

# Long-Term Therapy in the Age of Managed Care: The Case of Don

Cynthia J. Shilkret, PhD

**ABSTRACT.** Despite a variety of pressures to limit psychotherapy to brief treatment, some clients can only make progress slowly. This is true not just for more impaired clients, but also for better functioning clients who have suffered significant early trauma. For those clients long-term therapy is necessary for them to feel safe enough to reveal their underlying traumas and to resolve fully their unconscious conflicts. The case of Don, a man who was chronically unfaithful to his wife, is discussed in detail to exemplify the changes that occurred in the transference and in his life over the course of a 10-year psychotherapy.

**KEYWORDS.** Psychotherapy, long-term therapy, control-mastery theory, brief treatment, psychological safety

Clinicians today experience a great deal of pressure to limit psychotherapy to brief treatment. There can be many sources of this pressure. For example, in an agency with a waiting list, brief treatment spreads scarce resources and allows more clients to be helped. The guidelines of managed care organizations that limit treatment are also a source of pressure to keep therapy short, despite the fact that most clients end therapy within eight sessions (Garfield, 1978). Brief therapy can be helpful with a variety of problems, and it can be conducted using a number of psychodynamic or

---

I am grateful to Robert Shilkret, PhD, for the discussions that led to the conceptualization of this article.

Smith College Studies In Social Work, Vol. 78(2-3) 2008

Available online at <http://scssw.haworthpress.com>

© 2008 by The Haworth Press. All rights reserved.

doi: 10.1080/00377310802114569

287

psychoanalytic approaches that were originally developed for long-term treatment (e.g., see Curtis & Silberschatz, 1986; Gardner, 1991; Safran, 2002; Silberschatz & Curtis, 1986). However, some problems cannot be resolved in a short period of time. Although there may be general agreement that some very serious disorders will need more than brief treatment (e.g., clients who are suicidal or psychotic), there is another type of client who may be reasonably well functioning but who can only tolerate very slow therapeutic progress. These are clients with significant character pathology as a result of early traumatization in their relationship with one or both parents. This traumatization has left the client very wary about relying on anyone other than himself or herself. Therefore, it may take a very long time, sometimes many years, before the client can feel safe enough to trust that the relationship with the therapist will not repeat earlier traumas. These clients often make very slow but steady progress so that if the therapy is terminated prematurely the client, the therapist, and the managed care organization might agree that a good piece of therapeutic work has been accomplished. However, if the therapy terminates early one can never see how much more might have been accomplished if the client had continued in treatment.

I will illustrate this point by focusing on changes in the transference that occurred in the weekly therapy of Don (short for Don Juan). The name I selected for him indicates that his presenting complaint was infidelity. Actually, that was his wife's complaint. Don himself did not see it as a big problem. However, after several years of marriage (during which he was never monogamous for long) his wife, Anna, had finally had enough and threatened to divorce him if he did not change his ways. Although he was often disdainful of her, he did not want a divorce. Don did not say much about why he wanted to save his marriage, but as the therapy progressed I learned that his wife was always supportive of his professional aspirations, no matter what else was going on between them, and that was important to him. Don did not appear to be very reflective about this or any other psychological problem. He saw himself as a man of action, a doer, one who acted on his sexual desire rather than thinking about it. However, from his sexual behavior plus his behavior in the therapy, one can form a coherent picture of what Don's traumas and pathogenic beliefs were, and the role his affairs played in allowing him to feel safe enough to sustain his relationship with his wife.

The theoretical framework for the therapy was control-mastery theory, a cognitive relational psychoanalytic approach that is based on the assumption that psychopathology reflects underlying pathogenic beliefs. These beliefs develop from traumatic experiences with parents or other significant loved ones (Silberschatz, 2005; Weiss, 1993; Weiss, Sampson, & the Mount Zion Psychotherapy Research Group, 1986). For the child in a family, as well as for the adult in therapy, psychological safety is a primary consideration. Children have a powerful motive to adapt to the reality of their relational environments; doing so is essential for their physical and psychological safety. Similarly, clients in treatment will continuously, but unconsciously, assess the therapy relationship to determine if it is safe to recall traumatizing memories and the powerful affects associated with those memories. The client will do this by unconsciously testing the therapist in the transference and watching the therapist's response. But the greater the trauma, the more evidence the client will need to feel unconsciously reassured that it is safe to explore painful memories and affects. Thus, these therapies cannot be hurried.

