Commentary on Short-Term Psychodynamic Psychotherapy (STPP) for Obsessive-Compulsive Disorder (OCD): The Hybrid Case of "Serena"

Enhancing Manualized Short-Term Psychodynamic Treatment for OCD by Considering Developmental and Modern Structural Theories

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ABSTRACT

This commentary considers a case study of the hybrid case of "Serena," seen by therapist (and case study author) Alma Campiani (2025), which demonstrated both quantitatively and qualitatively a positive outcome. The treatment involved the application of Leichsenring and Steinert's (2017) manual-guided, short-term psychodynamic psychotherapy (STPP) approach designed for a primary diagnosis of OCD, which Serena had. The approach involves weaving together exposure principles with transference-focused interventions. Serena is an inhibited and anxious young woman of Cuban descent who grew up with parents traumatized by political and economic experiences in their home country and by the immigration process. Serena had reluctantly sought treatment after a panic attack, preceded by a marriage proposal; and she reported a pattern of longstanding intrusive violent thoughts. In the commentary we discuss areas of strength in the therapy as related to accomplishment of psychodynamic goals while utilizing an empirically supported manualized treatment. We also discuss how, from our psychoanalytic point of view that is not connected to manualized treatment, attention to the unconscious dynamics of the therapeutic pair could have enhanced treatment. Specifically, we propose that appreciation of a developmental perspective and Modern Structural Theory could have benefited the clinician and the treatment by helping the therapist better anticipate and address resistances and enactments. In addition, we comment on the importance of considering culture and immigration in identity formation of both the patient and therapist.

Key words: Short Term Psychodynamic Psychotherapy (STTP); obsessive compulsive disorder (OCD); clinical case study; case study; love and psychoanalytic treatment; immigration and clinical identity

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INTRODUCTION

Sharing of clinical work is anxiety provoking and its supervision a sensitive and complicated endeavor. In the introduction to *the technique and practice of psychoanalysis, Volume 1* (1967), Greenson writes that the work of each of us depends on intimate and personal processes, which in turn create vulnerability and exposure upon revealing our work. This commentary is offered with that appreciation in mind. The first author (M.K.) has had many years of experience as a board-certified psychoanalyst, professor at a doctoral psychology program and clinical supervisor for trainees at various levels of experience, i.e., graduate students, psychiatry residents and psychoanalytic candidates as well as practicing clinicians. This experience has made it obvious that the enactment of the unconscious dynamics within the therapeutic pair poses the greatest challenge to successful treatment. Transcending specific treatment models, having an understanding of the unconscious dynamics of the therapeutic pair can be helpful to clinicians, as they are better able to anticipate and navigate what unfolds during any treatment.

In line with the above, in addition to reviewing the many positive aspects of the very interesting clinical case study of Serena presented by therapist Campiani, we will also provide examples of how attention to the unconscious dynamics of the pair, as manifested in their interactions, could have enhanced treatment and furthered Campiani's development as an authentic and talented clinician. In addition, we will provide examples of how an appreciation of a developmental perspective and concepts related to Modern Structural Theory could have benefited Campiani and her treatment by helping her to better anticipate and address the resistances and enactments noted.

Freud (1925) referred to psychoanalysis as a cure through love, and psychoanalytic psychotherapy is believed to require both emotional engagement by the patient and empathic understanding by the clinician, which Lear (1990) refers to as a "manifestation of love." In line with that consideration, we also believe that therapeutic work should be jargon-free and accessible. This allows trainees to remain in touch with what drew them to the field, i.e., the opportunity for meaningful and complex human connections that will have a reparative and healing effect, which one may also call love.

Thus, the question that arises when using any manualized treatment is whether this important aspect may be neglected or sacrificed in pursuit of rapid progress and adherence to protocol. In line with this, in what follows we shall consider evidence from the case to answer several questions: Were psychodynamic treatment goals achieved and was the therapist loving? We will then discuss ways that attention to the unconscious dynamics of the pair—interpersonally manifested in surprises, resistances and enactments—could have helped the therapist better understand what was unfolding in the treatment, thus improving treatment. As

mentioned, we believe that the use of plain language can draw others to see the value of the psychoanalytic approach—its simultaneous richness and simplicity. Thus, we shall refrain from commenting on the terminology in the case and the model and focus on what we consider the essential aspects of the therapeutic interactions and treatment.

WERE PSYCHODYNAMIC GOALS ACHIEVED?

Busch (2013) asserts that the most important aspect of the curative process in psychoanalytic treatment is the shift in a patient's relationship to their own mind which can lead from the "inevitability of action to the possibility of reflection" (p. xv). Thus, the process of knowing how their minds work is as important as the content of what the patient learns, e.g., how their history may be related to their symptoms (2009). The question is whether this basic goal was achieved in treatment of Serena. Despite being focused on symptoms, e.g., by assessing them at various intervals using self-report measures, Campiani is successful in helping the patient understand and reflect on the way that her own mind works.

