

DYNAMIC APPROACHES TO BRIEF AND TIME-LIMITED CLINICAL SOCIAL WORK

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In a practice climate transformed by the requirements of managed health care and the ubiquitous use of biological interventions, brief and time-limited dynamic treatment approaches have become ever more attractive, both to agencies and to the clinicians who staff them. In fact, in many settings, the luxuries of limitless time and resources are often not available to social work practitioners and their clients, nor are these always necessary or even desirable. In this chapter, the essential characteristics of a dynamic approach to working with clients briefly are presented and discussed.

Historically speaking, the concept of brief treatment and the use of time limits have been neither revolutionary nor exceptional in the practice of social casework. In fact, it has been argued that most social casework has been short term in nature (Parad, 1971). The presumption of time limits, for example, is an almost invariant feature of certain social service settings, such as hospitals, the courts, or schools (Shechter, 1997), and in venues such as Traveler's Aid, the duration of contact has

rarely been longer than a single meeting. In recognition of this fact, a number of social work practice models have either treated the idea of brief or time-limited contact as a central organizing feature or may be easily adapted for such time-sensitive work (e.g., Golan, 1978; Goldstein & Noonan, 1999; Perlman, 1957; Rapoport, 1970; Reid & Shyne, 1969).

This chapter begins with a history of the concept of brief treatment in the psychoanalytic literature, focusing on Freud's use of brief and time-limited methods with several patients—among them “Katharina,” the first published example of brief dynamic therapy. Others in the early psychoanalytic movement, most notably Sandor Ferenczi, Otto Rank, and Franz Alexander, subsequently experimented with brief dynamic interventions, and these contributions are also reviewed. In the past 40 years, several distinctive clinical models of brief dynamic psychotherapy have emerged, and in the next portion of the chapter, each is briefly summarized. Following this, a review of the principal techniques common to most

contemporary models of brief dynamic psychotherapy is outlined. In the final portion of the chapter, a detailed discussion of Mann's integrative model of *time-limited psychotherapy* (TLP) is presented, followed by its application to a treatment case involving a female graduate student in her mid-20s seen at a university counseling center.

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CLASSICAL PSYCHOANALYSIS AND THE IDEA OF BRIEF TREATMENT

Sigmund Freud

Although psychoanalysis has gradually come to be identified almost reflexively with terms such as *intensive* and *long term*, it may be instructive to note that historically, even within the psychoanalytic community, factors such as session frequency and the overall duration of treatment were far from being immutable givens. In fact, despite being conducted on a six-times-weekly basis, the average length of a psychoanalytic treatment in Freud's day was probably closer to 1 year than to the contemporary standard of 4 to 7 years. Furthermore, Freud had, himself, worked with at least several patients within what can be legitimately described as a brief-treatment framework. Miss Lucy R., a hysterical patient of Freud's whose complaints included chronic suppurative rhinitis, recurrent olfactory hallucinations, diminished energy, and dysphoria, was seen on a weekly basis for just nine sessions, although apparently with enduring results¹ (Breuer & Freud, 1893–1895/1955). In 1906, the pianist and conductor Bruno Walter consulted Freud when other specialists failed to

cure a partial paralysis of his right arm, presumably a conversion reaction. Freud met with Walter for a total of six sessions, following which the then 30-year-old musician was able to resume his duties as Gustav Mahler's assistant at the Vienna Court Opera. Whether this treatment can be termed *dynamic* is a matter of some dispute, however, inasmuch as Freud's approach with his patient may have been less interpretive than suggestive in nature and may have relied rather heavily on the patient's positive transference (Fonagy, 1999). A few years later, Freud met with Walter's mentor, the famed composer and conductor Gustav Mahler, for a single session of four hours' duration, most of which took place on a stroll through the town of Leyden, Holland. Evidently, Freud was able to quickly establish a connection between Mahler's presenting complaint, which was sexual impotence, and a powerful and conflict-laden, unconscious association the composer had made between his mother and his wife, Alma. Mahler's sexual potency, according to Jones (1957), was fully restored after his brief meeting with Freud.

Freud had actually conducted a single-session dynamic treatment some years earlier, most likely in the summer of 1893, which he later included in the *Studies on Hysteria* (Breuer & Freud, 1893–1895/1955). The case involved a young woman, Katharina, whom Freud had met while vacationing in the Austrian Alps. After discovering that Freud was a physician, the 18-year-old approached him, beseeching him for help with her "bad nerves." The origin of Katharina's panic attacks, which Freud was able to adduce from her story, lay in a traumatic experience in her 14th year, when her father had sexually molested her.² However, Katharina's symptoms only began 2 years later, after she had witnessed her father molesting a girl cousin. At that time, Katharina recognized the sexual nature of her father's behavior and

¹Encountering his patient by chance some 4 months after treatment was concluded, Freud found Miss Lucy R. to be "in good spirits" and her recovery apparently maintained.

²In the original case history, Freud had disguised this fact, substituting Katharina's uncle for her father. In a postscript added to the case some 30 years later, this distortion was finally corrected.

made the connection to what she had experienced at the age of 14. She reported feeling disgust at this memory and soon thereafter developed a posttraumatic neurosis in which hysterical symptoms played a prominent part. Although Freud's contact with Katharina was limited to a single meeting, the case record reveals a fundamentally dynamic treatment encounter, in which latent meaning is derived from manifest content, the patient's associative material is encouraged, emotional catharsis is promoted, and genetic interpretation is employed. The effects were dramatically evident. As Gay (1988) has observed, Katharina's "artless recital helped to discharge her feelings, [and] her moody manner gave way to sparkling, healthy liveliness" (p. 73). Although Freud expressed the hope that Katharina might derive some enduring benefit from their brief encounter, he never again came into contact with her.

Sandor Ferenczi and Otto Rank

Ferenczi is generally acknowledged as being the first psychoanalyst to experiment more systematically with methods intended to shorten the duration of psychoanalytic treatment (Crits-Christoph & Barber, 1991). Ferenczi (1926/1950) first presented his ideas in a 1920 paper given at the Sixth International Congress of Psychoanalysis, concerned over what he regarded as a trend toward increasingly longer psychoanalyses and correspondingly greater passivity on the analyst's part. In his paper, he recommended that both analyst and analysand increase their activity so that the latter might be helped to "comply more successfully with the rule of free association," which, in Ferenczi's view, might facilitate "or hasten the exploring of unconscious material" (p. 198). The "active technique" that Ferenczi advocated might involve the analyst's prescription to the patient for the enactment of certain behaviors, or, conversely, it might involve injunctions made against their performance (Crits-Christoph & Barber, 1991). In fact, he believed that with certain kinds of patients, such as obsessional neurotics, the analyst's failure to intervene more actively would

likely culminate in the patient's use of the basic psychoanalytic method, free association, in the service of resistance (Tosone, 1997). He asked patients to associate to specific topics and themes and advocated that the analyst consciously and deliberately provoke affective experience in the transference (Messer & Warren, 2001). Ferenczi maintained that his "active technique" might serve as a basis for rapid amelioration of the patient's resistance, which could also contribute to shortening the overall duration of the analysis. Despite his contention that the active technique was intended to be employed judiciously and selectively, and only as a supplement to psychoanalysis, the psychoanalytic community was, generally speaking, rather unreceptive to Ferenczi's paper (Tosone, 1997).

Otto Rank has also been credited with introducing important ideas that are seen as developmental precursors to modern concepts of brief and, especially, time-limited therapy. Rank theorized that the whole of human development is characterized by a continuous tension between emotional attachment and dependency, on the one side, and separation and autonomy, on the other (Messer & Warren, 2001). In Rank's estimation, much that had been designated *resistance* by classical psychoanalytic theory could be defined more accurately as a natural opposition that existed between the "will" of the therapist and that of the patient. In his view, the therapeutic process in classical psychoanalysis, shaped by the analyst's confrontations and interpretations, might ultimately lead patients to the acceptance of a new view for their behavior but at the expense of their own "will" (Messer & Warren, 1995). Rank chose instead to assist patients to become more self-accepting, with an enhanced capacity to take responsibility for themselves without experiencing guilt (O'Dowd, 1986). As soon as the patient's will was sufficiently motivated for change, she or he might assume greater responsibility for the treatment, thereby leading to a more efficient and shorter analytic process (Crits-Christoph & Barber, 1991). Rank's theory, which emphasized the salience of the ongoing, immediate experience of the analytic relationship

over that of past events, also introduced the idea of establishing an end point to treatment. However, termination, in the Rankian framework, was intimately associated with the patient's "will to individuate," so that a termination date was only finally set once Rank sensed the patient to be struggling with issues of dependency, separation, and relatedness. "The key aspect of this process," as O'Dowd (1986) has suggested in summarizing Rank's views on the topic of termination, "is maintaining the connection, the sense of belonging and attachment, along with a new-found capacity to will and to create a separate individual" (p. 146).