Don began therapy the way he began most things, by acting supremely confident and rather dismissive. He announced that he had been in therapy previously, that he had already worked out his issues with his parents, and that he had no need to go back into all that "mother stuff." He was just here to work out this problem with his wife. In fact, he had not really been in individual therapy previously. He had been part of many quasi-therapeutic workshops, which he enjoyed. Consequently, he was very good at using the jargon of self-help groups. He and his wife had tried couples therapy with a male therapist, but the therapist felt that Don was not serious about trying to save the marriage, and the therapist terminated the therapy. (I could understand the therapist's perspective because Don did not act as if he was serious about saving his marriage, but I also understood that as part of his style that helped him feel safer, rather than a genuine wish to be divorced. In fact, I thought of calling him Bart, rather than Don, a reference to Bart Simpson's general attitude and his catchphrase, "No problemo." That was Don's initial presentation. Nothing was ever a serious problem.)

Don reported an unremarkable childhood. He was the older of two boys born into a middle-class family. He said he was always an overachiever and the class "wise guy." From an early age he clashed

with teachers when he felt that they were wrong in what they were saying. He also clashed frequently with his emotional, high-strung mother. His father was reserved and unemotional. He tended to take the mother's side when Don and she fought. Although Don tended to minimize any affectively charged memories, he reported one significant memory from his early life to illustrate what a "wise guy" he was, and how uncontrollable he was from an early age. When he was in elementary school he was part of a group of children playing a game at school when a girl in his class tripped and fell. The girl said he pushed her, and this was reported to his parents. His parents seemed overly upset and also unable to cope with the situation—his mother burst into tears, while his father seemed perplexed as to how to deal with the incident. This memory had great significance for him because it epitomized his belief that he was a bad guy from a very young age, specifically, that he was bad to females, and that he was too much for anyone to handle.

Don did well in high school and college and after college he became a businessman, working for someone else at first and then starting his own successful company. His wife, Anna, was a secretary, with a high school education. She worked until their son was born. Don spent most of the first session describing his marriage. It had been stormy from the start. He was unfaithful from the beginning of their relationship, and there were several break-ups before they were married. But through all the ups and downs, their sex life had always been fine. In telling me the history of their relationship, he mentioned one significant event. One of the times they broke up she called him several times, ostensibly to berate him for all the things he had done wrong. After several phone calls of this type, he suggested they get together to resolve things once and for all. His intention was to help her feel better so that they could both go on with their separate lives. They got together and then impulsively decided to get married. He had no explanation for why that happened, but it fit with his view of himself as a man of action.

When Don began therapy he had already moved out of his house at his wife's insistence because she had found evidence of another one-night stand after he had promised he would never do that again. He immediately began a relationship with a woman I'll call Betsy. He met Betsy at a business meeting and was soon telling me what a great businesswoman she was, how shrewd, how well she dealt with people,

and how they had immediately “clicked.” Also, he mentioned, almost in passing, that she called him frequently at the office, so much so that it was interfering with his work. When I questioned him about her behavior, he said that his annoyance was his problem, that he should be more caring. I suggested that he felt responsible for a woman who sounded somewhat needy, and he seemed surprised that I was viewing her as the cause of the problem and not him.

Don portrayed the women in his life as tough and resilient. For example, he described his mother as “tough as nails.” However, I understood his memory of the girl who tripped in class as representing a significant pathogenic belief that women were weak and fragile and that his normal exuberance could hurt people, especially women. As a young boy, Don inferred from his father’s lack of help, with that incident as well as others, that his father, too, felt women were weak and needed to be protected from Don. This belief was strengthened by his observation that although his mother could be volatile and irrational, his father always sided with her when they argued. Over time Don developed the belief that his father had sacrificed Don’s needs to take care of his wife, who could not tolerate differences of opinion. I was acutely aware that Don was beginning therapy with a woman therapist, and that this might create certain transference problems. For example, would he feel compelled to worry that I was weak, unable to tolerate any differences of opinion, and in need of caretaking? In the second session Don began, unconsciously, to answer that question for himself. He started to grill me about my theoretical approach and suggested that maybe this therapy might not work for him. I did not answer his questions about my theory, but I said that I thought that the therapy could be helpful. He seemed satisfied with that but then said that he needed prescribed exercises and homework assignments for the therapy to be helpful. I refused to give him any assignments, saying that he was very good at doing things, but we were going to focus on what his thoughts and feelings were, and that my giving assignments would go against the idea that he could focus on whatever was important to him.

