Psychotherapy Guidebook

Dynamic Cognitive Therapy

Melvin L. Weiner

Dynamic Cognitive Therapy

Melvin L. Weiner

e-Book 2016 International Psychotherapy Institute

From *The Psychotherapy Guidebook* edited by Richie Herink and Paul R. Herink

Table of Contents

Dynamic Cognitive Therapy

Melvin L. Weiner

DEFINITION

The fundamental tenet of Dynamic Cognitive Therapy is that the growth of cognitive processes — the ways in which we perceive, remember, reason, judge, solve problems, and learn — cannot be separated from the growth of personal and interpersonal processes — that is, how we develop self-esteem and a sense of identity, express and control impulses, and relate to other people. The aftereffect of a traumatic, disorganized, or deprived childhood is the partial or complete impairment of both these psychological processes. The goal of psychotherapy is to replace these faulty structures with more adaptive ones. The inherent limitation of our usual therapeutic methods is that the typical therapist-patient interaction is verbal-idea-tional, while the patient's impaired psychic structures have their origins in and remain on the nonverbal-cognitive level. The Dynamic Cognitive approach developed by the author (1975) succeeds in communicating on the cognitive level, making core conflicts and structures more accessible. As a result, it proves more effective in promoting growth.

HISTORY

The Dynamic Cognitive approach reasserts emphases Freud gave early in his career to consciousness and reality relations, and to cognitive-affective structures (affect refers to moods and emotions). By systematically explicating the individual's cognitive style and its relation to his affective structures, we provide a link between the thinking of cognitive developmentalists — such as Piaget (1974), and Witkin and Goodenough (1977) — and psychoanalytic theorists, such as Kohut (1976), and Mahler, Pine, and Bergman (1976). Hence, our therapeutic approach is compatible with psychoanalytic ego psychology, and offers practical implementation for many of its theoretical and clinical insights.

TECHNIQUE

When a patient's cognitive style gets him into difficulties in his daily life, instead of simply asking him to talk about it, the Dynamic Cognitive therapist says:

I think it is important to find out how you actually see (or think, remember, or solve problems). I have some perceptual tasks that I would like you to do, but I am not only interested in what you see, but how you go about seeing the tasks and what feelings are associated with them. So when you are attempting to solve the various puzzles I am going to give you, try to tell me how you are going about it. Also tell me all the things that go through your

mind, even the tiny details you might not ordinarily think important. Let me know when you encounter any difficulty; and when there are any fleeting impressions or feelings or memories flicking through your mind, even those which you think aren't related to the task, tell me those because everything may be important.

Thus, instead of taking off only from dreams or emotional conflicts, the patient also proceeds from his current cognitive activities. We find that associations to a cognitive task typically lead back to critical developmental events that played an important role in the formation of the patient's present difficulties. Feelings, images, and events that he may have completely forgotten and that, up to that moment, seemed totally irrelevant return in full vividness and coherence. The most immediate gain is the breaking of tenacious resistance; the long-term gain is the opening up of new dimensions of both cognitive and affective processes that have been impairing the individual's current adaptation.

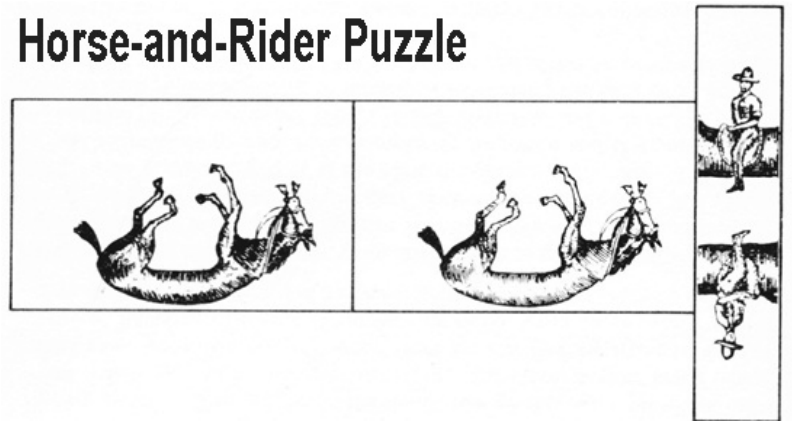
Eighty-five cognitive tasks in the visual, auditory, tactile, olfactory, and kinesthetic modalities have been developed. Each one is specifically designed and utilized in the course of a normal therapeutic session to help the patient become aware of the nature of his cognitive style and how it interferes with the attainment of gratifications and ability to cope with life's problems. Further, explication of cognitive processes allows the patient to bypass

stubborn defenses and to permit new understanding of personal and interpersonal processes, but on a new, more meaningful level — the level of his impaired psychic structures. These new insights into the individual's cognitive structure may outweigh even a high-level treatment alliance between therapist and patient on the verbal-ideational level.

