

Psychotherapy Integration: CBT and Psychoanalysis

One of the constants of psychoanalytic practice and theory is that it is continually evolving over time. Many psychoanalysts have resisted dogmatism, unflinchingly critiquing their own ideas in ways that have enriched the field. For the most part, this critique is internal: we think about our own ideas in light of new knowledge within psychoanalysis and the scientific and cultural community at large. We do not habitually look to other schools of therapy for guidance in thinking about our own. Yet to do so can be instructive. In this course, we look closely at how the progression of ideas in another school of therapy, CBT, parallels changes in psychoanalytic thinking. Both schools have moved from positivist to constructivist and contextualist models. As they have done so a more harmonious and mutually enriching conversation between the two schools is possible.

We will explore the continuities and discontinuities between psychoanalysis and the cognitive behavioral therapies, today's dominant psychotherapeutic paradigm. Each week psychoanalytic readings will be paired with CBT readings that reflect on the same issues and practices. We will look at how CBT arose in reaction to the perceived limits of psychoanalysis in the mid-1950's, in a manner that often closed off productive communication. We will also see how with the maturing of each school shared questions and points of view have taken their place alongside with ongoing oppositions of theoretical perspective. An awareness of the common ground in theory can inform an integrative approach to technique. In fact, we see that CBT therapists have become increasingly interested in issues such as the use of the therapeutic relationship, and psychoanalysts are increasingly open to the use of traditional CBT techniques in their work. We are working in a time in which psychoanalysts are likely to work integratively. An integrative point of view thus becomes relevant to most psychoanalytic practitioners and will be outlined briefly here.

With theory in mind, in the second half of the course we will look at practical aspects of integration, focusing on how CBT techniques can be employed in psychoanalytic work. In general, the behavior therapies are very technique-heavy, so it will be possible to select only a few among many options for discussion here. We will examine how specific clinical problems shared by all psychotherapists, such as fostering behavioral change and the management of affect, may be addressed by integrating these techniques into practice. Some class time will be used to demonstrate CBT techniques and to talk about when and how they may be introduced into psychodynamic treatment, with special attention to how use of these techniques may advance a psychoanalytic agenda that extends beyond

behavior change, and to the transference and counter-transference issues that may be evoked in using them.

Part 1: Theory

Week 1: Rebels with a cause: Beck, Ellis and the CBT revolution.

Ellis, A. (1962). *Reason and emotion in psychotherapy*. New Jersey: Citadel Press chapters 1, 2, 6, 9, 10.

Beck, J.S. (1995). *Cognitive therapy: Basics and beyond*. New York: Guilford, pp. 1-24.

Ellis lays out the theoretical arguments underlying RET, one of the two dominant early CBT models. He provides an outline of the objections that the originators of CBT had to the dominant therapies of their times, particularly psychoanalysis. Judith Beck, a leading proponent of the form of CBT developed by her father, Aaron Beck, provides an outline of the classic CBT model. As we will see, this model has been challenged from within CBT circles in a fashion that parallels analysts' own process of self critique. This is the only week that we will not be pairing our readings with psychoanalytic texts, in order to ground ourselves in the classical CBT point of view.

Week 2: A unifying theme: Constructivism

Hoffman, I. Z. (1992). Some practical implications of a social-constructivist view of the psychoanalytic situation. *Psychoanalytic Dialogues*, 2, 287-304.

Wachtel, P. (2009). On knowing oneself from the “inside” out and knowing oneself from the “outside” in: The inner and outer world and their link through action. *Psychoanalytic Psychotherapy*, 26, 158-170.

Guidano, V. E. (1995). Constructivist psychotherapy: A theoretical framework. In R.A. Neimeyer & M. J. Mahoney (Eds.) *Constructivism in psychotherapy*. Washington, D.C.: APA Press.

Mahoney, M. (1995). The psychological demands of being a constructivist psychotherapist. In R.A. Neimeyer & M. J. Mahoney (Eds.) *Constructivism in psychotherapy*. Washington, D.C.: APA Press.

Goncalves, O. F. (1995). Hermeneutics, constructivism, and cognitive-behavioral therapies: From the object to the project. . In R.A. Neimeyer & M. J. Mahoney (Eds.) *Constructivism in psychotherapy*. Washington, D.C.: APA Press.

In the late 20th century, constructivist thinking gained prominence in both psychoanalytic and CBT theorizing. Consistent with their primary concerns, each school focused in their own way on these ideas. Hoffman articulates a view of how constructivism underlies a relational approach to working in the relationship. We will see that CBT clinicians who embrace a constructivist point of view focus more often on the clinical utility of working with the tension between patient and therapist internal models of the outside world. Wachtel's article provides a bridge between the two perspectives.

Week 3: Contextualism, Psychoanalysis and third-wave CBT

Frie, R. and Reis, B. (2001). Understanding intersubjectivity: Psychoanalytic formulations and their philosophical underpinnings. *Contemporary Psychoanalysis*, 37, 297-327.

Hayes, S.A. Strosahl, K. D., & Wilson, K. G. (2012). Acceptance and commitment therapy: The process and practice of mindful change. New York: Guilford Press, chapters 2-3.

Psychoanalytic and radical behavioral theorists have embraced contextualism as a theoretical model for understanding human experience. There are marked differences in how they have adapted this point of view. Contextualism extends intersubjectivity for psychoanalysts. For third-wave CBT theorists such as the founders of Acceptance and Commitment Therapy (ACT), the focus is on *functional* contextualism, a highly pragmatic concept. Whether psychoanalysis has anything to gain by embracing functional contextualism is a question that we will entertain throughout the course.