I understood his challenge to my competence, his suggestion that my approach could not help him and his request for homework, as a way to test out his worry that I was weak and could not tolerate disagreements and that he would need to make me seem more powerful. If I had given him homework, I would have been telling

him what to do and he would have dutifully done it, thus, in his mind, shoring up my fragile self-esteem. I did not interpret any of this to him because it was very early in the therapy and because he was so dismissive of anything that hinted at the “mother stuff” he believed he had already resolved. But after I refused to assign homework, he began to discuss his need to monitor his wife’s emotions. Behind his superficially disdainful attitude toward her, he was constantly taking her emotional temperature to make sure that she was all right and that he had not hurt her. I took this new information as confirming evidence that he worried tremendously about women and that I could be useful to him only to the extent that he did not have to worry about me.

In addition to his demand for homework, there was one other unusual aspect to the beginning of Don’s therapy. I realized that I found Don to be quite unlikable and I felt him to be untrustworthy, with all the fake sincerity of the stereotype of a used car salesman. (I learned over the course of the therapy that he was not a sleazy businessman. In fact, he had a good reputation and was quite ethical.) This is not a typical reaction for me; I am usually able to empathize with my clients even if they behave badly. I understood my reaction as a response to Don’s provocatively uncaring attitude toward the people in his life, especially the women. By demonstrating this attitude, he was inviting me to view him as his parents did—a bad guy who hurt females, and thus someone who deserved to be criticized and rejected.

Problematic behaviors do not necessarily have single causes. Don’s affairs had several meanings for him. Some were apparent to me at the beginning of the therapy, whereas others became clear only as the therapy progressed. At the end of the first few sessions I had developed some ideas about the meaning of Don’s affairs. I hypothesized that Don viewed himself as “too much” and a burden on others and that he worked hard never to be a burden. Thus, one function of his affairs was that if he had sex with numerous women, he would not burden any one of them excessively with his demands. Consciously, he was hurting his wife. But unconsciously, he felt he was helping her by relieving her of a terrible burden: his needs. His affairs actually made it safer for him to become aroused and to have sex with her because he did not have to feel as anxious about burdening her. (See Bader, 2002, for a more detailed discussion of the

importance of feelings of psychological safety for sexual arousal to occur, and how individuals use sexual fantasies to create the specific conditions of psychological safety they require.) Also, despite his presentation of the women in his life as “tough,” I viewed them as psychologically needy. I think Don unconsciously believed that his sexual interest in them perked them up. This was apparent in his discussion of Betsy, whom he initially presented as a shrewd businesswoman. She may have been, but she was also calling him several times a day and generally acting as if she could not manage without him. (His affairs had another meaning to him, which did not emerge until later in his therapy.)

Both of these related ideas, that is, his belief that women were weak and needy and that he was too much for a woman to handle, naturally arose in the transference and by the end of the second session he had already begun to test them out. I have already mentioned how he tested me to see if I was weak by saying that he needed homework assignments. When I did not agree to his demands, he began to discuss how much he tried to manage his wife’s emotions so that she would not get upset. However, he could never do enough for her. For example, one day at work he turned on the radio during his lunch break and heard that there had been a bad traffic accident near their home on a road his wife frequently traveled. He immediately called her to see if she was safe, only to have her berate him for not having called sooner. This incident was one of many that confirmed his pathogenic belief that he could never do enough for a woman.

Don also developed an interesting way of making sure that he was never a burden to me. He canceled many, many, many sessions. In fact, I think he holds the record for having canceled more sessions than any other client over my 30 years of practice. I would get a call, often on short notice, saying he had an important business meeting, or that he had decided to start his vacation earlier than he first planned, or there would be no explanation at all; he just was not coming. He paid for the missed sessions. However, he would occasionally question the bill, claiming that he had no record of a given session. When I calmly said that I had a record of it, he did not dispute it further. I viewed those disagreements as Don’s way of giving himself a “booster shot” to reinforce the idea that I was not weak and that I could hold my position and also tolerate disagreements. Later in the therapy I learned that sometimes he

would cancel sessions when he was having a problem that he did not want to burden me with. For example, he missed 2 months of appointments, giving a variety of reasons, and only after he returned did I learn that he had been facing a serious business crisis during that time. He returned to therapy only after the crisis had been successfully resolved. He denied that the crisis had any bearing on his cancellations, but I believe that this was another instance of his not wanting to burden me with worrying about his problems.

