Psychotherapy: Day One Psychodynamic Therapy

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"Psychoanalysis is about what two people can say to each other if they agree not to have sex"

(Philips, 2008, p1)

"A psychoanalyst
is someone who pretends
he doesn't know everything!"
(Glenn Gabbard)

Aims of the Day

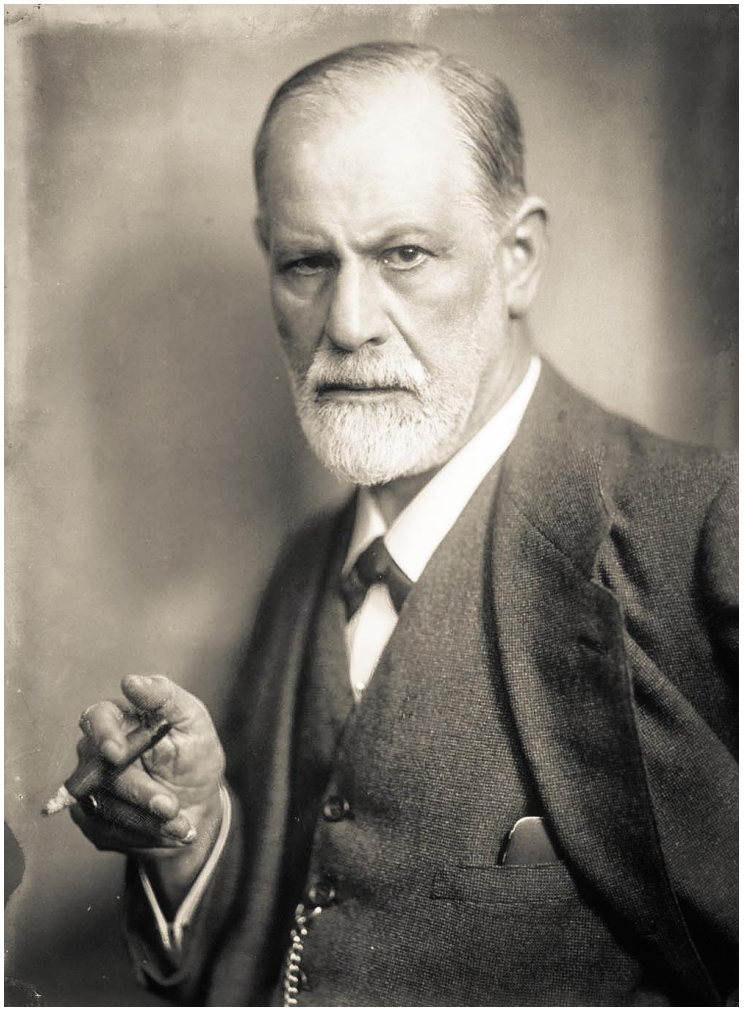
- Introduce the psychoanalytic model of the mind
- Introduce some basic psychodynamic concepts

- Use these to understand a clinical case

- Consider the rationale for treatment
- Overview of the evidence base and its limits

- Observation & practice of therapy

"The mind is an arena, a sort of tumbling-ground, for the struggle of antagonistic impulses."
(Freud, 1917)



1. In which city can you find this 'Man Hanging Out' Statue?

1. Prague
2. Vienna
3. Budapest

2. Where did Freud spend his final days?

- Vienna
- Prague
- London

3. Which of these is NOT one of Freud's stages of sexual development?

- Oral
- Anal
- Oedipal
- Latency
- Genital

4. Which of these is NOT part of Freud's structural model of the mind?

- Ego
- Id
- Self
- Superego

5. Which one of these is NOT part of Freud's topographical model of the mind?

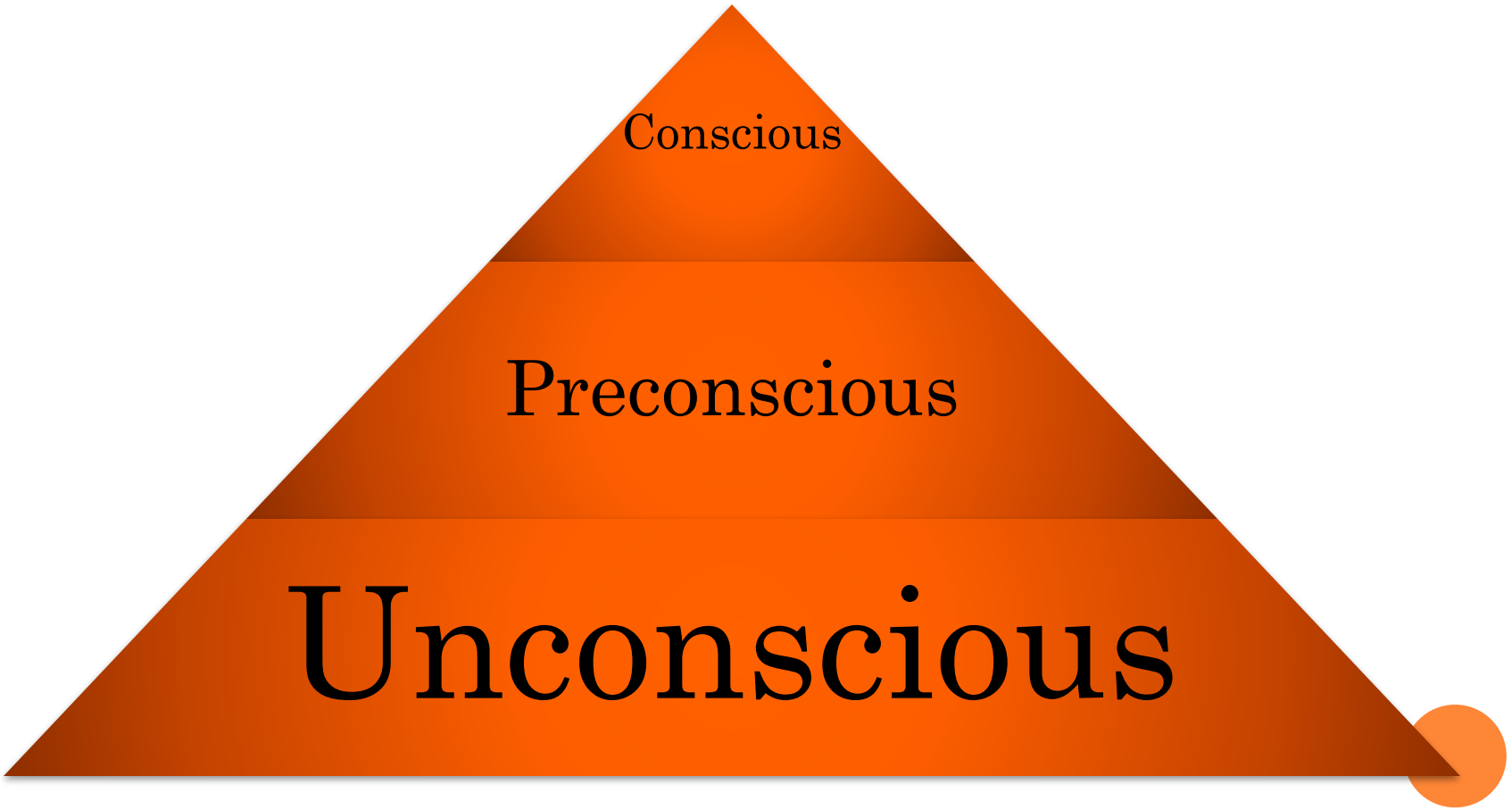
- Conscious
- Unconscious
- Subconscious
- Preconscious

Session One: Basic Psychodynamic Theory

Psychic determinism

- All behaviour is meaningful, purposeful, motivated and of potential significance, even maladaptive actions.

Freud's Topographical Model



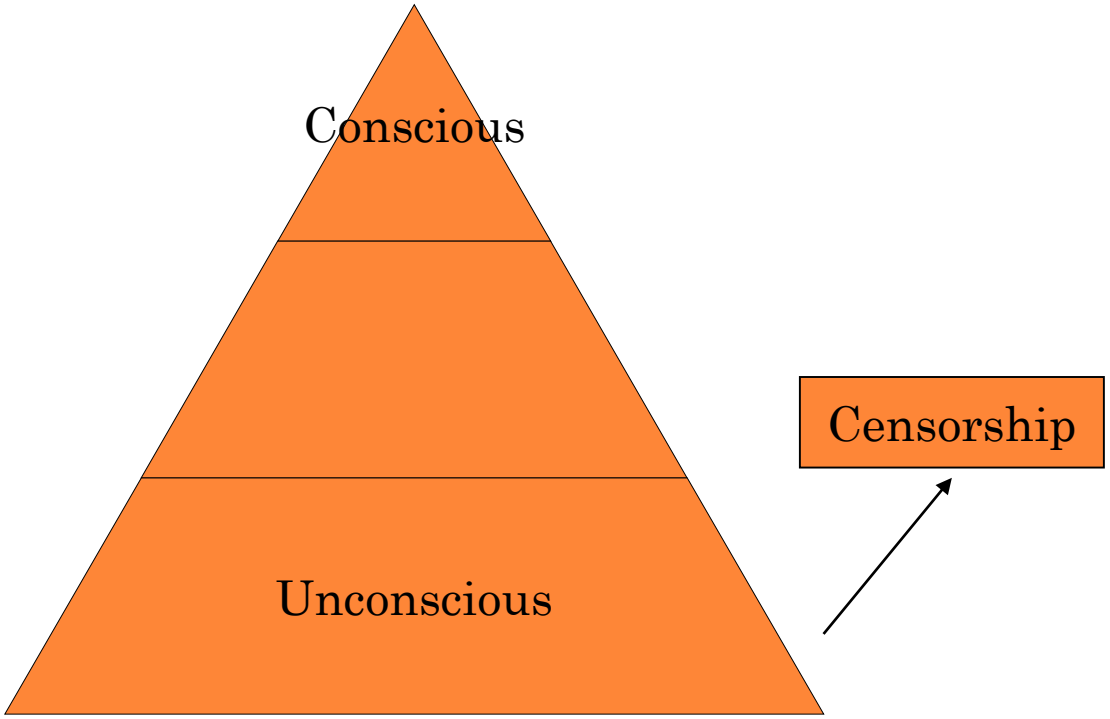
Evidence for the unconscious

- What's on your mind?

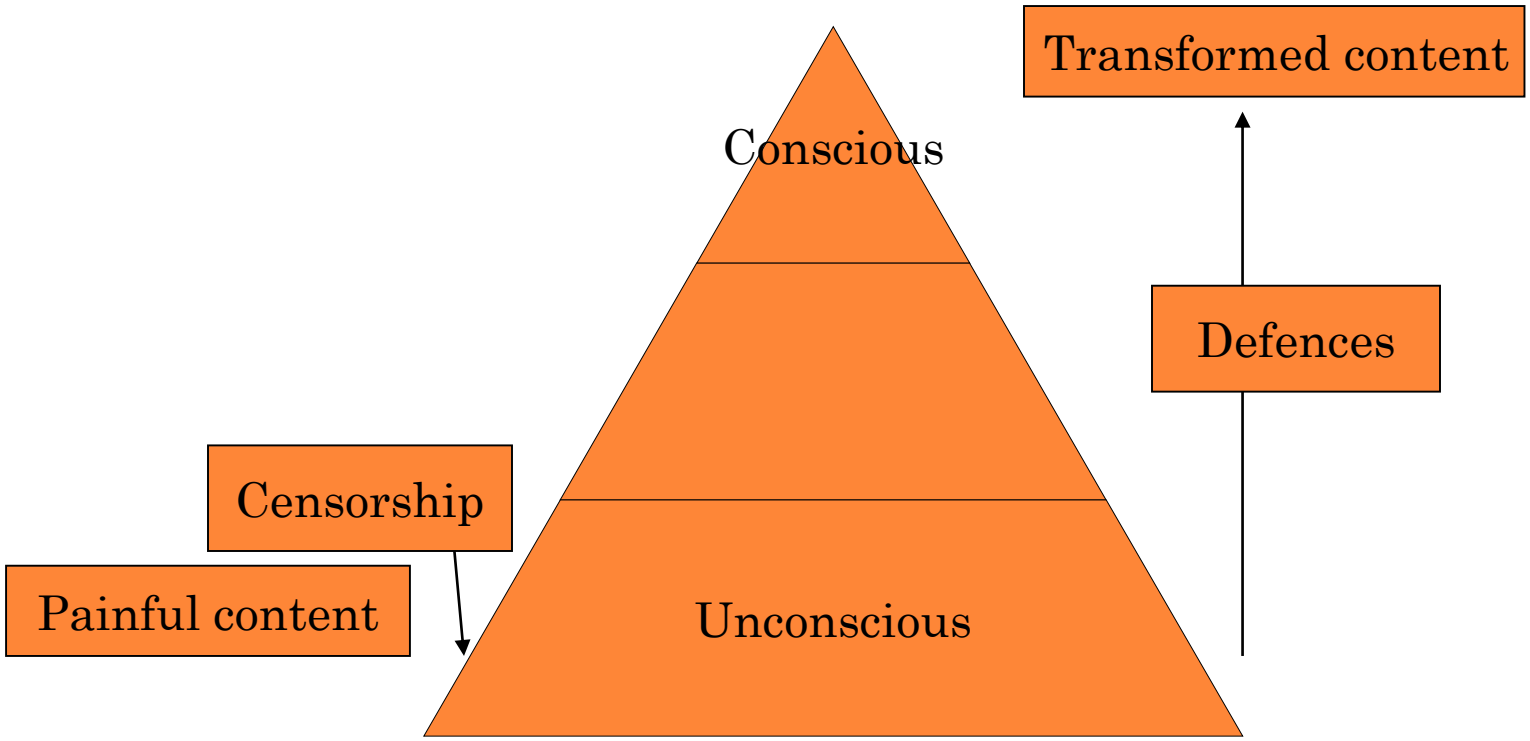
- Parapraxes (including slips of the tongue)
- Jokes
- Interrupted train of thought

