distinctive interpersonal style through the therapist's labeling of his own impact engagements, by disengaging from these pulls or constrictions, by terminating the complementary response, and by various other maneuvers designed to offer ... the "asocial" response. (Kiesler, 1982, p. 277)

From this perspective, attending to countertransference gives a psychotherapist valuable clues about how clients typically interact with others and how others may respond to the client's interpersonal style. Rather than acting on one's countertransference, Kiesler stressed the importance of unhooking from the normal, complementary response and creating a different type of interaction that may lead to insight and change.

### Strategy Marker

When interacting with clients, a psychotherapist may experience feelings, thoughts, or be pulled toward certain actions in a way that represents a complementary response to a particular client's interpersonal style. When a counselor perceives that he or she is engaged or "hooked" by a client's relational dance, the therapist should attend closely to this subjective response. The therapist's reaction to clients provides a valuable source of information about how clients interact with others and how other people may perceive and react to them.

### Suggestions for Use

When you notice a subjective response to a particular client, it is important that you try to disengage or get "unhooked" from the interpersonal transaction so that you can provide a response that is different from what clients normally experience in their day-to-day lives. One option is to engage in metacommunication—to communicate with clients about the way that they are communicating with you. Metacommunication allows the client to receive interpersonal feedback that is not usually available in social interactions. When providing feedback on clients' interpersonal impact, you should communicate about both positive and negative aspects of your subjective response (Kiesler, 1982).

### Expected Consequence

If a psychotherapist provides feedback about subjective responses or interpersonal reactions, the likely outcome is that clients will have greater awareness of their relational impact on others. Once a social or complementary response on the part of the counselor is detected, interrupted, and discussed, then the counselor and client are more likely to make changes in their relationship that may represent the resolution of longstanding interpersonal patterns (see Strategy PSY-11).

### Case Example

When Dr. P. told Claire that she would be leaving for vacation in a few weeks, Claire expressed strong concerns about how she would cope without Dr. P's support. Dr. P. noticed a subjective response that she thought might help her understand Claire better. Dr. P's internal desire was to pull away from Claire so that she would not cling to her.

> *Dr. P.:* It seems like it is upsetting for you to think that we won't be able to meet while I am out of town.

> *Claire:* It's just that our sessions have been so helpful. I'm not sure I'll be able to be okay on my own. What if I break down and don't have anyone to turn to?

*Dr. P.:*  We can talk about what to do when I'm out of town next month but, right now, I'm wondering if we can talk about how we are interacting today?

*Claire:*  What do you mean?

*Dr. P.:*  I wonder if we might be repeating part of the pattern that we've been exploring.

*Claire:*  Do you think I'm clinging to you the way I used to cling to my mother?

*Dr. P.:*   It feels a little bit like that to me. Can I share with you how I felt when you were communicating your fears?

*Claire:*  Okay. Go ahead.

*Dr. P.:*  I want to slow down a little and talk about how you became afraid and then talk about some of my reactions to your fear. It may be helpful to us to look at this interaction as a clue to how other relationships might work in your life.

*Claire:*  What kind of reactions did you have?

*Dr. P.:*  I started to feel worried that you would become too dependent on me. I was worried that you might cling to me too tightly. On one hand, part of me felt complimented that I was a helpful presence in my life. But another part of me felt like I should hold back and not let you cling to me.

*Claire:*  Oh, I didn't mean to worry you in that way.

*Dr. P.:*  No, of course not. But it makes me wonder if this is the way others might perceive you.

*Claire:*  That others might be afraid of me clinging to them?

*Dr. P.:*  Yes, in a way that might make them want to back away from you. Is that something you might be willing to explore? To look at how we interact to see if there are clues to how others might react to your emotional needs?

*Claire:*  Yes, if you think I may be scaring others away with my emotional neediness, then I think we should explore it. I don't want people to see me as needy or clingy anymore.

