



Promoting the Integration of Psychodynamic and Emotion-Focused Psychotherapies Through Advances in Affective Science and Neuroscience

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Abstract

Psychodynamic psychotherapy (PDT) and emotion-focused therapy (EFT) have much in common and much to offer one another. Yet, their differing theoretical foundations create challenges when attempting to integrate the two. PDT is founded on concepts such as the dynamic unconscious, defenses, a developmental perspective and recurrent patterns including transference that are not included in EFT theory. By contrast, EFT is founded on basic affective science rather than clinical observations, a focus on experiencing affect fully rather than simply overcoming defenses and an emphasis on gestalt methods such as 2-chair work rather than working mainly within the experiential field of the therapeutic dyad. If one were to aim for a more balanced integration key psychodynamic concepts would need to be reconceptualized in more empirically-tractable terms and concepts. The central thesis of this paper is that psychodynamic concepts could have broader and more generalized application and potential for integration with other modalities if they were updated in light of advances in affective science and neuroscience. Specific core concepts addressed in this way include unconscious processes, development, conflicts, defenses and the mechanisms of therapeutic change. These conceptual refinements highlight the importance of observable behavior, emotional experiencing and learning in defining the nature of clinical problems and their treatment.

Keywords Psychodynamic psychotherapy · Emotion-focused psychotherapy · Affective science · Neuroscience · Integration · Mechanisms of change

Introduction

In 2015 my coauthors and I published a paper in a leading neuroscience journal in which we proposed that all psychotherapies that induce enduring change do so through a common brain mechanism involving the reconsolidation of emotional memories (Lane et al. 2015a). This proposal was based on the discovery in the past two decades that memory is not permanent but rather can be updated or transformed through a process called reconsolidation (Else et al. 2018). The core concept is that whenever memories are recalled they become labile and available for transformation or updating by incorporating information that becomes available while the memories are in the labile state. Drawing upon

evidence that emotional arousal and emotion processing are important ingredients in the change process, we proposed that old painful memories can be updated if new emotional experiences occur in therapy while these old memories are reactivated. Since memories are a record of the past as well as a guide to the future (Solms 2015), the ability to transform memories in this way constitutes a way to alter future construals, decision making and experiences in situations that were previously problematic. As this mechanism is thought to apply to many different psychotherapy modalities, it naturally raises the question of whether it may provide a way to bridge different approaches. In this paper we explore the integration of psychodynamic (PDT) and emotion-focused (EFT) psychotherapies informed by advances in affective science and neuroscience.

In another recent paper, my colleagues and I described a treatment manual for anxiety disorders that involved an integration of EFT techniques with PDT (Beutel et al. 2019). This paper and treatment approach arose based on the view that while PDT was a fundamentally sound treatment

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method in this context, EFT added more focused engagement of emotional experience and emotion processing that could help overcome the emotional avoidance thought to play an important role in the perpetuation of anxiety symptoms (Barlow et al. 2017). In writing that paper, it became apparent that PDT was being used as the foundational theoretical and technical approach and that EFT techniques were added to it. Although this approach is viable and has value, it did not directly address some of the potential incompatibilities between the approaches. For example, PDT highlights the phenomenon of recurrent maladaptive patterns that includes working directly in the transference relationship with the therapist (Brenner 1974). EFT does not address recurrent maladaptive patterns per se and does not seek to help clients understand how their current feelings for the therapist are in part determined by experiences from the past. This observation raised the question of whether a theoretical foundation could be established that would enable an alternative integration consisting, for example, of the addition of elements of PDT to a foundational EFT approach.

One starting point in considering such an approach is that EFT is a therapeutic technique emanating from the gestalt tradition that is anchored in basic affective science, a field that has grown substantially over the past five decades (Greenberg 2002). By contrast, PDT is over a century old, has evolved over time into a number of different schools of thought (McWilliams 2011), and traditionally relies more on practice-based evidence rather than experience-distant objective observations (Bornstein 2001). Nevertheless, there is growing interest in some circles in using modern neuroscience to update basic psychodynamic concepts, consistent with Freud's long-held belief that neuroscience was the proper basis for understanding how the mind works (Freud 1895, 1920). With that idea as a guide, I review five foundational concepts of PDT including unconscious processes, development, conflict, defenses, and mechanisms of change from the perspective of affective science and neuroscience. By addressing these concepts in terms consistent with the theoretical foundations of both EFT and PDT, a more unified integration may be possible.

