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Book Review

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BOOK REVIEW

AN EXTRAORDINARY UNDERSTANDING

INDIVIDUAL PSYCHOTHERAPY AND THE SCIENCE OF PSYCHODYNAMICS

David H. Malan, D.M., FRC Psych

London: Butterworth, 1979

275 pp., \$24.95

JOHN MATT DORN, M.D.

Individual Psychotherapy and the Science of Psychodynamics begins with "a very ordinary and everyday story" about a woman who becomes depressed when she and her male traveling companion are joined by her girlfriend. After pouring out her intense feelings of jealousy to her two companions, the woman's depression lifts. Moreover, she is said to have thereafter been able to relate to groups of people in a new way, "no longer as an outsider, but as a participant."

This story exemplifies Malan's style and orientation. He presents us with examples of behavior whose meanings clearly illustrate the points he makes. Because these examples are so accessible, Malan's observations about them seem to be drawn more from common sense than abstract theory. In the initial chapter, he uses the story of the jealous woman to introduce the elementary principles of dynamic theory, including the idea that neurotic behavior results from unconscious conflicts. That we are chiefly unaware of these conflicts is essential to the understanding of the role of the dynamic psychotherapist, whose task is to promote insight through interpretation of our neurotic behavior.

In the initial example, Malan focuses attention on the two aspects of dynamic theory that he deals with most effectively: the often triangular nature of unconscious conflicts, the paradigm for which is the Oedipus complex, and the prevalent use of neurotic defenses against the expression of unacceptable aggressive impulses and feelings.

The triangle is used by Malan not simply in reference to the Oedipus complex, but as a diagram to explain the tenets of dynamic psychotherapy. To be specific, Malan describes two triangles: the "triangle of conflict," which consists of Hidden Feeling (or Impulse), Anxiety, and Defense; and the "triangle of person," which consists of Parent,

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Other (or Current), and Transference. Malan feels that these two triangles can be used "to represent almost every intervention the therapist makes, and that much of a therapist's skill consists of knowing which parts of a triangle to include in his interpretation at any given moment.

Malan also emphasizes the neurotic consequences of unexpressed aggression. He suggests that these feelings and impulses are repressed out of the fear that "expression of aggressive feelings will lead to disastrous consequences, such as ultimate rejection or the destruction of relationships." Paradoxically, the avoidance of the expression of these aggressive feelings and impulses is:

often extremely destructive both to the individual and his environment, since they have many consequences that just go on forever, until the true expression of the original feelings can be reached. These consequences include permanent loss of spontaneity, creativeness, and efficiency; the development of symptoms such as phobias through which other people's lives are controlled and restricted; sexual symptoms such as impotence and frigidity, which result in the permanent stunting of the emotional life of the marital partner; and in general, vicious circles with other people leading to the permanent poisoning of relationships.

The therapists's task, as Malan suggests in the preceding, is to promote the expression of the original feeling, and therefore help the patient attain "a state of enlightened self-interest through the ability to express *effective anger* or *aggression* and *constructive self-assertion*."

Beyond the initial example, Malan tells nine other stories whose meanings are intertwined throughout the remainder of the book. Again, the strength of these stories lies in their accessibility. Malan uses these stories as springboards for his exposition of dynamic theory. It is to Malan's credit that this increases our understanding without ever overwhelming us. Malan himself seems well aware of this possibility when he writes, "Yet it seems the questions will never end."

Among the nine stories that Malan tells is the following:

One evening a mother came into her little girl's bedroom, to find the walls smeared with feces. Though revolted, she did not scold her daughter and simply cleaned it all up. The next day the girl accidentally upset the sugar, and the mother completely lost control and hit her.

The author makes us aware of the connection between the mother's two reactions by their proximity in the narrative. In somewhat the same way, the therapist makes these connections for the patient. In this brief example, we can see the *repressed impulse* (to punish the daughter) *displaced* upon a separate incident where the sugar has the *symbolic* meaning of feces. This interpretation is disarmingly straightforward because the connection between the mother's reactions is so obvious.