In 1925, Ferenczi and Rank published a jointly written book, *The Development of Psychoanalysis*, now widely acknowledged as the conceptual predecessor to Alexander and French's (1946) volume on brief treatment, *Psychoanalytic Therapy* (Crits-Christoph & Barber, 1991). Adumbrating many of the brief and time-limited models that were to follow, Ferenczi and Rank's work emphasized the immediate, "here-and-now" aspects of the patient's relationship with the analyst and placed less importance on reconstruction of events and experiences from the patient's childhood (Messer & Warren, 1995). Moreover, they maintained that the power of the unconscious was fully revealed to patients only after unconscious wishes and affects were revived in the context of the patient's ongoing transference to the analyst. It is at this juncture, they believed, that genetic reconstruction would be far more likely to be therapeutic and effective (Tosone, 1997). Ferenczi and Rank did acknowledge the significance of the genetic perspective and the self-understanding that might be derived from reconstructive work, but they also believed that undue emphasis on reconstruction of the past could lead to a strengthening of intellectual defenses (Tosone, 1997). Indeed, having identified the ultimate goal of an analysis as the substitution of "affective factors of experience for intellectual processes" (Ferenczi & Rank, 1925, p. 62), their work traverses a very different road than did classical conceptions of the psychoanalytic process prevailing in the mid-1920s.

This fact was not lost on others in the psychoanalytic movement, and Freud, despite certain misgivings, lent Ferenczi and Rank his qualified endorsement. He remained unconvinced that "one can penetrate to the deepest layers of the unconscious and bring about lasting changes in the mind" in 4 or 5 months, which he believed Ferenczi and Rank's modification of psychoanalytic technique sought to accomplish (Freud, as quoted in Jones, 1957, p. 61). However, he also believed such an experiment, with its aim of a shortened analysis, to be "entirely justified," and in any event, he felt it was undeserving of condemnation as a theoretical heresy (Jones, 1957, p. 61). Others, such as Karl Abraham (Jones, 1957), demonstrated far less equanimity in their appraisal of Ferenczi and Rank's work, and mounting criticisms of Rank's ideas within the psychoanalytic movement, particularly as these were developed in his controversial book on birth trauma, published in 1924 (Rank, 1973), added to the developing controversy. Ultimately, the modifications of technique proposed in *The Development of Psychoanalysis* (Ferenczi & Rank, 1925) seemed to suffer a fate similar to that of many other psychoanalytic innovations, namely marginalization.

Franz Alexander and Thomas French

Two decades after the publication of Ferenczi and Rank's (1925) controversial book, Franz Alexander and Thomas French, in collaboration with colleagues at the Chicago Institute for Psychoanalysis, published *Psychoanalytic Therapy* (1946). They readily acknowledged their intellectual debt to the authors of *The Development of Psychoanalysis*, noting their own work to be "a continuation and realization of ideas first proposed by Ferenczi and Rank" (p. 23). In particular, their work may be seen as an endorsement of Ferenczi and Rank's view of the comparatively greater importance of emotional experience over that of insight derived from intellectual understanding.

Alexander and French (1946) are arguably best known for their concept of "corrective emotional

experience.” This principle holds that the most important changes in psychotherapy occur when historical conflicts are revived in the context of a new relationship, that between analyst and patient. However, the potential for such change is only realized, in Alexander and French’s view, insofar as the analyst’s response offers something new to the patient:

Because the therapist’s attitude is different from that of the authoritative person of the past, he gives the patient an opportunity to face again and again, under more favorable circumstances, those emotional situations which were formerly unbearable and to deal with them in a manner different from the old. . . . This can only be accomplished through actual experience in the patient’s relationship to the therapist; intellectual insight alone is not sufficient. (p. 67)

Thus, the corrective emotional experience is “corrective” only to the degree that the analyst understands the motives embedded in the patient’s transference behavior and is able to assume an attitude toward the patient that is different from that of the original transference object (Crits-Christoph & Barber, 1991).

Alexander and French placed emphasis on the ongoing, contemporary aspects of the treatment relationship rather than viewing it from the classical vantage point, in which the relationship is principally a projection screen for patients’ fantasies of the analyst. This feature, according to some, anticipates the perspective of modern relational therapies, in which the treatment relationship has assumed a central role for the overall improvement of the patient (Messer & Warren, 1995).

In their view of treatment as “a process of emotional reeducation,” Alexander and French tended to be far more concerned with the patient’s adjustment to the circumstances of the present, placing correspondingly less emphasis on the genetic origins of the patient’s difficulties. While they did not dismiss such genetic understanding as unimportant, their interest in the patient’s past was limited to the degree to which it illuminated the most immediate concerns in the present.

Indeed, much of what Alexander and French wrote in 1946 presages French’s later work on the concept of “focal conflict” (French, 1954; French & Fromm, 1964). Alexander and French (1946) also believed that exclusive reliance on classical or “standard” technique might ultimately hinder therapeutic progress, and they adopted a flexible approach to the use of treatment techniques, in which tactics were adjusted in accordance with the requirements of individual cases. The following were among the modifications they proposed:

Using not only the method of free association but interviews of a more direct character, manipulating the frequency of the interviews, giving directives to the patient concerning his daily life, employing interruptions of long or short duration in preparation for ending the treatment, regulating the transference relationship to meet the specific needs of the case, and making use of real-life experiences as an integral part of the therapy. (p. 6)

Such treatment strategies and techniques, Messer and Warren (1995) have suggested, can be linked to later developments in the brief-therapy field; these include the use of behavioral techniques and suggestions (Garfield, 1989); direct guidance, support, and advice giving (Bellak & Small, 1965); and a focus on the client’s family circumstances (Gustafson, 1986).

Alexander and French’s framework for brief treatment ultimately did exert a profound influence over the “next wave” in the brief-treatment field, those brief and time-limited systems that were introduced beginning in the late 1960s. However, at the time their book was published, condemnation from the psychoanalytic establishment was perhaps even sharper than the reaction Ferenczi and Rank’s work had elicited 20 years earlier. The concept of the “corrective emotional experience” evoked a particularly strong reaction from many psychoanalysts, of which Phyllis Greenacre’s criticism was representative. Greenacre (1954) dismissed the idea as “little more than the old-fashioned habit training with especially strong suggestive influencing” (p. 676; Tosone,

1997) and concluded that it involved a “working-out” rather than a “working-through” process. The former involved therapeutic procedures whereby the client’s emotional reactions might be reshaped into new patterns “without paying too much attention to the old,” while the latter aimed to loosen “neurotic tendencies at their source” (p. 676). Then too, Alexander and French’s willingness to exchange the traditional role of analytic neutrality and abstinence for a far more active stance, in which the analyst makes specific therapeutic accommodations to the client’s transference needs, seemed to further intensify opposition to their treatment model. With recommendations for once-weekly sessions, a far more flexible use of analytic technique, diminished importance attached to reconstruction of the past, and the seeming abdication of analytic neutrality, Alexander and French’s ideas regarding brief treatment, however laudable, were destined to remain outside the psychoanalytic mainstream for nearly another generation.

THE “SECOND WAVE”: MALAN, SIFNEOS, AND DAVANLOO

After the publication of Alexander and French’s book, the psychoanalytic establishment appeared once again to close ranks in its dismissal of brief treatment as a legitimate form of dynamic psychotherapy. However, this negatively valenced reaction was not universal among psychoanalysts, and beginning in the early 1960s, several new approaches to brief dynamic treatment were introduced. These brief-therapy methods, each of which is grounded in the theoretical assumptions of classical psychoanalysis or psychoanalytic ego psychology, have been collectively referred to as the *drive/structure model* (Messer & Warren, 1995, 2001). This term is actually borrowed from Greenberg and Mitchell (1983), who, in their pioneering review of the psychoanalytic psychologies, made a distinction between psychoanalytic theories organized according to the classical schema of drive/structure and those

based on a relational/structure model. David Malan, Peter Sifneos, and Habib Davanloo are the principal exponents of this model, each of whom, independently, had developed an approach to brief treatment predicated on basic Freudian postulates such as drive and defense, the ubiquity of intrapsychic conflict and its mediation by the ego, the centrality of the Oedipus complex, the notion of symptoms as “compromise formations,” and so forth (Messer & Warren, 2001).