Week 4: Parallel streams: Relational Psychoanalysis and psychotherapy integration

Bresler, J., & Starr, K. (in preparation), Introduction to Relational Psychoanalysis and Psychotherapy Integration: An emerging synthesis. New York: Routledge.

Safran, J. And Messer, S. (1997). Psychotherapy Integration: A postmodern critique. *Clinical Psychology: Science and Practice*, 4, 140-152.

Frank, K.A. (1993). Action, insight and working through: Outlines of an integrative approach. *Psychoanalytic Dialogues*, 3, 535-577.

These readings provide a historical and conceptual framework with which to approach integration in practice. As we will see, a minority of psychoanalysts, most notable among them Wachtel, have been engaged in a serious study of

integration since the 1970's. Integration has become increasingly common in practice among psychoanalysts in each following generation. As this has happened, there have been a number of psychoanalysts who have engaged in thinking about the theoretical and practical implications of integration.

(note: time does not permit us a careful reading of Wachtel's *Psychoanalysis, behavior therapy and the relational world*, but it is an essential text for anyone wishing to extend their thinking about many issues raised in integrating psychoanalysis and the behavior therapies)

Part 2: Clinical work

Week 5: Suggestion, advice and wanting to help: The case for “homework”

Hoffman, I. Z. (2009). Therapeutic passion in the counter-transference. *Psychoanalytic Dialogues*, 19, 617-637.

Wachtel, P.L. (1982). Vicious circles: The self and the rhetoric of emerging and unfolding. *Contemporary Psychoanalysis*, 18, 259-273.

Persons, J.B. (1982). *Cognitive therapy in practice: A case formulation approach*. New York: WW Norton chapter 8.

Beck, J. S., (1995). *Cognitive therapy: Basics and beyond*. New York: Guilford, chapter 14.

Hoffman's article locates us in the question: what actions may follow from our desire to help our patients? He articulates the long-standing ambivalence toward being helpful in our history, highlighting the positive and negative uses of influence and suggestion. Wachtel demonstrates how we continually recreate the world we believe exists, not just in the treatment setting, but where it affects us most, in our daily lives. These articles serve as a bridge to a discussion of “homework”, the CBT term for work that therapist and patient agree will be done outside the therapy hour. Although most people are familiar with thought records as the usual assignment in CBT, we will talk about activities that are more compatible with psychoanalysis.

Week 6: Affect regulation

Stein, R. (1998). Two principles of the functioning of the affects. *American Journal of Psychoanalysis*, 58, 211-230.

Borkavec, T.D. & Sharpless, B., (2004). Generalized anxiety disorders: Bringing cognitive-behavioral therapy into the valued present. In S. C. Hayes, V. M.

Follette, & M. M. Linehan,(Eds.) *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition*. New York: Guilford.

Segal, Z.V. Williams, J. & Teasdale, J.D. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York: Guilford, chapter 8.

Our patients come to us wanting help with many things, including a desire to manage unpleasant affects, such as anxiety. Psychoanalytic thinking has variously assumed that interpretation, working through enactments or other elements of treatment will either remove or reduce anxiety, and at times, this certainly occurs. CBT clinicians take a more direct route to the management of unpleasant affects, including anxiety and others, teaching their patients to use tools to directly manage affect. This week we will look at a simple tool, breath training, often used to help people manage affective experience. This tool has been used in many CBT interventions, beginning with Barlow's classic work on treating panic disorder, and has wide application clinically. We will discuss how this intervention can be introduced into dynamic treatment and might be conceptualized in psychoanalytic terms. Participants will be asked to engage in a simple breath exercise (introduced in week one) throughout the course, and we will have a chance to reflect together on that experience this week as well.

Week 7: Mindfulness and Mentalization

Wallin, D. (2007). *Attachment in psychotherapy*. New York: Guilford, chapters 9, 15, 17..

Hayes, S. C. Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and Commitment Therapy: The process and practice of mindful change*. New York: Guilford, chapters 7,9,10.

In recent years, we have seen an increased interest in mindfulness practices among psychoanalysts. Wallin highlights some important functions of mindfulness. The ability to attend to experience deliberately can increase our ability to be calm, which increases the capacity to mentalize, or think about experience with perspective, which is necessary for insight. Mindfulness practice done in the interpersonally rich context of the treatment setting may be especially impactful, providing a unique complement to insight focused work. Increasing the capacity for mindfulness has replaced the ability to think rationally as a therapeutic goal in more contemporary CBT approaches. This has resulted in many techniques that may be employed to increase mindfulness skills. We will look at ACT present moment and diffusion work and how it can enrich psychoanalytic work.

Week 8: The therapeutic relationship

Bass, A. (2003). "E" enactments in psychoanalysis: Another medium, another message. *Psychoanalytic dialogues*, 13, 657-675.

Kohlenberg, R. J & Tsai, M. (1991). *Functional Analytic Psychotherapy: Creating intense and curative therapeutic relationships*. New York: Springer, chapters 1,2,3,7.

One of the defining features of psychoanalytic work is the use of the therapeutic relationship as a vehicle for both understanding and change. Ideas about how the relationship can best serve these purposes have changed over time. With the relational turn, a focus on enactment became, and remains, a central theme. Analysts may be surprised to know that there is a form of treatment coming out of the radical behavioral tradition that is exclusively based on working in the relationship. Functional Analytic Psychotherapy (FAP) is increasingly being adapted as an core element in third-wave CBT work. Our brief introduction to this model focuses on how a radical behavioral approach encourages us to think about the questions of directionality and intentionality in clinical work in the transference.