Unconscious Processes

The classical view within PDT is that the unconscious is an entity or place in the mind where forbidden sexual and aggressive impulses reside. According to this view, these impulses are constantly pressing for discharge and are kept under wraps and excluded from conscious awareness by defensive processes that are themselves unconscious, such as repression. As such, the focus is on unconscious affects and impulses that are dangerous because they threaten to

overwhelm a person's coping capacities, unless controlled by defenses (Brenner 1974).

In general, there has been a revolution within cognitive neuroscience during the past 40 years that holds that almost all of cognition is unconscious and that conscious experience and awareness is the tip of the cognitive iceberg (Bargh and Morsella 2008; Gazzaniga 1998). Moreover, several groups including ours have marshalled arguments to propose that emotion can similarly be understood within this framework and that the vast majority of affective bodily responses are indeed unconscious or implicit in the sense of not being consciously experienced and recognized/understood as specific emotional feelings (Smith and Lane 2016). This is consistent with the view that conscious awareness is a limited resource and that conscious awareness of emotion requires the active construction of emotional experience, i.e. differentiated emotional feelings do not happen automatically whenever emotion is activated but must be constructed by conceptualizing the meaning of bodily responses (Barrett 2017). This view is contrasted with another theory of emotion that holds that affect is always conscious except when kept out of awareness by defenses (Solms 2013; see Panksepp et al. 2017 for a detailed comparison and contrast of the two approaches).

One variety of implicit emotion involves affective responses in the body that are not recognized as such—or more specifically, automatic visceromotor (autonomic, endocrine, immune) and somatomotor (facial expressions, postures, gestures, procedures and scripts) responses that can be felt in the absence of conscious awareness that these responses/bodily feelings correspond to specific emotions (e.g., feeling an increase in muscle tension, but failing to recognize that this response reflects an emotion such as anxiety, Lane et al. 2015b). This fits with the notion that affective responses reflect the typically unconscious evaluation (“appraisal”) of the extent to which needs, goals and values are met in interaction with the environment, leading to adjustments in one's physiology, behavior or action tendencies, cognition and experience in response to changes in that interaction (Levenson 1994). Visceromotor processes and somatomotor responses are related in that the visceromotor processes provide the metabolic support for the motor actions. This is what we believe is happening, at least part of the time, when affective responses are unconsciously generated. Importantly, such evaluations in how the self is doing in interaction with the environment are continuously generated, and thus affective states are in constant dynamic interaction with the internal and external circumstances of the moment. Conscious awareness of emotion, on the other hand, requires both (1) that the felt bodily expressions of emotion are conceptualized/represented as discrete emotions (e.g., inferring that a fast heart rate corresponds to fear in one context but to excitement in another) (Barrett 2017), and

(2) that those discrete emotion representations then successfully compete for conscious access (Dehaene 2014).

This view is fundamentally different from a traditional Freudian perspective in that unconscious processes are now recognized as fundamentally adaptive, operating continuously to help navigate the world (Bargh and Morsella 2008), as opposed to fundamentally dangerous and forbidden. This shift from danger to utility is quite important for purposes of integration, as avoidance behavior is central to the persistence of affective distress (Barlow et al. 2017) and is highly consistent with the need for actively approaching and eliciting emotional experience in EFT (Greenberg 2002).

Development

Freud was revolutionary in pointing out the importance of childhood development and the role of developmental arrests in determining the origins of adult psychopathology (Gabbard 2017). His focus was on stages of psychosexual development that can be broadly categorized into primary narcissism (one-person psychology), pre-Oedipal (two-person psychology) and Oedipal (three-person psychology) phases of development. Object relations, including notions about the development of self and object representations and the separation-individuation process (Mahler et al. 2000) have been very helpful in understanding the origin of borderline, narcissistic and other personality disorders (McWilliams 2011). The focus on childhood development has been supplemented by neo-Freudian writers such as Erikson (1993), Levinson (1978) and Blatt (2008) who recognized that developmental trajectories are altered by adverse childhood circumstances such as trauma or neglect and that development continues throughout the lifespan.

One important difference between PDT and EFT is that EFT focuses more on factors that maintain current difficulties and emphasizes the experiencing and processing of emotion in the moment rather than the construction of a narrative of what transpired in childhood that could explain problems in adulthood. Nevertheless, it is helpful to consider how a focus on experiencing of emotion in EFT can be understood from a developmental perspective.