In therapy a patient's ability to make these associations is often less dramatic. Indeed, a patient's associations between events may often seem more irrelevant than helpful. Malan proposes, however, that it is their apparent irrelevance that makes a

patient's associations of value to the dynamic psychotherapist. According to dynamic theory, our associations are influenced by our unconscious conflicts. Malan describes the unconscious, using Freud's definition, as the mechanism by which "the significance of the memory (though not the memory itself) was kept out of conscious awareness by repressing forces whose function was to avoid pain." This is the theoretical basis for the use of free association in psychoanalysis. In this context, a patient's associations always represent a "compromise between the repressed and the repressing forces," and serve the function of being both expressive and defensive. An example of this given by Malan is that of a man in the hospital who on the day prior to discharge suddenly begins talking about the good service he and his wife enjoyed when they recently ate out. Implicit in this apparent non sequitur is this patient's gratitude for the treatment he had received in the hospital. For whatever reason, to have expressed this directly would have been too threatening for this patient, who nonetheless thanks his caretaker using an unconscious communication. The correctness and usefulness of this interpretation is shown when this patient's caretaker says to him, "I think you're trying to thank me for giving you good service." After this, the patient becomes tearful and openly thanks his caretaker. Their final parting, Malan writes, "was on a note of great warmth."

The patient's reaction to his caretaker's interpretation is an example of what Malan calls a *deepening of rapport*. Malan defines rapport as "the degree of emotional contact between the patient and the therapist." Furthermore, he suggests that rapport is the barometer by which the appropriateness of an interpretation should be measured. An appropriate interpretation, Malan believes, should be accompanied by a deepening of rapport. He goes on to say that this, "together with the direct confirmation contained in what the patient said, is as near as one can ever get to scientific proof that the . . . interpretation was correct."

In the preceding example, Malan also introduces the concept of *transference*, one of the dynamic psychotherapist's most useful tools in unraveling a patient's unconscious conflicts. As defined by Malan, transference refers to the transfer of feelings towards others onto the therapist. Malan categorizes the people towards whom these feelings are directed as being "those in the original family and those outside of it." These two groups, along with the therapist, constitute the "triangle of person" described earlier. This triangle, derived from Menninger's "triangle of insight," is meant to represent how the transference can be used to interpret a patient's neurotic behavior.

Throughout the book, Malan makes reference to the "triangle of person," just as he does the "triangle of conflict." Using these and other elementary principles set forth in the early chapters, Malan increases our dynamic awareness through a wealth of increasingly complex clinical material. Again, Malan seems sympathetic to the plight of the reader (and the therapist) who must sort through a sometimes bewildering assortment of associations to find those that are most useful to the patient.

Malan's theories are based heavily on those developed by Freud, although he belittles a dogmatic approach to the understanding of psychosexual development. This approach is refreshingly open-minded compared to the Biblical vehemence with which the oral, anal, and genital stages are sometimes taught. Perhaps Malan's own belief

about development is best represented by his comment that "what matters is not so much parts of the body, but—in more or less random order—love, hate, security, separation, loss, frustration, anger, grief, concern, guilt, need, demand, giving and receiving, and the ways in which these aspects of his relation to the mother develop and interact."

Other than Freud, Malan seems most heavily influenced by the theories of D. W. Winnicott, whose creative approaches to therapy can be found throughout. An example of this is Winnicott's assertion that "the function of the therapist was not to *succeed* but to *fail*." By this, Winnicott (and Malan) mean that with some patients a therapist must inevitably fail the patient in his role as a substitute parent, "then share with them and help them work through their feelings about his failure."

The book's accessibility is achieved at times through an oversimplification of the principles he discusses. This is less noticeable in the beginning, where the concepts Malan describes are more general in nature. As the clinical material increases in complexity, however, the simplistic nature of Malan's observations become more obvious. For example, he writes: "In depressive patients it is usually the 'positive' feelings that appear on the surface, and the therapist needs to reach the aggression. In borderline patients it is usually the other way round." While Malan may be essentially correct, these generalizations promote an understanding of such complex entities as the borderline patient that is misleading and imprecise. The concluding chapters in Malan's book, in which he discusses the assessment of patients for psychotherapy, also represent an overextension of the principles described. This topic is ill-suited to the general level of this book and could be more successfully treated in a separate treatise.

Malan's simplicity notwithstanding, he clearly conveys the essence of dynamic psychotherapy, "the thing itself," as Auden said. While this book will be of greatest interest to beginning therapists, I recommend it to anyone who seeks a more profound understanding of human behavior.