The following examples illustrate this accomplishment in Campiani (2025):

1) Campiani explores the underlying conflicts that give rise to Serena's anxiety (p. 203) when she states, "I advised Serena to deliberately study her reactions … when completing her exposures … to clarify the precise nature of her triggers, an understanding that helped Serena foresee and prepare for triggering situations in the future" (p. 203).

2) Campiani helps the patient understand the sequence of thoughts and feelings that led her to have ringing in her ears and "everything going black" during their session, saying to the patient, "Let's backtrack a bit. What was going through your mind just before things got overwhelming?" (p. 182), helping the patient reflect on her subjective experience and the workings of her own mind.

3) In the same session, therapist models articulating the working of one's mind as related to actions, when she comments on her own behavior in session. Specifically, Campiani names her observations of the patient's affective presentation, followed by stating, "You know, what made me jump in was a feeling that you were speaking in a 'pretend mode' – almost like you were putting on rose-tinted glasses...to hide the pain or uncertainty or something" (p. 183). Such verbalization of the therapist's own mind as related to her actions with the patient provide a model for Serena to internalize. The tentative nature of her statement, wondering about the patient's feelings, also encourages curiosity in the patient's mind.

4) At other times, Campiani seems to lend her mind to Serena by offering metaphors to make sense of her mind and affective experiences, e.g., stating, "When you describe this episode, I get a visual of you under a tight harness" (p. 192). Here Campiani provides an opportunity for Serena to make sense of a feeling she has yet to clearly articulate.

5) Similarly, in line with the therapeutic goal of creating an analytic mind (Busch, 2013) are: (a) Campiani's introducing the idea that Serena uses fantasy, the way a child may use her imagination to name what is happening in her mind; and (b) helping Serena recognize and name how her wish to be taken care of is manifested (p. 192).

Serena's achievements in this regard are also noted in many instances, as she comments on her own mind, articulates her own motivations and makes different choices in relation to others. In one instance, in response to the therapist trying to understand the sudden emergence of an intrusive thought (p. 182), Serena says, "I felt like you weren't buying it, and I started doubting myself"; and when the therapist inquires as to whether it was related to something the therapist had said, Serena continues, "Yeah, it kind of caught me off guard. I wasn't expecting it … that's when I realized I wasn't buying it either." In another instance Serena reflects on her own lack of tolerance of being alone and how she seeks reassurance after pushing others away (p. 203). She also demonstrates improved emotional vocabulary, a capacity to hold in mind a multidimensional picture of her fiancé, and the ability to observe her own mind, when she says, "I feel bad for venting about my family last time" (p. 199). These clinical examples all indicate psychodynamic goals were actively pursued and successfully achieved in the treatment.

DID THE PATIENT FEEL LOVED?

Bolognini's (1994) "affectionate transference" (p. 83) refers to the internalization of the therapeutic relationship, including gratitude, appreciation, affection, and the capacity for a reality-based, loving relationship. The fact that Serena is described as passive during Module 5 (p. 190), i.e., "rarely did she initiate sessions or direct the dialogue" but later is more forthcoming and spontaneous is promising as related to development of all intimate relationships. Indications that Serena was engaged with the therapist and seemed to be doing her best to tolerate and be open with Campiani and even risk showing her aggression[1] seem indicative of an affectionate transference.

The reported shift at the end of Module 6, where Serena is described as sharing a dream (p. 69) and more "sensitive material without prompting" (p. 197) also indicate trust and appreciation within the transference. Other indicators that Serena was bringing herself more fully into their relationship include the following material: (a) when Serena is worried about her own aggression; indirectly when Serena relays a memory about having spilled nail polish at her

[1] Throughout this commentary the term aggression is used in terms of its defensive role in the protection of self representation and identity (Fongay, Moran & Target, 1992), This is applicable to both people within the therapeutic pair, who at different times express their frustration at their respective needs not being met within their relationship.

friend's house during childhood albeit with the emphasis on herself as victim (p. 207); and directly, when Serena admits to not having completed therapist-assigned tasks (p.213).

Serena's ability to consider a new model of love relationships as manifested in risking her existing romantic attachment (p. 214) may indeed speak to her attempt to replicate the love and acceptance she experienced with Campiani in her life. Interestingly, the fact that Serena left Campiani out of her decision-making process about her fiancé, or that she allowed 20 minutes of a session to pass before she shared that she had ended her engagement in the session are interesting to consider. Could this have been a test of her therapist's love by keeping secret the fact that she had acted upon a unilaterally made decision, without the therapist? Did she expect her therapist to respond as her fiancé had previously to her changing of her own flat tire (p. 185)? Would the therapist, like her fiancé or parents, reinforce the idea that Serena's aggression/independence was threatening to their relationship? The therapist successful passing these unconsciously posed tests by the patient is indicative of Serena's recognition of Campiani's loving approach and the importance of their emotional bond.