At this point I want to comment on his decision to begin therapy with a female therapist. If women were such a worry, why not see a man? One could understand his choice as simply his desire to master his conflicts with women. But there was another aspect to his decision. Unfortunately for Don, the men in his life had also not been supportive. His father tended to defer to his mother and did not help Don in his conflicts with her. His father also had great difficulty demonstrating interest in Don earlier in his life. He did not attend Don's baseball games or other school functions because he was busy at work. And, as previously mentioned, Don felt that the male couples therapist had given up on him, ending the therapy because he felt that Don was not sincere in his wish to save the marriage. Even though dealing with women was problematic, unconsciously he felt he knew what to do to hold a woman's attention. He just had to be "interesting." This emerged over the course of the therapy, when, after a few years, he finally did begin to talk about the "mother stuff" he felt he had previously resolved. He could not hold his father's attention, no matter what he did. But he could hold his mother's attention by being "interesting." It did not matter whether he was interesting in a good way, for example, by being successful, taking interesting vacations, being knowledgeable about current movies, and so on, or in a bad way, that is, by doing things his mother got upset and complained about. At least her upset showed that she was paying attention, unlike his father. He reported one very poignant interaction with his father that captured their relationship—he was talking on the phone to his father about an important personal issue when he became aware that his father was watching a football game on television and was only half listening to him.

This became the pattern for the first several years of Don's therapy. To feel safe enough to tolerate the therapy, he would not burden me with his problems but would instead talk about all the

interesting things he did, and would often focus on things he assumed would interest me. He talked about his professional successes (and he was very successful), the renovations they were doing to their house, the vacations he took, the local political leaders he came into contact with, and the therapeutic self-help groups he had participated in, especially those in which he had been a group leader and not just a participant. When he talked about his interesting life, I simply listened. After a while, when he was reassured that he had my attention, he usually mentioned a recent upsetting interaction with someone. I began to notice that his presentation of these interactions often followed a specific format. He would give an example of a woman criticizing him and wanting more from him—Anna, Betsy, his secretary, his mother. He would then suggest that maybe they were right because after all he, like all men, was uncaring. Sometimes I would say nothing. But sometimes he gave me enough information for me to suggest that he was being too hard on himself and that maybe the demands of these women were unreasonable. He then appeared relieved and gave a much fuller account of the interactions, including his feeling that he could never do enough to satisfy them. One particularly moving discussion between us occurred when he mentioned, not for the first time, the episode with the girl who tripped in school. I said, “Sometimes accidents happen.” He looked startled and his eyes welled up with tears. It had never occurred to him that it was not entirely his responsibility.

After many sessions of this type he became conscious that he felt very guilty toward women and felt that he had to take care of them to make amends for being too much to handle. Guilt was a psychologically dangerous emotion for him because it left him feeling that he had to give in to the demands of women, no matter how unreasonable they might be. If he gave in, he would lose himself and become a slave to the women, so he had to fight against that by portraying himself as uncaring. As we explored his excessive feelings of responsibility and guilt, he began to feel less responsible for the women in his life. Feeling less responsible, paradoxically, allowed him to be nicer to Anna. Because he no longer felt he had to do everything she wanted, he could allow himself to do some things for her without feeling excessive guilt when he decided he had done enough. After discussing these issues for several months, he decided to end his relationship with Betsy and to work on repairing his marriage. This,

of course, did not go smoothly. He told Betsy he wanted to end their relationship. She got very upset, and he felt bad. She finally agreed to stop seeing him but then began to call him. Sometimes he saw her and sometimes he didn't. This pattern went on for several years. Sometimes months went by when they did not speak, but then she reappeared. This continued even after she became involved with someone else. As far as I know, she was the one who would initiate the contact (although I cannot be certain that he never did).

