Psychotherapy Guidebook

Dynamically Oriented Brief Psychotherapy

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Table of Contents

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DEFINITION

Dynamically Oriented Brief Psychotherapy is a form of psychotherapy conducted within an arbitrary limit of about forty sessions, in which the therapeutic aim is to give the patient insight about unconscious conflict.

HISTORY

Psychoanalytic treatment is generally regarded as a very lengthy process, in which the patient is seen several times a week over a period of years. Throughout its history, however, sporadic cases have been observed in which marked improvements follow after only a few sessions. It has generally been supposed that such patients can only be those with mild illnesses of recent onset that the technique should be superficial, and that this leads to an essentially superficial therapeutic result. In 1946, Alexander and French published a series of case histories that strongly contradicted this view, but their work was never generally accepted. In the 1950s and 1960s, however, attempts were made to investigate the subject systematically at three main centers in the English-speaking world: the Tavistock Clinic in London

(Malan); the Massachusetts General Hospital in Boston (Sifneos); and the Montreal General Hospital (Davanloo). Although these three schools differ in their approach, all agree on the same fundamental observation: patients exist who can be selected according to known principles, who do not necessarily suffer from mild illnesses of recent onset, with whom a far from superficial technique can be used, and who show permanent and apparently deep-seated improvements.

The present article will concentrate on these three schools, but it is to be noted that many non-English-speaking centers also exist, notably in Lausanne under Gillieron, in Basel under Beck, and in Buenos Aires under Kesselman.

TECHNIQUE

The three main schools agree on certain fundamental principles of patient selection:

1. Patients who are obviously unsuitable must be eliminated from the beginning: those showing strong suicidal tendencies, serious danger of depressive or psychotic breakdown, poor impulse control, chronic alcoholism or drug addiction, or extreme dependence.

2. Correspondingly, the patient must be judged to have the basic strength to face his anxieties without breaking down, and to

carry on life independently after termination.

3. The patient must: view his problem as psychological; be able to interact with the interviewer in an emotionally meaningful way; have the motivation not merely for symptom relief, but for achieving emotional growth through acquiring insight about himself.

4. The initial evaluator must be able to formulate a feasible therapeutic plan or focus in terms of some aspect of the patient's pathology that needs to be worked through.

The three schools agree on the following main aspects of therapy technique:

1.The therapist must plan a limited aim or focus from the beginning and follow this single-mindedly. This may involve selective neglect of other aspects of pathology, but if the patient is correctly selected and the focus is appropriate, most of the material will be relevant to the chosen focus.

2.The main therapeutic tool is interpretation: that is, explaining to the patient aspects of his feelings of which he is as yet unaware.

3.One of the major therapeutic techniques is to show the patient that feelings that he has toward the therapist — for which the word "transference" was coined by Freud — are derived or transferred from similar feelings directed toward important people in the patient's past, especially parents. This is identical with one of the basic principles of psychoanalysis.

There are also certain clear differences among the schools: for example, I tend to set a time limit from the beginning whereas the other two do not; Sifneos tries to bypass resistance, while I interpret it; and with certain types of patients, Davanloo employs a highly active technique, forcefully confronting the patient with his avoidance of painful feeling.

Correspondingly, the range of patients treated differs among the three schools:

1. Sifneos concentrates on patients suffering from conflicts involving an over-intense, guilt-laden, sexualized relation with the parent of the opposite sex ("Oedipal" problems). With such patients, treatment lasts about fifteen sessions.

2. I accept patients of this kind but also accept many others, particularly those suffering from intense mixed feelings (ambivalence) about important people in their lives, and those suffering from unresolved dependence and deprivation, provided this is not too severe. Grief and anger about the loss of the therapist at termination may figure prominently in therapies of this school, which also tend to be longer than those of Sifneos — up to thirty sessions.

3. Davanloo, by his confronting technique, is able to extend the range to include certain types of passive, obsessional patients who would not be considered by the other two schools. He has demonstrated dramatic results with such patients, with therapy lasting up to forty sessions.

All three schools have demonstrated that the results of their forms of therapy can consist not only of symptomatic recovery, but also of extensive reorganization of the patient's personality, lasting for a follow-up period of up to ten years after termination.

APPLICATIONS

This kind of therapy can be applied in any psychiatric setting, though it of course requires well-trained therapists or at least experienced supervision. It has been applied in the psychiatric departments of general hospitals (including in-patient departments), in psychiatric emergency services, student health services, psychotherapeutic clinics, and private practice. It depends on the careful selection of suitable patients, but when correctly used it results in a marked increase of efficiency. Straker has described the beneficial impact of Brief Psychotherapy on a psychiatric department burdened with long waiting lists and poor staff morale. The methods are particularly important at the present time in the United States, in view of schemes for financing a limited number of psychotherapeutic sessions through health insurance.