## Resolving Conflicts in the Therapeutic Relationship

*Strategy PSY-11.* Working through interpersonal problems in the therapeutic relationship in order to resolve conflicts that were learned earlier in life

### Theoretical Context

Freud believed that the key to change in psychotherapy was for clients to work through their central interpersonal problems in the transference relationship with the therapist (Luborksy, 1984). One of the important results of working through transference reactions is an increased ability to recognize one's own interpersonal distortions that shape the way that relationships are perceived. In order for clients to work through transference, it is important that psychotherapists not reenact old patterns and, inadvertently, reinforce them. Teyber (2000) stressed the importance of psychotherapists helping clients resolve conflicts in therapy in this way:

> They then work together to identify and change the maladaptive relationship patterns that are occurring with others and in the therapeutic relationship, as well as the conflicted emotions and pathogenic beliefs that accompany them. As this work proceeds, the therapist must not comply with the client's strong pull to reenact these relational themes in the therapeutic relationship. Instead, the therapist's goal is to provide a different type of relationship that resolves, rather than reenacts, the client's recurrent relational themes. (p. 243)

In order to provide a different type of relationship, counselors must be aware of clients' relationship themes and their tendency to draw others into these familiar patterns. The outcome of this type of work is frequently described as a *corrective emotional experience* (Teyber, 2000).

### Strategy Marker

When clients repeat interpersonal patterns in the therapeutic relationship, it is important for the psychotherapist and client to work together to change the interaction so that the problematic pattern is not reinforced. When conflicts occur between the client and counselor, an attempt should be made to explore how the problem may be related to repetitive relational patterns in clients' lives. It is important for the therapist to act in a way that does not repeat the pattern but provides a new interpersonal experience for the client.

### Suggestions for Use

One of the best ways to resolve conflicts in the therapeutic relationship is to talk directly about the repetition of interpersonal patterns using process comments. To intervene within the therapeutic relationship, it is helpful to make an overt link between the client's issues and what is occurring between the therapist and client. In order to resolve relationship conflicts in psychotherapy, it is best to formulate a clear interpersonal conceptualization that predicts how a client's core concerns may be repeated. When these issues do arise, the therapist should be prepared to discuss them

nondefensively, explore the clients' perceptions, differentiate the therapist from others, and offer to make changes in the therapeutic relationship (Teyber, 2000).

### Expected Consequence

If clients have corrective emotional experiences in psychotherapy—rather than repeating problematic patterns—they are more likely to feel interpersonal safety and to be able to explore and adopt new thoughts, feelings, and actions. Working through problems in the therapeutic relationship demonstrates to clients that they can have new relationships that do not conform to old patterns. Resolving conflicts in therapy represents a powerful form of experiential learning, preparing clients for making changes in other relationships as well (see Strategy PSY-12).

### Case Example

When Abe was unable to fulfill some of his health goals, he was afraid that Dr. P. would disapprove of him. Dr. P. wanted to be careful not to enact the same pattern that Abe frequently experienced with others in which he perceived disapproval whether it was there or not.

*Dr. P.:* How did it go this week?

*Abe:* Not very well. I only went to the gym once.

*Dr. P.:* How did it go the one day you went?

*Abe:* It went fine. I'm disappointed that I didn't go three times like I had promised you I would but lots of things came up.

*Dr. P.:* I'm not sure I would consider it a promise to me. The goals we set are for your benefit, not mine.

*Abe:* But I guess you're disappointed that I'm not living up to my commitments.

*Dr. P.:* I wonder why you think I would be disappointed.

*Abe:* Aren't you?

*Dr. P.:* Not nearly as disappointed as you seem to think I might be. I wonder if you are perceiving me as disappointed because that is how you have so often experienced others in your life?

*Abe:* Maybe I am. So, now what?

*Dr. P.:* Let's see if we can find a way not to repeat the pattern. Let's shift the focus back to you. How do you feel about going to the gym?

*Abe:* You know, I really enjoyed the time I went.

*Dr. P.:* Let's focus on that for a moment.

*Abe:* It felt good to get started even though I have a long way to go. I enjoyed finally doing something for me. It was nice to have some time to myself.

*Dr. P.:* I'm glad it felt like a good start.

## Modifying Relational Interactions

> ***Strategy PSY-12.*** Identifying ways that current relationships outside therapy can be modified to change interaction patterns and to generalize lessons that have been learned in psychotherapy

### *Theoretical Context*

Once a client has had a corrective emotional experience, it is important to generalize the change to current relationships outside of therapy (Teyber, 2000). Book (1998) suggested two ways to help clients modify interactions in current relationships. The first way is to recognize *transference distortions:*

> For some patients, the way they expect or fear that others will respond is a transference phenomenon: their fear that others may respond in a particular manner is founded on and colored by early childhood experiences with parental figures. As they experience themselves as being treated in the past, so they expect to be treated in the present. (Book, 1998, p. 55)

When clients experience transference distortions, psychotherapists can help clients learn to recognize and correct their skewed perceptions based on a clear understanding of the central relationship theme. Resolving transference distortions should result in less distorted interpersonal perceptions, more functional thoughts, and more adaptive feelings in relationships.

