

USING PSYCHODYNAMIC PRINCIPLES IN FORMULATION

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Further reading

Psychodynamic Psychiatry in Clinical Practice

Glen Gabbard

4th edition 2005

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What is a formulation?

How is it useful?

Are there drawbacks to using formulations in psychiatric care?

What is a formulation?

- A hypothesis or working model
- Looking for meaning
- Aims to explain the client's symptoms and behaviour in the context of their life experience
- Can be the basis for care plans, risk assessment and prognosis, as well as for psychotherapy

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What is a psychodynamic formulation?

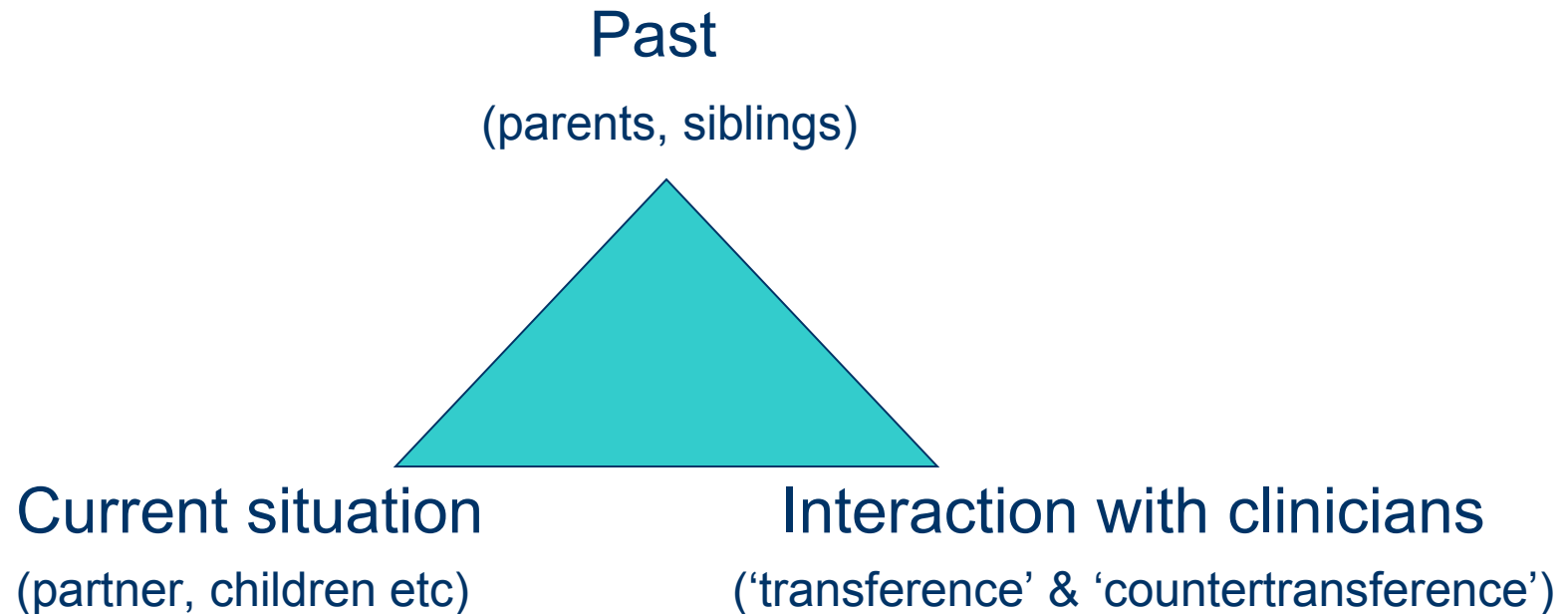
Psychodynamic formulation

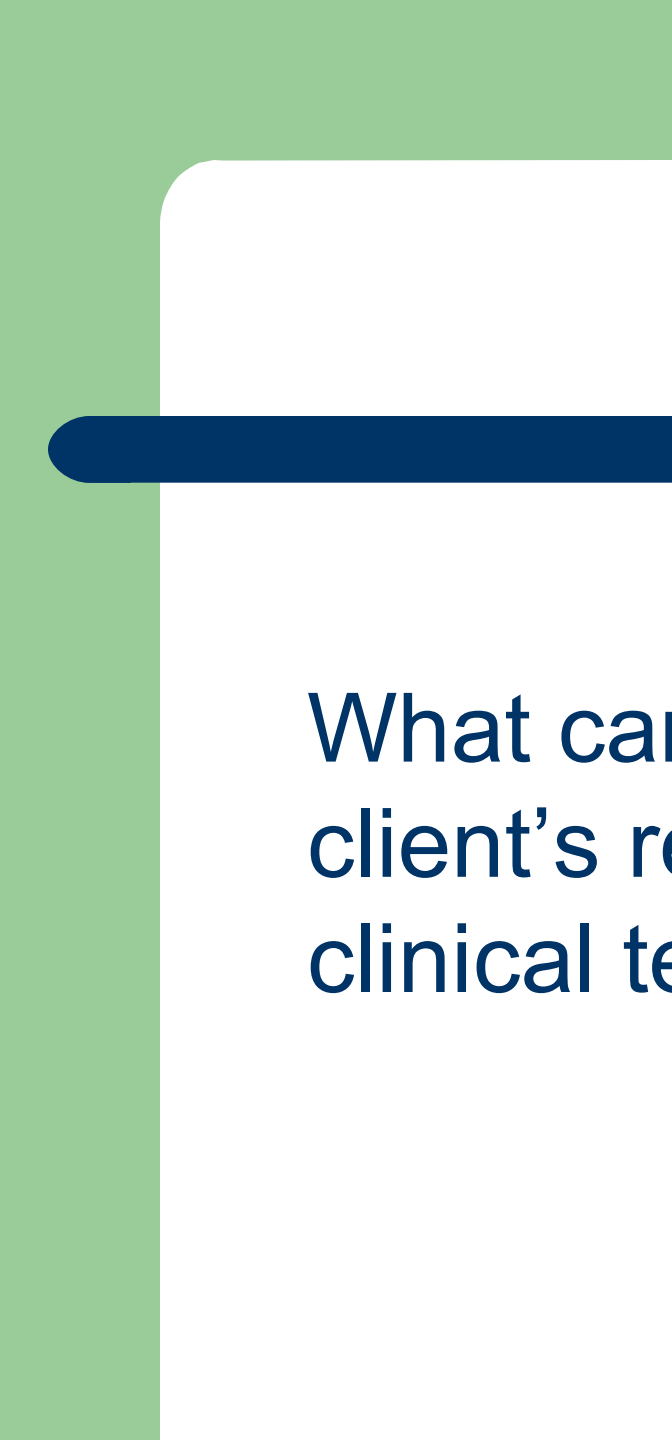
- Looking for meaning
- Constructing a narrative
- Focus on:
 - What is the internal working model of relationships?
 - What are the defence mechanisms?
 - What is the attachment pattern?
 - Unconscious as well as conscious phenomena
- Patterns in relationships with professionals [or therapist] seen as an integral part of the formulation

Internal working model of relationships

- 'object relationships'
- Most easily represented by the Triangle of Person/Insight (Malan)

Triangle of Person



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What can we learn from the client's relationships with the clinical team?

What do relationships with clinicians tell us?

- The more disturbed and contradictory the client's internal working models are, the more they will need to 'externalise' them into the environment
- It is as if parts of the client's psychological make-up are distributed among the clinical team

What do relationships with clinicians tell us?

- The client 'splits' the different aspects of themselves (e.g. bully vs. victim) and shows them to different staff members
- This elicits different feelings and behaviour in the people involved and tends to 'split' the team in turn
- Developing a shared formulation can help to understand this process and help the client to feel less split

Questions to ask about internal working models

- What old object relationship is being repeated?
- Which of the roles in that relationship is the patient enacting?
- Is it his role or that of the other, or both?
- Is the patient behaving like the person he was? He wished to be in his parents' eyes? They wanted him to be? They were? He wished they were?
- What early passive experiences are being repeated actively?

