

Psychodynamic Formulation

An Expanded Approach



The Psychodynamic
Formulation Collective

WILEY Blackwell

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To our patients

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Preface

The year 2020 was an exceptional one. To start, the COVID-19 pandemic brought significant individual, community, and societal changes as we all faced concerns about health and safety, while also renegotiating our engagement with one another. In the midst of these monumental changes, the United States was forced to reckon with long-standing issues of structural racism and racial injustice highlighted by the murders of George Floyd, Ahmaud Arbery, and Breonna Taylor at the hands of law enforcement. In this context, racial inequities were brought to the fore, highlighting staggering disparities not only in COVID deaths, but also in all areas of life including education, housing, economic opportunities, law enforcement encounters, the criminal justice system, and health care.

Systemic discrimination and implicit bias have left Blacks with inadequate access to health care and unequal healthcare treatment. Implicit and explicit biases have resulted in disparaged or ignored health determinants in minorities, leading to these being considered unworthy of study or omitted completely in research and clinical approaches.

Such biases have been reflected in prior editions of this book. They are embedded in the institutional and systemic racism present within our field of psychoanalysis and its psychodynamic psychotherapeutic treatments. We have undertaken this new edition to examine these biases within our profession; biases that have led not only to marginalization of our clinicians of color, but also to the prioritization of Whiteness, and to a lack of appropriately formulating the racial and ethnic contributions that are so important to the people we treat. Our patients come from rich and diverse backgrounds and bring so much that is not often reflected in psychodynamic and psychoanalytic formulation and treatment. Additionally, we have not adequately considered and formulated the trauma, discrimination, and systemic oppression that individuals from these backgrounds have experienced as a result of their racial backgrounds, and how that trauma affects their view of themselves, how others perceive them, and their presentation to mental health providers. In this edition, we have attempted to highlight these blind spots, to place their evaluation within our field and with our patients front and center, and to give equal and heavy consideration to the impact of these inequities in a new and expanded approach to psychodynamic formulation.

Here are the highlights of what's new in *Psychodynamic Formulation: An Expanded Approach*:

The effect of culture and society - We feel very strongly that psychodynamic formulations must be expanded to include the larger influences of society and culture on the development of the conscious and unconscious mind. People who have good early relationships can, when subject to trauma, disadvantage, discrimination, and systemic oppression, develop difficulties with domains such as trust, self-perception, relationships, and adapting. People who may be privileged or valued over others by society can develop a distorted sense of their abilities, leading to challenges in navigating stressors or adversity experienced in later life. We have integrated Bronfenbrenner's Ecological Systems model (Bronfenbrenner, 1977) into our organizing framework as a way of conceptualizing this, offering it as an idea about development on equal footing with other psychodynamic models. We can think of this as one way of addressing the biopsychosocial factors that shape the development of a mind. While this book has been written by authors who live and work in the United States, we hope that this approach may prompt readers to consider the unique effects of culture and society on persons in their location.

Diversity and inclusion - In this edition, we use non-binary pronouns, replacing "he/she" with "they" for the singular and plural. We have written inclusive vignettes, while following current guidelines to only include demographic identifiers that add to the significance of the examples. As such, the vignettes vary in length. Some focus on a very specific point. Others zoom out to consider the full lived and layered experience of the person. We recognize that all readers and clinicians will bring their own assumptions, positionality, and lived experience to the vignettes. We have chosen to use names rather than initials for the persons included in the vignettes to bring the examples to life. Some of the names used might reflect the diverse backgrounds of persons in the United States. We have updated sections on attachment to acknowledge the predominantly White and western bias of the original research in this area. Likewise, we have also updated sections on conflict and triadic relationships to acknowledge the often heteronormative bias of early ego psychological models.

Conscious and unconscious - We believe that psychodynamic formulations help us to form hypotheses about the entirety of a person's mind—conscious and unconscious. In this edition, we expand this formulation to discuss the development of both conscious and unconscious thoughts and feelings.

Lived experience - People can develop conscious and unconscious problems and patterns throughout life—not only during their early childhood. We have added

more on the importance of lived experiences, with expanded sections on trauma and adulthood.

Bias - We have added sections that acknowledge and discuss how culture, identity, and the biases of the clinician affect the creation of psychodynamic formulations. We have added discussions in several sections—including those on trust, identity, and attachment—that address how traditional psychodynamic concepts may be inadequate when creating formulations about people from marginalized groups. Acknowledging the diversity of gender and sexual development, we have de-emphasized triadic (Oedipal) relationships in middle childhood and their role in adult psychopathology. At all points, we have tried to move away from White, heteronormative, and ableist expectations, while understanding, in the spirit of cultural humility, that there may be ways in which this continues to be present.

