

The Compass - Page 29-32 Summer/Fall 2009

Compass interview with Robert M. Gordon, Ph.D.*

PATIENTS LIKE TO BE DEEPLY UNDERSTOOD

Robert M. Gordon, Ph.D., is a psychologist and psychoanalyst in Allentown, PA. As former president of the Pennsylvania Psychological Association he received its Distinguished Service Award. Often called upon as an expert witness in forensic cases, and author of "I Love You Madly", available on Amazon, Gordon shows us in this interview how psychotherapy can produce remarkable changes in a person's life, notably by increasing our "mental capacities." His website is MMPI-info.com.

Ruth Deming: When you see a patient for the first time, do you have an inkling of how she will do as your patient? For example, when you first saw Karen, from your book "I Love You Madly", it seemed like you'd get nowhere with her. She was hostile and avoided answering questions. In time, however, she began to trust you and make significant changes in her life. What are some positive traits you notice that indicate a patient is ready to learn? Or some negative ones that indicate the patient isn't ready.

Bob Gordon: You have to be prepared to always keep an open mind and learn from your mistakes. It seems simple, but we can define mental health by that capacity. Sometimes I am wrong about a patient and that patient delightfully surprises me with progress.

My book was structured so that there is lots of confusion about the two main characters, and who will change and grow. I wanted readers to enjoy learning about a deeper kind of psychology in the context of an entertaining story. When I consider prognosis, I look for a sense of humor and abstract reasoning, self-reflective capacity and the ability to form a therapeutic relationship with the therapist.

RD: How do you know a patient is learning? What are some changes that take place that let you know the therapy is working?

Bob: There are several points of view to consider:

- 1) what I see (symptom reduction, underlying conflicts and traits improved and capacities increased),
- 2) what the patient subjectively feels in terms of less personal distress,
- 3) what significant others see as improvement, and
- 4) what objective testing shows.

RD: When I was in therapy myself I gained understanding of my condition by reading Alice Miller's Drama of the Gifted Child. Other than that I always found self-help books useless. Do you recommend books to your patients?

Bob: Alice Miller's Drama of the Gifted Child is one of my favorites. Clearly you are smart enough to appreciate what a psychodynamic formulation has to offer over pop-psych. Books cannot catch the reader and say, "You are doing it NOW!" Books cannot provide therapeutic attachments.

RD: What exactly is the "therapeutic attachment?"

Bob: We now know from research the importance of the first few months of the infant's life in regard to the need for a secure attachment to the mothering figure. That early attachment sets in motion a person's capacity to self-soothe and the capacity to form healthy intimacies with others. A therapeutic attachment is a secure, warm and reliable one. The patient needs to be able to commit to the relationship and form a working alliance with the therapist. The patient needs to mostly see the therapist as someone to work with and not against. Even if the patient has a lot of negative transferences to the therapist, there needs to be the hope that things will be worked out in the treatment.

RD: What's the difference between the various forms of therapy?

Bob: Psychoanalysis goes the deepest into unconscious personality. It focuses a lot on transferences, defenses, memories and dreams. It is usually 3-5 times a week using the couch. It can produce the deepest and most permanent structural changes to personality. Psychodynamic therapy is a less intense form of psychoanalysis. It may be once or twice a week. ("Psychoanalytic" and "Psychodynamic" are often used interchangeably.) Then there are the behavioral therapies that include cognitive behavioral therapy. These

do not focus on insight for personal growth, but just focus on symptom reduction. The results may not last, but they are helpful for many people who might not be insightful enough for the therapies that rely on insight.

RD: Is psychoanalysis still thriving?

Bob: Psychoanalysis and psychodynamic psychotherapy is thriving and evolving. The division of Psychoanalysis is one of the largest in the American Psychological Association (APA).

APA also publishes a journal devoted to the science of psychoanalysis. Psychoanalysis has been greatly updated because of research. The Journal of the American Medical Association in 2008 published a review of the research on long-term psychoanalytic treatment.

They found that all short-term treatments work well for symptom reduction (anxiety and depression). But long term psychoanalytic treatment is able to go beyond just symptom reduction and help deal with the underlying problems and also increase mental capacities.

However, psychoanalytic researchers are humble. They often find that supportive psychotherapy is the best form of treatment for many people. In fact many studies showed surprising results that supportive psychotherapy for certain patients was better than most other forms of therapy. The needs of the patient determine the best therapy.

I have found that the psychodynamic treatments work best for people who are insightful. When the problems are mainly due to biology, supportive psychotherapy might be more effective. It always pays regardless of what treatment you use to be informed by psychodynamic theory. Patients like to be deeply understood.

RD: What is psychodynamic theory?

Bob: It is simply that all the parts of the personality exert a dynamic influence on each other. The whole of personality is not just the sum of cognitions, behaviors, emotions, memories, temperament, development, defenses, etc., but how they interact and conflict to produce problems. Psychoanalytic treatment help the parts become better integrated and work together so we get more out of life.

