Psychodynamic Theory and Treatment of Clinical Depression

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Fundamental Concepts in Psychodynamic Therapy.

• Inner psychic world and outer reality.
  – Development of the self begins with the ability to discern “me” from the “not me”.
  – Our “inner world” is populated with thoughts, fantasies, emotions and object relations which are related to but distinct from the “outer world”.

• Consciousness and Unconsciousness.
  – We are conscious of only a small portion of the inhabitants of our psychic inner-world.
  – Nevertheless, the unconscious aspects of our mind exert a tremendous influence over our conscious thoughts, emotions and behavior.

• Use of clinical material: Permission, Disguised.
Psychodynamic Factors Contributing to MDD.

- Narcissistic vulnerability, Low self-esteem
- Guilt, Self-directed anger
- Perceived rejection
- Anger at others
- Depression
Psychodynamic Factors Contributing to MDD.

- **Narcissistic Vulnerability.**
  
  - Early experiences or perceptions of loss, rejection, and/or inadequacy interact with possible biochemical vulnerability resulting in a sensitivity toward perceived or actual losses/rejections.
  
  - This, in turn, triggers depressive affects and a recurrent lowering of self esteem.
Psychodynamic Factors Contributing to MDD.

• Conflicted Anger Towards Others.
  
  - Anger results as a response to narcissistic injury which in turn disrupts interpersonal relationships resulting in a further lowering of self esteem and depressive affects.
Central Psychodynamic Models of Depression.

• Severe Superego: Experience of Guilt and Shame.

  – The Superego comprises the moral functions of the person.

  – These include:
    1. The approval or disapproval of actions and wishes—-the grounds of morality,
    2. Critical self-observation,
    3. Self-punishment,
    4. The demand for reparation or repentance of wrongdoing, and
    5. Self-praise or self-love as a reward for virtuous or desirable thoughts and actions (ego ideal).
Central Psychodynamic Models of Depression.

• **Severe Superego: Experience of Guilt and Shame.**
  
  – Parental images which form the initial structure of the superego are those of the parent’s superegos as *experienced by the young child*. These early *introjects* tend to be concrete and remain unconscious (excluded from further reality testing and maturation) and are exemplified by:

  • Talion Law: “An eye for an eye”.
  
  • Lack discrimination between wish and deed.
• **Idealized and Devalued Expectations of Self, Others.**

  – In an effort to mitigate low self esteem, a person may ascribe excessively high expectations of self or idealization of others resulting in significant disappointment, anger at self or others and a further lowering of self esteem.

  – In some instances, significant others are not idealized but devalued to bolster self esteem resulting in a disruption in these primary relationships and a lowering of self esteem which, in turn, triggers depressive affects.
Psychodynamic Factors Contributing to MDD.

- **Characteristic Means of Defending Against Painful Affects (defense mechanisms)**
  
  - Ego Defense Mechanisms: Are the ego’s response to anxiety resulting from when the id impulses (libidinal, aggressive) are in conflict with each other, when the id impulses conflict with super-ego values and beliefs, and when an external threat is posed to the ego.
  
  - Ego Defense Mechanisms are at least somewhat *unconscious* (depending upon their level of reality testing).
  
  - Primitive defense mechanism (e.g., denial, projection, passive-aggression, reaction formations) are overly relied upon in an effort to mitigate intolerable negative feelings. As a result, negative affects are not effectively dealt with but remain split off and repressed capable of continuing to exert an influence unconsciously.
Distinctive Features of Psychodynamic Therapy.

• **Focus on affect and expression of emotion.**
  
  – The therapist helps patients *describe and put words to feelings*, including contradictory feelings, feelings that are troubling or threatening and feelings that the patient may not initially be able to recognize or acknowledge (in contrast with CBT where the greater emphasis is on thoughts and beliefs).
Distinctive Features of Psychodynamic Therapy.

- **Exploration of attempts to avoid distressing thoughts and feelings.**
  - Psychodynamic therapists *actively focus on and explore avoidances* whether they occur within sessions (shifts in topics, attending to facts and events to the exclusion of affect, etc) or outside of session (missed appointments, etc).
  - Psychic Determinism: *in the mind, nothing happens by chance or in a random way; each psychic event is determined by the ones that preceded it.*
Distinctive Features of Psychodynamic Therapy.

- **Identification of recurring themes and patterns.**
  - Psychodynamic therapists work to *identify and explore recurring themes and patterns* in patient’s thoughts, feelings, self concept, relationships and life experiences.
  - In some cases, patients may be acutely aware that these patterns are painful or self-defeating but feel unable to escape them. In other cases, they may be unaware of them until the therapist helps him or her recognize and understand them.
Distinctive Features of Psychodynamic Therapy.

- **Discussion of past experience (developmental focus).**
  - Psychodynamic therapy recognizes that past experiences, especially early experiences with attachment figures affects our relation to and experience of, the present.

  - The focus is not on the past for its own sake but rather on how the past sheds light on current psychological difficulties with the goal being to help patients free themselves from the bonds of past experience in order to live more fully in the present.
Distinctive Features of Psychodynamic Therapy.

- **Focus on interpersonal relations.**
  - *Psychodynamic therapy places* heavy emphasis on relationships and interpersonal experience (object relations, attachment).
  
  - Adaptive and maladaptive aspects of personality and self concept are forged in the context of attachment relationships.
  
  - "The baby finds itself in the eyes of its mother" D. W. Winnicott
Distinctive Features of Psychodynamic Therapy.

• **Focus on the therapy relationship.**

  – **Transference is ubiquitous.** It is a fundamental part of all human relationships. Psychoanalytic therapies do not create the transference; they discover it and make it visible (conscious).