Identity - We have greatly expanded our discussion of identity in this edition, given that it is the part of self-experience that relates to how we see ourselves in relation to our culture and society.

Defenses - Starting from the idea that all defenses were adaptive at one point in life, we no longer label defenses along the “adaptive-maladaptive” continuum. Rather, we discuss the benefit and cost of defenses, noting that this balance can change over the lifespan.

Values - We have added “values” to our list of function domains. We call this domain “values” rather than “super-ego function” so as not to privilege ego psychology as the dominant psychodynamic model, to broadly address systems of right and wrong, and to include discussion of personal values.

The collaborative process - We create psychodynamic formulations *with* our patients, not about our patients. This edition emphasizes the collaborative nature of this process.

Expanded educators’ guide and more suggested activities - Psychodynamic formulation must be learned actively. We have included suggested activities in each chapter so that learners can practice the concepts in real time. These activities can be performed by individual learners or in a classroom setting. We have also expanded our educators’ guide to help instructors actively teach this important psychotherapeutic skill.

Whether you are learning psychodynamic formulation for the first time, or revisiting concepts that have become well-known, we hope that our journey of discovery may prompt you to expand that way you conceptualize your patients’ development, and that, in some way, this contributes to diminishing the inequity in psychoanalysis, our healthcare system, and our world.

Reference

1. Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 32(7), 513–531. <https://doi.org/10.1037/0003-066x.32.7.513>

Acknowledgments

In 2020, the tragic murders of Black men and women at the hands of the police, and the resulting social uprising were stark reminders that structural racism remains at the core of American society. The authors of *Psychodynamic Formulation* realized that it was also part of the way we conceptualize and treat patients. To study and address this, we needed new perspectives and expertise, so we created The Psychodynamic Formulation Collective. In the midst of the pandemic, this incredible group of thinkers, writers, and colleagues worked entirely remotely to transform this book and to expand the way we think about psychodynamic formulation. We are:

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Finally, thank you in advance to our readers. We hope that *Psychodynamic Formulation: An Expanded Approach* contributes to the way that psychodynamic thinkers and clinicians help patients in a changing world.

—The authors, January 2022

PART ONE:
Introduction
to the
Psychodynamic
Formulation

1 What Is a Psychodynamic Formulation?

Key concepts

A formulation is an explanation or hypothesis.

A psychodynamic formulation is a hypothesis about the way a person's conscious and unconscious thoughts and feelings

- may have developed
- may be causing or contributing to the difficulties that have led the person to treatment

Throughout our lives, biological, psychological, and social/cultural factors affect the development of our conscious and unconscious ways of thinking about ourselves, our relationships with others, and our world; thus, all should be included in a psychodynamic formulation.

Psychodynamic formulations do not offer definitive explanations; rather, they are hypotheses that can change over time.

Psychodynamic formulations can aid our work with all patients, not just those in psychodynamic psychotherapy.

What is a formulation?

Very nice history. Now can you formulate the case?

All mental health trainees have heard this, but what does it mean? What is a formulation? Why is it important?

Formulating means explaining (Eells, 2022), or better still, hypothesizing. All healthcare professionals create **formulations** all the time to understand their patients' problems. In mental health fields, the kinds of problems we try to understand involve

the way our patients think, feel, and behave. When we formulate, we think not only about *how* people think, feel, behave, but also *why* they do. For example,

Why is she behaving this way?

Why does he think that about himself?

Why are they responding to me like this?

Why is that his way of dealing with stress?

Why is she having difficulty working and enjoying time off?

What is preventing them from living the life they want to lead?

Different etiologies suggest different treatments; thus, having hypotheses about these questions is vital for recommending and conducting treatment.

What makes a formulation psychodynamic?

Many different kinds of formulations exist (Campbell & Rohrbaugh, 2006/2013; Eells, 2010; Wright et al., 2017). There are cognitive behavioral therapy formulations, psychopharmacologic formulations, and family systems formulations, just to name a few. Each type of formulation is based on a different idea about what causes the kinds of problems that bring people to mental health treatment.