- Dreams "The Royal Road to the Unconscious"

Topographical Model & Dreams



Dreams & Topographic model

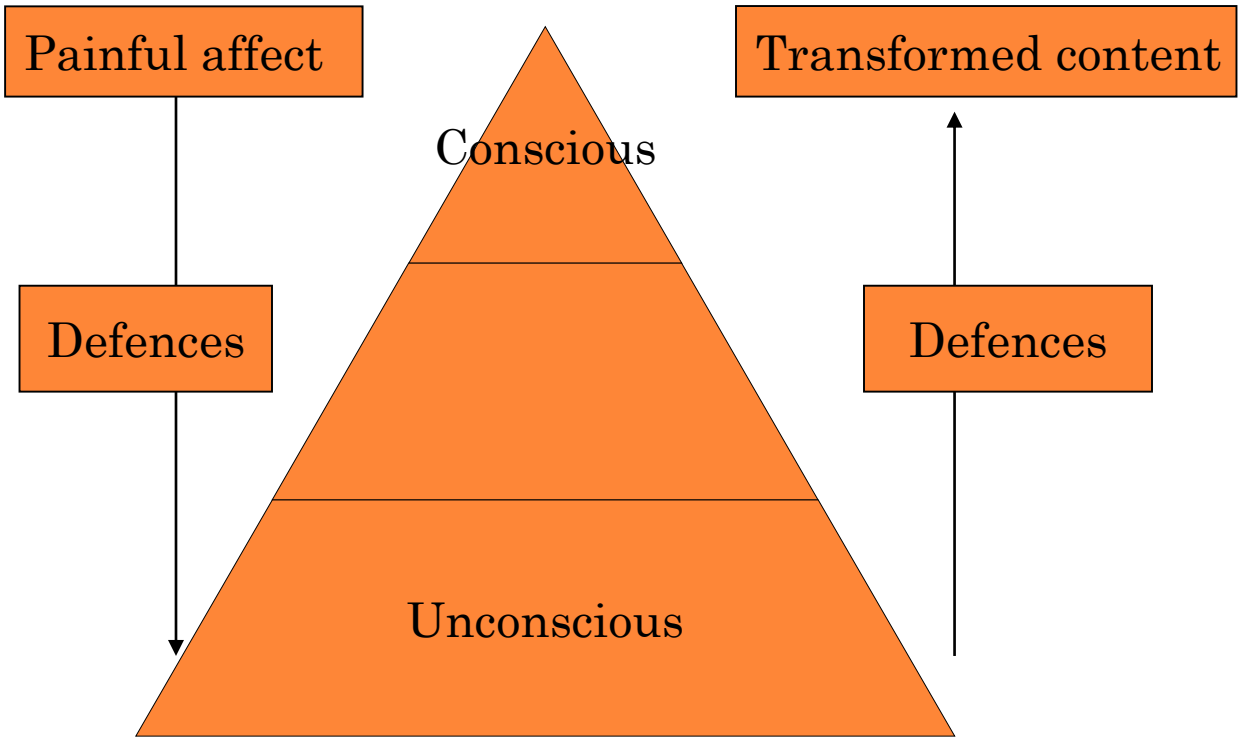


Defences

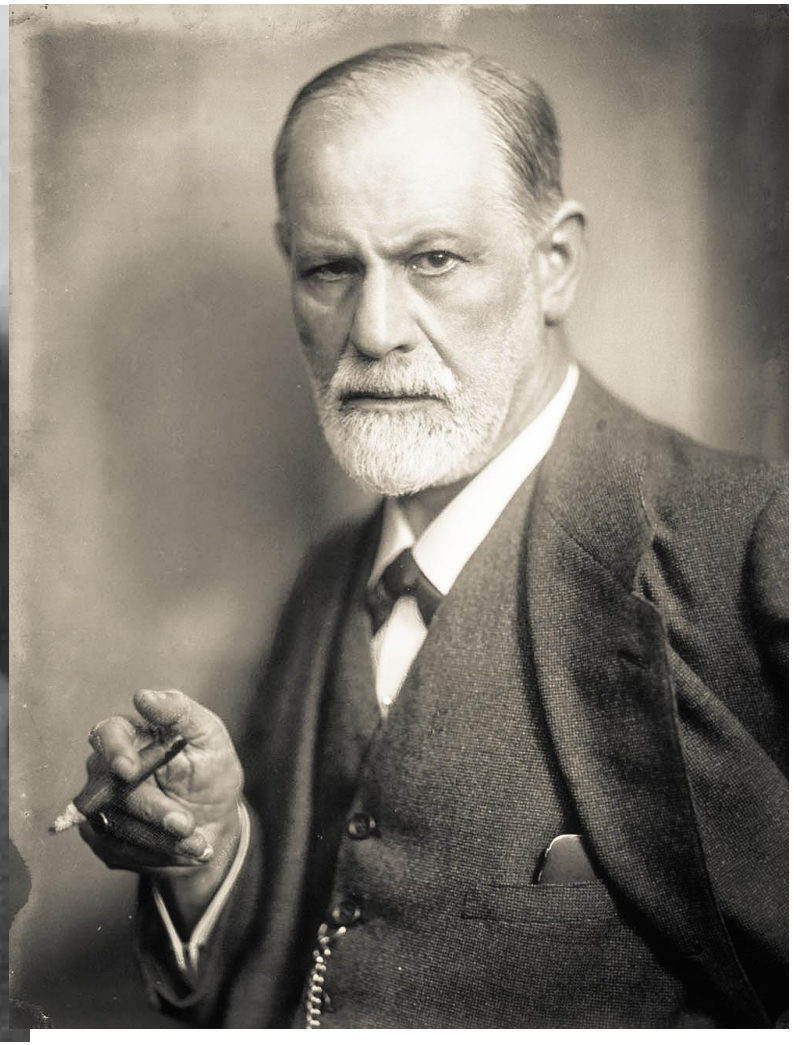
- Mental procedures designed to reduce **anxiety**"
- Normal / universal.
- Can lead to symptoms & compromises.

  (e.g. 'the return of the repressed')

Defences & Topographic model



DEFENCES



Primitive Defences

- Denial
- Splitting
- Dissociation
- Projection
- Introjection
- Projective identification
- Omnipotence
- Idealisation
- Denigration
- Manic defence
- Paranoid defence

Neurotic Defences

- Repression
- Displacement
- Reaction formation
- Reversal
- Undoing
- Isolation (of affect)
- Intellectualisation
- Conversion
- Acting out
- Rationalisation
- Sublimation
- Humour
- Altruism

When does a defence become a problem?

Defences Exercise

Scenario A

All day long at work you have had client after client come in seemingly no better than they were before and listing all the difficulties and trials they have experienced.

On arrival home you make a long awaited cup of tea and prepare to retire to your favourite chair. In that same chair your cat is spread out enjoying the warmth. You seize the cat and hurl it to the floor, then are suddenly shocked by your actions to poor old puss.

Scenario B

- A You are envious of a friend's new car. The next time you and your friends are driving around town, you see a car just like it, driven by a stranger. You say to your friends about the stranger, "I bet that girl l is a spoiled brat."

Scenario C

A 40 a day smoker finds himself breathless and coughing up phlegm after a walk in the park. He lights up a cigarette in a nearby café to be told by the owner, “those things will kill you, you know”.

The smoker replies that he is “as fit as a fiddle” and that his 90 year old grandfather smoked unfiltered cigarettes every day of his life – it never harmed him!

Scenario D

A female GP whose friend recently committed suicide a week after they had argued tells her partner about the latest research into serotonin deficiency and suicidality.

Scenario E

Heinrich Himmler (head of the Nazi SS) reported in conversation to his masseur re: hunting:

"How can you take any pleasure in creeping up on and shooting the poor animals grazing so innocently, defenceless and unsuspecting, at the edge of the woods? Considered objectively, that is pure murder … Nature is so beautiful and after all every animal has the right to life."

(Enzenberger, 1968)

Scenario F

- A soldier who has been exposed to traumatic experiences has amnesia and is unable to recall any part of his ordeal.

- A woman who was abused as a child finds that the smell of stale alcohol produces a fleeting, but disturbing flash of her abusive uncle's face.

Scenario G

- A youth, who spent much of his school years in detention for fighting becomes a successful amateur boxer.

- You are a talented artist whose paintings depict serious, dark themes.

Scenario H

- You are attending a sponsored lunch, with free boxed lunches. The food looks really good, so you take two boxes, telling yourself, “it’ll go to waste otherwise’

Scenario I

- You develop a crush on a friend. Every time you see this friend, you tease and criticize him/her.

- You don't like your boss (or consultant supervisor). Each morning, when s/he comes in to work, you act especially nice to her/him and even buy her/him flowers on her/his birthday.

Scenario J

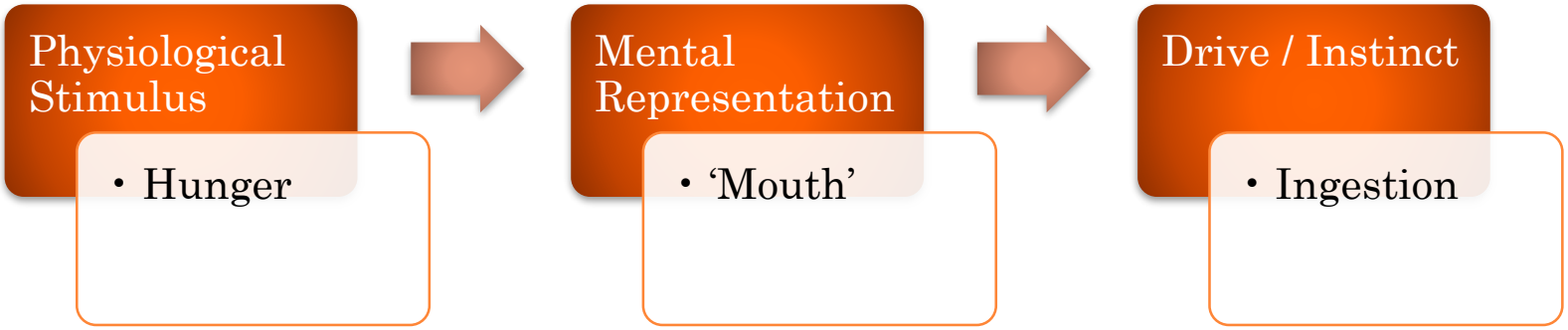
- You tend to procrastinate, but you're embarrassed about this quality. Any time you see someone else procrastinating, you say, "He must be really lazy. What a bum!"