NOTE ABOUT THE FOLLOWING DISCUSSION

The remainder of this commentary brings to the case study of Serena a traditional psychoanalytic view of focusing on unconscious dynamics between patient and therapist. This includes the concept of "enactments," which can be defined as the unconscious, often nonverbal, "acting out" or re-creation of past relational patterns or emotional scenarios between the patient and the therapist within the therapeutic relationship. In this context we sometimes use negative sounding terms to identify the therapist's lack of expressed awareness of certain dynamics. We do this not to negatively criticize the therapist, but to propose a psychoanalytic way of providing a different frame on the therapy which could have enhanced its impact.

In this context, we also want to recognize that quantitative and qualitative indicators of outcome in Serena's case were impressively positive. Also, we also want to point out that in using a manual-guided approach that weaved together exposure principles with transference-focused interventions, Campiani's loving gestures of attention and acceptance were often on a collision course with Serena's resistances and enactments, which are to be expected in any form of structured treatment, especially one that is manualized and expected to proceed at a certain pace. Campiani's continuous genuine attempts to carefully apply a model focused on behavioral outcome at the cost of neutrality, while simultaneously struggling to establish a loving and authentic relationship with Serena are admirable.

WAS THE THERAPIST LOVING?

Mendelsohn (2007) explored engagement of the loving capacities of therapists, including discernment, critical thought, committed challenge, generosity of spirit, and acceptance. He

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offers that when one is "deeply oneself in the presence of the other, one offers oneself in a state of loving ... not narcissistically preoccupied, … rather accepting and trusting whatever emerges" (p. 225). Can we say that this was attempted or achieved in the present case?

Campiani certainly seems to care about Serena, is steadfast in trying to help her, and takes pleasure (albeit nonverbally) in her expressions of independence, e.g., when Serena alters the homework assignment (p. 188). Similarly, indications of Campiani's loving presence include the therapist's archeologist-like interest in Serena's past; naming and validation of Serena's feelings; expressing acceptance of Serena's burgeoning ability to hold contradicting ideas about others, such as her fiancé (p. 190); and expressing genuine interest in understanding unrepresented and unnamed experiences, such as the "bad feeling" in "her gut" about the proposal of marriage and the ensuing panic attack.

Lear (1990) called psychoanalysis an act of love and therapist Campiani seems to have been able to engender intimacy with a reluctant patient, while navigating the demands of manualized treatment. Campiani criticizes herself for having avoided addressing the elephant in the room (p. 197), i.e., not broaching the topic of the marriage proposal that led to the panic attack until late in the treatment (p. 136); and in another instance is aware that she "yielded" to Serena in order to avoid a "control battle" (p. 199). All these acts of omission, however, can also be considered acts of love. Specifically, matching Serena's pace in addressing what she is most afraid of, or yielding to her (likely a rare experience for Serena) can be manifestations of love for another human being, especially one whose wellbeing is in our hands.

Encouraging and teaching clinicians to pay attention to the unconscious dynamics of the therapeutic relationship and to their own minds helps them be less afraid of intimate engagement with patients and better prepared to authentically address enactments. Instances where the therapist is aware of not having been loving are highlighted by Campiani in moments of enactment, although her exploration of those moments falls short at times. For example, Campiani admits to having "over-reacted" (p. 190) in response to Serena having repressed the content of a previous session (p. 200). Specifically, she accused Serena of "throwing out all the work" they had done together and formulates it as "sabotage" (p. 200). She admits, "I became impatient, not wanting to disrupt the momentum we had" (p. 200). Campiani nicely explains the sequence including where she mis-stepped and identifies the pressures inherent in conducting any manualized treatment (p. 200), but she fails to reflect on her own mind in order to meaningfully understand what had transpired in their relationship.

Well aware of our lack of a relationship with the therapist in this case, we are reminded of the fact that a loving attitude also extends to the supervisory pair which is essential in making commentary on another clinician's work meaningful to them. In fact, much like the therapist-patient pair, a supervisory one should also grow together, whereby neither is the same afterwards

(Polkinhorn, 2018). It is with this in mind that I offer the commentary below regarding instances where the therapist seems to have reacted to the unconscious dynamics within their relationship in what can be characterized as not aligned with being loving.

The above session, within Module 7 of the therapy structure, begins with an admittedly impatient therapist, who unwittingly dominates the patient and is unaware of her own motivation. The patient opens with "feeling bad" about having spoken poorly about her family, to which Campiani responds with, "Cut yourself some slack." This seemingly supportive comment disguises Campiani's probable aggression in essentially telling the patient to stop feeling what she feels. The patient responds with some aggression of her own, saying, "What if I was just making stuff up to get your sympathy?" Campiani observes that the patient seemed "anxious" and was "becoming more withdrawn," but nonetheless responds with, "I can't help but notice you seem a bit antsy." This could have passed as a mere observation, but she follows up with, "Got somewhere else you need to be?" This overtly aggressive comment is then followed by accusing the patient of "throwing away" their work, despite the patient's apology for having looked at her watch.