A **psychodynamic frame of reference** suggests that these problems may be caused or contributed to by thoughts and feelings that are out of awareness—that is, that are **unconscious**. These unconscious thoughts and feelings affect the way we think about ourselves, other people, and our relationship to the world. Thus, a **psychodynamic formulation** is a hypothesis about the way a person's conscious *and* unconscious thoughts and feelings

- may have developed
- may be causing or contributing to the difficulties that have brought the person to treatment

This is important to understand, as helping people become aware of their unconscious thoughts and feelings is an important psychodynamic technique.

Unconscious vs. implicit

According to social scientists, **implicit** mental processes are those that “occur outside conscious awareness” (Devos & Banaji, 2003). People may not be aware that they exist, or they may simply operate outside of conscious control (Devos & Banaji, 2003). When implicit processes influence our judgments—for example, about people on the basis of race or gender—we call this **implicit bias** (FitzGerald & Hurst, 2017). We can have these biases about ourselves, others, or society at large. In this book, we use the

terms unconscious and implicit interchangeably to mean mental processes that operate out of awareness and that, once formed, automatically influence our thoughts, feelings, and behaviors.

A developmental process throughout life

It's well known that psychodynamically oriented mental health professionals are interested in their patients' childhoods. But why? One reason is that using psychodynamic technique is about more than just helping people become aware of their unconscious thoughts and feelings—it's also about trying to make sense of how and why those unconscious thoughts and feelings developed.

Although there are significant temporal windows early in life during which massive amounts of development occurs, conscious and unconscious thoughts and feelings change throughout life. Erikson's "Eight Ages of Man" (Erikson, 1968), which conceptualizes development as occurring throughout the life span, is a good place to begin, but today we must take this even further. Traumatic events that occurred to parents before conception; maternal stress during pregnancy; discrimination, inequity, and systemic oppression during adulthood; and late-life loss may all contribute to the individual's mental life in the here and now. Thus, we aim to address the entirety of a person's lived experience in a psychodynamic formulation.

While that's all well and good, how can we learn about and try to make sense of developmental processes that have already occurred? Even with videos and scrapbooks, we can't go back in time to watch early development unfold. In this way, creating a psychodynamic formulation is a lot like being a detective trying to solve a mystery. Like the detective, we work retrospectively, first looking at our patients' problems and patterns and then scrolling back through their life stories to try to understand their development.

Biological, psychological, and social

So, how *do* our characteristic patterns of thinking, feeling, and behaving develop? John Locke said that each person is born as a blank slate—a *tabula rasa* (Locke, 1689/1975). E. O. Wilson argued that social behavior is shaped almost entirely by genetics (Wilson, 1975/2000). Nature—nurture: it isn't one or the other but both, with the relative contributions of each varying from person to person. Freud (1937/1964) called the nature part "constitutional" and the nurture part "accidental." However, you think about it, people come into the world with their inherited genetics and then continue to develop as they interact with their environment. The more we learn about the interrelationship between genes and environment, the clearer it is that our genetics shape our experience and vice versa; complex interactions between the two result in our characteristic views of ourselves, the way we relate to other people, and our patterns of adapting to stress. In thinking about how to understand and describe how we develop, we must consider genetics, intrauterine exposures, temperament—the

biological factors—as well as the environmental factors. They are all part of psychodynamic formulation.

Traditionally, psychoanalysts thought about the environmental part of the equation as related mostly to the effects of children’s early interactions with the people in their immediate environment (e.g., primary caregivers and other family members). This immediate environment is sometimes called the person’s **microsystem** (Bronfenbrenner, 1977). We often think of these early interactions as the **psychological** factors contributing to a person’s development. But **culture and society** also affect the development of the conscious and unconscious ways we think about ourselves, other people, and our world (Fanon, 1952/2019). This includes both the person’s communities (e.g., schools, religious groups, local organizations)—sometimes called the **mesosystem**—as well as society at large (e.g., laws, public policies, cultural values)—sometimes called the **macrosystem** (Bronfenbrenner, 1977). This is particularly pronounced when we are disadvantaged by what has been described as hierarchical **systems of oppression**, including racism, sexism, heterosexism, cisgenderism, ableism, classism, ageism, and religious or ethnic discrimination (Crenshaw, 2017; Hays, 2016). These systems affect us throughout our lives, and may powerfully and adversely affect our implicit mental processes even when our early experiences with caregivers were generally positive. In this edition, we expand the psychodynamic formulation to include the way that culture and society affect the development of conscious and unconscious ways of thinking about the self, others, and the world throughout life (see Chapter 20).

More than reporting

A news story gives a report of *what* happened; a psychodynamic formulation offers a hypothesis about *why* things happened. The following examples illustrate the difference.