Lane and Schwartz (1987) proposed that an individual's ability to recognize and describe emotion in oneself and others, called emotional awareness, is a cognitive skill that undergoes a developmental process similar to that which Piaget described for cognition in general (Piaget 1937). A fundamental tenet of this model is that individual differences in emotional awareness reflect variations in the degree of differentiation and integration of the schemata (higher order knowledge structures) used to process emotional information, whether that information comes from the external world or the internal world through

introspection. Emotional awareness is considered to be a separate line of cognitive development that may proceed somewhat independently from other domains of cognition (Lane and Schwartz 1987; Lane and Pollerman 2002).

The model posits five “levels of emotional awareness” that share the structural characteristics of Piaget's stages of cognitive development and constitute a continuum ranging from global undifferentiated to more differentiated and integrated states (Piaget 1937). The levels of emotional awareness in ascending order are awareness of physical sensations, action tendencies, single emotions, blends of emotion, and blends of blends of emotional experience. Each level is associated with specific characteristics including the subjective quality of emotional experience, the degree of differentiation of emotion, the ability to describe emotion, the degree of self-other differentiation and the capacity for empathy (Lane and Schwartz 1987). Importantly, levels 1 and 2, which are the bodily foundation of emotional responses, are considered implicit whereas levels 3 through 5 are explicit. Progression through the levels therefore captures the transition from implicit to explicit emotion processing.

The levels are aligned in a nested hierarchy such that functioning at each level adds to and modifies the functioning of previous levels but does not eliminate them (Lane 2000). For example, blends of emotion (Level 4 experiences), compared to action tendencies (Level 2 experiences), are associated with more differentiated representations of somatic sensations (Level 1) (Lane et al. 2011). The five levels, therefore, describe the cognitive organization or complexity of emotional experience as manifested in the description of one's experiences, not simply one's thoughts about or appraisal of one's emotions. Importantly, the levels describe momentary states as well as a trait to the extent that individuals typically function at or a near a particular level (Versluis et al. 2018).

In contrast to a psychodynamic conception of the dynamic unconscious in which emotions are held in abeyance by defenses and become conscious when defenses are overcome, the five levels may be thought of as a descriptive framework that captures the conscious manifestations of the interaction between emotion and defenses and thus the structural organization of whatever a person can consciously experience emotionally at any given moment. This theoretical framework is supported by a reliable and valid measure of the structural organization of state and trait emotional experience called the Levels of Emotional Awareness Scale (Lane et al. 1990). Given that PDT and EFT both aim to promote emotional awareness but EFT deemphasizes the concept of defense, this provides a bridging framework that is grounded in neurobiology (Lane and Garfield 2005; Lane et al. 2015b) and is applicable to both modalities.

Conflicts

Conflicts are the fundamental basis of psychopathology in classic psychodynamic theory (Gabbard 2017; McWilliams 2011; Malan 1995; Brenner 1974) and can occur between drives, between mental agencies (e.g., id, ego, superego) or between wishes and reality. Classically this involved having sexual or aggressive urges of which the person was unaware, but these urges nevertheless were thought to remain active and result in compromise formations or symptoms. Examples include the classic oedipal conflict that entailed loving and murderous feelings toward the same-sex parent; the feelings or impulses, if translated into action, were unacceptable to the person, the other people involved and to society at large, and therefore needed to be banished from consciousness. The conflict was thought to be the basis for self-defeating behavior that was believed to be due to unconscious guilt and resulted, for example, in a failure to reach one's potential occupationally (Lane 2020).

From a biological and evolutionary perspective, humans (like all species) are first of all individuals who must survive in order to procreate. Success as individuals requires agency and the ability to compete effectively, which often means defeating others (survival of the fittest). Since those same motivations apply to everyone else as well, and each person is unique, conflict between people is inevitable.

A second source of conflict is that human beings are simultaneously social creatures who strive for intimacy and connection. Affiliative tendencies are inborn, and are the basis for attachment relationships (Bowlby 1973). Our goals as individuals and our goals as social creatures seeking connection will at times conflict (Blatt 2008). It is hard to conceive of success in any domain without integrating agency and affiliation, and yet such integration (and associated success) is difficult.

The dual nature of humans, as individuals and as social creatures, has important implications. In terms of personality development, Blatt (2008) argues that the major goals of personality development are (1) promoting self-definition and self-actualization (agency) and (2) promoting relatedness and the capacity for intimate attachment (communion). These two dimensions may be conceptualized as differentiation (self-actualization) and integration (attachment to others) at the person level.