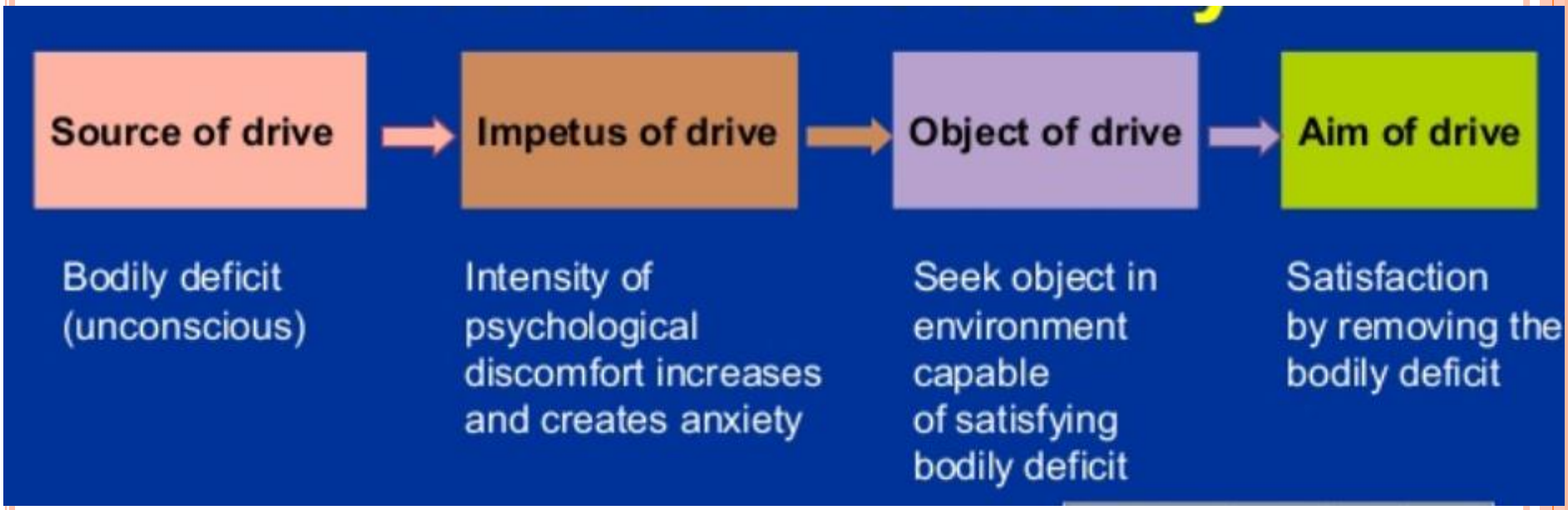
Scenario K

A patient declares to her new CPN:

"You are the best thing that has ever happened to me – I can tell you anything – I have never felt helped this much by anyone!"

Drive Theory
(Freud, the Ego and the id, 1923)




Source of drive
Impetus of drive
Object of drive
Aim of drive
Bodily deficit (unconscious)
Intensity of psychological discomfort increases and creates anxiety
Seek object in environment capable of satisfying bodily deficit
Satisfaction by removing the bodily deficit

Drive Theory

- Less emphasis on the object

- Psychosexual stages
  - Oral
  - Anal
  - Phallic
  - (Latent)
  - Genital

Object Relations theory

- Infants form mental representations of themselves in relation to others

- Mental representations form templates of relating to others in adult life, including friends, work colleagues, sexual partners and also clinicians.

"Object relations"

- The dynamic internalized relationships between the self and significant others (objects).

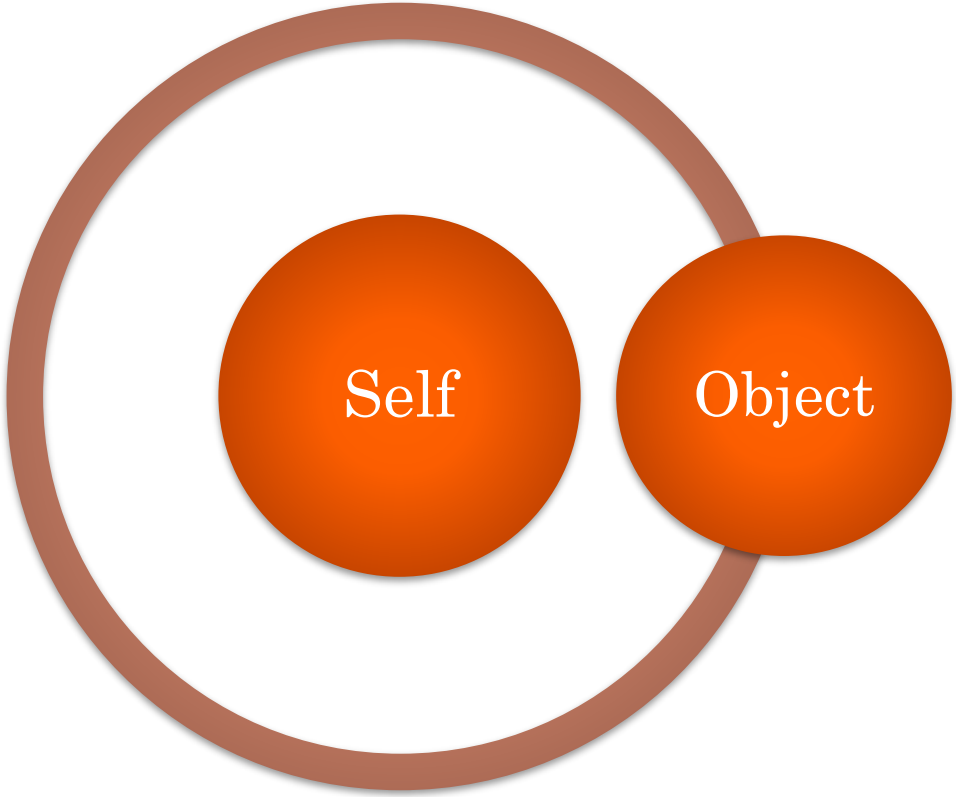
- An object relation involves mental representations of:

- The object *as perceived by the self*
- The self in relation to the object
- The relationship between self and object

- ‘Internal objects’ are formed during infancy through repeated experiences with caregiver.
- The representations do not necessarily reflect reality but are subjectively constructed by the infant’s limited cognitive abilities.
- ‘psychic reality’ vs external reality.

External Object Relationship

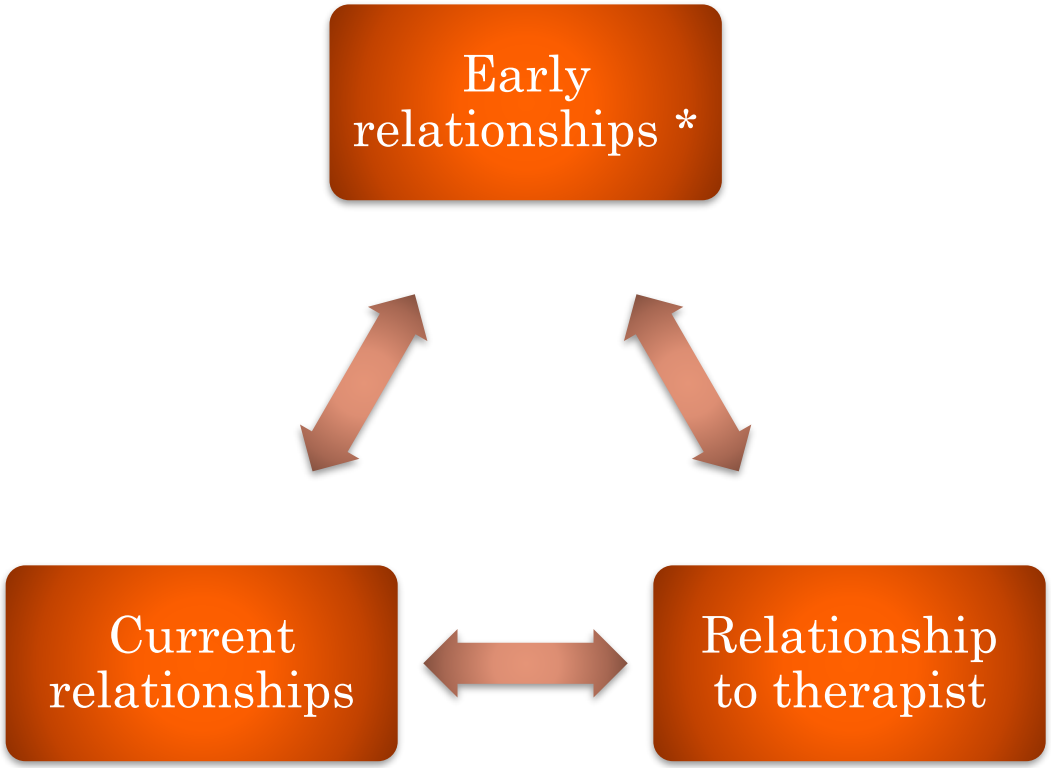
Internal Object Relationship



Mental phenomena

- Transference
  - Earlier feelings are transferred from their original object (typically a parent) to a current relationship, in therapy, with the therapist/analyst.
  - Unconscious
  - Can be positive or negative

Transference: relationship templates



*The compulsion to repeat

The compulsion to repeat (*Wiederholungszwang*)

Freud, S. 1914. Remembering, Repeating and Working Through.

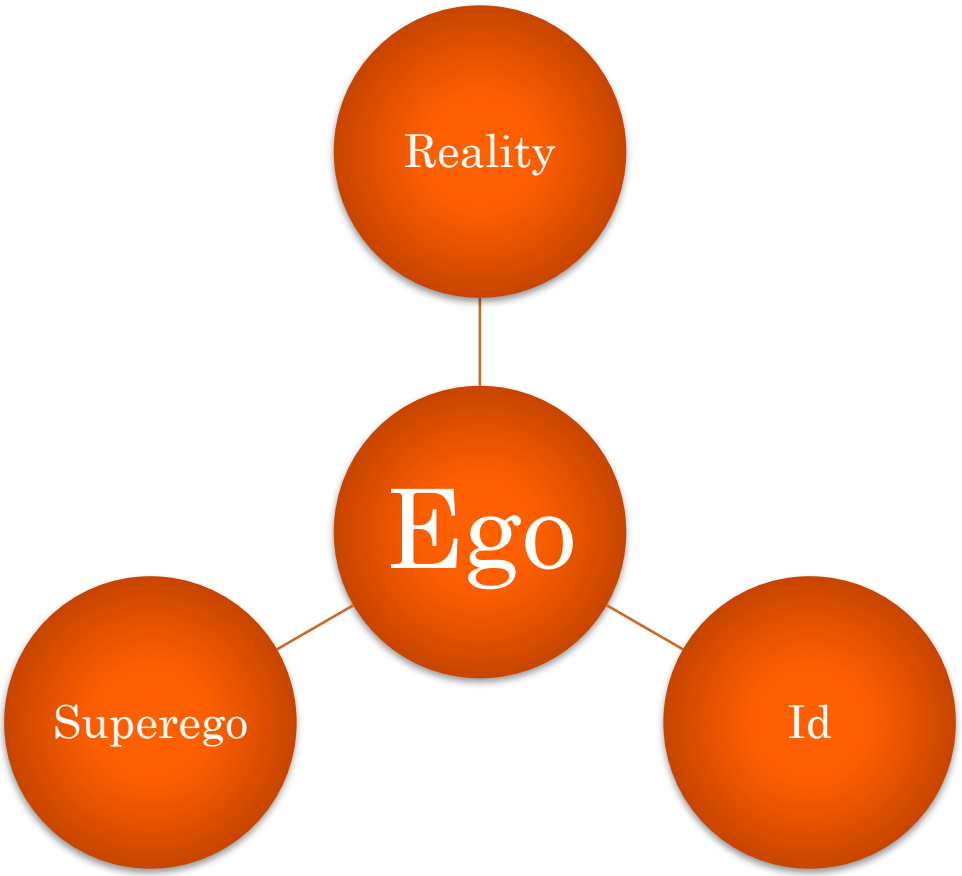
'The patient does not remember anything of what he has forgotten and repressed, he acts it out, without, of course, knowing that he is repeating it ... For instance, the patient does not say that he remembers that he used to be defiant and critical toward his parents' authority; instead, he behaves in that way to the doctor'