  – The reoccurrence of interpersonal themes in the therapy relationship (transference, counter transference) provides a unique opportunity to explore and rework them in vivo.

  – Thus transference repeats development.
Distinctive Features of Psychodynamic Therapy.

- **Exploration of fantasy life.**
  - *Psychodynamic therapists encourage patients to speak freely about whatever is on their mind* (free associate) *including their daydreams, fantasies and dreams.*
  - The goal is to understand not only the significance of the content to the patient but the processes by which the material is brought to the surface and how it is handled by the patient thereby offering greater insight into the workings of their mind.
Distinctive Features of Psychodynamic Therapy.

- **Goal of psychodynamic psychotherapy.**
  - Includes *but extends beyond symptom remission*. Successful treatment should not only relieve symptoms but also foster the positive presence of psychological capacities and resources.
    - More fulfilling relationships.
    - More effective use of one’s talents.
    - Ability to tolerate a wider range of affects.
    - A more nuanced and sophisticated understanding of self and others.
Psychodynamic Treatment of Depression.

• **Indications for psychodynamic psychotherapy.**

  1. Motivation to understand the sources of symptoms (“psychologically minded”).
  2. Capacity to think about meaningful and complex relationships with others.
  3. Capacity for control over impulses.
  4. Ability to understand metaphors (e.g., “inner – outer rooms”).
  5. Capacity to acknowledge emotional states.
  6. Good reality testing.
Psychodynamic Treatment of Depression.

- **Contra-Indications for psychodynamic psychotherapy.**
  1. Marked difficulty observing the self or reflecting on others’ motivations.
  2. Significant inability to tolerate frustration.
  3. Globally impaired relationships.
  4. Marked difficulty forming an alliance with the therapist.
  5. Low intelligence.
  6. Severe depression that disrupts the patient’s ability to work effectively.
Psychodynamic Assessment of Depression.

- **Assessment of clinical symptoms.**
  - **DSM-IV criteria.**
    - While DSM criteria are important, a *diagnosis* should not simply be based on the patient’s presenting problem and clinical symptoms.
    - The therapist needs to consider the context in which the complaint is made and in which the symptoms occur because the underlying conflicts will differ from patient to patient while symptoms may not.
    - Similarly in practice, the nature of the *transference relationship* is often more important than the original diagnosis because as therapy progresses one is always dealing with the person behind the symptoms.
Psychodynamic Assessment of Depression.

• **Developmental and family history.**
  
1. Patient’s *perceived* ability of the family to respond to their childhood emotions, especially negative feelings (e.g., sadness, shame, anger) and events (e.g., losses, illnesses, separations).

2. Childhood depressive symptoms.

3. Perceptions of parental attitudes and behaviors.

4. Characteristics and qualities of their adult relationships (e.g., conflicts, emotional themes, perceived level of responsiveness of significant others).

5. Family history of depressive disorders and attitudes towards this history.
Psychodynamic Treatment of Depression.

- **Initial phase of treatment.**
  - Establishing a therapeutic frame.
    - Includes frequency of sessions, expectations for clinical material, etc.
  - Establishing a therapeutic alliance.
    - Conveying a sense of interest and an ability/willingness to understand
    - Developing a consensus and working relationship, etc.
  - Clarifying the central depressive dynamics.
    - Narcissistic vulnerability, conflicted anger, severe superego, etc.
Psychodynamic Treatment of Depression.

- **Middle phase of treatment.**

  Techniques used in the middle phase.

  a. Clarification.
  b. Confrontation.
  c. Interpretation: defense, genetic, dynamic.
  d. Interpretation of dreams, parapraxes, etc.
  e. Interpretation of the transference and attention paid to the counter-transference.
Psychodynamic Treatment of Depression.

- Middle phase of treatment: Working through.

Working Through of the…

Defenses.
Dynamics/conflicts.
Transferences.

Surface Interventions

Depth Interventions

Therapeutic Alliance

Regression (in/out of office events) – stressors, empathic breeches.
Psychodynamic Treatment of Depression.

• **Termination phase of treatment.**

1. **Factors to consider in deciding to terminate.**

   a. Patient is less vulnerable to depression in the face of loss, disappointments, and criticism (i.e., narcissistic vulnerability).

   b. Patient can *consistently* better manage depressive feelings and aggression.

   c. Patient is *consistently* less prone to guilt and self-devaluation.

   d. Patient can *consistently* make more realistic assessments of own behavior and motivations and those of others.
Psychodynamic Treatment of Depression.

• Issues associated with Termination of Treatment.

1. Ending the work, relationship (i.e., actual, unresolved past grief).

2. What to address in the remaining months.
   a. Setting a date vs. ‘graduated termination’
   b. Existential issues (e.g., what’s going to happen now?)

3. Review the work, patient’s life themes and therapy – what helped you change?

4. Disappointment; expectation of the therapist, therapy that didn’t happen.

5. The future – more therapy when it would be helpful; what type of contact with the therapist after treatment.
Psychodynamic Theory and Treatment of Depression: Summary

- The existence of inner and outer psychic realities is part of the human experience.

- The significant role of Consciousness and Unconsciousness in our day-to-day lives.

- Treatment Goals include Symptom Reduction/Resolution, but also improved intra/interpersonal functioning and object relations.
Psychodynamic Theory and Treatment of Depression: Summary (cont.)

• Focus on the past to help understand the present and psychologically free up the future.

• The therapeutic focus is on relationships both in and out of the therapeutic milieu with an emphasis on the patient/therapist relationship.