Malan’s approach, which he termed *brief intensive psychotherapy* (BIP), is perhaps the closest to “standard” psychoanalytic technique within the drive/structure group of brief-treatment approaches. It appears to be most effective with healthier clients who are motivated for insight, have attained a higher quality of object relations, and are able to employ “mature” or higher-level defenses (Messer & Warren, 1995; Piper, de Carufel, & Skrumelak, 1985). Unlike psychoanalysis or long-term psychoanalytic therapy, however, BIP imposes a time limit (20–30 sessions), has a specific dynamic objective (resolution of the conflict/s identified in the initial meeting), and applies specific therapeutic interventions to maintain a focus on the area of conflict (Malan, 1976). As a means of organizing treatment interventions, Malan (1976) developed two intersecting conceptual schemata: (1) the triangles of conflict and (2) the triangles of person (see Figure 14.1). The elements in the triangle of conflict are impulse or feeling (I/F), anxiety (A), and defensive reaction or response (D). The triangle of person includes the objects targeted by a client’s impulses or feelings—the therapist (T), significant individuals in the current life of the client (C), and important figures from the past (P).

Malan’s intent was to systematically link the pattern of conflict identified in the triangle of conflict with each corner in the triangle of person (Messer & Warren, 1995). Although the therapist makes active use of interventions tailored to address elements of the focal issue, Malan’s treatment approach is not on that account a superficial one. Indeed, BIP is intended to “go as deeply as possible” into the psychodynamics and

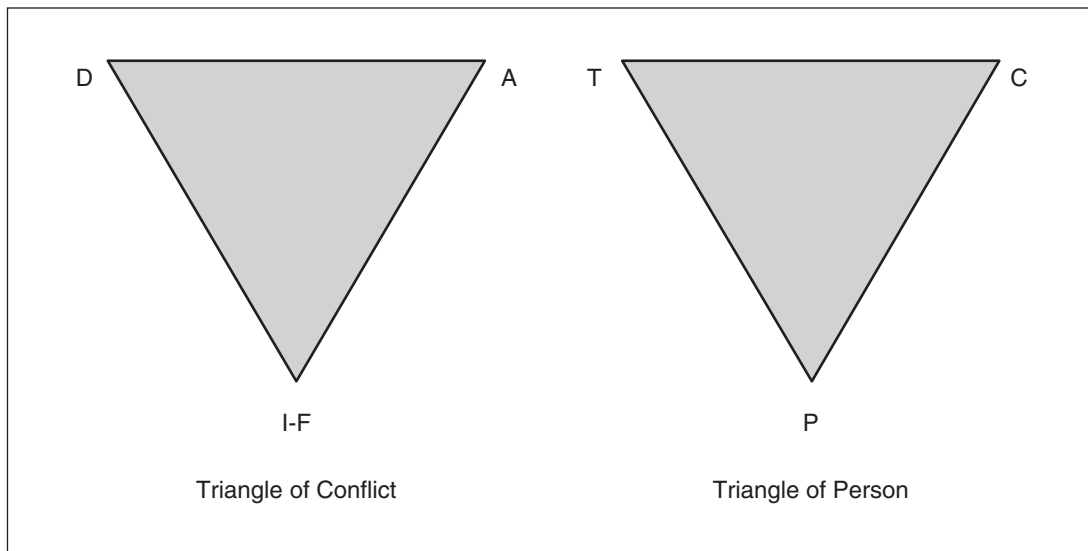


Figure 14.1 Triangles of Conflict and Person

origins of the client's core conflicts (Messer & Warren, 1995, p. 84). Research on this model has suggested "good evidence" for its efficacy, although this is apparently linked to the capacity for higher-level object relations as well as to the maturity of the defensive style (Messer & Warren, 1995).

Short-term anxiety-provoking psychotherapy (STAPP), the therapeutic approach developed by Sifneos, also seems most effective with healthier clients, in particular those with neurotic disorders or symptom constellations that include anxiety, mild depression, grief reactions, and interpersonal problems. Evidence of a capacity for insight or "psychological sophistication" is also judged to be important (Nielsen & Barth, 1991). One of the most striking features of this method of brief treatment is an unrelenting focus on triangular or oedipal issues, which Sifneos believed to be the focal issue in the majority of clients he treated (Nielsen & Barth, 1991). In stark contrast to the usual procedure in traditional psychoanalytic treatment, interpretation of the client's defense does *not* precede the therapist's interpretation

of the impulse or wish. In fact, therapists are encouraged to confront and interpret underlying wishes or impulses directly, and Sifneos consistently pushed clients to take responsibility for their fantasies, actions, wishes, and feelings. This represents a radical departure from psychoanalytic tradition, although, Sifneos claims, it is not without justification. In STAPP, the early effort to craft the therapeutic alliance and promote the client's positive transference makes possible a concentrated focus on those specific areas in which most of the client's dynamic conflicts reside (Nielsen & Barth, 1991). Moreover, Sifneos believed that the therapist's use of anxiety-provoking clarifications, confrontive questions, and direct interpretations often yielded significant new data. Although there has been some research on STAPP showing it to be effective in promoting client self-understanding, symptomatic relief, new learning, and the acquisition of problem-solving abilities (Sifneos, 1968, 1987; Sifneos, Apfel, Bassuk, Fishman, & Gill, 1980), methodological and other problems may cast doubt on the validity of these results (Messer & Warren, 1995).

Davanloo's *intensive short-term dynamic psychotherapy* (ISTDP; Davanloo, 1980) was developed as a confrontational method of breaking through a client's defensive structures to promote "the examination of repressed memories and ideas in a fully experienced and integrated affective and cognitive framework" (Laikin, Winston, & McCullough, 1991, p. 80). ISTDP is intended for use not only with higher-functioning neurotic clients but also with those suffering from personality disorders (e.g., avoidant, dependent, obsessive-compulsive, and passive-aggressive), as well as with some presenting with more severe psychopathology, such as borderline or narcissistic conditions. The duration of treatment varies, apparently according to the degree of client pathology, but in no case should it exceed 40 sessions. Davanloo adheres to a more or less traditional psychoanalytic model in which abstinence and analytic neutrality are observed, personal inquiries are deflected, and the therapist refrains from offering direct guidance, advice, and praise (Laikin et al., 1991). Davanloo's method is somewhat unique among drive/structure model brief-treatment approaches in its focus on "cognitive restructuring," a pre-interpretive phase of ISTDP in which the triangle of conflict is outlined for the client though without interpretation of the underlying psychodynamics. This variation in Davanloo's approach is intended principally for clients who are more resistant and difficult to treat—clients who would likely not be considered suitable candidates for either BIP or STAPP. Acknowledging his intellectual debt to both Malan and Sifneos, Davanloo also cites Wilhelm Reich's ideas regarding character resistance as an important influence. Like Malan, Davanloo's ISTDP is a dynamic model for intervention initially based on the therapist's understanding of the "two working triangles"—those of conflict and of person. Although outcome effectiveness research on this method of brief treatment has been limited to a single study (McCullough et al., 1991), results have been promising, particularly in light of the fact that certain personality-disordered cases deemed untreatable by other dynamic therapy approaches were included (Messer & Warren, 1995).

THE "THIRD WAVE": RELATIONAL APPROACHES TO BRIEF PSYCHOTHERAPY

The fact that all psychoanalytic theories, as Greenberg and Mitchell maintained, tend to be organized in conformity with either *drive/structural* or *relational/structure* assumptions points to the existence of a basic and fundamentally irreconcilable theoretical chasm (Greenberg & Mitchell, 1983; Messer & Warren, 1995; Mitchell, 1988). As we have noted previously, the relational/structure model, rather than accepting the classical notion of the primacy of the drives and the role they perform in the development of object relations, posits that psychic structure evolves from the interactions of the individual with other people. Or, put somewhat differently, in classical theory, the object was in a sense "created" to "suit the impulse," whereas in relational theories, the infant is *object seeking*, and the development of psychic structure is very intimately linked to a subject-environmental matrix.