The second way of modifying relational interactions involves recognizing and interrupting *repetition compulsions:*

> Some patients, on the other hand, actually choose or provoke others to respond and treat them as they experienced their caretakers as treating them in the past. With these patients, the [response of others] is a repetition compulsion. (Book, 1998, p. 55)

When clients are engaging in repetition compulsion, psychotherapists can help them see the pattern that is recurring and help them choose actions that are less likely to result in old, unwanted consequences. When working with either transference distortions or repetition compulsions, therapists are helping clients actualize their interpersonal wishes by viewing relationships without distortions and learning not to repeat old conflicts in new relationships.

If counselors are able to help clients modify their interpersonal perceptions and relational interactions, then clients will be better prepared to get their interpersonal needs met.

### Strategy Marker

When clients are able to articulate the ways they are repeating longstanding patterns in current relationships, the psychotherapist should help them look at specific changes that can be made to alter and improve current relationships. If clients have been able to successfully change interpersonal patterns within the therapeutic relationship, it is important to explore ways that these changes can be generalized in other relationships.

### Suggestions for Use

In order to modify relational interactions, it is helpful to articulate how current relationships are being distorted by past experience. For example, it may be helpful to decide whether a negative interpersonal interaction represents a *transference distortion,* in which clients inaccurately expect current relationships to repeat unwanted patterns (Book, 1998). Resolving transference distortions may involve identifying more accurate thoughts and realistic perceptions (see Strategies COG-7 and 9 in Chapter Four) and more adaptive feelings (see Strategy EXP-3 in Chapter Six). For other clients, relational conflicts may represent *repetition compulsions,* in which clients inadvertently act in ways that increase the likelihood that negative patterns will actually occur again (Book, 1998). Preventing repetition compulsions may involve identifying unwanted actions to decrease and desirable actions to increase (see Strategy BHV-3 in Chapter Five). In order to generalize interpersonal changes, it may be helpful to distinguish between transference distortions and repetition compulsions and to encourage adaptive thoughts, feelings, and actions that will help clients actualize their interpersonal wishes.

### Expected Consequence

When changes made in current relationships are based on insight about the past, the likely outcome is deeper and more enduring change. If clients are able to generalize interpersonal changes from psychotherapy to other current relationships, the result is that clients will be more effective in getting their relationship needs met.

### Case Example

After Dr. P. had shared her concern that Claire might cling to her, they discussed whether this might be occurring in other relationships. Claire wondered if her sisters might find her clingy. Dr. P. had asked Claire to try and observe her own behavior with family members to see if she might be acting in a dependent manner, repeating a pattern she had begun with her mother.

*Dr. P.:* The last time we met, we talked about the possibility that others might be concerned that you might cling to them. What did you notice with your family?

*Claire:* I noticed that I have been a little bit too dependent with one of my sisters.

*Dr. P.:* What did you notice?

*Claire:* When I went over to her house on Sunday, I didn't want to leave. After dinner, they were doing things to get ready for Monday morning; like making the kid's lunches. I didn't want to go home and be alone so I just stuck around. I think I outstayed my welcome. It seemed like I was in the way and my sister just started ignoring me.

*Dr. P.:* Why do you think she started ignoring you?

*Claire:* I think she had a lot of things to get done. But I also think it's a little like what you shared last time. I think she was trying not to let me hang on too tightly.

*Dr. P.:* Based on your realization that you may seem dependent to others, is there some way that you would like to change the way you interact with your sister?

*Claire:* I guess I'd like to show her that I have some other things going on in my life.

*Dr. P.:* Okay. Like what?

*Claire:* My friend at work keeps asking me to go to the movies. Maybe I could go and invite my sister, too.

*Dr. P.:* That sounds good. How would that change the pattern?

*Claire:* I'd be offering something to my sister, rather than just depending on her. My sister is always bogged down with the kids and she might enjoy a "girls night out."

*Dr. P.:* So, it would shift the pattern from one of dependency to more equality or reciprocity?

*Claire:* Right. It would demonstrate me taking care of myself and even having something to offer.

*Dr. P.:* I think that sounds like a great way to change the way you interact with your sister.

