

Preface

This book is the culmination of the teaching and writing that I have done over the last several years in which I try to speak about the value of a psychodynamic approach from a practical perspective. Although, when I was a health psychology student, I was trained as a cognitive behavioral therapist, I felt that these approaches were limited in terms of treating patients who struggle with bodily limitations. I was fortunate enough to discover psychodynamic theory in my last year of graduate school, but then had the chance to learn more from my supervisors while in internship about a more nuanced and sophisticated way of understanding the mind. It was not until I landed in San Francisco for my post-doc year, however, that I began to fully appreciate the value of a psychodynamic approach. The teachers here in the San Francisco Bay Area represent not only diverse views of contemporary thought, but also a community of talented and committed clinicians who are striving to understand the ways that they can help their patients to get better. Yet, given my training with medically ill adults, I found that some applications of psychodynamic theory, especially those that represented more traditional forms of thought, did not quite speak about the experiences of my patients who were struggling with the devastating effects of illness as well as the blows of aging. It is these gaps in the theory that have informed my writing and teaching most recently. Although contemporary theories offer the student of psychodynamic perspectives a glimpse into the incredible minds of the authors/clinicians, a common complaint is that much of this writing does not provide access to or understanding of the theory in a way that most people can comprehend. Currently, data show the limits of short-term approaches for complicated patients, which create a need for psychodynamic clinicians to make our work and our ideas more accessible, transparent, and readable.

This book attempts to bridge the best of contemporary psychodynamic theory with what I have found to be true for the patients I have treated over the years who have acute and chronic illnesses and who have wrestled with the bodily declines associated with aging. Psychoanalytic and psychodynamic theorists have been hesitant to apply their concepts to people who are aging and/or medically ill. This history will be briefly described in Chapter 1, as well as the real challenges medically ill patients and older adults face, which require us to use a different kind of approach

that sensitively and flexibly meets the needs of patients. Chapter 2 describes the dilemmas of the modern medical patient in the fast-paced culture of medicine in which technology plays an ever-increasing role in the provision of patient care. The following chapters address the common dynamics of the medically ill and aging, including the normative narcissistic injuries that occur in patients when their bodies stop working, as well as the trauma associated with being a patient with severe medical disease. I will also discuss contemporary ideas of transference and countertransference as well as the curious, but common scenario of people who do not take care of their bodies as manifested through nonadherence and lifestyle behaviors. As working with older adults with cognitive impairment is a new application of psychotherapy, a separate chapter is devoted to this issue and addresses some of the common questions that arise when working with adults with dementia.

There are currently a number of competing theories in psychodynamic psychology and modern psychoanalysis. These competing schools have made it difficult for the public to know what we have to offer. Although many forces exist which have made psychodynamic theory a less desirable approach, arguments among experts in the field itself have further plagued its ability to be accepted as a mainstream theory. In other words, if experts in the field cannot agree on what contemporary psychodynamic theory is, how can we expect anyone else to know what we are actually doing with patients? The fact that arguments occur between psychodynamic theorists is in my mind, only somewhat related to the narcissism inherent in all of us. I think that since psychoanalysis and psychodynamic therapy have been threatened, this has led to a sense of loss among many clinicians in the field. The losses are multiple, including but not limited to managed care, desires for quick fixes, and perhaps a newer generation of patients who may want to avoid the complex character understandings we can provide. I see the infighting that occurs as akin to what often results in siblings who are neglected by parents. In the face of absent parents, siblings look for intense emotional stimulation, and this is often expressed aggressively. In other words, if parents are not around, and they are being and feeling neglected, then siblings feel that they have no option but to beat each other up.

My aim in this work is to advocate pluralism within the field, as all ideas in the history of psychoanalysis have much to offer as we try to understand and help our patients. And though my stance is more modern, I see great utility in Freudian ideas, as well as ego psychology, even though these theories may not necessarily translate into the technique I use on a day-to-day basis. I am fond of the object relations theorists, self-psychologists and their predecessors who have expanded the psychodynamic literature to encompass a truer and more profound explanation of what actually happens in the psychodynamic relationships we have with our patients. That being said, my intention for this book is that I include many aspects of the rich and varied history of psychoanalysis and psychodynamic theory, as all schools can teach us how to understand and enrich the lives of our patients. Although I argue that more contemporary theories are helpful, there are a number of traditional ideas that have made their way into current ideas, even if in disguised form. Therefore, the reader will find that some chapters embrace Freud while simultaneously critique his limit in scope. Other chapters emphasize self-psychology and its great

benefits to understanding the importance of the sense of self in aging and illness, while focusing on the interpretive nature of therapy in the work of Klein and other modern clinicians. Nearly all chapters focus on the importance of the therapeutic relationship, the impact of the here-and-now aspects of relational functioning, and provide suggestions for how to talk with patients using the concepts described.