In this context, Campiani does not express recognition that by simply noting her own angry feelings internally, she could have provided a more attuned (i.e., loving) response. For example, a simple reflection of the guilt the patient had already named, normalizing it given the cultural constraints, or naming how difficult the time after the previous session must have been for Serena, would have easily allowed Campiani to navigate the resistance. Other more attuned responses to the earlier material in the session within Module 7 and observations of Serena becoming anxious/withdrawn could have also helped Serena reflect on her own mind and on her reactions to Campiani. For example, in response to Serena's suggestion that she may have made stuff up to induce sympathy, the therapist could have simply asked, "Why would you make stuff up?" or "It seems my taking what you were saying seriously has thrown you off. Like you can't believe it" Such loving gestures would have likely reassured Serena, reaffirming their loving connection and enabling her to continue their work together.

In the same session, many possible questions seem to be disregarded in favor of rigid and premature conclusions. For example, Campiani fails to consider that Serena may indeed be responding to Campiani's actual behavior/attitude and instead Campiani attributes her own reaction to the patient's "displacement of her recalcitrant sentiment towards her family." While Campiani has some insight that she had perhaps "confirmed" Serena's expectation that Campiani would be "strict and domineering" (p. 200), Campiani quickly reverses course, stating, "Notwithstanding, I felt devalued by her blasé dismissal of our work together because it felt like a dismissal of my investment in her growth." This rationalization by Campiani of her problematic response indicates some degree of awareness, but unfortunately in our view later

Campiani minimizes her own aggression, stating that she may have "exaggerated" its scale of "criticism and strictness." This defensive posture overlooks the fact that patients may indeed pull for the therapist to respond in a particular way, but the responsibility for having in fact responded in that expected manner lies solely with the therapist. In other words, the two concepts can be concordant.

Another shortcoming relates to Campiani's seemingly rigid conclusions and failure to consider Serena's love for her (precisely because of the therapist's investment) as the possible source of Serena's defensive presentation. For example, could Serena's use of repression indicate that in fact she was trying to protect their relationship by forgetting? After all, Serena had returned to treatment despite her discomfort by forgetting the content of the previous session (repression), as opposed to simply fleeing treatment (avoidance). Nor does Campiani express any attention to how her own reaction was related to the feeling that her love and investment were not reciprocated by Serena, which prompted her angry reaction.

Along these lines, other hypotheses regarding the shared heritage of the therapeutic pair and its potential impact on the enactment also seem to be neglected. No hypotheses are offered regarding why Campiani was so insistent on Serena's compliance or so easily threatened by her noncompliance. For example, is it possible that similarities in their cultural backgrounds may have played a role in Campiani's "overreaction"? In this regard, a number of cultural factors seem to have escaped Campiani's self-reflection. Possible examples are having experienced similar parenting styles as children, similar power relationships within the family, or a similar emphasis on children being compliant versus independent. Ignoring all of this, Campiani concludes that what occurred was an example of OCD patients' "idiosyncratic rebelliousness masked by an obedient guise" (p. 200), while also pushing Serena to assume the same posture. Specifically, Campiani reports having "highlighted the rebellious sentiment to Serena and linked it back to her ambivalent commitment at the beginning of treatment" and that "although it was difficult for her hear, she understood my point"—a description which reverberates with how a dominant party may describe having subdued the other.

In relation to culture, what is often neglected in clinical training is the clinician's own cultural identity. Who an immigrant therapist is, in terms of her "clinical working identity" (Nayar-Akhtar, 2015), is an often-neglected aspect of training as seems to have been in this case. Twemlow (2015) writes about the developmental importance of young clinicians being encouraged to explore the influence of their country of origin as well as their country of residence on their personal growth and development as people and as therapists. The issue of when and how much, in this case, Campiani's cultural background was considered and how much its impact was addressed in supervision remains unclear. She tells us that the assignment of the patient to her was solely based on her stated interest in anxiety disorders (p. 135). Questions

remain as to whether Campiani's cultural background was treated as significant by her supervisor. And if not, did that lead Campiani to also neglect it as an important factor, possibly related to her later enactments? These issues are worth consideration as related to development of clinicians and treatment.

Instead, Campiani focuses on culture as related to Serena's guilt for having spoken poorly about her parents. Predictably, this impressive exploration leads to an intellectualized explanation about the patient's relationship with her culture, perhaps providing a distance from their previous aggressive enactment. The irony seems lost on the therapist when she points out that Serena is trying to intellectually fill an emotional gap—perfectly, albeit unconsciously, capturing their mutual enactment.

While the above examples involve actions on the part of the therapist that seem out of tune and non-loving toward the patient, we shall return to one more loving action, even though the therapist explained it otherwise. Campiani decided to self-disclose similarities in their cultural backgrounds (p. 194) which can be interpreted as an act of generosity and at the service of the patient being held and understood on a different plane. We shall insist on this being a loving gesture despite Campiani's stated rationale, i.e., "to earn some credibility on the topic and to increase rapport." Our insistence is based on the fact that we often fail to help new therapists feel comfortable about the fact that they do this work because they want to create loving relationships, which does not need to be reduced conceptually to mere rapport building.