## Interpreting Dreams

*Strategy PSY-13.* Exploring dreams and helping clients discover interpretive meaning that illuminates thoughts or feelings outside of awareness

### Theoretical Context

Dream interpretation has been an important part of the psychodynamic tradition dating back to Freud's (1900) conclusion that dreams were the royal road to the unconscious. Jacob Arlow (2000) summarized Freud's conclusions about dreams in this way:

> The idea that dreams could be understood occurred to Freud when he observed how regularly they appeared in the associations of his neurotic patients. Dreams and symptoms, he came to realize, had a similar structure. Both were end products of a compromise between two sets of conflicting forces in the mind—between unconscious childhood sexual wishes seeking discharge and the repressive activity of the rest of the mind. . . . The central principle of this theory is that mental life represents an unrelenting conflict between the conscious and the unconscious parts of the mind. (pp. 22–23)

Other psychoanalysts, like Jung, continued to explore dreams as a way to understand the unconscious. Jung suggested that dreams could be explored on an objective level and then probed for deeper meanings (Douglas, 2000). Dream interpretation may be less central to contemporary psychodynamic practice than it was to traditional *Psychoanalysis,* but when clients bring dreams into psychotherapy, it provides an opportunity to look at conflicts and themes in a new way.

### Strategy Marker

When clients describe dreams in psychotherapy, it will be helpful to explore the way dreams may be related to current interpersonal or intrapsychic struggles. If clients describe dreams they do not understand or that they think are related to other areas of life, then a counselor can provide a structured environment for exploration that may lead to insight and change.

### Suggestions for Use

Here are two simple guidelines that may be useful in interpreting dreams. First, it may be helpful to assist clients in distinguishing between the manifest and latent content of dreams and explore underlying themes. After looking at the "plot" of the dream, it may be helpful to explore how events or objects in the dream may represent different events or objects in clients' lives. Second, it may be helpful to assume that people in dreams often represent different parts of the dreamer. In this way, a conflict between two characters in a dream may illustrate an internal conflict between two parts of the client. For example, dream characters may represent a struggle between the mature, responsible side of the dreamer (super ego) and the impulsive, rebellious side (id).

### Expected Consequence

Dream interpretation represents one way to bring the unconscious into conscious awareness. If psychotherapists help clients explore the interpretive meaning of dreams, then they may discover thoughts, feelings, or interpersonal patterns that have been hidden outside of awareness. When clients understand their own unconscious conflicts and the impact on interpersonal relationships, then they will be better able to make changes in current relationships. Dreams offer a path to understanding that can be used to complement exploration of current functioning and interpersonal relationships.

### Case Example

Abe told Dr. P. that he had a vivid dream he wanted to discuss. Dr. P. wanted to explore the dream within the context of the interpersonal patterns they had identified and were discussing.

*Dr. P.:* What happened in the dream?

*Abe:* I was arguing with my father. I don't know why, but we were standing on the edge of a big cliff over the ocean. For some reason, he wanted me to divorce my wife and leave my family. I told him I wouldn't do it. Eventually, I got so mad I pushed him off the cliff, and he fell into the ocean.

*Dr. P.:* What do you make of the dream?

*Abe:* It was disturbing to me. I don't think of myself as a violent man.

*Dr. P.:* Of course not. Sometimes our dreams are exaggerations. Why do you think you were so angry with your father?

*Abe:* It was confusing because he would never have wanted me to divorce my wife. He really adored her and wanted me to work hard to take care of my family.

*Dr. P.:* So, on a surface level, the dream seems to contradict real life. What if we just look at it symbolically? Are there themes in the dream that correspond to the things we have been talking about in therapy?

*Abe:* I guess one of the things we've been saying in here is that if I try to work as hard as my father expected, it might have a detrimental effect on my family.

*Dr. P.:* Do you see that theme in your dream?

*Abe:* I guess so; in an indirect way. In real life, my father didn't know he was asking me to turn my back on my family. But the dream might be telling me that I have this choice inside me. To honor my father's vision of hard work and success at any cost or to try and be more balanced and to protect my family in a more direct way by spending more time with them and taking care of my health.

*Dr. P.:*  So, when you pushed your father off the cliff in the dream, are you really trying to hurt him?

*Abe:*  That's the weird thing. He lands in the water and I look down and he's okay. I guess I'm just trying to reject his rigid values.

*Dr. P.:*  And start making more of your own decisions.

*Abe:*  Yes, I guess that's the theme of the dream. I need to make my own decisions rather than strictly following the script that my father wrote for me.