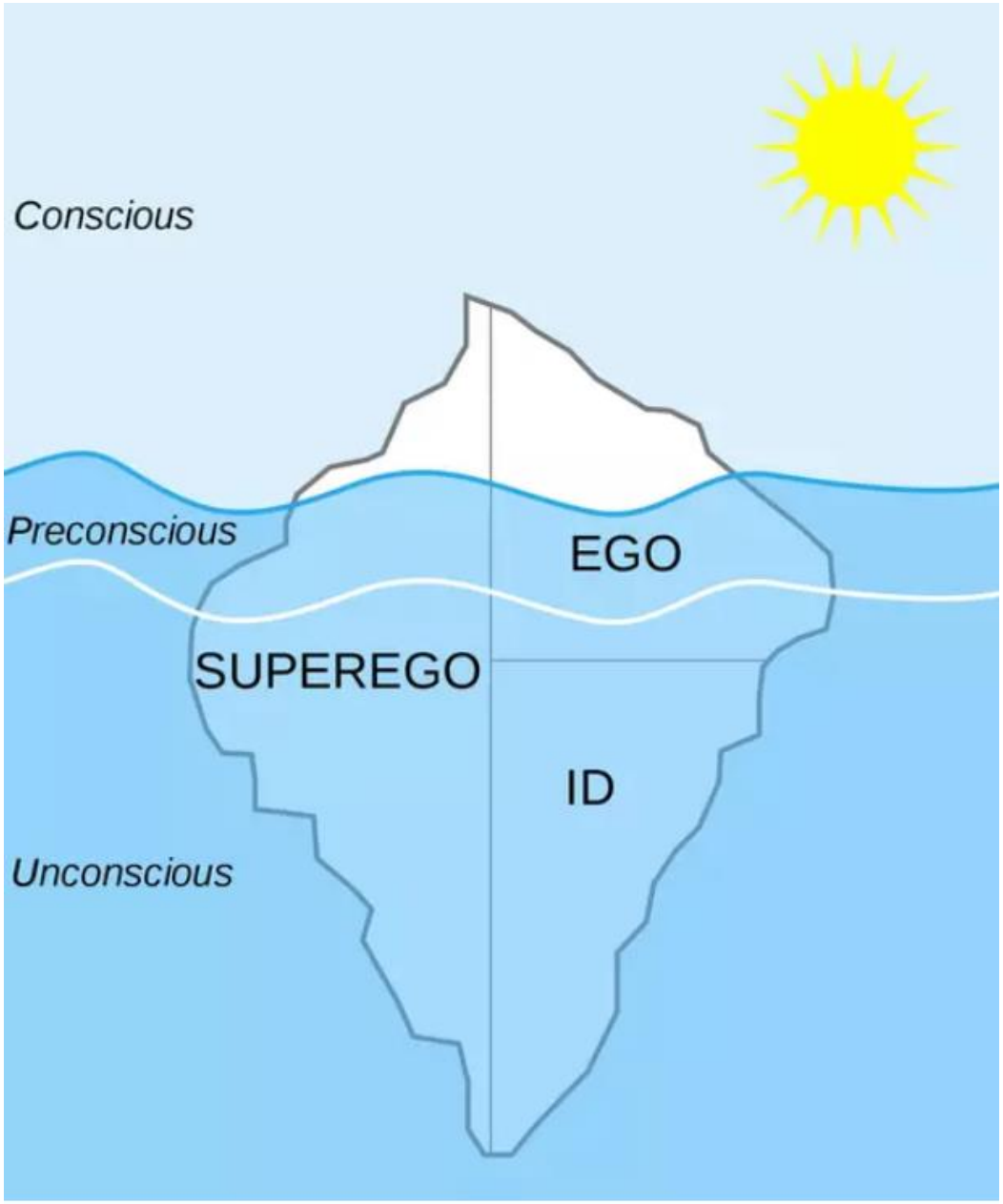
COUNTER-TRANSFERENCE (countertransference)

- Feelings you (the therapist) get as a result to the influence the patient has on you.
- Can be related to your own difficulties
- Can also be part of non-verbal communication
- Can be used diagnostically and therapeutically (with caution)

“all of one’s thoughts and feelings and fantasies that one finds oneself having in the course of an interview with the patient are very likely to be utilisable as relevant data, relevant to what is going on in the patient” (Harold Searles, 1973)

Freud's Structural Model of the mind (1923)




Conscious
Preconscious
EGO
SUPEREGO
ID
Unconscious


Time for
a Break!

Session Two: Clinical Applications

Psychological formulation

- The *process* of co-constructing a hypothesis or "best guess" about the origins of a person's difficulties in the context of their relationships, social circumstances, life events, and the sense that they have made of them (Johnstone, 2017).

- A *structure* for thinking (together with the patient) about how to understand their experiences and how to move forward.

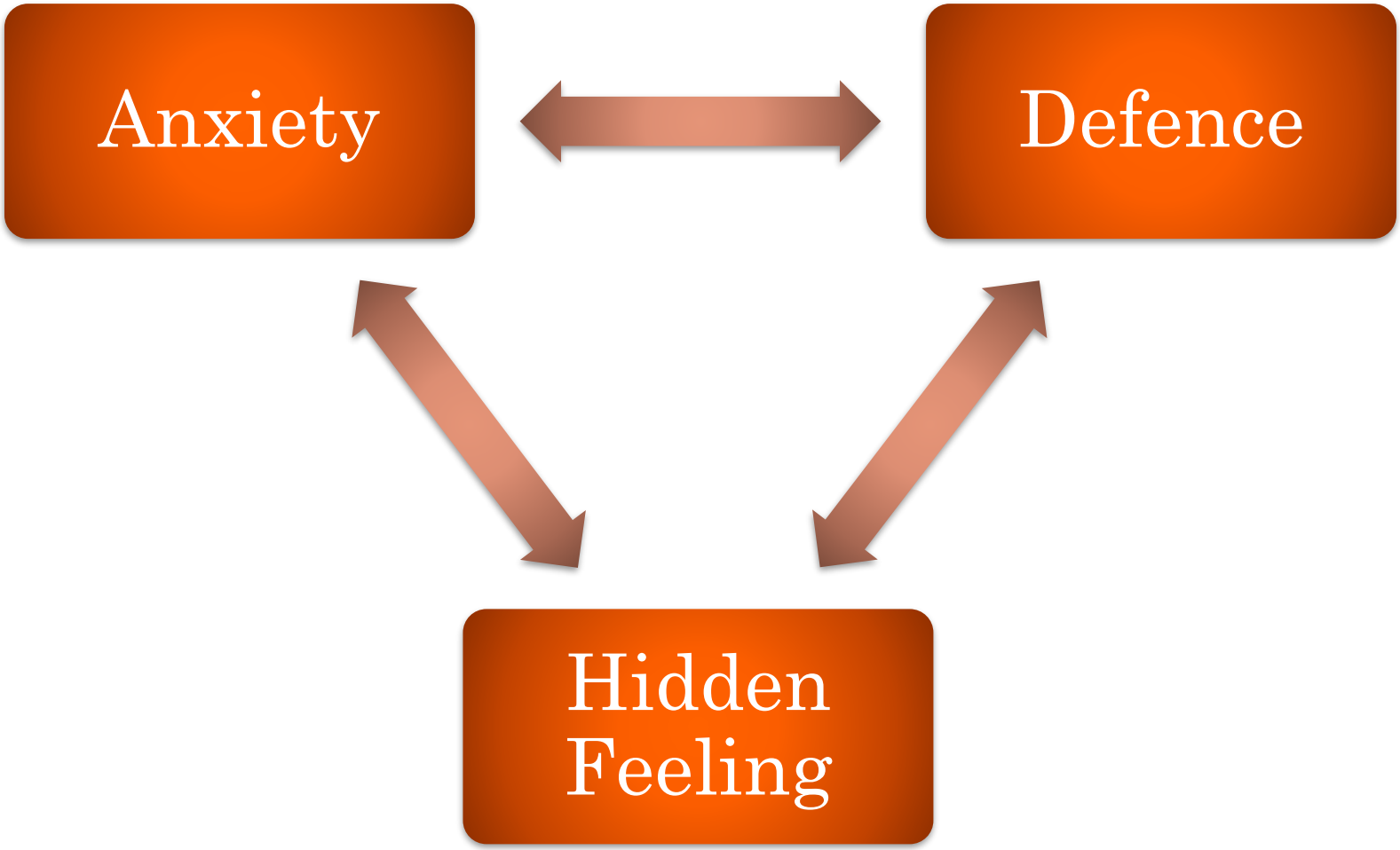
- Is "the *tool* used by clinicians to relate theory to practice" (Butler, 1998, p. 2).

- It provides the *basis* for an intervention plan tailored to the individual and their needs.

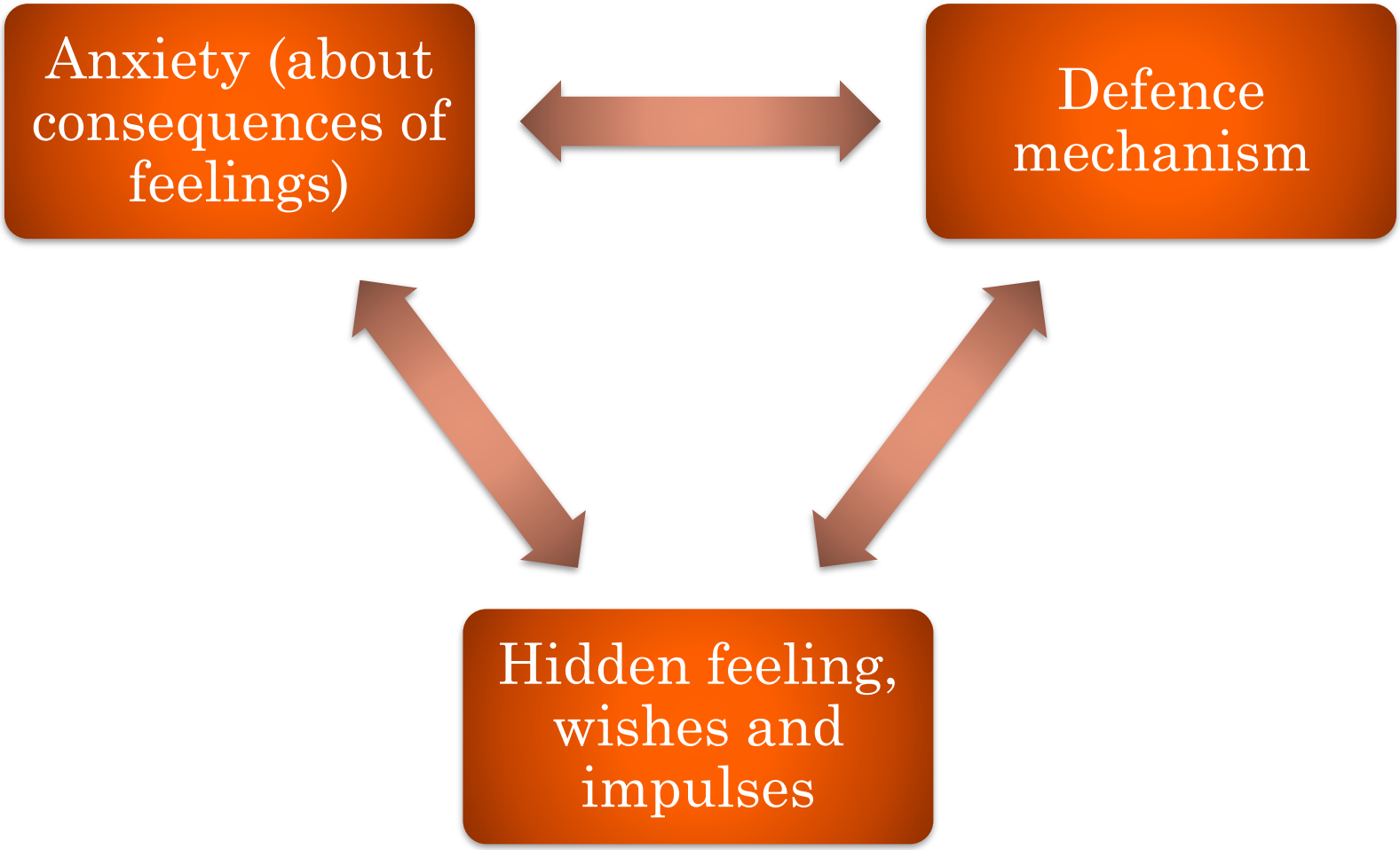
Diagnosis vs. Formulation

Characteristics	Diagnosis	Formulation
Format	Descriptive label	Explanatory summary
Standpoint	What is shared?	What is unique?
Perspective	It is an illness	It all makes sense
Derivation	Structured examination	Interactive interview
Use of Theory	Theory neutral	Informed by theory
Predicts	Course of illness	Response to illness
Treatment	Identified Rx	Informs Rx

Triangle of Conflict
(Ezriel, 1952; malan, 1995)