Let me illustrate with a clinical case. Jeanne, a nineteen-year-old college student, was referred to me by a psychoanalyst who had been working with her for eight months. He could not break through her defenses, in spite of his diligent attempts to understand her problems. I found Jeanne a bright and engaging person who could not communicate her feelings, had no insight into her problems, and was perplexed over the sudden change in her ability to cope with them. During our first session, I began to see how easily we might get bogged down, for her associations were not productive and my questions and comments did not seem to penetrate her defenses. However, in the course of our discussion of her difficulties with a college course, I presented her with a simple cognitive task, and from the results obtained, selected succeeding tasks that I thought most relevant to her particular problems. Little by little, as I picked up clues to the detailed cognitive processes underlying her behavior as well as the affective context from which they developed, I closed in on those facets of her cognitive functioning originally hidden from view. During the second session, I carefully adapted a task for Jeanne where the solution involved those particular cognitive characteristics

that I had learned were closely related to her problems.

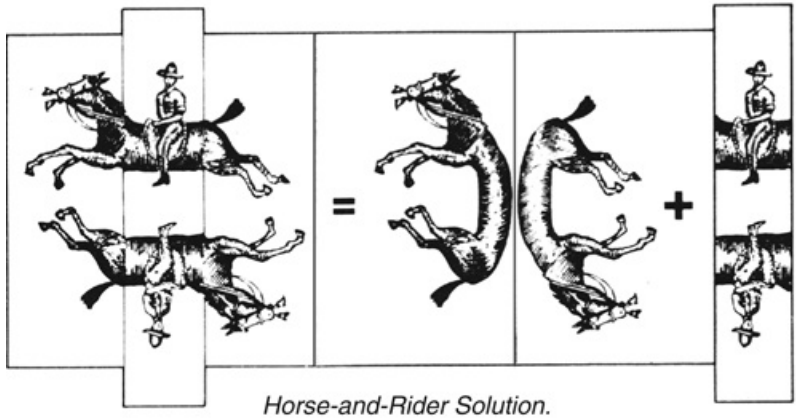
This task — the "horse-and-rider puzzle" (see below) — involves fitting the three pieces together (without bending, folding, or tearing) in such a way that the riders sit on top of the horses.



After several minutes of unsuccessful attempts to place the pieces together, Jeanne grimaced and said, "Oh, I'm getting that awful feeling." After a few questions, Jeanne revealed she had this nauseous feeling often:

> "I've been waking up every morning this past week and it really hurts, my stomach. I wasn't sick — I didn't have a fever or something wrong. I don't know if it's related, but my boyfriend has this girl, this girlfriend that he goes down to see, and this particular weekend I didn't want him to go down — I hadn't seen him for a long time because of the vacation. What's really disgusting is that next weekend she's coming up here! That about kicked me over the edge. Could it be that the pains in my stomach come from that, that I'm more afraid of losing him than I think?"

Jeanne's feeling of nausea set her off on a successful exploration of a whole new emotional dimension. She began to recall and examine related feelings and events that she had forgotten, denied, or avoided mentioning in her therapy sessions. For example, she was able to recognize the significant part that fear of abandonment had played in her development. For the first time, she could talk about her feelings of loneliness and her severe panic over separation and loss of love. Speaking about her distant and strained relationship with her parents, she remembered how different it was when, as a small child, she was close to her father. As Jeanne continued to examine critical events and feelings in her past, her nausea abated. Soon after, while playing around with the puzzle, much to her surprise, the pieces of the puzzle fell into place — almost without trying, she had found the correct solution



Horse-and-Rider Solution.

Exploring other cognitive tasks gave Jeanne new insight into the nature

of her cognitive processes and their source in affective traumas, and, equally important, into the way they contributed to her current life difficulties, particularly to her academic failures. She discovered how her unresolved emotional problems played a role in producing cognitive difficulties, and previously elusive aspects of her emotional life came into focus. Jeanne's therapeutic endeavor consequently took on a new and broader scope, as a coherent picture of her emotional problems, their interrelationship with her cognitive problems, and their roots in unresolved affective and cognitive disorganization began to emerge.

APPLICATIONS

Anna Freud wrote, "... much of the history of psychoanalysis is dominated by two efforts: 1) to deny, even in face of evidence to the contrary, that analytic understanding reaches further than analytic therapy; 2) to restore by whatever means the former unity between exploration and cure."

Dynamic Cognitive Therapy, with its ability to reach new and deeper levels of core psychic structures, has proven effective in its attempt to restore the harmony between exploration and cure. It does not, however, intend to set out to conquer new territories, such as drug addiction, but to maximize the "optimum scope" for psychoanalytic therapy: the treatment of anxiety neuroses, hysteria, the phobias, the obsessional neuroses, and particularly

those disturbances where extensive and severe use of defense mechanisms, such as repression or denial, makes it difficult or unlikely that therapy can progress successfully. Furthermore, its emphasis on nonverbal cognitive communication has led to the pioneering attempts that are presently being made in the treatment of those disorders where verbal communication becomes a stumbling block to progress: adolescent abnormalities and borderline psychotic states. Current clinical research will determine the feasibility of these latter applications.