## Adapting to Interpersonal Losses or Disputes

*Strategy PSY-14.* Helping clients adapt to significant changes in interpersonal relationships by grieving losses or resolving disputes

### Theoretical Context

Gerald Klerman, Myrna Weissman, and their colleagues developed a contemporary form of *Interpersonal Psychotherapy* (IPT) that updated earlier interpersonal approaches proposed by theorists like Harry Stack Sullivan and Adolph Meyer. Their research led them to the conclusion that four interpersonal problems were frequently associated with the onset of depression: (1) grief; (2) interpersonal role disputes; (3) role transitions; or (4) interpersonal deficits (Klerman, Weissman, Rounsaville & Chevron, 1984). IPT is a short-term treatment designed to directly address these interpersonal problems. In response to interpersonal losses or disputes, a psychotherapist can help depressed clients move through the process of grief and make steps toward life after loss. IPT for grief is described in this way:

> Depressed patients suffering from complicated bereavement tend to have low self-esteem while often idealizing the lost other or their lost relationship. . . . An aim of treatment is then to help the patient develop a clearer, more complex, and more realistic picture of the totality of his or her relationship with the lost person. . . . The two goals of the treatment for depression that center on grief are: (1) to facilitate the delayed mourning process, and (2) to help the patient reestablish interests and relationships that can substitute for what has been lost. (Weissman, Markowitz & Klerman, 2000, p. 62–64)

IPT suggests a similarly direct approach to role disputes with significant others. Clients are encouraged to make active choices, modify communication patterns, and reassess expectations (Weissman, Markowitz & Klerman, 2000). Whereas psychodynamic strategies often focus on internal perceptions, interpersonal strategies drawn from IPT (Strategies PSY-14 and 15) more overtly focus on the external structure of relationships.

### Strategy Marker

If clients are facing significant changes in their interpersonal relationships, then it may be useful for a psychotherapist to help them move through the process of adaptation. Psychological distress is often associated with interpersonal losses or disputes. If clients experience grief, a counselor can facilitate the mourning process. In the case of disputes, psychotherapy can focus on negotiation or dissolution.

### Suggestions for Use

In order to facilitate adaptation to interpersonal changes, it may be helpful to clearly identify the change that is occurring and to normalize the process of adaptation. By linking a psychological symptom, like depression, to a specific alteration in the relational environment, clients may be able to understand their symptoms and prepare for transition. By outlining a predictable process of change, a psychotherapist can help clients achieve gradual improvement resulting in a decrease of negative psychological symptoms.

### Expected Consequence

If a counselor facilitates interpersonal adaptation, the predicted outcome is more balanced thinking, decreased negative feelings, and more effective interpersonal actions. When psychotherapy focuses on relational changes, there should be a decrease in depression and other symptoms associated with grief or interpersonal conflict.

### Case Example

Dr. P. was aware that Claire had idealized her relationship with her mother, in part to justify the choice she made to prioritize her mother's care over her own goals. Part of facilitating Claire's grief was helping her develop a more complex and realistic view of her mother.

> *Dr. P.:* Last week we began talking about how it might be helpful to think about your mother in a more balanced way; remembering both the good and the bad. Have you had a chance to think more about this during the past week?
>
> *Claire:* Yes, you suggested I try to use the phrase, "but on the other hand . . ."
>
> *Dr. P.:* Was that helpful?
>
> *Claire:* I guess so. But I still feel a little guilty saying these things.
>
> *Dr. P.:* That's what we predicted. Do you want to share with me what you've thought about?
>
> *Claire:* Okay. I wrote some things down. My mother and I were always very close . . .
>
> *Dr. P.:* But on the other hand . . .

*Claire:*  But on the other hand being close to my mother kept me from pursuing some of my own dreams.

*Dr. P.:*  Good. What else did you write?

*Claire:*  I chose to take care of my mother, but, on the other hand, sometimes it was really hard.

*Dr. P.:*  Good. Anything else?

*Claire:*  On the one hand I miss my mother but, on the other hand, I have more freedom now to do what I want.

*Dr. P.:*  Very nice. How did it feel to say those things out loud?

*Claire:*  It felt like a relief.

*Dr. P.:*  How has it impacted your feelings of grief during the past week to think about your mother in a more balanced way?

*Claire:*  I think it feels a little looser. I feel like I can let go a little easier.

*Dr. P.:*  Do you know why?

*Claire:*  I guess if I only think about the positive things it isn't really realistic. She's just an icon of a mother. If I think about her as a real person then it makes sense that she would eventually die. It seems more natural to let go of a real person.