Triangle of Conflict



Recap defences exercise

Group work: Vignette - S

Primitive Defences

- Denial
- Splitting
- Dissociation
- Projection
- Introjection
- Projective identification
- Omnipotence
- Idealisation
- Denigration
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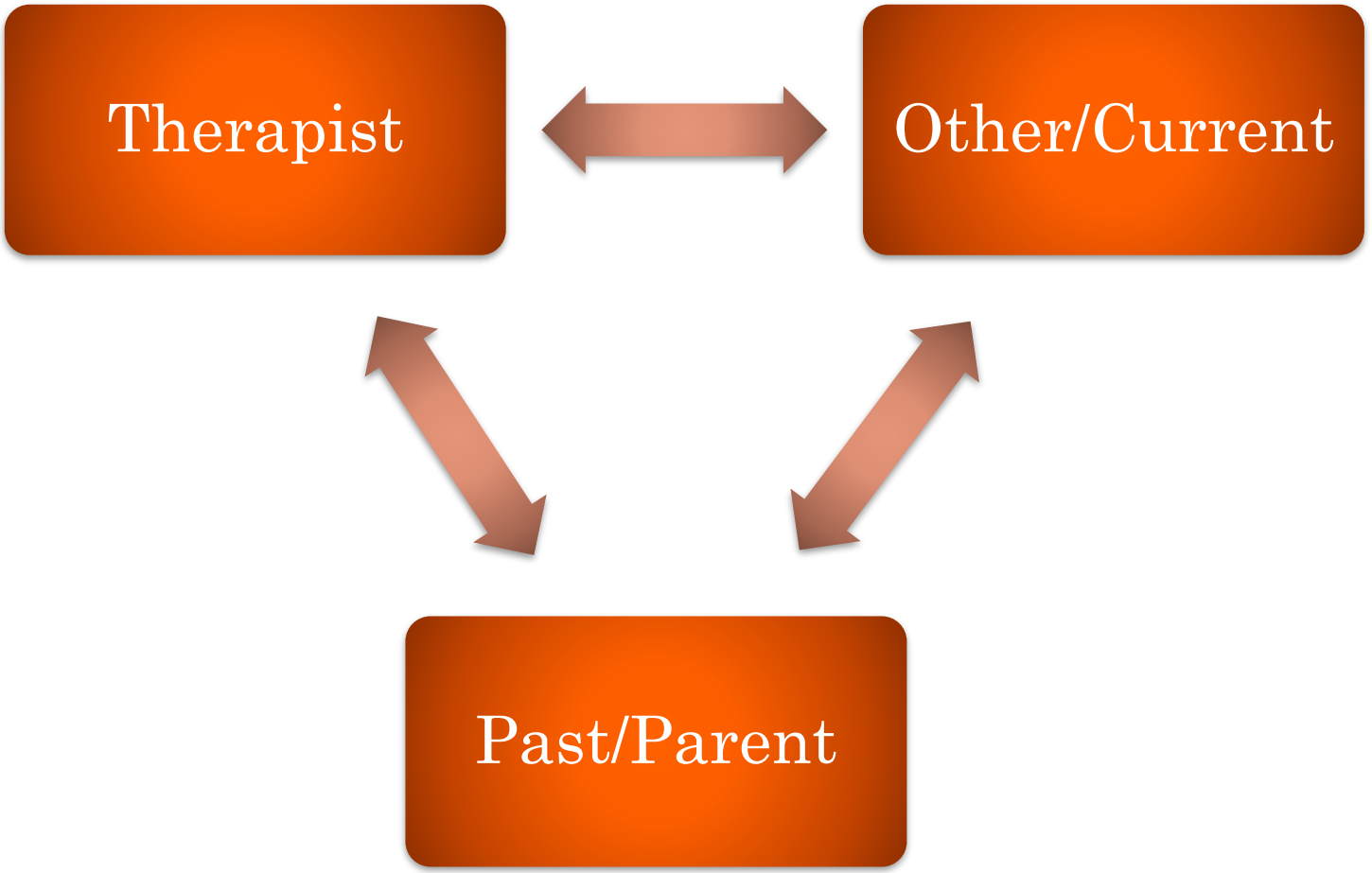
Neurotic Defences

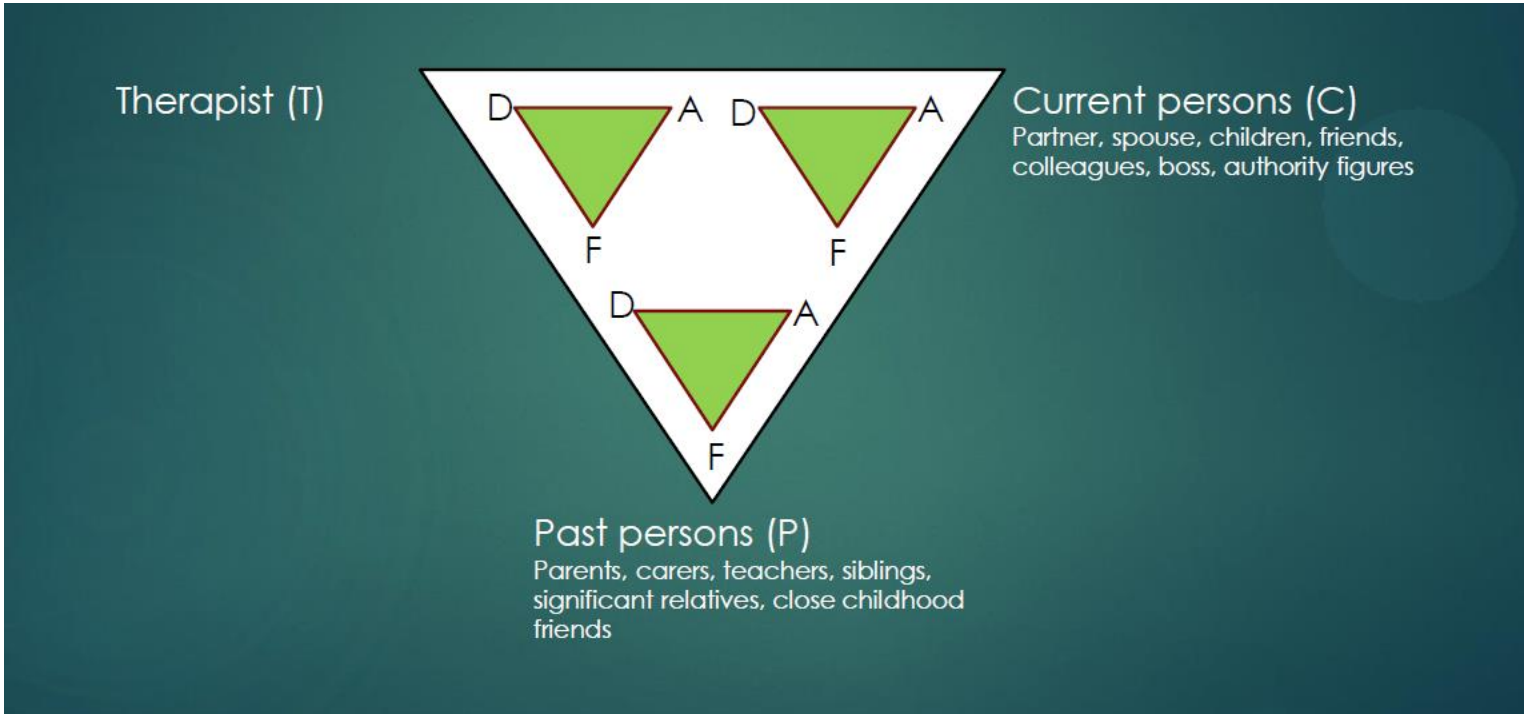
- Repression
- Displacement
- Reaction formation
- Undoing
- Reversal
- Isolation
- Intellectualisation
- Conversion
- Acting out
- Rationalisation
- Sublimation
- Humour

Triangle of Person
(Malan, 1995)



Group work: Vignette - S

Combined: The 4 Triangles



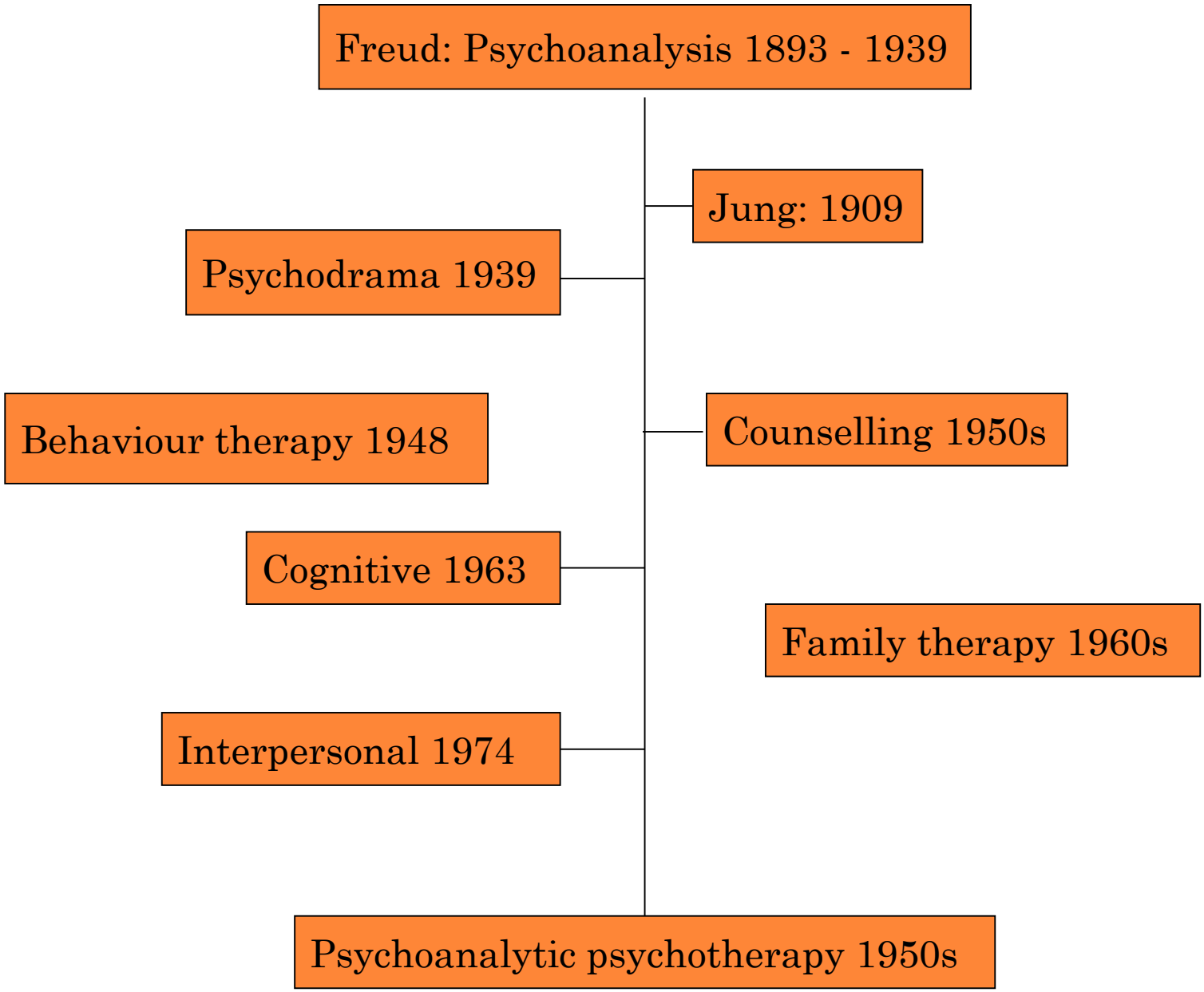
And now…


So the Happy Meal didn't work.
CARTOONSTOCK
Search ID: ggm071203
©Glenn and Gary McCoy/Distributed by Universal Uclick via CartoonStock.com

Session Three: When would you use this therapy?