BETTER UNDERSTANDING OF TREATMENT-INTERFERING FACTORS

As related to the above identified challenges, what follows is an attempt to illuminate how developmental and Modern Structural Theories could have helped Campiani identify the unconscious dynamics which unfolded within the therapeutic pair. To be clear, this is not an attempt to offer an alternative formulation of the case, as the manualized treatment is a well-established, empirically supported model for treatment of OCD. Instead, we intend to raise questions in this case as to how treatment could have been hindered by a number of factors, including neglect of resistance, aggression, and a failure to reconsider the therapist's underlying assumptions. This will be followed by an elaboration on the application of additional theoretical concepts to the material.

A. Disregard of Resistances

Early and obvious signs of resistance were managed instead of being incorporated into the treatment formulation. Bach (2011) stresses the importance of close attention to the earliest interactions, even those that have taken place outside of the immediate treatment. This case includes numerous instances of sidestepping early resistances, which for a patient so preoccupied

with her own destructive and aggressive fantasies is particularly relevant as it foretells what lies ahead in treatment. Two examples illustrate this problem of management as opposed to incorporation into conceptualization of treatment.

1) Serena's refusal to take medication despite reported severe distress about her panic is merely mentioned as fact, as opposed to a meaningful instance of resistance.

2) Serena's hesitation about committing to weekly sessions, expressing "objection in a roundabout way, insinuating that therapy would take too much time out of her week" (p. 179). This is "probed with motivational interviewing-type questions" until a schedule is consolidated, revealing the preoccupation with forward movement on Campiani's mind which overlooks Serena's resistances.

Furthermore, when resistance is noted, it is mistakenly attributed to a difficulty with "motivation" to be addressed "in the next module" and again not recognized as meaningful information related to the treatment. Again, two examples illustrate this point.

1) When suddenly invited to "lead" after the initial therapist-driven assessment module (p. 180), the patient asks, "What if I don't have anything to say?" In response, Campiani simply gives Serena permission to sit with silence and offers psychoeducation, missing an opportunity to address Serena alluding to her tendency toward quiet rebellion, which is later identified with surprise (p. 200).
2) Serena responds to the above reassurances by again warning Campiani about what lies ahead (i.e., Campiani's future frustration), asking, "But won't I be wasting time without a plan?" This time Serena is correctly predicting/fearing what kind of reaction she expects to provoke in the therapist, albeit unconsciously. Campiani, however, simply reassures Serena, missing the patient's unconscious communication. I believe attending to these early signs of resistance, as opposed to managing them, would have helped the therapist better anticipate what lay ahead and thus not be quite as blindsided or angry when they arose in treatment.

B) Aggression

Aggression and conflict about its expression are considered theoretically within the Leichsenring and Steinert model that Campiani employed. However, in our view manifestations of aggression in the form of resistance or enactments are not thoroughly explored by Campiani. Consequently, we see a lack of close attention to Serena's aggression, even when Serena names it directly herself, e.g., admits to "pushing" her boyfriend away (p. 184). Campiani does not respond to this, even though she has already noted that Serena devalues her, i.e., pushes her away as well. Thus, as we see it as Campiani not showing a clear conceptualization of Serena's aggression, which leads her to miss clear expressions of aggression about which the patient seems quite worried.

An additional issue is related to the fact that the above exchange took place immediately after Campiani had told the patient, "All of this is a safe place" (p. 199). Here is the full interaction:

> **P:** (*Furrows brow, looking puzzled*) I thought therapy was about me telling you my problems and you giving me advice.
>
> **T:** (*Nods in recognition*) That's a common belief, but therapy's not about me handing out advice. Instead, it's about empowering you to take charge of your choices and embrace your own autonomy. I'll help you untangle the motivations behind your actions, even if they seem contradictory. (*Offers a reassuring smile*) Sometimes, it's those contradictory feelings that fuel our anxiety. My job is to guide you through exploring the parts of your mind that might feel shadowed – thoughts you might be embarrassed about or emotions that feel overwhelming. All of this in a safe space.
>
> **P:** (*Sighs, leaning back*) But what if I don't have anything to say?
>
> **T:** (*Nods understandingly*) It's okay to sit with the silence. Sometimes, it's a sign of something beneath the surface that you're avoiding. Other times, it's the place from where insights emerge.
>
> **P:** But won't I be wasting time without a plan?
>
> **T:** (*Leans forward, reassuring*) You don't need a script. I'll keep us focused. We'll address what you've been avoiding and develop skills to tackle your anxiety head-on.