Several important approaches based on the theoretical assumptions of the relational/structure model have been widely applied to the practice domain of brief treatment. These include the Penn Psychotherapy Project's *short-term expressive psychoanalytic psychotherapy*, closely linked to an overarching concept referred to as the *core conflictual relationship theme* (Luborsky & Mark, 1991); the model developed by Horowitz (1991) and the Center for the Study of Neuroses, *short-term dynamic therapy of stress-response syndromes*; the Vanderbilt Group's *time-limited dynamic psychotherapy* (Binder & Strupp, 1991); and the Mount Zion Group's method, which is based on the principles of *control-mastery therapy* (Weiss, Sampson, and the Mount Zion Psychotherapy Research Group, 1986).

Interestingly, none of the methods of treatment represented by these four psychotherapy research groups was originally conceived or promoted as a brief psychotherapy model. In fact, some authors have suggested that the distillation of brief-treatment principles and their application to this conceptual domain was, in

each case, a by-product of a more general program of research on psychodynamic theory and psychoanalytic therapy. Nevertheless, all four are judged to have made important contributions to the brief-treatment field. Common themes seem to link these four methods with one another (Messer & Warren, 1995, pp. 119–120):

- With certain variations, each adopts the perspective that psychopathology is rooted in a maladaptive interpersonal matrix.
- Each accords a greater role to the real experience and to real failures of the environment.
- The adaptive function of defenses is emphasized, as contrasted with the more classical conceptualization of defense activation as a consequence of anxiety that arises from unacceptable impulses or wishes.
- The role of real experience, actual failures of the environment, and so forth are generally accorded greater importance in the formation of psychopathology.
- In varying degrees, each presumes the existence of internalized self and object representations in its theories of personality functioning and psychopathology.
- More emphasis is placed on the role of intercurrent variables in the perpetuation of psychopathology than on the classical notion of genetic causality.

THE “FOURTH WAVE”: PSYCHODYNAMIC-EXPERIENTIAL TREATMENTS

Contemporary psychodynamic approaches to brief treatment, while adhering to the “traditional importance placed on the role of conflict, unconscious processes, transference, countertransference, and the regulation of anxiety” (Levenson, 2010, p. 28), factors common to all forms of psychodynamic therapy, appear in other respects to contrast sharply with many of their dynamic predecessors. In Levenson’s view, the three features distinguishing these models from earlier psychodynamic approaches are

- the assimilation of concepts and/or techniques from a variety of sources external to psychoanalysis (e.g., cognitive-behavioral therapy,

child development, neuroscience) into more traditional perspectives, which makes these approaches more integrative;

- an emphasis on in-session experiential factors as critical components of the process of therapy; and
- a privileging of pragmatism and efficiency in response to powerful economic and sociopolitical forces (2010, pp. 25–26).

Several such models have been described in the recent literature on brief dynamic treatments. McCullough Vaillant’s (1997; McCullough Vaillant, Kuhn, Wolf, & Hurley, 2003) *short-term anxiety-regulating psychotherapy* (STARP), integrates ideas from learning theory while simultaneously emphasizing the client’s affectivity within the treatment sessions. Levenson has described a modified version of *time-limited dynamic psychotherapy* (TLDP), which is “integrative, attachment-based, and experiential” (Levenson, 2010, p. 26; Levenson, 2012). Yet another such model, exemplifying this emerging framework, is *brief dynamic interpersonal therapy* (Lemma, Target, and Fonagy, 2011), which has been developed as a specific, dynamically-grounded treatment approach for depressed clients. This form of dynamic psychotherapy, based on a “distillation of the evidence-based brief psychoanalytic/psychodynamic treatments pooled together from manualized approaches” (Lemma, Target, and Fonagy, 2010, p. 329), features an integrative focus on attachment, but is also anchored in arguably more traditional psychoanalytic ideas such as “the impact of internalized, unconscious ‘self’ and ‘other’ representations on current interpersonal functioning” (pp. 43–44).

TECHNICAL DIMENSIONS

COMMON TO ALL METHODS OF BRIEF DYNAMIC TREATMENT

In the preceding sections, we have highlighted significant differences between brief-treatment approaches organized in accordance with the theoretical premises of the drive/structure model and those that are based on relational/structure

assumptions. However, five technical dimensions common to all methods of psychodynamically based brief treatment have also been identified (Messer & Warren, 2001; Woods & Hollis, 2000). These are the (1) use of a central dynamic focus or issue, (2) setting of a time limit, (3) significance attached to termination, (4) active posture of the therapist, and (5) establishment of attainable goals and treatment objectives.

Use of a Central Dynamic Focus or Issue. The therapist's formulation of a central dynamic theme or issue is not unique to brief-therapy methods, but owing to the time-limited nature of such engagements of client and therapist, it is imbued with a special significance. Such a formulation, which is most usefully thought of as a clinical working hypothesis, accomplishes three objectives: (1) It conveys the therapist's understanding of the underlying meaning of a client's presenting complaints, (2) it provides an organizing framework for all subsequent clinical data collected over the course of treatment, and (3) it serves as a guide for specific clinical interventions.

Setting of a Time Limit. In some brief-therapy methods, the duration of the treatment and date of the terminal interview are established by the therapist in an explicit manner from the earliest point of contact, as exemplified by James Mann's *TLP*, which has a fixed number of sessions. Mann's treatment approach, however, differs from most others in specifying the total number of sessions and the date of the terminal interview and in its emphasis on the themes of separation and loss relative to the time limit (see next section). In other brief-therapy methods, the time limit may be implicit and subject to negotiation by therapist and client at some point after treatment is already under way. A basic assumption of all time-limited dynamic therapies is that a time limit, whether explicit or more implicit, serves to sharpen the focus on treatment objectives by heightening the "sense of urgency, immediacy, and emotional presence of the patient" (Messer & Warren, 2001, p. 76).

Significance Attached to Termination. It seems only natural for any treatment method in which a mutually acknowledged time limit exists that the issue of termination assumes great importance from the outset. In fact, therapy conducted briefly may afford unique opportunities for therapist and client to consider the impact of termination, with its attendant themes of separation, loss, and death, throughout the duration of therapy. In psychoanalysis or in psychotherapy, where therapeutic engagement is often of an indeterminate length, resistance to termination is rarely manifest until treatment is well under way; moreover, such resistance, frequently signifying issues of separation-individuation or loss, may be permitted to unfold gradually. In the context of brief treatment, however, such resistances may appear in the very first session and become an ongoing focus of the clinical discourse over the entire term of therapy.

Active Posture of the Therapist. Brief-therapy methods have long experimented with ways to hasten the pace of the clinical process, beginning with Ferenczi's (1926/1950) *active technique*. The establishment of time limits, confrontation, and direct interpretation of underlying wishes or impulses; early and aggressive interpretation of transference reactions; and direct suggestion and guidance are other techniques employed to attain treatment objectives within the abbreviated framework of time-sensitive treatment. More recent relational brief-treatment approaches have also tended to emphasize the therapist's awareness of transference patterns, as these are manifest in the evolving relationship with the client. With active reference to his or her experience of the client in the present, the therapist is then able to make "here-and-now" interpretative linkages between past relational patterns and the ongoing treatment relationship (Messer & Warren, 2001).

Establishment of Attainable Goals and Treatment Objectives. Another important difference between longer-term dynamic psychotherapy and brief dynamic treatment is in the setting of

treatment goals and objectives. Owing in part to the use of a central dynamic focus, the therapist's and the client's awareness of a time limit, and the special meaning that attaches to termination in brief dynamic therapy, goals and objectives tend to be stated with more explicitness than in longer-term treatment. Even when goal setting is not formalized, however, it is often implied in brief treatment, which, in the main, tends to be more symptom or problem focused (Messer & Warren, 2001). As a general rule, goals should also be realistic and attainable; time-sensitive treatment would not be an appropriate therapy in cases where significant alteration of character structure has been identified as the central treatment objective.

MANN'S TIME-LIMITED PSYCHOTHERAPY

Each of the methods of brief dynamic treatment we have thus far reviewed possess certain strengths and weaknesses, although only James Mann's TLP offers a truly integrative transtheoretical framework. As Mann has previously articulated, TLP approaches psychopathology from four complementary theoretical vantage points: (1) the structural hypothesis, (2) the theory of narcissism and development of self-esteem, (3) object relations theory, and (4) the developmental perspective (Mann & Goldman, 1982). His treatment method also places a special emphasis on the concept of time and on the universal experience of loss as it is recapitulated within the framework of time-limited treatment.