Psychotherapy

- The branch of psychiatry concerned with psychological methods
- The treatment of mental or emotional problems by psychological means
- As opposed to biological and social interventions


Freud: Psychoanalysis 1893 - 1939
Jung: 1909
Psychodrama 1939
Behaviour therapy 1948
Counselling 1950s
Cognitive 1963
Family therapy 1960s
Interpersonal 1974
Psychoanalytic psychotherapy 1950s

Similarities between all therapies

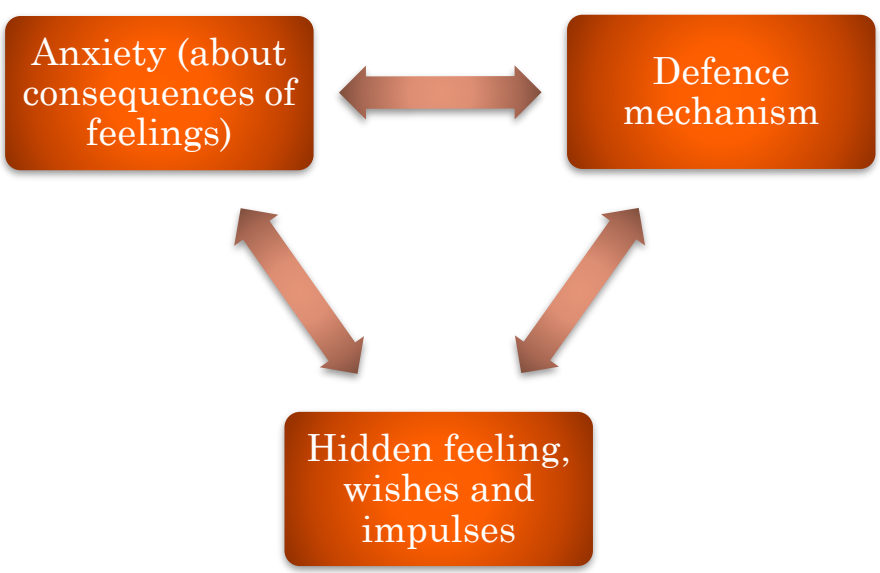
- Explaining the aims and rationale of therapy
- Establishing a therapeutic alliance
- Monitoring and maintaining boundaries
- Sensitivity to ending

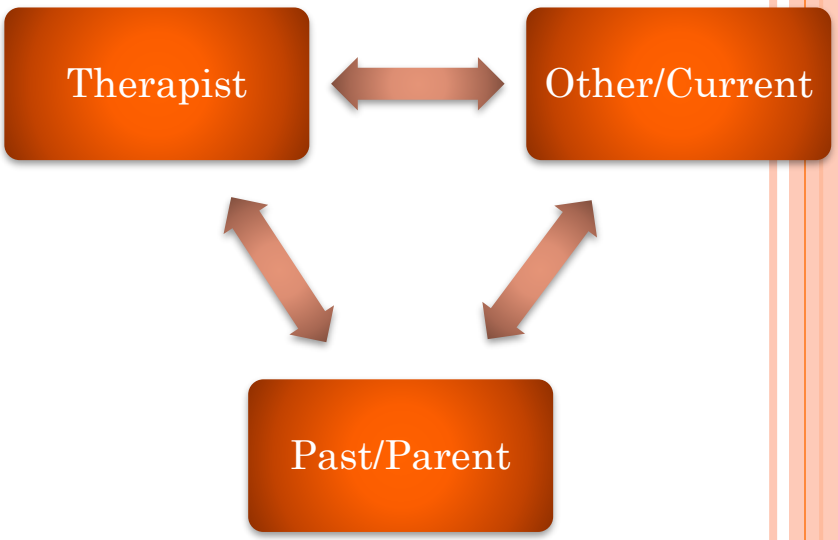
Commonalities of Healing Practices Across Cultures (Frank & Frank, 1991)

- **Healer:** An individual who is culturally sanctioned as a healer and possesses expertise
  - Ex: psychologist, acupuncturist, shaman
- **Healing Setting:** A context in which the healing art is practiced
  - Ex: office, home, religious location
- **Ritual:** A set of procedures that is necessary for the healing process
  - Ex: talk, physical manipulation of the body, performance
- **Myth:** A rationale for the treatment that is ***consistent with*** the ritual
  - Ex: psychodynamic, physiologic, spiritual explanation

Psychoanalytic psychotherapy

- The exploration of past events and relationships and their relation to current difficulties
- Focused on relationship patterns including the relationship between the therapist and patient
- Emphasis on feelings and unconscious processes


Anxiety (about consequences of feelings)
Defence mechanism
Hidden feeling, wishes and impulses


Therapist
Other/Current
Past/Parent

Psychoanalytic	Cognitive	Counselling
Past, present, here-and-now	Present symptoms	Present problems
Free association Interpretation	Socratic questioning Problem solving	Non-judgemental listening Unconditional positive regard
Negative feelings towards therapist are explored	Negative feelings towards therapist are regarded as obstacles to the therapy	Negative feelings towards therapist are normally regarded as part of the therapy
Emphasis on both patient's and therapist's process	Emphasis on patient's process	Emphasis on patient's process
Unstructured	Agenda'ed	Unstructured
Emphasis on relationships	Emphasis on current problems	Emphasis on current problems
Unconscious work between sessions	Homework / conscious work between sessions	Usually no homework

Psychoanalytic therapy: indications

- Difficulties rooted in past relationships and development
- Personality disorders
- Acute and chronic neuroses
- Eating disorders
- Adjustment disorders, including ‘pathological’ grief

Using the Formulation

- What would you focus on in therapy?
- What effect will that have?

Research in psychotherapy

True or False?

- Psychotherapy research is not as reliable as research on drug treatment.
- Psychotherapy research can only be done using qualitative methods.
- There is no evidence that psychotherapy is effective.

True or False?

- There is good evidence that psychodynamic therapy is effective.
- There is no evidence that some psychotherapy modalities are more effective than others.
- Psychotherapy outcome research outlines how psychotherapy works.

- Psychotherapy is the best documented medical intervention in history (Howard et al. 1995)

Problems in psychotherapy research

- Randomisation vs. indication and assessment outcome.
- Expectation of therapy is pertinent for outcome
- Sample size small, attrition high, therefore ?random
- Different therapists = no standardisation (but adherence to manuals decreases quality of therapist functioning)
- No therapist-patient matching

Problems in psychotherapy research

- Issues with blinding
- Investigator allegiance (70%, Luborsky et al, 2006)
- Not practical in long term therapies
- Poor success in predicting outcome at the level of individual

The problem of outcome measures..

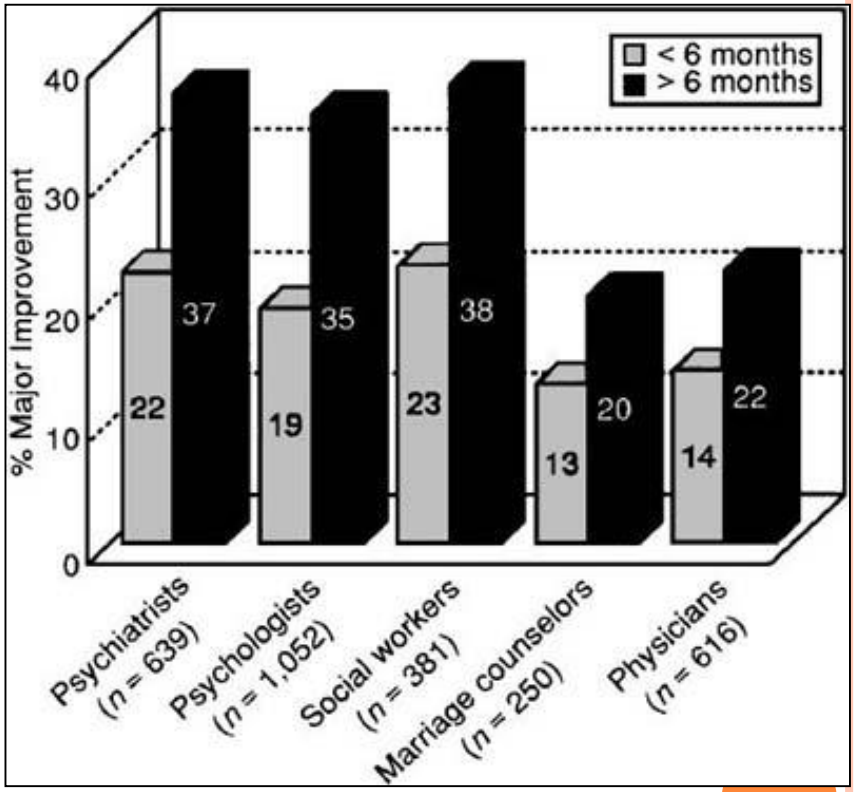
- They don't answer the 'how'.
- Is it all about symptoms and symptom count/score?
- Some outcomes difficult to measure
- Who decides if therapy is working?
- Patient satisfaction as an outcome measure (Consumer Report)

Consumer Reports Study (Seligman, 1995)

- Methodology
  - 180,000 readers received issue, 7000 filled out survey, 3000 saw mental health professionals
  - Educated, middle-class, 50% female, median age = 46
  - Outcome measures:
    - Specific improvement
    - Satisfaction
    - Global Improvement

Consumer Reports Study (Findings)

- Psychotherapy led to improvement for 90%
- Psychiatrists, psychologists, social workers equally effective
- Longer treatment led to better outcomes
- Limitations on insurance led to worse outcomes



Consumer Reports Study (Findings)

- People who felt worst before treatment reported the most improvement (CF. antidepressants)
- No difference between different types of therapies
- No difference between psychotherapy alone and psychotherapy with meds
- Active shoppers and active clients did better
- **Conclusion: Psychotherapy Works!**
- **Critique:** non-random, self-report, no control groups, cognitive dissonance

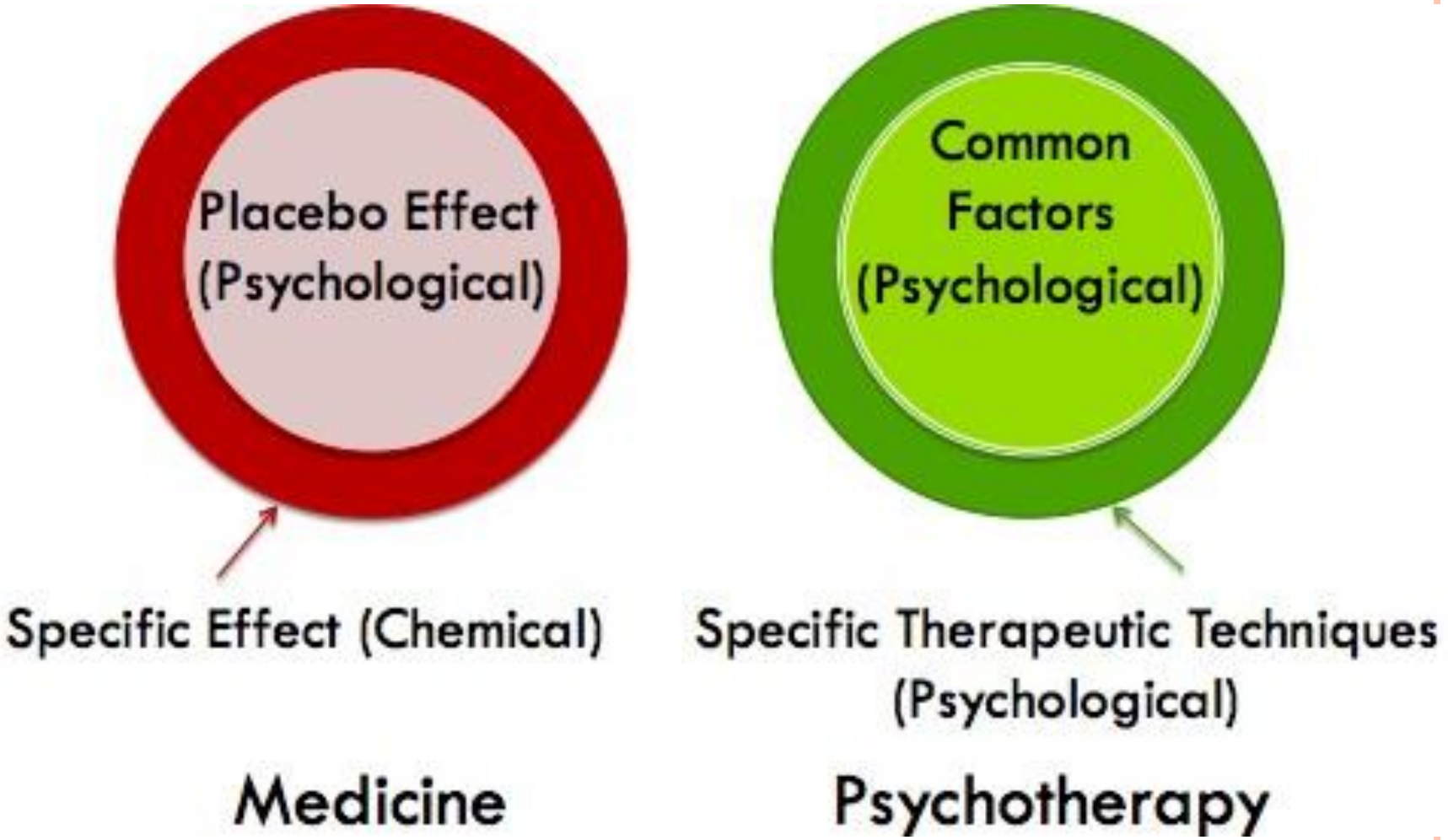
Dodo Bird effect (Luborsky, 1975)