I have been trained in behaviorism, cognitive

behaviorism, family therapy and after all that I went for my psychoanalytic training and my own psychoanalysis. After 35 years of practice, I always use my psychodynamic knowledge to deeply understand my patients. Many of them have no idea that I am a psychoanalyst. I do whatever is best for the patient. But I can understand my patients better than other therapists who have little deep understanding of the human mind.

RD: Can analysis help an individual recover from a mood disorder so they no longer need medication? I stopped taking meds for bipolar disorder at age 58 and am symptom-free. A friend of mine who was diagnosed at 17 also became med-free in his late 50s. He gave as the reason "I never experienced intimacy with anyone in my life, not even my wife. I finally found someone who I could talk to and who understood me."

Bob: Psychodynamic treatments can be very effective for mood disorders. Many times psychodynamic psychotherapy is helpful since it not only works to decrease symptoms but also increase mental capacities. If the mental capacities are increased enough, there may no longer be a need for as much medication, or need for medication at all.

Sometimes a person's brain just matures over time and develops increased capacities. What are the mental capacities that are targeted by psychodynamic psychotherapy?

These include:

- Capacity for learning from experience,
- Capacity for healthy relationships,
- Quality of confidence and self-regard,
- Capacity to experience, regulate and communicate emotions,
- Capacity to use more healthy defense mechanisms such as using anticipation and humor instead of denial,
- Self-observing capacities (psychological mindedness)
- Capacity for internal standards and ideals.

The new Psychodynamic Psychodiagnostic Manual (PDM) goes into more detail about mental capacities. Psychoanalysts were never content to only look at just symptoms, but also capacities and how to improve them. Some people have had breakdowns in their youth, and over time built up more resiliency and emotional maturity. They might still have a biological tendency toward a mood disorder, but their increased capacities have helped keep their depressive tendencies in check - psychologically without medication.

RD: Do you have any theories of why some brains respond so turbulently to events (severe depression, anxiety, mania, hypomania, suicide attempts) rather than simply handling them in stride the way the average brain does.

Bob: Just as everyone has a different face, everyone has a different brain. My brain has learning disabilities in it, but it compensates and gives me great intuition and abstract reasoning. Some brains give us problems with mood regulations, but those brains also gave us our most creative and brilliant states people, artists and scientists.

We don't want people to suffer. Medications and psychotherapy are available to help alleviate suffering, not to make "normal" brains. I think many of the more biologically- based mental problems have a basis in evolutionary diversity. The group needs all kinds of brains for survival. Some are very emotional, others very rational, some very intuitive and others very concrete.

But put them together in a village and you get lots of valuable points of view and different problem-solving skills.

Studying psychoanalysis has given me a deep understanding of all levels of personality and an appreciation of different types of personality and brains.

RD: As a therapist, how do you keep from "burning out?"

Bob: There are several studies showing that many therapists burn out, except for psychoanalysts who understand countertransference. Countertransference is the therapist's personal emotional reaction to the patient. Countertransference

is normal. It can be a good measure of what is going on, as long as it does not interfere with the work of the patient.

Since countertransference is often an unconscious reaction it causes many therapists to make mistakes. That is why to become a psychoanalyst we must have our own psychoanalysis (4-5 days a week for at least 5 years with a training analyst). That way we know our countertransference. It is less likely to get in the way. We are less likely to burn out due to getting too triggered.

RD: In your book *I Love You Madly*, you are extremely revealing about your own feelings. Do any of your patients comment on this? How do they feel about knowing their therapist as a real person?

Bob: Actually, I don't think I was "extremely revealing," but after having an analysis I am much less defensive than most people and I may not realize how open I can seem to others. Actually, I could have been more revealing, but I tried to strike a middle ground. I wanted to show that everyone gets confused when they fall in love, even healthy psychoanalysts.

I don't think the book would have been honest without my personal struggles. But regardless of my emotions, I show how to use insight to solve problems. My patients use me as both a real and symbolic person. I cannot become too self-disclosing in a manner that interferes with whatever image they need me to be to work through their issues.

A patient might need to work through her issues with her hated father as was the case with Karen in the book. Reading that I am a caring person might interfere with her transference work in therapy. But such a patient will still see me as a prick as long as she needs to master her past.

I have many patients who tell me how much they hated me in the beginning of treatment. They thank me for tolerating their hate and now they are able to tolerate their own affects much better. Healthier patients see me as coming out of the conflict (described in my book) using insight and see me modeling maturity.

I think there is a stereotype of the opaque analyst. Certainly, we do try to keep our private lives from getting in the way of treatment. But that

does not mean that we can't share parts of ourselves, as long as the sharing furthers the treatment and is not a narcissistic indulgence. Self-disclosure can really help the therapeutic relationship as long as it is to deepen the work.

*Slightly modified for clarity.