Reporting

Nick, who is 32 years old and has been married for 10 years, presents because he needs to go on a business trip and is unable to be away from his wife for more than one night. He was born to a single teenage mother who had little support and who likely had postpartum depression. As a child, Nick had severe separation anxiety and spent long periods of time at home “sick.”

Formulating

Nick, who is 32 years old and has been married for 10 years, presents because he needs to go on a business trip and is unable to be away from his wife for more than one night. He was born to a single teenage mother who had little support and who likely had postpartum depression. As a child, Nick had severe separation anxiety and spent long periods of time at home “sick.” It is possible that his mother’s depression affected his ability to develop a secure attachment, which makes it hard for him to think of himself as a separate person. It may have impeded his capacity to separate successfully from his mother. Now, it may be making it difficult for him to be apart from his wife for more than one night.

Although both vignettes tell a “story,” only the second attempts to link the history and the problem to make an etiological hypothesis. A psychodynamic formulation is

more than a story; it is a narrative that tries to explain how and why people think, feel, and behave the way they do based on their development and lived experience. In the above example, the sentences “It is possible . . .” and “This may have impeded . . .” suggest causative links between Nick’s problem with separation and his history—links of which he is not aware and are, thus, unconscious. *These causative links make this a formulation rather than just a history.*

Different kinds of psychodynamic formulations

Psychodynamic formulations can explain one or many aspects of the way a person thinks, feels, or behaves. They can be based on a small amount of information (e.g., the history a clinician obtains during a single encounter in an emergency room), or an enormous amount of information (e.g., everything that a psychoanalyst learns about a patient during the course of a multi-year analysis). They can try to explain how someone behaves in a moment of therapy, during a discrete crisis, or over a lifetime. They can be used in any treatment setting, for brief or long-term treatments. If they are responses to questions about how people think, feel, and behave that consider the effect and development of conscious and unconscious thoughts and feelings, they are psychodynamic formulations.

Not a static process

It’s important to remember that a psychodynamic formulation is just a hypothesis. As above, we can never really know what happened, but, in order to understand our patients better, we try to get an idea of what shaped the way they developed. Earlier in the history of psychoanalysis, the psychodynamic formulation was thought to be a definitive explanation of a person’s development. Now, we understand that it is better conceptualized as a tool to improve our treatment methods and understanding of our patients.

Hypotheses are generated to be tested and revised. The same is true of psychodynamic formulations. The process of creating a psychodynamic formulation does not end when the clinician and patient first generate a hypothesis; rather, it continues for as long as they work together. The formulation represents an ever-changing, ever-growing understanding of the patient and their development. We can call this a **working psychodynamic formulation**. Over time, both patient and therapist learn about new patterns and new history. With this, new ways of thinking about development may become useful, and these can help generate new hypotheses. The process of describing patterns, reviewing the life story, and then linking the two using organizing ideas about development, is repeated again and again during the course of the treatment, shaping and honing both the therapist’s and patient’s understanding.

Formulating psychodynamically is ultimately a way of thinking

We think the best way to learn to formulate psychodynamically is to actually write a psychodynamic formulation. Taking the time to do this, as well as committing your

ideas to paper (or screens), will help you to consolidate your ideas about a patient and to practice the skills you will learn in this book. However, not all formulations are written. Most, in fact, are not. We formulate psychodynamically all the time—when we listen to patients, when we think about patients, and when we decide what to say to patients. Ultimately, formulating psychodynamically is a way of thinking that happens constantly in a clinician’s mind. Having a psychodynamic formulation—that is, having ideas about the development and workings of a patient’s conscious and unconscious mind—can help you in many types of clinical situations, including acute care, inpatient units, medical settings, and primarily pharmacological treatments. Our hope is that you will use the skills you learn in this book to formulate psychodynamically all the time with *all* your patients, not just those in psychodynamic psychotherapy.

Now that we have introduced some basic concepts, let’s move on to Chapter 2 to begin thinking about how we collaboratively create psychodynamic formulations.

Suggested activity

Can be done by individual learners or in a classroom setting.

Think about a recent moment you experienced with a patient in any clinical setting. Perhaps the patient was late, didn’t want to speak to you, or had nothing to say. What do you think led the patient to react the way they did? Take a look at what you have written. Is it reporting or formulating? It is formulating if you have included a causative link—the reason you think this happened. Try to identify that link. If you are working in a classroom, you can do this in pairs.

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