Mann (1973, 1991) has observed that time is conceived in both "categorical" and "existential" terms. We measure the first, categorical or real time, with timepieces and calendars. The second, existential or limitless time, represents a more archaic mode of psychic experience and signifies both immortality and infinitude. Our understanding of categorical time evolves only gradually, as secondary-process thinking begins to supplant the primary-process experience and the reality principle claims a greater share of what was once the exclusive province of the pleasure principle.

An almost 6-year-old boy, in a quiet moment at bedtime, suddenly becomes painfully aware of his father's mortality. "I don't want you to die," he whispers. "Can't you and me always be together—forever?" Although categorical time gradually organizes our waking lives, our early pleasure of timelessness is never completely surrendered; indeed, we often seek to deny the effects of the passage of time, in ways both subtle and flagrant.

Unlike many other brief-treatment methods, Mann (1973) elevates the universal experience of separation and loss to programmatic status. In fact, he declares that "the recurring life crisis of separation-individuation is the substantive basis" on which TLP rests and proceeds to outline four "basic universal conflict situations," all of which are linked to the individual's lifelong efforts to manage object loss. These are (1) *independence versus dependence*, (2) *activity versus passivity*, (3) *adequate self-esteem versus diminished or loss of self-esteem*, and (4) *unresolved or delayed grief* (pp. 24–25). In keeping with the theme of object loss and separation-individuation, Mann's approach focuses on preoedipal rather than on oedipal issues, which reflects his belief that such issues are more amenable to time-limited treatment. At the same time, Mann has clearly noted that psychoanalysis continues to be the most effective method of treatment of oedipal issues, which cannot ordinarily be resolved without the establishment of a transference neurosis, consistent attention to resistance phenomena, and so forth (Mann & Goldman, 1982).

TLP, according to Mann, is suitable for clients who are judged to have the ego strength necessary for rapid affective engagement and equally rapid disengagement, with the latter considered a measure of their capacity for tolerating object loss. Beyond this, Mann believes that his approach may be of benefit to a variety of clients presenting with maturational crises, neurotic disorders (e.g., anxiety, hysterical, obsessional, and depressive problems), and some personality disorders (e.g., mild narcissistic and some borderline clients). Mann's (1991) treatment method is contraindicated, however, for more seriously

disturbed character-disordered clients, severe psychosomatic problems, bipolar affective disorder, and schizoid disorders.

COMPONENTS AND PROCESS OF TLP

The Central Issue

As quickly as feasible, and almost always within the first or second meeting, Mann (1991) endeavors to formulate a statement of the client's *chronic and presently endured pain*. Such pain encompasses both a negative feeling about the self and also the client's fundamental belief of having been victimized. Because the central issue spans the client's entire experience "from the remote past to the immediate present and into the expectable future," its formulation by the therapist will, with rare exceptions, differ markedly from those problems the client has given as the motive for seeking help (Mann, 1986, p. 123). The therapist's formulation of the central issue includes three basic parts: (1) acknowledgment of the client's ongoing efforts to obtain recognition and to satisfy his or her needs, (2) the failure of these efforts, which has culminated in the client's negative feelings about herself or himself, and (3) some statement outlining the task of treatment (Mann, 1973, 1991; Messer & Warren, 1995). Eliciting the client's reactions, if they are not immediate, to the formulation of the central issue becomes the very next task of treatment.

Early Phase

In marked contrast to adherents of the drive/structure model (e.g., Davanloo or Malan), Mann's approach, particularly in the first several sessions, is nonconfrontative, with the intent of establishing a rapid working alliance and engaging the client through techniques such as mirroring, affirmation, and delicate probing (Mann & Goldman, 1982; Messer & Warren, 1995). Rather than interpreting aggressively, or challenging defenses, Mann endeavors to make the treatment experience a gentle, empathically attuned, and

accepting one, which places the client at ease. In such an ambience, the therapeutic equivalent of the symbiotic orbit of mother and infant is (re) established (Rasmussen & Messer, 1986). In Mann's (1973) words, "The warm sustaining golden sunshine of eternal union" is restored, and the client reports significant diminution of the presenting complaints (p. 33). In this environment, it also becomes an increasingly difficult and a greater challenge for the therapist and the client to remain focused on the central issue.

Middle Phase

As therapy reaches the fourth or fifth session, the client begins to experience disappointment, and the "honeymoon" is over. There may be a recrudescence of the original symptoms or complaints and the recognition that not even the new relationship with the therapist, which seemed to hold so much promise, can solve all the client's problems. The prospect of yet another separation from a "meaningful, ambivalently experienced person" becomes painfully evident at this midpoint in the treatment, and manifestations of negative transference become more obvious (Mann, 1973). The task for the therapist at this stage is, through greater use of clarifications, mild confrontations, and interpretations, to encourage "further elaboration of the patient's ambivalence" so that associations to past separations and the feelings these evoked might be understood in relation to the individual's central issue (Mann, 1991).

Ending Phase

Mann (1991) has commented that termination may be considered satisfactory when the client leaves treatment feeling sad:

Ambivalence, which previously had always led to feelings of anger or depression with concomitant self-derogation, has changed into awareness of positive feelings even in the face of separation and loss. Sadness in place of depression allows for separation without self-injury. (p. 36)

Mann assumes that by this juncture in treatment, the therapist has amassed a good deal of clinical data to support the link between the client's experience of past significant figures and the repetition of such feelings in the relationship with the therapist. In the final three or four sessions, therefore, Mann feels confident in stepping up the frequency of transference interpretations, all the while continuing to highlight the central issue with fairly explicit references. The therapist's use of direct suggestions and educational and supportive interventions also increases at this time. The intent of such interventions is to promote the client's self-esteem, as well as his or her efforts to master anxiety and to employ progressively more adaptive and independent actions.

LIMITATIONS AND RESEARCH SUPPORT FOR TLP

Several authors have been critical of TLP for its extension and generalization of the theme of separation loss to all forms of psychopathology. Westen (1986), in particular, has described Mann's model as a "single-cause theory of neurosis," problematic insofar as object loss may or may not be relevant to a given client's central dynamics. Others have noted that the concept of termination as a negatively valenced, anxiety-ridden time for clients—in effect, a time of crisis—may be lacking in empirical support in the psychotherapy research literature (Marx & Gelso, 1987). Mann's assumption that a definitive termination, with its accompanying

object loss, is necessary to promote the process of internalization has also been challenged. Some (Quintana, 1993; Quintana & Meara, 1990), for example, believe that the *dosing* of termination, where clients are invited to return for additional interviews on an as-needed basis, is more likely to lead to internalization than Mann's approach, which views relinquishment of the relationship as a necessary precondition for internalization.

Though relatively little systematic research on TLP exists, several studies offer support for its efficacy and for the durability of its therapeutic effects. Furthermore, retention of clinic patients seems to be enhanced through the use of a specified number of sessions and the setting of a terminal interview date (Messer & Warren, 1995). One study involved 33 psychiatric outpatients, between the ages of 23 and 42, who had completed their secondary education, worked in white-collar professions, and presented with symptoms of anxiety or depression (Shefler, Dasberg, & Ben-Shakhar, 1995). They were randomly assigned to an experimental group, which received TLP immediately, or to a control group, which received TLP but only after a delay of 3 months. Patients were evaluated on the basis of outcome measures at termination and subsequently at 6 and 12 months posttermination. Significant improvement was noted in the experimental group after TLP, but control group patients failed to demonstrate any systematic changes after 3 months; once TLP was initiated for the control group, however, these patients also improved significantly.