No difference between different types of therapies

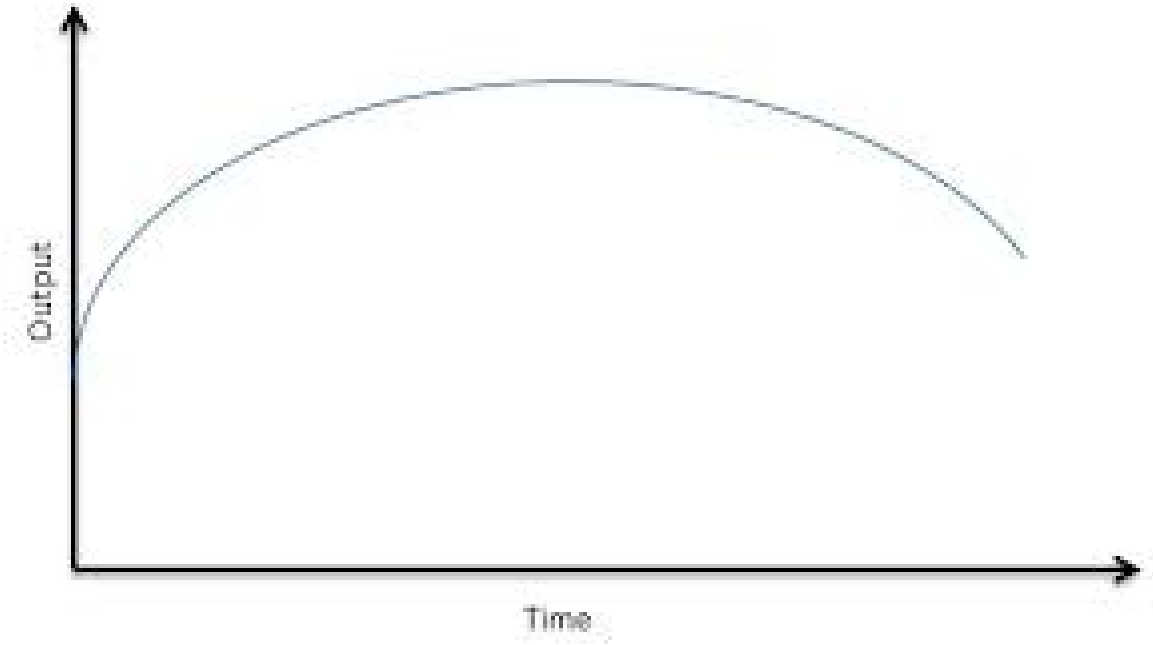
"Everybody has won, and all must have prizes."

Chapter 3 of Lewis Carroll's Alice's Adventures in Wonderland

WHY DOES PSYCHOTHERAPY WORK? (WAMPOLD, 2001)



‘Law of diminishing return’



- ED50: effective dose to produce recovery in 50% of patients

- 'Remoralization': ED50 =4-6 sessions
- Depression/anxiety: ED50 =10-12 sessions
- Interpersonal/longstanding: ED50 >40

So does it work?

- First major meta-analysis of psychotherapy outcome studies.
- psychotherapy compared with untreated controls 475 studies
- various diagnoses and treatments
- Overall effect size of 0.85

(Smith, Glass, & Miller, 1980).

So does it work?

- Lipsey and Wilson (1993):

18 meta-analyses concerned with general psychotherapy outcomes, median effect size 0.75.

- Robinson, Berman, and Neimeyer (1990):

37 psychotherapy studies, specifically in the depression, overall effect size of 0.73.

Effect size in perspective

- effect sizes of :
  0.26 for fluoxetine
  0.26 for sertraline
  0.24 for citalopram
  0.31 for escitalopram
  0.30 for duloxetine
  0.17 for TCAs

- 0.31 overall mean effect size for antidepressants approved by FDA between 1987 and 2004 was (Turner, Matthews, Linardatos, Tell, & Rosenthal, 2008).

BJPsych | The British Journal of Psychiatry (2019)
Page 1 of 9. doi: 10.1192/bjp.2019.33

Review

The effectiveness of psychoanalytic/psychodynamic psychotherapy for reducing suicide attempts and self-harm: systematic review and meta-analysis

Stephen Briggs, Gopalakrishnan Netuveli, Nick Gould, Antigone Gkaravella, Nicole S. Gluckman, Patricia Kangogyere, Ruby Farr, Mark J. Goldblatt and Reinhard Lindner

Background

Preventing suicide and self-harm is a global health priority. Although there is a growing evidence base for the effectiveness of psychoanalytic and psychodynamic psychotherapies for a range of disorders, to date there has been no systematic review of its effectiveness in reducing suicidal and self-harming behaviours.

Aims

To systematically review randomised controlled trials of psychoanalytic and psychodynamic psychotherapies for suicidal attempts and self-harm.

Method

We searched PubMed, PsycINFO, Psycharticles, CINAHL, significantly reduced repetition of self-harm at 6-month but not 12-month follow-up. Significant treatment effects were also found for improvements in psychosocial functioning and reduction in number of hospital admissions.

Conclusions

Psychoanalytic and psychodynamic psychotherapies are indicated to be effective in reducing suicidal behaviour and to have short-term effectiveness in reducing self-harm. They can also be beneficial in improving psychosocial well-being. However, the small number of trials and moderate quality of the evidence means further high-quality trials are needed to confirm our findings and to identity which specific components of the psychotherapies are effective.

SPECIAL ARTICLE

The effectiveness of psychodynamic psychotherapies: an update

PETER FONAGY

Research Department of Clinical, Educational and Health Psychology, University College London, and The Anna Freud Centre, London, UK

This paper provides a comprehensive review of outcome studies and meta-analyses of effectiveness studies of psychodynamic therapy (PDT) for the major categories of mental disorders. Comparisons with inactive controls (waitlist, treatment as usual and placebo) generally but by no means invariably show PDT to be effective for depression, some anxiety disorders, eating disorders and somatic disorders. There is little evidence to support its implementation for post-traumatic stress disorder, obsessive-compulsive disorder, bulimia nervosa, cocaine dependence or psychosis. The strongest current evidence base supports relatively long-term psychodynamic treatment of some personality disorders, particularly borderline personality disorder. Comparisons with active treatments rarely identify PDT as superior to control interventions and studies are generally not appropriately designed to provide tests of statistical equivalence. Studies that demonstrate inferiority of PDT to alternatives exist, but are small in number and often questionable in design. Reviews of the field appear to be subject to allegiance effects. The present review recommends abandoning the inherently conservative strategy of comparing heterogeneous "families" of therapies for heterogeneous diagnostic groups. Instead, it advocates using the opportunities provided by bioscience and computational psychiatry to creatively explore and assess the value of protocol-directed combinations of specific treatment components to address the key problems of individual patients.

Key words: Psychodynamic psychotherapy, psychoanalysis, depression, anxiety disorders, eating disorders, somatic disorders, personality disorders

(World Psychiatry 2015;14:137–150)

Am J Psychiatry. 2017 Oct 1;174(10):943-953. doi: 10.1176/appi.ajp.2017.17010057. Epub 2017 May 25.

Psychodynamic Therapy: As Efficacious as Other Empirically Supported Treatments? A Meta-Analysis Testing Equivalence of Outcomes.

Steinert C[1], Munder T[1], Rabung S[1], Hoyer J[1], Leichsenring F[1].

It gets better!

- Abbass, Hancock, Henderson, & Kisely, 2006
- Meta-analysis, the Cochrane Library,
- 23 randomized controlled trials of 1,431 patients.
- a range of common mental disorders
- short-term (<40 hours) psychodynamic therapy vs controls
- overall effect size of 0.97 for general symptom improvement.
- effect size increased to 1.51 at long-term follow-up (>9 months posttreatment).

Pragmatic randomized controlled trial of long-term psychoanalytic psychotherapy for treatment-resistant depression: the Tavistock Adult Depression Study (TADS)

Peter Fonagy[1], Felicitas Rost[2], Jo-anne Carlyle[2], Susan McPherson[3], Rachel Thomas[2], R.M. Pasco Fearon[1], David Goldberg[4], David Taylor[2]

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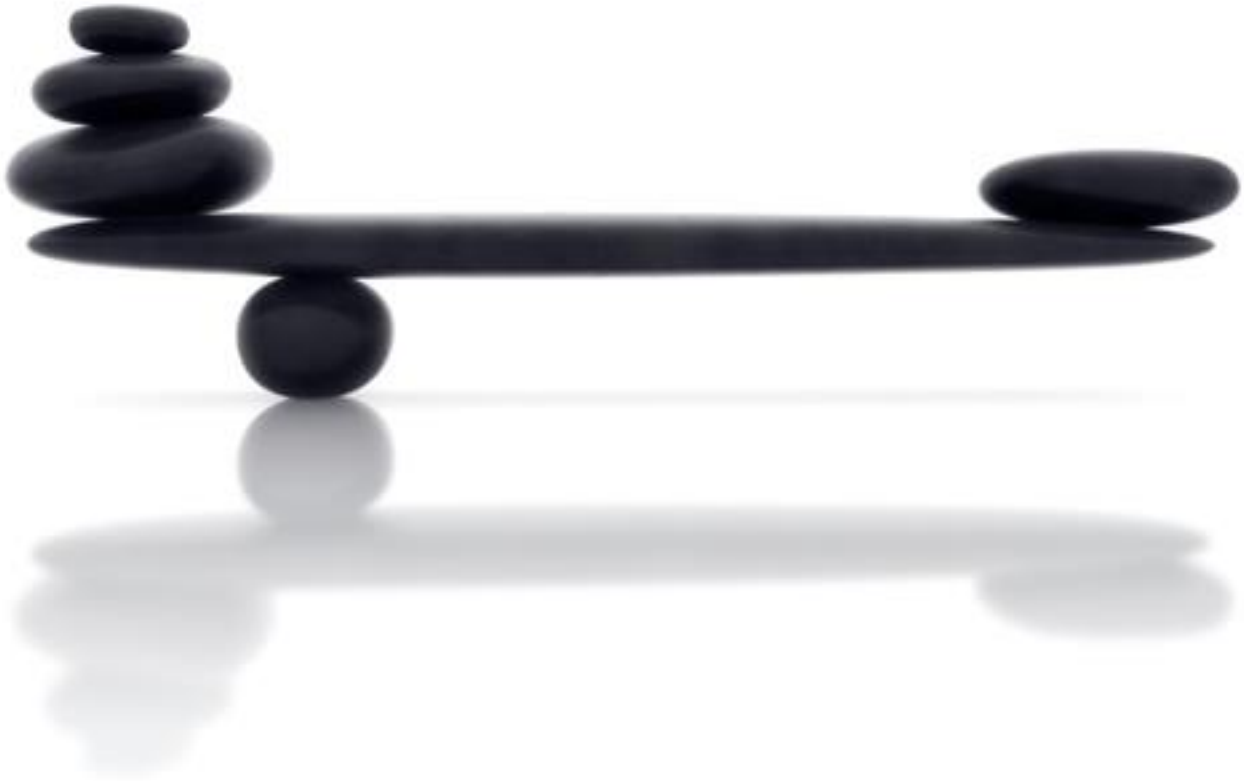
This pragmatic randomized controlled trial tested the effectiveness of long-term psychoanalytic psychotherapy (LTPP) as an adjunct to treatment-as-usual according to UK national guidelines (TAU), compared to TAU alone, in patients with long-standing major depression who had failed at least two different treatments and were considered to have treatment-resistant depression. Patients (N=129) were recruited from primary care and randomly allocated to the two treatment conditions. They were assessed at 6-monthly intervals during the 18 months of treatment and at 24, 30 and 42 months during follow-up. The primary outcome measure was the 17-item version of the Hamilton Depression Rating Scale (HDRS-17), with complete remission defined as a HDRS-17 score ≤8, and partial remission defined as a HDRS-17 score ≤12. Secondary outcome measures included self-reported depression as assessed by the Beck Depression Inventory - II, social functioning as evaluated by the Global Assessment of Functioning, subjective wellbeing as rated by the Clinical Outcomes in Routine Evaluation - Outcome Measure, and satisfaction with general activities as assessed by the Quality of Life Enjoyment and Satisfaction Questionnaire. Complete remission was infrequent in both groups at the end of treatment (9.4% in the LTPP group vs. 6.5% in the control group) as well as at 42-month follow-up (14.9% vs. 4.4%). Partial remission was not significantly more likely in the LTPP than in the control group at the end of treatment (32.1% vs. 23.9%, p=0.37), but significant differences emerged during follow-up (24 months: 38.8% vs. 19.2%, p=0.03; 30 months: 34.7% vs. 12.2%, p=0.008; 42 months: 30.0% vs. 4.4%, p=0.001). Both observer-based and self-reported depression scores showed steeper declines in the LTPP group, alongside greater improvements on measures of social adjustment. These data suggest that LTPP can be useful in improving the long-term outcome of treatment-resistant depression. End-of-treatment evaluations or short follow-ups may miss the emergence of delayed therapeutic benefit.