We interpret Campiani's words, "All of this in a safe place" as something that only the patient can determine. Of course, saying to the patient that the therapist is interested in hearing whatever the patient may say is reassuring, as Campiani does in this case. Or alternatively, inviting the patient into the experience of creating a safe space by stating something like, "I will work to make this a safe place for you, and if it doesn't feel that way, I would really like to know." Nonetheless, Campiani's noting of the resistance in this instance could have helped her better anticipate future appearance of resistances. Furthermore, Campiani's words about a safe place are immediately questioned by Serena, who asks, "But what if I don't have anything to say?" Again, Campiani does not address Serena's resistance to setting the frame of the therapy and instead reassures Serena that as the therapist she will make sure that they will stay on track, stating, "You don't need a script. I'll keep you focused." Again, while reassuring, it also places Campiani as the one in charge, disregarding Serena's warnings regarding power dynamics.

The benefit of such anticipation of resistance and its enactments within the therapeutic relationship becomes clear later in treatment when Campiani is caught off guard by Serena's resistance in the form of forgetting the content of a previous session. Campiani then inadvertently makes the room briefly "unsafe" by enacting her frustration about the patient

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preventing them from moving forward in treatment and "sabotaging" their work (p. 200), which will be discussed in more detail later.

C) Failure to Reconsider Underlying Assumptions

Numerous examples are offered in which the therapist is surprised by both her own and the patient's reactions. While the openness in sharing these is commended, we find unfortunate that these instances of surprise were not followed by curiosity, exploration, and reformulation. Campiani indicates on page 214 that her transference prediction that Serena would idealize her as all-knowing was "disproven" but fails to consider how and why she may have assumed this. For example, were the significance of culturally relevant roles of age and gender considered? Perhaps Serena would have been, as predicted, more deferential with a male clinician or an older, more experienced clinician. Could this be related to Campiani feeling like an imposter? (p. 186). Alternatively, could the fact that Serena was openly expressing her skepticism (aggression) have been a test to see if Campiani could survive Serena's aggression? Later discussion of developmental considerations will further elaborate on this point. Such exploration of our blind spots and the possible shortcomings of our formulations are necessary for our growth as therapists and for betterment of our work

Other instances of surprise are similarly left unexplored, missing opportunities to reinforce Serena taking more agency in her own life. For example, Campiani notes her appreciation when Serena has "scrapped" the homework suggestion and made personal modifications regarding using a journal as opposed to the assigned log (p. 188). This surprise is again not followed by curiosity and reconsideration of her working hypotheses. While Campiani's observation, i.e., noting appreciation of her patient's attempt at "self-expression," is important, it is unclear whether she disclosed her pleasure to Serena. This is an example of a missed opportunity to positively address assertiveness, an appropriate expression of aggression, i.e., reinforcing Serena's decision to alter an assigned task to better meet her own needs/preferences. Pointing this out would have helped the patient put words to a positively received reaction to her expressed assertiveness, in the form of making her own decisions. By bringing this into the room Campiani would have created a mentally represented experience of feeling safe in the room. Conversely, in the absence of Campiani's verbal acknowledgement of her pleasure at the patient's "ingenuity," Serena may not have a represented experience of her assertiveness simply being accepted, as opposed to exposing her to danger as she unconsciously fears. Such overt acknowledgement of spontaneous, interpersonally brave behaviors, which can be positively reinforced using immediacy, affirm safety and intimacy within the transference. The theoretical underpinnings of the above suggestions are discussed below.

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INCORPORATION OF DEVELOPMENTAL THEORY INTO FORMULATION OF PATIENT AND TREATMENT

As articulated in the treatment model, aggression is an important aspect of Serena's difficulties. Winnicott (1969) wrote about the essential importance of the mother surviving the infant's destruction of her sense of herself as an adequate mother (Ogden, 2001). Abram (2021) refers to this as intrapsychic survival and in the case of Serena, it seems unlikely that her mother, while coping with the uncertainty and trauma of her husband's political imprisonment, not knowing whether he would be returned to her alive or dead, would have been able to serve this important early maternal function. The consequence of this failure in the maternal environment leads to development of a "false self" with compliance marking its earliest stage (p. 145), lest abandonment (Munich, 1986). This, as correctly emphasized by Campiani, in turn forms the template for later development and adult relationships (Ehrlich, 2021). This false self also masks aggression, which is well captured within the model utilized by Campiani in the understanding of Serena as an "inhibited rebel."

Numerous examples of Serena's struggle to bring her true self into her interpersonal relationships are offered. But in our view, Campiani unfortunately fails to anticipate the inevitable emergence of this phenomenon, especially given the manual-based treatment. Campiani does not explicitly acknowledge the dominating nature of interventions within this model of treatment, which reinforces the necessity of Serena's denial of her true self. Two examples will illustrate this point:

1) When surprised that Serena is not idealizing her/not submitting and is instead expressing skepticism, Campiani fails to appreciate this as exactly the goal that she is working toward. In other words, this was a sign of Serena's true self, which Campiani has been so eager for Serena to locate and assert with her fiancé. Instead, failing to recognize that she needs to be the mother who survives the infant destroying her sense of herself as an adequate mother (Ogden, 2001), Campiani reacts with insecurity and admits to it "sparking the infamous imposter syndrome" (p. 186).