Carla, an attractive 24-year-old single woman of Welsh and Italian ancestry, sought treatment for anxiety and depression of approximately 6 weeks' standing at University of Y Counseling Service. When asked what she was seeking help for at that time, Carla, without hesitation, said that she had been feeling fine until her boyfriend had broken up with her 2 months earlier but now felt very depressed and discouraged. Furthermore, she wasn't sleeping well and was finding it increasingly difficult to concentrate on her schoolwork. At the time of her evaluation, she was completing a master's-level graduate program in engineering and anticipated leaving the area within several months to accept an out-of-state offer of employment. Carla, who was self-referred, had been in psychotherapy for approximately 4 months on one previous occasion several years earlier, an experience that she found helpful. At that

time, she had also been depressed, and her treatment had focused on issues concerning her relationship with her father and with another boyfriend. Carla's parents were divorced when she was less than 2 years of age, at which time her father moved to a distant part of the country and, shortly thereafter, remarried. Although she visited her father during summers and other vacation periods, she typically had far more contact on these visits with her stepmother than with her father, a busy attorney who sometimes worked 60 hours or more. She often felt that he barely noticed her and reported that these visits were a "lonely time" for her, in contrast to the "happy times" she spent living with her mother, whom she now thought of as being almost like "a sister." At this time, her eyes welled up, and she began to cry softly, warning me with a laugh that there would probably be a lot more of this to come but that "it always looks worse than it is." Particularly when she was younger, Carla continued, the preparations for these visits with her father were an upsetting time, with tearful protests almost until the hour of her departure. But "each time," Carla sighed, "I ended up having to go. Even if she'd wanted to, Mom couldn't do anything about it," owing to the terms of the postdivorce custody arrangement.

When asked to say more about her parents, Carla first talked about her mother, who had recently turned 49. She and her mother had a "very close relationship," and this had been so "as far back as I can remember." Carla had decided to attend college very near her mother's home and then remained in the same geographical area (though she attended a larger university) for her graduate studies. Mother and daughter spent a good deal of time together and often confided in each other. In fact, Carla worried "a little" about her mother now that she was preparing to graduate, with a firm job offer from an engineering firm in the southeast, many hundreds of miles from her mother's Midwest home. Carla's father, now 55, led an active lifestyle and was a very well-respected public prosecutor in the northern California community where he and his family resided. He had one son, 7 years older than Carla, from a marriage antedating his relationship with Carla's mother; there were two other children, offspring of his current marriage, a 20-year-old son and a 17-year-old daughter. Carla continued to spend at least one vacation with him each year. Although she had long before stopped feeling anxious in preparation for these visits, she also observed, "You're pretty much on your own when you go out there. You just have to fit in; that's what I try and do, anyway."

I noted during this first meeting that although Carla often spoke of feeling sad, upset, or lonely both now and in the past, she often seemed to force a smile, playing down her distress. In fact, her disposition had been so cheerful when I greeted her in the reception area, and even during the first several minutes of our initial meeting, that I found it hard to imagine this young woman having any real problem at all. Even when she cried, the effect was minimized both by her laughter and her comment about having a penchant for such dramatic reactions.

Carla seemed highly motivated for time-limited treatment and appeared to be a strong candidate. This assessment was based on several factors: (1) She was able to engage rapidly, demonstrating a good capacity for an affective relationship; (2) generally speaking, she demonstrated good ego strength, including evidence of a capacity for tolerating both anxiety and guilt; (3) despite feeling anxious and depressed, she seemed reflective and appeared capable of introspection and insight; (4) she had reported having been helped by her previous experience in psychotherapy; and

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(5) there were no obvious contraindications for TLP such as suicidality, the presence of a severe characterological disturbance, or bipolar affective disorder.

Following this initial evaluation, I suggested to Carla that we meet once a week on Fridays for 12 sessions, at which time we would conclude her therapy. She was agreeable to this, and so we decided on a regular meeting day and time as well as a specific date for termination. After our diagnostic session and prior to the first therapy session, I formulated Carla's central issue in this way:

You have always tried very hard to please the men in your life, although their response is often disappointing, and that has caused you a great deal of pain. First there was your father, but there have been others, like your boyfriend, who've seemed to lose interest in you. Our job will be to figure out what's happening so that you always end up feeling hurt in this way.

With a clear statement regarding Carla's present and chronically endured pain, this formulation of the central issue also addresses the three components outlined earlier: (1) her ongoing efforts to obtain recognition and to meet interpersonal needs, (2) the apparent failure of these efforts, and (3) the task or objective of her therapy. It may be argued that the central issue can be reformulated in such a way as to acknowledge the importance of Carla's relationship with her mother, toward whom she has always felt overly responsible. Along these lines, one might understand Carla's relational difficulties with her father and boyfriend as being motivated by the need to remain loyal to her mother. If one were to proceed along these dynamic lines, the central issue could be restated as follows:

From the time you were little, you and your mother have always had a very close relationship, and you've always felt a special sort of responsibility for her happiness. Sometimes, this concern has been so great that you haven't been able to enjoy other relationships or activities, and this makes you feel depressed and upset.

Such a problem, for which the clinical data offer a moderate level of support, is, however, largely unconscious. As such, it might be expected to arouse resistance, which, in the framework of TLP, becomes problematic. As Mann and Goldman (1982) have noted, "The central issue as posed by the therapist, must be one that, among other things, will bypass defenses, control the patient's anxiety, and stimulate the rapid appearance of a therapeutic or working alliance as well as a positive transference" (p. 20).

Session 1

When Carla arrived for her appointment, she noted right away that she had been feeling a little better since talking with me last week, despite having felt "sort of sad" after leaving the session. Although she had wanted very much to call her ex-boyfriend, Chris, she had managed to hold off, socializing with other friends over the weekend and trying to write a term paper. She then reported with sadness that her father had not sent her any flowers this year on Valentine's Day (which had fallen earlier in

the week), which led to a memory of another disappointment dating to her senior year at high school. At that time, she had been admitted to X College, a rather prestigious school that she had convinced herself would not even seriously consider her application. When she received the letter of admission, she was elated and that evening called her father to tell him the good news. Carla was deeply hurt when her father, rather than responding with pride at her accomplishment, summoned little enthusiasm at the news, "which he knew meant so much to me." He then immediately focused on the cost and "began to tell me what he could and couldn't afford, how mom would have to pay for part of it, and stuff like that." Carla then did something very uncharacteristic that she had not done before and that she had not repeated since. Rather than simply holding onto her hurt or "trying hard to act nice" when she was feeling exactly the opposite, she instead became very angry with her father and accused him of not caring about her, of never being supportive, and so forth. "He said he wouldn't even dignify it with a response," and the conversation ended. Again, she became tearful but noted that it helped to be able to talk about this with someone other than her mother. At this juncture, I presented my formulation of the central issue to Carla, which she readily accepted.

Session 2

Carla talked more about her parents during this hour, filling in many details of her childhood, as well. She mentioned that her mother maintained very close ties with her family. She was the third oldest in a sibship of seven, and several brothers and a sister resided nearby. Her father was the oldest of three boys but was not particularly close to his family. She produced an early memory, dating from her 4th year, of spending the summer with her mother on Cape Cod at a "sleep-away" camp. Although her mother worked part-time as an administrator at the camp, Carla remembered getting "lots of attention" from the other staff members, who often played with her when her mother was unavailable. "I was always the number one priority in her life," Carla observed. She returned to the theme of feeling "cut loose" at her father's house. It was so hard for her as a little girl; her stepmother wasn't very helpful either. "They expected me to be able to do things that no 4- or 5-year-old should be expected to do. . . . Really, I tried so hard to do what I thought he wanted me to, but he never seemed happy." At this point, Carla began to sob. Referencing the central issue, we discussed how Carla might have interpreted her father's long absences during these visits as an indication that he was disappointed in her or didn't care about her, when in fact it was his professional responsibilities that drew him away. She hadn't considered this before, although it seemed to make some sense to her.

Session 3

During this hour, Carla seemed to focus once more on her ex-boyfriend. Although he had promised to call her, he had not contacted her. She waited for days hoping to hear from him, finally deciding that she couldn't wait any longer. He didn't seem pleased to hear from her, which was depressing to her. She kept trying to be accommodating but didn't know what she was doing wrong. I pointed out the connection between what she had discussed in our last session—her feeling that she could never

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do enough or figure out what she was doing wrong in her relationship with her father—and the feeling that she has with Chris. This was beginning to make some sense to her. Almost as an aside, she told me that she remembered something following her last session that she thought might be worth mentioning. Following vacations spent with her father and his family in California, she would always feel “a little strange” coming back to her mother’s house. Although she couldn’t explain why, she had to “touch everything” in her bedroom. In this regard, we discussed how disconnected these two parts of her life were and how abrupt the transitions between her parents’ homes must have felt to her. Possibly, the “touching” was a way of reestablishing this connection; it may also have signified that all these things, unlike the things in her father’s house, belonged to her. Carla started looking forward to coming in for her weekly sessions. She was finding it a little easier to concentrate on schoolwork, even though things with Chris felt very unresolved.