*Dr. P.:*  So, thinking of your mother in a realistic, more lifelike way makes it seem more natural that she might die and you might need to move on?

*Claire:*  Yes, it feels more natural. It feels more balanced.

## Encouraging New Relationships

*Strategy PSY-15.* Encouraging clients to form new relationships and reduce social isolation as a result of role transitions or interpersonal deficits

### Theoretical Context

Klerman and Weissman's IPT often focuses on encouraging new relationships, particularly when clients are dealing with role transitions or interpersonal deficits. Role transitions are described in the following way:

> Difficulties in coping with role transitions are associated with the following issues: (1) loss of familiar social supports and attachments; (2) management of accompanying emotions, such as anger or fear; (3) demands for a new repertoire of social skills; and (4) diminished self-esteem. (Weissman, Markowitz & Klerman, 2000, pp. 89–90)

IPT also addresses interpersonal deficits that often block clients' efforts to form new relationships:

> The goal of treatment of interpersonal deficits is to reduce the patient's social isolation. Because there are no current meaningful relationships, the focus of treatment is on past relationships, the relationship with the therapist, and beginning to form new relationships. (Weissman, Markowitz & Klerman, 2000, p. 89)

In response to both role transitions and interpersonal deficits, psychotherapists can play an active role in encouraging clients to form new relationships.

### Strategy Marker

If clients are socially isolated or have experienced a decrease in social support, then it is usually helpful for a psychotherapist to encourage new relationships. For some clients, social isolation is a long-term problem arising from interpersonal deficits. In these cases, psychotherapy may involve the acquisition of new social skills. For other clients, social isolation may be the result of role transitions such as moving to a new location, starting a new job, or having a friend or loved one move away or die. In these cases, encouraging new relationships may involve identifying and activating social skills that the client has used successfully in the past.

### Suggestions for Use

In order to help clients form new relationships, it may be necessary to explicitly identify the social skills necessary to adapt to the social environment. Because these skills are not explicitly taught in our culture, it may seem strange to discuss these behaviors in a direct way. Once skills have been identified, the therapist may want to help the client make a realistic assessment of strengths and limitations. Rehearsal through imagery and role playing may help prepare clients for real-life practice (Weissman, Markowitz & Klerman, 2000).

### Expected Consequence

If a psychotherapist encourages new relationships, the predicted outcome is more effective efforts to initiate social contact and a reduction in social isolation. If new social skills are taught, the expectation is the formation of relationships based on the use of new skills. If new relationships are needed because of a role transition, the result may be the effective activation of skills that have been used in the past in order to transfer and generalize learning to a new situation or environment.

### Case Example

Abe had told Dr. P. that as a result of changing his work habits, he found himself relating to colleagues in a different way. Dr. P. wanted to highlight this change as a role transition that might result in a need to develop different types of relationships with colleagues.

*Dr. P.:*  You said that you felt like you were relating to the other attorneys at work a little differently. Can you tell me more about that?

*Abe:*  Well, for one thing, now that I'm not working as long hours as I used to, I don't feel like I'm getting as much approval from the senior partner. I feel like I'm not the "teacher's pet" anymore.

*Dr. P.:*  Can you handle that?

*Abe:*  I think I'm getting used to it. It's a little bit freeing, really.

*Dr. P.:*  And how is that impacting the way you relate to the other attorneys in the firm?

*Abe:*  I don't think I noticed it before but I think there is a group of junior colleagues who kiss up to the boss and another group that doesn't. Now that I'm not kissing up as much, the rebels seem to like me more.

*Dr. P.:*  So, are you transitioning from one role to another?

*Abe:*  I don't think I'll ever be very rebellious, but it's good to get along with everyone and not be seen as the teacher's pet.

*Dr. P.:*  Is there anyone in particular that you are feeling closer to?

*Abe:*  There's a lady who works down the hall who I'm chatting with more. I think she's really sharp and works hard but also sets better limits than many of the men because she wants to take care of her family as well.

*Dr. P.:*  So, you see her as a potential ally. Do you want to do anything to foster that relationship?

*Abe:*  Actually, I was thinking about that. She has a daughter who is right in between my two kids in age. And I've liked her husband when I've met him. So I was thinking about inviting them over to barbeque or something.

*Dr. P.:*  So, they might have some potential as family friends.

*Abe:*  Yes, they might.

*Dr. P.:*  How does it feel to be considering developing a social relationship with a colleague from work?