These two dimensions are also inter-related in that throughout the course of development progress on one dimension requires successful interaction and engagement with the other. It is notable that the highest level of emotional awareness is associated with the ability to be aware of complex feelings of one's own and those of another person at the same time (level 5 or "blends of blends").

In general, development of emotional awareness typically advances as the goals of self-actualization and intimacy are pursued.

As human beings we are required to balance these two agendas of agency and affiliation all the time, and our ability to do so requires ongoing growth and development. This perspective has the advantage of being compatible with more fine-grained concepts of intra-psychic and inter-personal conflicts without requiring reliance on hypothetical mental agencies such as id, ego and superego that are foundational to classic psychodynamic theory but have no counterpart in other approaches such as EFT.

Defenses

As noted above, a foundational theory that may be the bedrock of psychoanalysis is that forbidden impulses, urges and wishes are held in abeyance in the unconscious due to defenses (Brenner 1974; McWilliams 2011; Cabaniss 2016). These defenses classically include repression most prominently but also include projection, displacement, reaction formation, isolation of affect and sublimation as well as more primitive defenses such as splitting, projective identification and dissociation. A fundamental technical concept is that in the conduct of PDT it is important to address defense first, i.e. to address what gets in the way of thought or feeling, before getting to the thought or feeling itself (Malan 1995).

As with other core constructs in PDT, a slight adjustment in the conceptualization of defense may facilitate integration with other modalities. One such adjustment is expanding the scope of the definition of defense. It is recognized within the psychodynamic literature, for example, that any thought or behavior can serve a defensive function (Brenner 1974). Thus, expanding the conceptualization of defense to include any avoidance behavior that interferes with the experiencing of affect would be consistent with the opinions of respected theorists such as Brenner, and would permit building bridges to therapists using other modalities who view affect avoidance as a major issue (Barlow et al. 2017).

A second adjustment is to propose that although it is necessary for defenses or other avoidance behaviors to be dismantled, inactivated or bypassed if they interfere with the experiencing of affect, this will not always be necessary. An alternative viable strategy may be to only address defense or avoidance behavior if it appears to be the reason for difficulty in experiencing affect only after attempting to promote expression of affect. For example, Greenberg encourages clients in EFT to experience affects as fully as possible first and only addresses what gets in the way and how clients keep themselves from feeling if there is a problem in doing so (Greenberg and Watson 2006). Encouraging

the experiencing, expression and processing of affect without always addressing defenses first likely increases the frequency and intensity of such authentic affective experiences in therapy.

Another reason that overcoming defenses may not be essential is that when trauma occurs the affect is often unformulated in the sense that it was not conceptualized, experienced or understood at the time (Stern 2013). Revisiting the trauma in the safety of therapy through hindsight makes it possible to consider meanings of the original context and therefore feelings that were not previously possible. For example, fear may have been experienced at the time of the trauma but anger might not have been possible until it was formulated and experienced later in life in a safer context. Until that safer context became available the anger did not exist (i.e. it was not fully formulated and held in abeyance due to defense) (Lane et al. 2015a). Moreover, unbearable experiences in childhood due to trauma, neglect or other repeated undesirable circumstance can lead a child to avoid similar experiences again at all costs because of their intensity and aversive nature (Lane 2020). For example, a child may learn to not consciously experience wanting or needing love because the acknowledgement of that need could lead to unbearable feelings of unfulfilled longing and hurt.

This strategy has a major influence on the trajectory of development, as a pattern of avoidance and constriction of adaptive behavior sets in that can continue into adulthood and can be associated with limitations in emotional awareness. What was highly adaptive in the family of origin, permitting survival in a psychological and perhaps biological sense, the maintenance of key attachment relationships and the minimization of distress, can be maladaptive as an adult after leaving the family of origin.

This could mean that when typical defensive or coping behaviors that serve an avoidance function are compromised or no longer available to a person, distress may increase. This may be a common context in explaining why a client decides to come to therapy when they do. This may also serve to illustrate the additional element—one may call it a deficit—that explains why some conflicts tend to remain unresolved and the associated defenses tend to stay intact (Lane 2020).