Session 4

During the fourth session, I noted what seemed to be a pattern in the beginning of Carla’s treatment sessions. Not only was she cheerful when I greeted her, but she would always ask, with genuine interest, how I had been. This seemed to go beyond the usual exchange of amenities, however, as though a more detailed response was anticipated. In fact, I had resisted the impulse on a couple of occasions to furnish her with more information than I would customarily provide a client in response to this query. As the hour began, she reported that her closest girlfriends had told her “It’s time to move on” and to start dating other guys. She thought that maybe they had a point. Chris claimed that he just wanted more time apart from her to do things with his male friends, but she needed more from him; although she knew it was “unreasonable,” she nevertheless felt jealous when he hung out with his roommates or partied with other friends. We discussed the parallel between this issue and Carla’s childhood jealousies over her half siblings, with whom she always felt she was in competition while on visits to her father. I then commented, “So your dad wasn’t just leaving you to go to work; you felt you couldn’t hold your own against your half sibs, and this made it even more hurtful.” Carla thought that this might be a possibility, since she has always felt this way with guys, not just with Chris. The conversation then shifted to a recent experience Carla had during a family get-together at her maternal grandmother’s house. Her mother’s older sister, Jenny, an unhappy woman in her mid-50s who had never enjoyed as close a relationship to Carla’s grandmother as had Carla’s mother, had been critical of Carla for not offering to help with the food preparation. As a matter of fact, Carla had earlier told an uncle that she would be happy to help but had been reassured that no further help was needed. Nevertheless, she felt “awful” when her aunt pulled her aside to lecture her, and she began to feel that she had been wrong. As we examined her reaction, however, it soon became clear that Carla didn’t really feel the criticism to be a fair one; furthermore, she felt angry toward Aunt Jenny. We then talked about her need to “contain” and detoxify such angry feelings, even to the point where she punished herself for reacting normally to an unreasonable provocation. Carla found this idea intriguing and wondered how often she might be doing this with others, such as her father.

Session 5

In the evening before this session, a surprise winter storm had dumped six inches of snow on the ground. Carla arrived promptly for her session but asked whether any of my other clients had been unable to come in for their sessions. I had two thoughts about Carla's comment. The first was that here she was, whether or not anyone else showed up; she was reliable, committed, and so forth. I also recall thinking at the time that perhaps Carla had been concerned that I might not have been at my office when she arrived. She began the hour by talking about her recent tendency to behave in a sort of friendly though negativistic way. She found herself challenging things her friends said even when she was really in agreement with them. I suggested that perhaps she was displacing feelings that belonged elsewhere, such as toward her father or her boyfriend. Carla seemed slightly taken aback by this idea but admitted that it offered "some sort of explanation, anyway." Pausing for a moment, she continued:

Carla: I suppose I have a problem believing in relationships. Down deep, I feel that relationships don't last and that you can't count on guys.

Therapist: Perhaps you were wondering when you mentioned my clients not showing up whether I would be here when you arrived, whether you could count on me?

Carla: Oh. No, I don't... I hadn't... No, I guess I thought you'd call me... I don't think I thought that.

Although Carla didn't accept my "here-and-now" interpretation of transference, her ambivalent reaction suggested that something had "hit home." In retrospect, this may have been the first indication that the positive transference was beginning to shift, revealing Carla's expectation that I, like her father, her boyfriend, and other men in her life, would sooner or later lose interest in her. In the remainder of the hour, Carla focused on the theme of "untrustworthy" men, in particular another former boyfriend she had dated during her freshman and sophomore years in college, who had "cheated" on her.

Session 6

Carla had been feeling a little more depressed recently. She would begin the session wondering what "therapy is all about." She had been feeling better a couple of weeks back, but she was having trouble sleeping again, couldn't concentrate as well, and so forth. She had had another conversation with Chris, and he seemed to be distancing himself from her. The more he distanced himself, the harder she tried. She then began to talk about her parents' marriage. Her mother was so accommodating toward her father before their divorce. When he was admitted to law school, she moved halfway across the country with him. She kept house, worked part-time to help make ends meet, and took care of his son, Sandy, when he would visit periodically. She really "put herself out." Carla then mentioned for the first time that her father had been involved in an affair just before he broke up with her mother, the woman he eventually married following their divorce. I commented that her mother had seemed to want to keep the momentum in the marriage going at virtually any cost; yet this somehow wasn't enough. I asked

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Carla if she felt a parallel existed between her description of her own tendency to make accommodations and her mother's behavior while she was married to her father. "Yeah," she replied with a long sigh, "and look what happened to her. She says she's happy and all, but I mean, after she and my dad got divorced, well . . . she's never gotten seriously involved with another guy." I suggested that Carla's mother had good reason to feel betrayed by her father, although her solution—steering clear of deep commitments altogether—may not have been a terribly adaptive one. I also suggested that these solutions seemed to represent two extremes: either a woman behaves in an incredibly accommodating and self-sacrificing fashion or she has no relationships at all with men. Carla didn't reject this idea, but neither did she seem to embrace it. Toward the end of the hour, I asked her whether she knew how many sessions we had remaining. Carla paused for a moment and then, sounding just a bit surprised, said, "Six. I guess we're at the halfway point, right? Don't worry, I still have things to talk about."

Beginning in the fifth session and intensifying in this hour, Carla's reactions seemed to embody what Mann and Goldman (1982) characterize as the "return of ambivalence both about the therapist and the possible outcome of treatment" (p. 11). The anxiety revealed in her last comment suggests that (a) she will try hard to keep me interested even though she may be feeling that there is less to say and (b) the end of treatment and of the treatment relationship is not far off, although unresolved issues remain.

Session 7

Carla was feeling increasingly desperate about the relationship with Chris. They went out to talk about their relationship ("It wasn't really a date") and wound up at a bar that Chris frequented. They ran into two of Chris's friends and spent an hour or so chatting with them. Carla wanted to spend more time together afterward, but Chris decided to go home. I suggested that just as Carla could not "give up" on her father, even when he seemed so preoccupied with other things, she was unwilling to relinquish her relationship with Chris. On the other hand, it felt hurtful to her that she was not as important to Chris as he was to her. She then revealed that when Chris was a junior in high school, his mother developed a serious illness that left her bedridden for many months, and she became very dependent on Chris, her only child. Although he wasn't resentful, once the time came to look for schools, he applied only to colleges that were out of the state. I commented that perhaps Chris felt as though an important part of his adolescence was, somehow, derailed due to his mother's illness and that he was making up for lost time. She then observed, "Yeah, maybe that's one of the reasons he's afraid to get too involved with me. Maybe it's less about me and more about some sort of fear of involvement he has . . . but it still doesn't make me feel good."

Carla's insight was a poignant one, since it involved a dawning realization that Chris's reactions to her also reflected his own unique history, which made it harder for Carla to attribute them simply to a recapitulation of her past experience with her father. In fact, the contrast between Chris and Carla was rather striking: Chris needed to escape from the regressive pull of his mother and her illness, while Carla had tried to hold onto the relationship with her father in constant fear that his interest in her would otherwise wane. Her comment that it "doesn't make me feel good" to have arrived at this understanding

is also important, since it represents both a more realistic appraisal of the relationship and a decline in the strength of the magical fantasy that she alone was responsible for keeping men interested in her.

Session 8

Carla began this hour by discussing a vacation she was going to be taking with two girlfriends to Miami Beach (which she had mentioned several weeks previously). It was spring break week, and she felt "determined" to have a good time. Both the other girls had boyfriends, but this was to be just a "girl thing." She then reported a dream in which "I was trying on a pair of socks. The socks were black with gray squares, definitely men's socks. But then, after I got them on, the color changed, and they seemed to have pink polka dots, like the socks I'd wear." I encouraged Carla to associate to the dream, and she began to talk about her older half brother, Sandy, whom she had previously described as being "a lost soul," having been married and divorced by his mid-20s, drifting from one job to the next, without a steady girlfriend, and so forth. The socks reminded her of the kind he might own, with sort of an argyle pattern. She had always found it hard to understand him before, and they had never been especially close. In fact, she felt that he resented her, and when they were younger, he had considered her "spoiled," perhaps because he knew how close a relationship Carla had with her own mother. But she knew that he had suffered; Sandy's mother had severe emotional problems, he had often been on his own during his childhood and adolescence, and he didn't seem comfortable during visits to his father's California home. In my interpretation, I emphasized her newly emerging capacity for trial identification, first with Chris, reflecting on her comments during the last session, and now with Sandy. She was, in effect, "trying his socks on" for size. This is further underscored when the socks temporarily morph into "girl's socks" as she pulls them onto her feet; it is as though this is her experience, at least for the moment. She seemed to confirm the accuracy of this interpretation by noting, "I guess I do want to know what guys think and feel."