2) Despite what is referred to as reparative supervision, Campiani decides to confront the patient, in response to which the patient seems to double down on her expression of aggression (which does speak to their genuine empathic bond) and calls Campiani "forceful" (p. 187). Unfortunately, in our view the lack of developmental understanding of the patient prevents Campiani from appreciating this clear expression of Serena's true self. Instead, Campiani disregards Serena's words and argues the superiority of her own perspective, stating, "I believed I had *not* been forceful." Campiani further goes on to point out "the discrepancy between Serena's *expected* response of other (that I would try to control her) and the reality (my actual, non-controlling behaviors)," again not recognizing the reality of manualized

treatments. Fortunately, Campiani still commendably explores Serena's experience, even though she believes it to be "the patient's false impression."

Factors which predispose individuals to panic disorder have long been determined to be a combination of neurophysiological vulnerabilities and essential developmental experiences (Busch et al., 1991; Milrod et al., 1997; Shear et al.,1993). Children with these vulnerabilities feel particularly threatened by separation whereby normal strivings for autonomy (which necessitate aggression) cause anxiety and guilt. Failures of Serena's environment, including separation distress along with its consequences for her capacity to mentalize (operationalized as Reflective function; Fonagy & Target, 1997) are related to the hallmark feature of OCD, i.e., thought-action fusion. Conflict around separation and loss as related to obsessional character have been demonstrated in case studies (Munich, 1986) and more recently empirically investigated. Jackson and Solms (2013) found a relationship between separation distress/trauma (defined as physical separation from a primary caregiver during specific frames of time) as related to OCD in adulthood. Threats to attachments are believed to trigger regression and a surge of anger followed by undefined anxiety, leading ultimately to panic, which then functions as punishment for angry fantasies (Busch & Milrod, 2013). Thus, considering the disruptions in Serena's attachment system and separation trauma/distress may be particularly relevant in relation to her symptoms.

Family Factors

Returning to the specific developmental roots of Serena's anxiety, special attention to the patient's historical separation distress as related to both parents during childhood is warranted. Serena's mother may not have been emotionally available to her in infancy, conjuring André Green's notion of the dead mother (Green, 1993), i.e., one who remains alive but is dead in the eyes of the young child (Kohon, 1999). Serena produced material that resonates with this concept, e.g., when she described her "frozen" mother on the outside, but one who is

> freaking out on the inside … her eyes are empty. Like she can't even look at me for a second. Because she doesn't know what to do. I wish someone would help her. She looks right through me, like I don't exist…She's there but she's gone (p. 205).

Similarly, the role of Serena's father who after a series of traumatic experiences is himself a diminished and fragile man should not be overlooked. Descriptions of the father's history of political activism and his subsequent trauma conjures up the concept of immigrant as perennial mourner (Volkan, 2017). A man, preoccupied with his own trauma, trying to make a life for his young family while facing the loss of status, home, culture, country, and all that once was familiar likely exacerbated the developmental deficiencies of Serena's early environment. This absent, preoccupied, and emotionally unavailable father may have also contributed to

Serena's worry about whether her world filled with such fragile and overwhelmed people could withstand her aggression.

Winnicott (1958) referred to this as "coincidences" (p. 245), whereby the internal experience of the infant and external realities may cause the infant to misunderstand its own destructive potential (Ogden, 2001). Further, Serena's actual separation from her father as a toddler, while the mother was emotionally unavailable recalls Winnicott's (1974) concepts of breakdown and "primitive agonies," where he considered the word "anxieties" to be inadequate. The nature of Serena's intrusive thoughts reflects a breakdown of defenses and thus Winnicott's "loss of sense of real" (p. 103) as she fears hurting herself and others. What remains unknown is of course the presence of extended family who may have played a role in attenuation of her separation distress before her immigration at age four—information about which was not provided in the case regarding the culturally significant role of the family, *La familia*.

Immigration

Another important developmental factor for Serena involves her immigration, both in terms of its immediate impact on her family and its later influence on their parenting style. The early period of separation distress having been replicated by immigration brings to mind the pervasiveness of loss in immigration as related to aforementioned deficits in mentalization and the related concept of reflective function.

Catastrophic experiences that drive immigration are often infused with trauma, a fact that adds an additional layer of complexity to the immigration experience (Grinberg & Grinberg, 1989). Furthermore, the entire family's loss of the cultural elements woven into their experiences of self would lead to mourning not just of their former selves, but also the culture itself (Ainslie, 1998), even when overtly denied as it was by Serena's parents.