During the first part of the therapy, Don expressed no conflict about his affairs or about any aspect of his sexual life. Don said he had no problems becoming aroused or functioning sexually with his wife or with any other woman. If he found a woman attractive, he pursued her. The only sexual problem was that his wife objected to his affairs. Once we had explored his guilt and his excessive feelings of responsibility for women, he began to treat his wife better and tried to end his womanizing, with some, although not complete success. But as he struggled to develop a monogamous relationship with his wife, he found himself less interested in her sexually. He complained that she did not turn him on and that other women had been better in bed. At that point I realized that a change in the transference was also occurring. Until then, as discussed above, Don had continued to portray himself as "interesting," to make sure he could hold my attention. He always presented himself in an upbeat way, no matter what was going on in his life. For example, he would come in and relate in an "amused" tone of voice how these two difficult women, Anna and Betsy, were driving him crazy. But now his tone shifted. He started one session by telling me that he had been crying every morning for weeks. He did not know why, he just felt profoundly sad. He also began to talk about his longing for a mentor. He did not understand this because he was very successful in his field and did not need much advice from senior colleagues. I suggested that maybe he wanted a relationship mentor, to help him deal with women. He then began to talk in more depth about how much he wished his father had been available to him when he was growing up, to help him deal with his overbearing mother and also to help him more generally to become a man. It was his mother who told him the facts of life. He remembered that his father had never initiated a discussion with him about sex, and when Don tried to talk to him about it, his father seemed uncomfortable, and the discussion ended very quickly. He

began to recall many memories of feeling psychologically “at sea,” wishing he had some guidance from his father, and developing his dismissive stance of not needing anyone so that he never felt weak or needy himself. For example, he remembered starting school, seeing another child crying, and telling himself that he would never do that. He remembered in high school talking his way into an advanced class for which he did not have the prerequisites, and having to withdraw from it when he realized he was in over his head. Interestingly, when he first told me that story, he presented it in a humorous way, using it to demonstrate what a great talker he was, and how he could bamboozle his ineffectual male teacher. In contrast, later in the therapy he viewed the memory with more sadness, wondering why neither his teacher nor his father had set an appropriate limit and told him he could not take the course. Allowing him to take it then required him to humiliate himself when he told the teacher he was withdrawing from the class.

After several years of therapy, Don did not spend as much time making himself sound interesting in the sessions. As he talked more about his sadness and his regret that he could not be closer to his father, he began to rely on me more. He increasingly came in with genuine problems to be analyzed. What should he do about his wife’s latest demand? Was she being unreasonable? How should he respond to her? I realized that the transference had shifted from a maternal to a paternal transference. I was no longer the overbearing mother who needed to be fended off, or the weak, needy mother who needed him to be interesting to perk her up. He was now treating me as the father he wished he had had—someone who could help him solve his relationship problems. During that time he began to talk in more detail about his affairs, their psychological necessity, and his feelings about them. It began when I noted that his impulse to have sex with other women often seemed to follow a visit with his parents. (Prior to that, his almost continual affairs made it impossible to discern any pattern.) He began to talk with more feeling about how empty he felt visiting his parents. His father, as usual, was reserved. His mother, although appearing to be interested in him, actually wanted to hear about his interesting adventures to lift her out of her chronic depression. Neither one really listened to him and what he needed. He was not conscious of these thoughts or feelings. He would just end a visit with them and feel that he wanted to call Betsy or some other

woman who would be available for sex. He then began to talk about what it did for him to pick up a woman for sex. He believed that the women he had affairs with were always impressed by his success and his interesting life. Like his wife, they were usually women who were not his professional equals. It was a great feeling to meet someone who acted as if he was wonderful. He would feel pumped up, energized, and important. It helped him to counteract the feelings of emptiness he felt after seeing his parents. It reassured him that he was not that weak, scared, wimpy little boy who needed guidance in facing the world. He could do anything. Now reassured, he could return home to deal with his complaining wife and everything else that he felt he had to handle alone.

Over the course of many years Don began to understand the traumas he had suffered during his childhood and how his affairs allowed him to compensate for his painful history. As a result of his parents' treatment of him, he felt deeply uninteresting. Both parents were quite depressed, due to their own difficult histories. His father was cheerless and withdrawn. He was a good provider but was unable to demonstrate much interest in his children. Don's mother was superficially more lively and engaged, but she, too, was very depressed. Don could get a reaction from her as long as he did something that interested her. He was unconsciously terrified of not being interesting enough, and so he was always doing several things at once, so he would have good stories to tell. Sometime in high school Don realized that there were always girls who would be interested in him if he demonstrated sexual interest in them. After that time, his focus became sexual activity rather than sexual fantasies because to admit to sexual fantasies meant that he did not have it all; there was something he lacked. Having sex with women who acted as if he was fascinating became the embodiment of his sexual fantasies and a necessary condition for him to counteract his belief that he was weak and uninteresting, so that he could become aroused.