Session 9

Carla reported that her trip had been a lot of fun and that she had actually met a guy one night while with her girlfriends in Miami Beach. He was very good-looking and also very attentive and interested in her; the two "hung out" together on and off for a couple of days, although Carla also wanted to spend time with her girlfriends.

I asked her how it had felt to be in the position of telling a guy that she had other friends to hang out with and wouldn't be able to spend all her time with him. Carla smiled, looking only slightly embarrassed, and said, "It was okay. Actually, it felt sort of good. One of the nicest parts was that I didn't feel like I was working that hard. It was more . . . spontaneous." She continued to think about Chris but was beginning to feel that maybe things would have to wait, especially since it looked as though they would be living in different parts of the country after they graduated. (Chris was also completing a master's degree, though in a different field.) Perhaps they would become reinvolved, although maybe not. In any event, she wasn't feeling nearly as desperate at the prospect of moving on and not being

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with Chris. The night after she returned, she was still feeling very good about herself and decided to go to a singles bar downtown, where she met yet another interesting and attractive man, also in his mid-20s. He had been calling her ever since, although she didn't want "to encourage him too much." Making reference to the central issue once again, I commented that Carla didn't seem to be experiencing the old anxiety with either of these two men and sounded far more relaxed and self-confident than she typically reported having felt in similar situations in the past. Perhaps most important, she had also been able to enjoy herself "in the moment." She replied that while this was possibly true, she wasn't ready to give up on her idea of finding a "true love," as silly as that might sound. However, she now accepted the possibility that the time might not be right for this.

Session 10

Carla began this hour by telling me that although she had been feeling better, she was beginning to realize that there were still significant issues that she had not worked through. She was about to graduate, yet she still felt very confused about Chris; he had e-mailed her a very nice note a few days back, and it stirred up all sorts of feelings she thought she had finally put aside. She also mentioned feeling upset as she began to think about leaving the area and moving away. She felt concerned about her mother. For the first time, they wouldn't be within a few hours' drive of each other. She then wondered if maybe some of her problems with men could be related in some way to how she felt about her mother. I sensed that Carla was introducing what was, in essence, a new theme. It was actually somewhat along the lines of the alternate central issue mentioned earlier. However, its introduction at this time, along with her renewed anxiety, was more likely related to Carla's awareness of the approaching termination date. She seemed to be presenting me with new problems and a recrudescence of her original concerns as a sort of unconscious protest over our contract, as if to say, "Can't we continue to meet while I sort these things out?" However, since Carla had introduced the topic of her relationship with her mother, I thought it might be worthwhile to pursue it.

Therapist: It's a big responsibility when someone tells you that you're "the number one priority" in their life.

Carla: You know, sometimes, it wasn't that bad at my father's house. Actually, they do a lot of hiking, camping, and outdoorsy kind of things. As I got a little older, it could even be fun.

Therapist: Did you tell your mom about those parts?

Carla: Well, I think she knew. . . . But, no, I mostly complained to her; I'd tell her how much I'd missed her.

Therapist: So maybe you felt as though it would be hurtful to your mom if you were to have positive experiences with your dad?

Session 11

By the time we met for the 11th session, Carla had graduated from University of Y and spent the first part of the hour discussing this. Her mother, as well as a number of other relatives from her mother's

family, came to see her graduate, although her father had told Carla he wouldn't be able to because "he was trying a very big case or something like that." Carla's eyes filled with tears, and sobbing, she said, "It's still hard at times like this not to have him there. I don't know, I just really wanted him to see me graduate. I don't think that's asking too much, is it?" We then discussed her wish to be seen as special in her father's eyes. On this occasion, however, the desire for recognition appeared much less tied to the childhood rivalries with her half siblings than to Carla's desire for affirmation, or mirroring. I commented that she had experienced many such disappointments in this relationship and that such a need for recognition, to be seen as "special" in her father's eyes, struck me as being both reasonable and healthy. Carla agreed that this was true, reflecting that this also seemed to be an important theme in her relationships with other men. She paused and then said, "I guess maybe I'm so convinced that other guys are going to act just like my dad that even when they don't, I can't really believe it. Like it's going to happen, sooner or later." I commented that this seemed to be an important insight and wondered whether Carla might yet expect a similar outcome in her relationship with me. She replied that this might have been true in our first few meetings; she had been aware of feeling slightly apprehensive prior to those first several appointments, wondering if I were really interested in her and so forth. However, she had gradually become more comfortable talking with me and now actually looked forward to coming in for her sessions. This theme, which of course had brought us back to the central issue, was then elaborated.

Carla observed that although she now understood herself much better than she had when therapy began and had begun to notice changes in the way she behaved with her family as well as with male friends, she was anxious at the prospect of falling back into her old routines. Without dismissing this possibility, I told her that I believed that she had made a good deal of progress and that she was now armed with knowledge about herself and the strength and courage to put it to good use. She smiled weakly but said, "Maybe, but I don't feel like I have very much courage." I told her that I had to disagree and not just based on the hard work that she had done in therapy. In fact, when I thought of Carla as a 4- or 5-year-old, flying 2,000 miles across the country to spend vacations with her father in an unfamiliar place, where she often felt isolated and alone—this took courage. She registered surprise at this, noting that she would never have thought of this as courageous but thought that perhaps I was right. As the session drew to a close, I mentioned that the next session was to be our last one. Although Carla appeared sad, she smiled and in a soft voice said simply, "I know."

Final Session

Although Carla had always been talkative in our therapy sessions, she confessed that she felt there wasn't as much to say today. She did offer that, for the most part, she wasn't feeling very anxious or depressed, nor was she having much difficulty sleeping, the problems that originally brought her into therapy. But there seemed little else to say. This seemed just a bit odd to her, inasmuch as just 2 weeks ago, she was feeling that much remained unresolved and also because this was to be our last meeting. I commented that perhaps she was now beginning the posttreatment task of relying more on herself to work through her problems and didn't need me in the same way. I took the opportunity to review some

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of what she had accomplished in therapy. She now understood the basis of her chronic feeling of disappointment in her father. Although it saddened her, she could now recognize that this was the result of his limitations in combination with environmental factors that were beyond her control. Furthermore, her wish to feel "special" in his eyes represented a healthy entitlement, not the unreasonable reaction of a "spoiled" child. She had gradually come to understand that this dynamic had persisted in a largely unmodified form and was present in other important relationships, particularly with boyfriends. I also commented on Carla's concern that she must not betray her mother, both with respect to any positive aspects of her relationship with her father and in her own relationships with men. I suggested that she might now find it more difficult to blame herself for the shortcomings of others. Furthermore, she now possessed a greater range of adaptive solutions and strategies, so that "bad" feelings, such as anger, no longer needed to be "contained" at all costs or turned into their opposite.

Carla found this review helpful, although as we neared the end of the hour, she became very tearful and told me how much she would miss her sessions with me. I, too, felt moved and told her I would miss her as well. She embraced me warmly, handing me a card as she left my office for the last time. The card thanked me for helping her rediscover the inner strength she must have had all along and for being such a good listener. She also wrote that she had noticed a gradual change in her relationships, with which she was pleased, and that she hoped would continue to evolve. Finally, she felt much better able to take on the challenges that lay ahead.

CONCLUSION

Beginning with a historical overview of the concept of short-term treatment in the psychoanalytic literature, this chapter has examined a number of different approaches to the challenge of conducting therapy briefly. The pioneering contributions of writers such as Sigmund Freud, Sandor Ferenczi, and Franz Alexander were discussed in some detail, followed by summaries of the work of those representing the next several generations of brief-treatment theorists. The various treatment methods associated with recent theories of brief dynamic therapy appear to reflect the more generally observable trends in psychoanalytic theory formulation and can be ascribed to two basic conceptual models: (1) the *drive/structure* model and (2) the *relational/structure* model. In the next portion of the chapter, technical parameters common to all forms of time-limited and brief dynamic psychotherapy were summarized.

Following this, James Mann's TLP, which has been termed the only truly "integrative" model of brief dynamic treatment, was presented in greater depth. Finally, a case illustrating this method of time-limited treatment was offered in substantial detail, complete with process summaries of each treatment session.

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