This book is geared toward therapists who are interested in psychodynamic theory, but may have encountered difficulties in graduate school in learning a more nuanced psychodynamic approach. Experienced clinicians will also find this book useful as it strives to provide an applied understanding of many concepts in psychodynamic theory, which have not yet comprehensively focused these concepts on older adults and medical patients. Additionally, patients with illnesses may also find solace in this book, as I strive to make the ideas in the field accessible and transparent to people who want to understand themselves in relation to their bodies.

My work in the field has evolved over the years, but has included the privilege of being on the faculty of the University of California, San Francisco, in the Department of Psychiatry. This position has allowed me to learn from medical students and psychiatry residents as well as the cutting-edge aspects of medical education that UCSF offers. Much of the time, however, I am in private practice and I also visit a number of nursing homes each week to see patients.

I am grateful and fortunate to have a large number of talented colleagues in the Bay Area who have generously donated their time and energy to comment on ideas in this book as well as to critique specific chapters. Thanks to Heather Bornfeld, Ph.D., Peter Carnochan, Ph.D., Holly Gordon, D.M.H., Scott Lines, Ph.D., Bart Magee, Ph.D., Anne O’Crowley, Ph.D., Steve Purcell, M.D., Owen Renik, M.D., Robert Wallerstein, M.D., and Deborah Weisinger, Psy.D. for generously taking the time to comment on aspects of this work. I also owe a debt of gratitude to the volunteers I spoke to who offered their experiences regarding their ongoing challenges with medical illness. As many of these volunteers were themselves therapists, they helped me to understand how far the field has come from the days of blaming patients for their illnesses, but also how much farther we have to go in order to create a respectful understanding of those who are beleaguered by bodies that do not function as they should.

I am also indebted to my teachers and mentors, who over the years influenced my thinking and understanding of how the mind and body work. These people have affected me in ways that they are likely unaware of, but without them I would be unable to integrate the many ideas I have learned. These clinicians include Victor Bonfillio, Ph.D., Marilyn Jacobs, Ph.D., Mary-Joan Gerson, Ph.D., Toni Vaughn Heineman, D.M.H., Maureen Murphy, Ph.D., Wendy Stern, D.M.H., and Steve Purcell, M.D. Also, a special thanks to Michael Zimmerman, Ph.D., who is responsible for my falling in love with the poetry of T.S. Elliot. The young poet as reflected in the imagined (and likely felt) experience of the old man, Prufrock, has spoken to me in ways that surpass any brilliant psychoanalytic paper. Zimmerman’s teaching serves to acknowledge that psychoanalytic theory is one of many ways of understanding human suffering and the unconscious, as literature and poetry has been

trying to teach us all along about the vicissitudes of aging and human suffering in relation to the sadness in life and the inevitability of death.

I am especially grateful for the help of Stephen Brown, my psychology editor, who patiently and competently made my writing more readable. Stephen was an invaluable asset to this project and it was a pleasure to work with him and to gain from his knowledge and expertise. Also Sharon Panulla, my Executive Editor at Springer has not only been a delight to work with, but has bestowed trust in myself as a writer and a clinician. I feel privileged again to be authoring a book with Springer, as I respect their standards and their commitment to publishing works that can enable the furthering of solid academic ideas. Also, my husband, Andrew McClintock Greenberg, M.D., Ph.D., has been a great source of support and has been patient with the demands that writing a book requires.

Finally, it is the patients I have treated who are the principal inspiration for this work. My love of work is reflected in their ongoing abilities to educate me regarding the multiple ways in which the mind and the body interact. For this reason and to protect their confidentiality, all cases as reported in this work are based on actual encounters but are disguised, often in composite form, to protect identity.

San Francisco, CA

Tamara McClintock Greenberg



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Greenberg, T.M.

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