Pine 1990

Freud's models of the mind

- The 'topographical model' divides the mind in Conscious and Unconscious

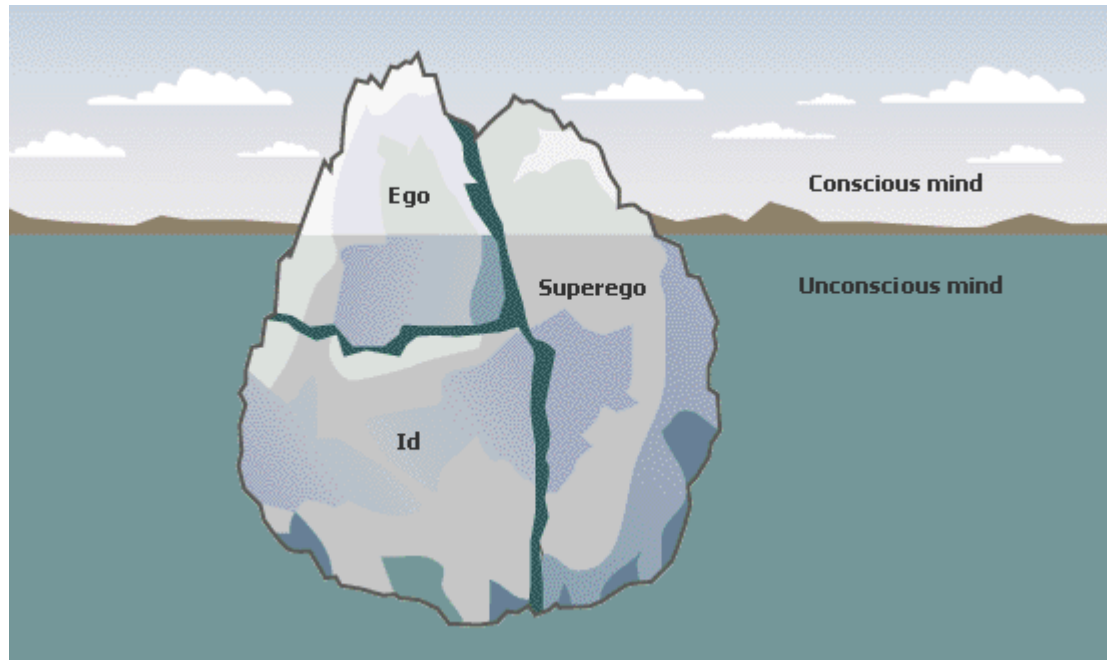
Freud's models of the mind

- The 'structural' model divides the mind into Id, Ego and Superego
- Id is entirely unconscious and 'primitive'
- Ego is rational and executive
- Superego oversees and sets standards (conscience, internalised parents)

Freud's models of the mind

- Ego may be weak or strong
- Ego boundaries may be clear or fluid
- Superego may be excessively harsh and punitive

Freud's models of the mind



Defence mechanisms

- 'Ego psychology' sees the mind as a battleground between Id, Ego and Superego
- This conflict produces anxiety and lets the ego know that a defence mechanism is required to protect against it

Defence mechanisms: primitive

- Splitting: people are all good or all bad
- Projection: painful or unacceptable feelings are felt to be in others, not in the self
- Projective identification: project feelings into others, who start to behave accordingly

'Paranoid-schizoid'

- The paranoid-schizoid world is one of extremes where things are either all good or all bad
- Agression and other negative feelings are outside, not in me
- I am vulnerable and weak

Manic defences

- Denial of vulnerability or sadness
- Grandiosity and omnipotence
- 'Doing' rather than 'thinking' or 'feeling'
- Use of alcohol, drugs, spending, frantic work/activity, sex - to blot out feelings

Applying these concepts to psychosis

- Voices and other hallucinations – projection of own thoughts and feelings
- Delusions may perform the same function
- Grandiosity and other manic defences
- Often difficulty in interpersonal relationships even when the person is well – psychosis happens to an individual with a story