Finally, immigrant parenting is made complicated by parents enforcing cultural values related to their country of origin. This can be in terms of values related to communication (Tamis-LeMonda, et al., 2019) or values related to desired characteristics, such as endurance of hardship or attitudes such as maintaining the integrity of the family. These values may conflict with the child's experience in the host culture. An example from the case material would be the parental focus on the culturally valued priority of their child behaving well, i.e., not disrespectfully slamming doors (p. 193215), as opposed to validating their child's hurt feelings after being teased—something that would be more in line with the values of the host culture.

INCORPORATION OF MODERN STRUCTURAL CONCEPTS INTO FORMULATION OF TREATMENT

In psychoanalytic theory, *Calamities of Childhood* refer to developmentally organized childhood fears of object loss, loss of love, castration, and superego condemnation (Brenner,

1982). Woven through Serena's treatment, Campiani identifies the calamities that Serena had tried to avoid using various defense mechanisms, resulting in inhibition of her feelings (especially aggression). Campiani accurately notes that Serena's intrapsychic conflict and poor compromise formations perpetuate her fears. In other words, behaving in a secretive manner, such as hiding her successfully changing the flat tire, leads to her fiancé's attack and paranoia, confirming her worse fears.

However, the OCD formulation offered on page 215 reads,

> I wish to express what I feel [W or (W)], but others oppose and control what I feel [RO], so I believe that what I feel is dangerous [RS: obsessions] and calm my doubt by withdrawing from danger.

Elsewhere, Serena is said to want to be dominated by others (p. 190), despite much evidence to the contrary in Campiani's own experience of Serena. An alternative formulation that places Serena's intrapersonal conflict about her aggression as central, as opposed to an interpersonal demand of or reaction to others, would read:

> I wish to express my aggression [W or (W)], but I am afraid that it is dangerous (based on childhood experiences) and may cause people to leave me/destroy relationships [RO], so when I fail to push down my anger (e.g., pushing away others) I then act in a docile/withdrawn manner toward others to decrease my anxiety [RS] and ensuring my dependency needs are met [W or (W)].

Such a formulation places Serena as the central character in her interpersonal difficulties and avoids blaming others (e.g., for being controlling in the case of her fiancé or forceful in the case of the therapist). Perhaps Serena's honest expressions of doubt or aggression to Campiani are indeed related to their strong therapeutic bond whereby she is willing to take the risk of being her true self and expressing her aggression, hoping to disprove her presumed results. Fortunately, Campiani remains committed and steadfast in her attempts to be helpful to Serena despite occasional eruptions of both of their disowned aggression.

On the other hand, mistaking the patient's report of her subjective experience for objective facts overlooks the unconscious dynamics of Serena's relationships. While the content of Serena's obsessions (hurting others or herself) establishes the aggressive content of her internal world, she perceives herself as the victim of others' aggression. This can be a projection (i.e., I am not angry, but you are) but also indicates ways she may provoke others to respond to her aggressively (e.g., by being secretive). So, while Campiani argues against Serena calling her "forceful," she continues to believe in the accuracy of Serena's reports that her fiancé is in fact controlling. Campiani ascribes this to machismo, which while entirely possible, disregards the fact that Serena seems capable of provoking even her wonderful therapist to respond with anger.

Instead, Campiani is surprised at her own reactions and does not use the data to improve her formulation. This and other incorporation of Modern Structural theory could help facilitate a deeper understanding of the patient and the therapeutic encounter.

CONCLUSION

As we mentioned earlier, Campiani's loving gestures of attention and acceptance were often on a collision course with resistances and enactments, which are to be expected in any form of treatment, especially one that is manualized and expected to proceed at a certain pace. Campiani's continuous genuine attempts to carefully apply a model focused on behavioral outcome at the cost of neutrality, while simultaneously struggling to establish a loving and authentic relationship with Serena are admirable.

Campiani manages to help Serena understand her own mind and her interpersonal dynamic considering her developmental history and culture, while at times Campiani does not seem fully aware and at times seems taken off guard by the same dynamics within the therapeutic relationship. Campiani is honest in her descriptions of the material, which allows the reader to see the flaws, a courageous task for any clinician.

In our opinion, including developmental and Modern Structural Theory concepts would have helped Campiani make a better sense of what was unfolding in treatment and within the therapeutic pair. This in turn would have prevented surprises, helped her better anticipate Serena's reactions and possibly be less vulnerable to enactments in reaction to Serena's resistance and aggression. Hard to believe

We believe our work can always be improved by better exploration of our own minds; and as supervisors preoccupied with technique and outcome, we often fail to adequately encourage our supervisees to do so. It is only Campiani who knows how thoroughly she engaged in an exploration of her own mind, history, and culture as related to the enactments described or her clinical identity. But ultimately, the material provided indicates that Campiani was genuinely and intimately engaged and managed to help Serena feel loved, accepted, and understood beyond Serena's wildest imagination. Serena was consequently less frightened of her internal world, including her own aggression, as reflected in her report of feeling "free to roam" upon termination. While not an explicitly stated therapeutic goal, that is a lovely outcome indeed!

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