*Abe:*  I think it might be helpful to not divide my work life and my family life so rigidly. I think it might bring some balance to both areas.

## Learning from Termination

*Strategy PSY-16.* Using the end of the therapeutic relationship to enact a healthy separation, consolidate self-awareness, and support interpersonal changes

## Theoretical Context

Psychodynamic theorists have always paid attention to termination and have described it as a way to resolve the conflict between separateness and relatedness and to have a corrective emotional experience by saying goodbye in a healthy way that may not always occur in other relationships (Teyber, 2000). Many psychotherapy clients have had bad experiences when separating with significant others. Some may have avoided goodbyes to try to evade feelings of loss. Others may have denigrated the value of relationships in order to try to diminish the impact of the loss. Terminating the relationship with a psychotherapist provides an opportunity to end a relationship in a different way. Strupp and Binder (1984) described the role of termination in this way:

> A central purpose of psychodynamic psychotherapy is to help the
> patient come to terms with previous separations and object losses,
> whether these be emotional or actual.... The patient learns to
> internalize the generally positive image of the therapist, thereby
> freeing himself or herself from the neurotic attachment.... This
> process never succeeds perfectly. Nevertheless, the process of
> replacing early (maladaptive) identifications with new (more
> adaptive) ones is psychotherapy's unique achievement. (p. 261–262)

From this point of view, termination provides an opportunity to say goodbye in a healthy way as well as to consolidate therapeutic learning.

## Strategy Marker

As the end of the therapeutic relationship approaches, termination can be used as an opportunity to help clients understand and adapt to separations and losses that are an inevitable part of life. Separating from a psychotherapist is likely to stir up old feelings associated with the loss of earlier relationships. Termination may be more difficult if clients have not learned to separate from meaningful relationships in a healthy way. If this is an area of difficulty, termination provides an opportunity to deal with interpersonal transitions in a more adaptive manner.

## Suggestions for Use

During the termination phase of treatment, it is important to affirm both positive and negative feelings about the ending of the therapeutic relationship. Teyber (2000) described this balance in the following manner:

> One of the therapist's primary goals in these natural endings is to
> affirm both sides of client's feelings about ending: to take pleasure in
> client's independence and actively support their movement out on
> their own; but also to let clients know that the therapist will accept
> their need for help or contact in the future. (p. 296)

This balanced view of separation can provide a corrective emotional experience that may prepare clients for future interpersonal transitions. Psychotherapists should help clients understand that, although progress has been made, all problems have not been completely eliminated.

### Expected Consequence

If termination is explored in a balanced manner, then clients are more likely to internalize positive lessons they have learned from psychotherapy. When a psychotherapist uses termination as an opportunity to understand the process of separation, clients may be better prepared for future separations without having to devalue relationships or resort to other negative feelings.

### Case Example

Because dealing with loss had been such a central theme in Claire's psychotherapy, Dr. P. spent several sessions preparing for termination and made sure Claire was dealing effectively with the anticipated loss. Once most of Claire's goals had been met, she and Dr. P. had agreed upon a termination date.

> *Dr. P.:* We only have two more sessions after today. How are you feeling about wrapping up our work together?
>
> *Claire:* I guess I'm getting used to the idea, but it's still a little scary.
>
> *Dr. P.:* Why do you think it feels scary?
>
> *Claire:* You've been so good at helping me deal with the loss of my mother, this feels like another loss.
>
> *Dr. P.:* So, as we talk about this ending, it reminds you of other losses?
>
> *Claire:* Yes, it makes me feel sad and a little bit helpless.
>
> *Dr. P.:* What can we do to make sure this ending feels different?
>
> *Claire:* I guess I want to say a proper goodbye. With my mother, I could never really admit to myself that she was going to die so I never said the things I wanted to say at the end.
>
> *Dr. P.:* So, one way to change our ending is to acknowledge it and to make sure we get to say goodbye in a meaningful way.
>
> *Claire:* Yes.
>
> *Dr. P.:* Does it help that we've set a date so we can plan for this ending?
>
> *Claire:* I resented that at first. It felt like you were giving me an eviction notice. But now I guess I see the value in planning ahead. It gives me a chance to anticipate the loss and to think about what I need to say.
>
> *Dr. P.:* It's my hope that we can acknowledge what we've meant to one another over the last several months and to discuss what life is going to be like for you after therapy has ended.
>
> *Claire:* I guess that doesn't sound so bad.