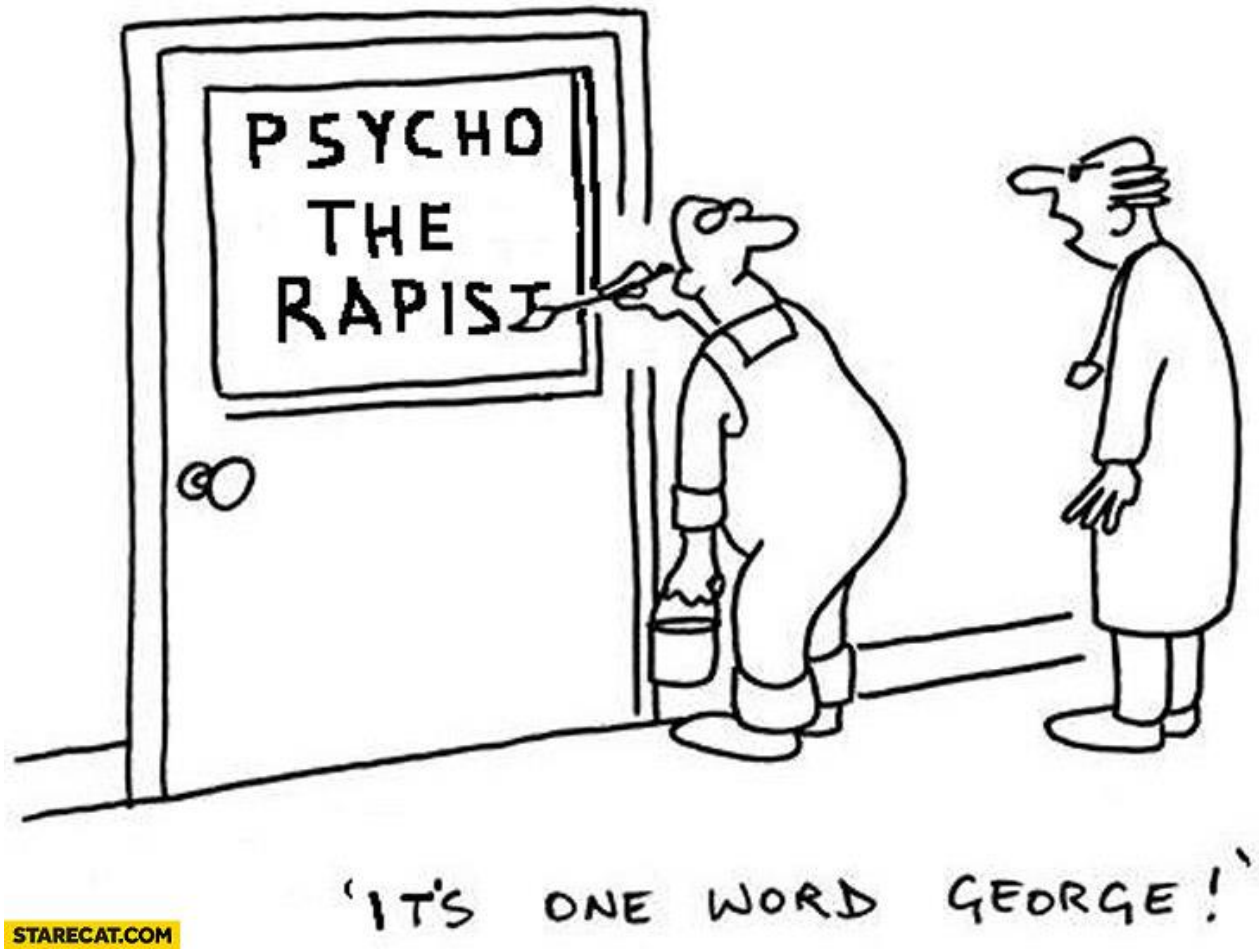
(World Psychiatry 2015;14:312–321)

- Consistent trend toward larger effect sizes at follow-up suggests that psychodynamic therapy sets in motion psychological processes that lead to ongoing change, even after therapy has ended.

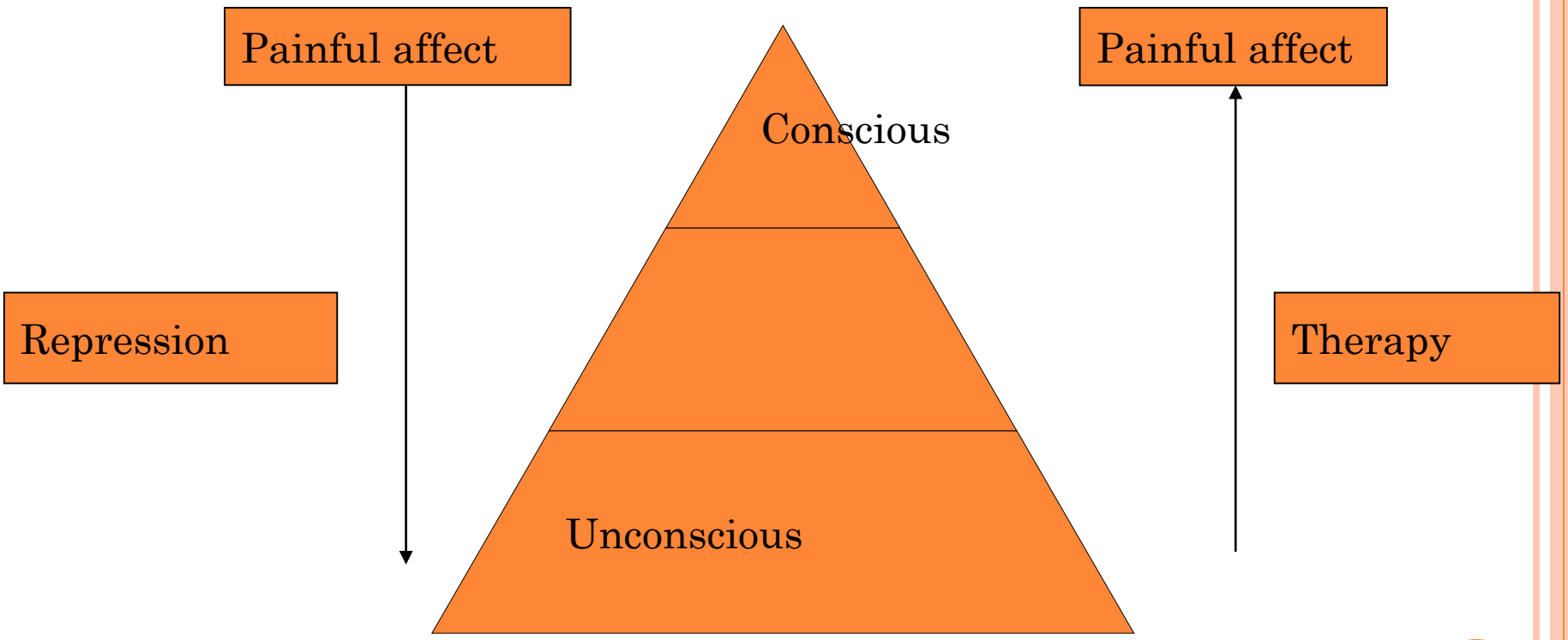
Session Four:
What is it like in practice?

Myths, stereotypes & fair comment




PSYCHO
THE
RAPIST
'IT'S ONE WORD GEORGE!'
STARECAT.COM

Model of the mind



Therapeutic methods in psychoanalytic psychotherapy

- Free association.
  - 'Speak about whatever comes to mind no matter how irrelevant or apparently unacceptable'.
- Expression and exploration of painful affect
  - 'Tell me how that felt'.
- Hypothesis formation and interpretation
  - 'It seems to me you might have felt annoyed with him, just before the stomach ache came on'.
- The development and understanding of transference
  - 'The anger you feel towards me may be related to the feeling you have spoken about of being controlled by me, and how that feels just like how it felt with your father'.

General Principles in Therapy

- Statements not questions
- Abstain from reassurance
- Non-disclosure
  - but
- Use of counter-transference
- ‘Paranoid’ stance
- Here & Now


HAVE YOU CONSIDERED CHASING SOME KIND OF BALL?
SLANE co.nz

Dream Analysis

- It isn't about the dream
- It's about the associations
- 'Unguarded' (?) access to the unconscious
- What is the wish?

Other stuff (if there's time)

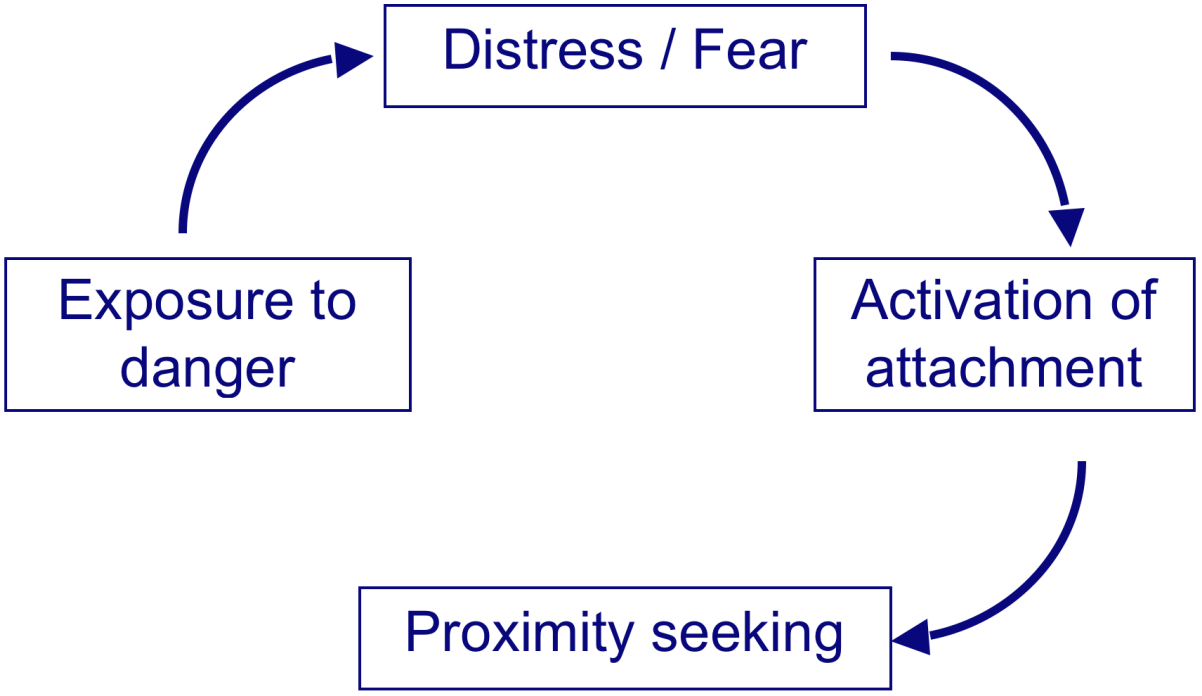
- Klein
- Attachment

Klein

- Positions
  - Paranoid Schizoid
  - Depressive
  - (Late depressive / concern)

- 'Differences' with Freud
- Differences with post-Freudians

ATTACHMENT


Distress / Fear
Activation of attachment
Proximity seeking
Exposure to danger

ATTACHMENT STYLES

- Secure
- Insecure
  - Avoidant
  - Ambivalent
- Disorganized

What are your Questions?

Summary

- Introduce the psychoanalytic model of the mind
- Introduce some basic psychodynamic concepts

- Use these to understand a clinical case

- Consider the rationale for treatment
- Overview of the evidence base and its limits

- Observation & practice of therapy