Don's 10-year therapy exemplifies the difficulty that many traumatized clients experience in coming to feel safe in the treatment relationship. Although appearing superficially dismissive of his wife's concerns, Don worried excessively about her and other women. He was endangered by his worry and guilt, and he believed that if he led an independent life he would be too much and hurt the women in his

life. Because he did not want to hurt his wife, he could not test out these ideas with her, because to do so would run the risk of hurting her. He could only do that in therapy, which he proceeded to do beginning in the first session. His initial transference attitude of not being serious about his problems (e.g., he was fine, it was his wife who was irrationally upset about his affairs) was part of his initial test of safety in the therapy. To protect himself from the danger that I would be like his overbearing mother, he began treatment by acting conspicuously unbothered. When I did not force him to admit he had significant problems, he could reassure himself that I would not be overbearing and force him to give in to my viewpoint. He then had to test unconsciously his worry that if I was not overbearing, then maybe I was weak and in need of perking up. His demand for homework in the second session was one example of how he reassured himself that I was strong enough not to be bothered by his complaints about me and other differences of opinion. Once he was initially satisfied that he was not too much for me, he engaged in a long process of presenting himself as interesting, not burdening me too much with his problems, and, very gradually introducing his excessive guilt and worry about women. As he felt safer that I would help him to feel less burdened by women he became able to treat his wife better and to risk being monogamous.

Although some of this might have been accomplished in a briefer therapy, there was a change in the transference after several years that I do not believe could have occurred sooner. After several years of feeling safe enough to discuss his worry about women, he began to enact his paternal transference, and to reveal his underlying feelings of weakness and humiliation. By exposing these feelings, he allowed me to help him understand how he had been traumatized by his father's lack of interest in him. This was a much more psychologically dangerous transference enactment. Instead of presenting himself as the independent agent who did not need anyone, he behaved like the small child he had been—afraid and in need of a loving parent to help him figure out how to deal with the hard parts of relationships. He could not explore that aspect of the transference until he had repeatedly unconsciously reassured himself that I would not humiliate or abandon him to cope on his own. Only after he was able to work through that part of the transference was Don able to resolve more completely the issues that had brought him into therapy.

By the end of his therapy Don said he was committed to remaining monogamous although from time to time he still felt the old impulses to have an affair. But he believed he understood himself well enough that he would not act on those impulses. Instead, he would try to analyze why the feelings appeared when they did.

## REFERENCES

- Bader, M. J. (2002). *Arousal: The secret logic of sexual fantasies*. New York: St. Martin's.
- Curtis, J., & Silberschatz, G. (1986). Clinical implications of research on brief dynamic psychotherapy: I. Formulating the patient's problems and goals. *Psychoanalytic Psychology*, 3, 13-25.
- Gardner, J. (1991). The application of self psychology to brief psychotherapy. *Psychoanalytic Psychology*, 8, 477-500.
- Garfield, S. L. (1978). Research on client variables in psychotherapy. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and behavior change: An empirical analysis* (2nd ed., pp. 191-232). New York: John Wiley.
- Safran, J. (2002). Brief relational psychoanalytic treatment. *Psychoanalytic Dialogues*, 12, 171-195.
- Silberschatz, G. (Ed.). (2005). *Transformative relationships: The control-mastery theory of psychotherapy*. New York: Brunner-Routledge.
- Silberschatz, G., & Curtis, J. (1986). Clinical implications of research on brief dynamic psychotherapy: II. How the therapist helps or hinders therapeutic progress. *Psychoanalytic Psychology*, 3, 27-37.
- Weiss, J. (1993). *How psychotherapy works: Process and technique*. New York: Guilford Press.
- Weiss, J., Sampson, H., & the Mount Zion Psychotherapy Research Group. (1986). *The psychoanalytic process: Theory, clinical observations, and empirical research*. New York: Guilford Press.