*Dr. P.:*  So, I'd like to begin that the next time we meet. I'd like you to think about what we need to say and do to end our relationship in a way that honors the connection we've had but also acknowledges that you are at a different place in your life as well.

*Claire:*  Okay. I'll begin thinking about how to thank you and say goodbye.

## CHAPTER SUMMARY

This chapter described a psychodynamic-interpersonal method of conceptualization that involved examining relationship episodes to identify core conflictual relationship themes. A psychotherapist can explore relationship episodes by identifying clients' interpersonal wishes, the responses of other people, and clients' subsequent responses in relationship to their own interpersonal wishes. After several relationship episodes have been explored, a counselor can identify a consistent relationship conflict that appears to be recurring across interpersonal situations. It is assumed that these interpersonal themes are learned in formative relationships in the past and continue to have a significant impact on current relationships inside and outside of psychotherapy. Identifying relationship themes lays a foundation for a variety of psychodynamic-interpersonal interventions that support the formation of adaptive interpersonal perceptions and effective relationship skills.

Sixteen psychotherapy strategies were described; many of which were drawn from contemporary psychodynamic approaches that focus on interpersonal patterns. Five of these strategies are exploratory skills that allow therapists to understand interpersonal patterns and illuminate unconscious conflicts. (PSY-1) *Listening to Narratives* provides an opportunity to hear clients' stories and to listen for interpersonal and unconscious conflicts. (PSY-2) *Encouraging Free Association* allows clients to reveal unconscious material that may not emerge in a more structured conversation. (PSY-3) *Identifying Relationship Themes* is a way for a counselor to organize the narratives they have heard and to establish an interpersonal focus that can lead to insight and change. (PSY-4) *Making Interpersonal Interpretations* allows a therapist to make a link between clients' experiences and the recurring interpersonal patterns that have been identified. (PSY-13) *Interpreting Dreams* provides a way for clients to reveal and understand unconscious and interpersonal conflicts that may not emerge during waking hours.

Four of the psychodynamic-interpersonal strategies examine the impact of past relationships on current interpersonal functioning. (PSY-5) *Honoring Resistance* recognizes that current problems may represent outdated coping mechanisms learned earlier in life that may be expressed in psychotherapy. (PSY-6) *Exploring Childhood Experiences* allows clients and counselors to

understand some of the formative life events that may be impacting current functioning. (PSY-7) *Working Through Past Conflicts* provides a method for addressing longstanding problems by developing more adaptive thoughts or feelings related to past events. (PSY-8) *Identifying Attachment Styles* applies a theoretical template to current experience in order to understand how early relationship experiences may impact clients' current interpersonal patterns.

Four of the strategies described in this chapter focus on the therapeutic relationship between counselor and client and highlight ways that transference and countertransference can be used to promote insight and change. (PSY-9) *Observing the Therapeutic Relationship* helps a psychotherapist understand clients' interpersonal patterns by experiencing how they are enacted through transference. (PSY-10) *Attending to Subjective Responses* encourages counselors to pay attention to their own countertransference to provide clues about how others may respond to clients' interpersonal styles. (PSY-11) *Resolving Conflicts in the Therapeutic Relationship* allows clients to try out new interaction styles in the context of a safe interpersonal laboratory. (PSY-16) *Learning from Termination* encourages clients to separate from an important relationship in a healthy manner that may help them deal with interpersonal transitions outside of psychotherapy.

Three of the psychodynamic-interpersonal strategies focus on changing current relationships outside of therapy. Some of these skills are drawn from contemporary forms of interpersonal psychotherapy that emphasize external relationships more than internal perceptions. (PSY-12) *Modifying Relational Interactions* encourages clients to generalize interpersonal learning that occurs in psychotherapy to other current relationships. (PSY-14) *Adapting to Interpersonal Losses or Disputes* helps clients grieve when loss is experienced and to resolve disputes that may occur in relationships. (PSY-15) *Encouraging New Relationships* is used when clients are experiencing social isolation that may be related to life transitions or poor social skills.

Although these strategies focus on interpersonal perceptions and relationship patterns, promoting interpersonal adaptation involves helping clients change their thoughts, actions, and feelings. Therefore, the psychodynamic-interpersonal strategies described in this chapter can be used in combination with other skills that focus more directly on these concurrent dimensions of human functioning. These psychodynamic and interpersonal ideas remind us that human experience is profoundly shaped by intimate connections and that psychotherapy should attend to past, present, and future relationships.