Mechanisms of Change

Classic notions of how treatment works in PDT are that it involves making the unconscious conscious, promotes insight and understanding through work in the transference relationship about the previously unconscious motivations leading to recurrent problems, and works through alternative approaches to problems based on a better, conscious command of the issues (Malan 1995; Brenner 1974). Newer

approaches such as the relational school in PDT place less emphasis on interpretations, put much more emphasis on experiences in interaction with the therapist, and view the therapy as taking place in the inter-subjective emotional field between client and therapist, as opposed to within the client's mind only (McWilliams 2011; Safran 2012; Mitchell 1988).

As noted in the 2015 article (Lane et al. 2015a), the core process of enduring change is hypothesized to involve the reconsolidation of emotional memories and consists of three components. The first is activating the old problematic memory and experiencing the associated painful emotions. While those old memories and old feelings are activated, the second component is to have corrective emotional experiences, which can provide new input that can alter the old memories through reconsolidation. The third component is reinforcing the updated memories by practicing a new way of behaving and experiencing the world in a variety of contexts.

This perspective helps to explain why affective experiencing is an essential ingredient of enduring change in psychotherapy. The treatment situation and the therapeutic alliance are designed to create a new context of support, encouragement and positive regard. When the therapist responds in an unexpectedly positive way, this induces a felt experience in the client that is particularly memorable (Stern 2004). Similarly, if a client experiences primary adaptive emotion in the context of a 2-chair dialogue, that too can constitute a corrective emotional experience that updates memories. Just as affective experience itself constitutes an overcoming of the avoidance behavior or defense, another reason why affect needs to be experienced in therapy is that affect is a particularly potent way of updating the old problematic memory associated with intolerable affective distress (Schwabe et al. 2012).

The third ingredient in therapeutic change is the working through process conceptualized as converting episodic memories (unique personal experiences) into semantic memories (generalized knowledge that transcends specific contexts). By having a series of episodic experiences both in and outside the therapy, the anticipated associations between situations and anticipated affective responses of self and other are updated. Having such experiences outside therapy is essential as the range of situations to which the new set of expectations needs to be applied is quite large. Altered memories influence how various situations are construed and the changing construals alter the emotions that are experienced. As such, the end result is that the therapy “changes emotion with emotion” (Greenberg 2002).

New ways of interacting with others that follow from the experiences in therapy need to be developed that constitute more adaptive behavior and potentially enable more gratification in interpersonal relationships, but also involve greater openness to the possibility of experiencing previously

intolerable emotions and to further expand one's emotion repertoire. As these new behaviors come to be associated with positive interpersonal experiences, they are reinforced and tend to be repeated, and over time they can become more automatic.

Discussion

While it is estimated that there may be hundreds of different kinds of psychotherapy, researchers have sought to identify the essential and potentially more universal ingredients that make treatment successful. Common factors such as a strong therapeutic alliance, empathy, warmth and a non-judgmental stance all seem to contribute to success (McAlevey and Castonguay 2015). More recently, attention has been directed to whether there are core mechanisms of change that transcend modalities. In this context, by addressing underlying neurobiology rather than psychological factors and behavior per se, a unifying approach can be envisioned that links modalities that differ in theoretical backgrounds and treatment techniques.

The question then arises whether it is possible to draw upon the particular features of one modality to enhance the strength of another. In the case of PDT, EFT offers empirically supported approaches in working with emotions that can potentially enhance PDT in specific contexts such as the treatment of anxiety disorders (Beutel et al. 2019). In considering how PDT could potentially strengthen EFT, it seemed necessary to reframe core psychodynamic concepts in more empirically tractable terms to be more consistent with the theoretical foundation of EFT. In the current context, core concepts of PDT including unconscious processes, development, conflict, defenses and mechanisms of change were reassessed in light of current understanding in affective science and neuroscience. Having reframed some of the core theoretical concepts of PDT in this way, we now turn to a specific discussion of how EFT and PDT could benefit each other.

A core feature of PDT that is not emphasized in EFT is the concept of recurrent maladaptive patterns (Lane 2020). Typically associated with 'character pathology' (i.e., personality disorders), they highlight the remarkable correspondences frequently observed between relationship patterns in a person's family of origin, their current adult relationships and the transference relationship with the therapist. Although these patterns are a major reason for focusing on the transference relationship with the therapist in PDT, there can be substantial benefits to the EFT therapist in recognizing these patterns, even if such recognition does not lead to work within the transference. For example, recognition of when the pattern is being played out in other relationships could potentially serve as a marker for 2-chair work.

Understanding these patterns can provide guidance to the therapist about what emotions may require special attention and can provide clues to the therapist about the kinds of corrective emotional experiences that are most likely to be helpful. In addition, identification of the patterns can also facilitate the construction of a developmental narrative that some clients may find helpful. Depending upon the school of PDT being referenced, mentalization of the thoughts and feelings of others may facilitate empathy and conflict resolution.

Another example of how PDT can benefit EFT pertains to the goal of enabling clients to better tolerate painful emotion, a core goal of EFT. In EFT the therapist is encouraged to be warm, facilitative and above all empathic. Yet, the arena for therapeutic action is thought to be primarily within the client (e.g. "changing emotion with emotion," the dialectical construction of the self), although a safe and secure therapeutic alliance is essential (Greenberg 2014). A key aspect of EFT is processing emotion with "mindful awareness," consisting of attention, symbolization, congruence, acceptance, regulation and differentiation (Greenberg and Goldman in press), which together promote the ability to experience and accept painful emotions that have been problematic. PDT adds to this by highlighting the relational aspect of the therapeutic alliance and corrective emotional experiences and the impact these have on the mental representation of important others. As discussed elsewhere (Lane 2020), corrective emotional experiences have the effect of updating the schematic memories that are the building blocks of the client's internal working model of their social world. In the psychodynamic (specifically self psychological) literature this is described as the introjection and integration of the therapist as a soothing selfobject, thus improving the client's capacity to bear painful emotion (Kohut 1971; Stern 1985). Therefore, even though EFT therapists do not intentionally work within the transference relationship, the relational and developmental PDT perspective deepens understanding of how EFT interventions work. It also highlights how interventions in EFT may influence the client's future expectations about how important others will act and feel in prototypical romantic, family or friendship situations and contributes to an expansion and increased flexibility in the client's response repertoire.

For the PDT therapist, EFT highlights the importance of experiencing feelings fully and extracting from any given experience an understanding of what the feelings indicate that the client needs. Another core principle of EFT is that the goal is to feel feelings rather than talk about them in an intellectual manner without feeling them. In many cases of PDT it takes some time for transference feelings to develop and in some cases this happens rarely or never. Techniques such as 2-chair work provide a wealth of opportunities to activate and rework relevant emotions that link

self and object representations as a core element of recurrent maladaptive patterns. Feelings constitute the core of the self (Greenberg 2002) so that activating, experiencing and reflecting upon feelings contribute to self-actualization and the capacity for attachment and intimacy. EFT also offers a variety of techniques such as “focusing” to help clients get in touch with and feel the bodily origin of their feelings (Gendlin 1982) if they are overly intellectualized as well as offering active emotion regulation techniques such as self-soothing when emotion is aroused excessively. The principle of “changing emotion with emotion” can be quite powerful when coordinated with a focus on reconsolidation of emotional memories.

Active interventions such as these may be at odds with the stance of attentive waiting or relative abstinence if the goal is to use the therapy relationship as a mirror in the hope that transference feelings will emerge. If that is the case a PDT therapist may prefer to stay with traditional psychodynamic technique. If the therapy does not progress or stagnates after review or consultation with colleagues, however, techniques such as those listed above may reignite the therapy, and the client’s feelings about the therapist’s active interventions can be explored.

Interventions such as those described above, if successful, will likely alter the nature of the schemata that constitute the client’s internal working model of their social world. This has important implications for the client’s major relationships, as the choice of romantic or marital partners is often made based on relational patterns that were established in the family of origin. For some clients progress in individual therapy may be impeded by long-established patterns of communication and behavior with the spouse. Under such circumstances couples therapy may be needed to enable change on an individual basis. To the extent that individual therapy has succeeded in enhancing a client’s capacity for self-actualization and intimacy, couples and/or family therapy may be needed to reconfigure the relationship so that individual growth can be maintained without sacrificing or disrupting marital or family relationships. As such this perspective is applicable to some of the varied roles that clinical social workers encounter.

In conclusion, a reinterpretation of core elements of PDT based on affective science and neuroscience renders these concepts more empirically tractable and thus more understandable and usable by clinicians trained in other psychotherapy techniques such as EFT. If standard application of traditional techniques are working well there is no need to change how the therapy is conducted but if progress is stalled some judicious cross-fertilization of ideas and techniques from other psychotherapy modalities may be beneficial for the client. An updated conceptualization of core psychodynamic principles may enable insights developed over the past century to be incorporated into psychotherapy

approaches that are based on very different theoretical foundations as well as the possibility of adapting PDT technique to the needs of a particular client when clinically indicated.

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