

Psychodynamic Psychotherapy: the basics


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- Psychiatric residents are (*should be?*) concerned about their own suffering and may be appreciative of anything that may ameliorate their distress.
- Incorporating a psychodynamic understanding with the overarching learning tasks of early residency may help to contain resident confusion and dysphoria





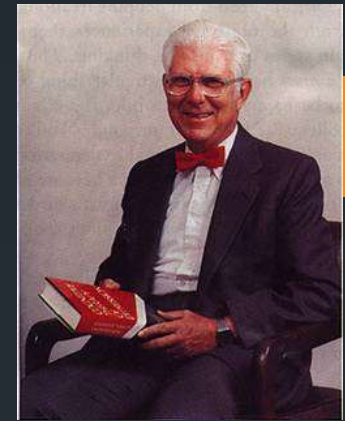
- Expectations of omniscience, omnipotence, and omnibenevolence become part of a “grandiose professional self” (Brightman, 1984–85).
- Real patients will very quickly, and often painfully, show the beginning resident his or her limitations.
- The majority of depressed and psychotic patients will be treatment resistant to pharmacologic trials.

- 
- One stress residents face is the shift from a medical model to a psychodynamic model when trying to learn psychotherapy.
 - The familiar action defenses of the medical role *come into conflict* with the values of mutual participation (Hales & Borus, 1986) (“partnership”).
 - This experienced “passivity” is difficult for many residents/physician to adapt to



Dr. Sigmund Freud before leaving Vienna

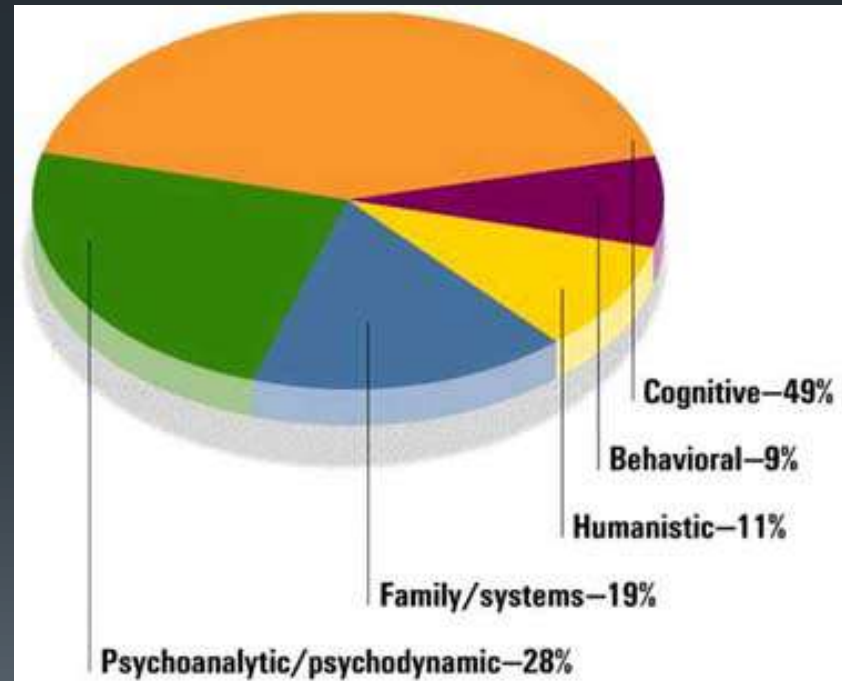
“Psychotherapies”

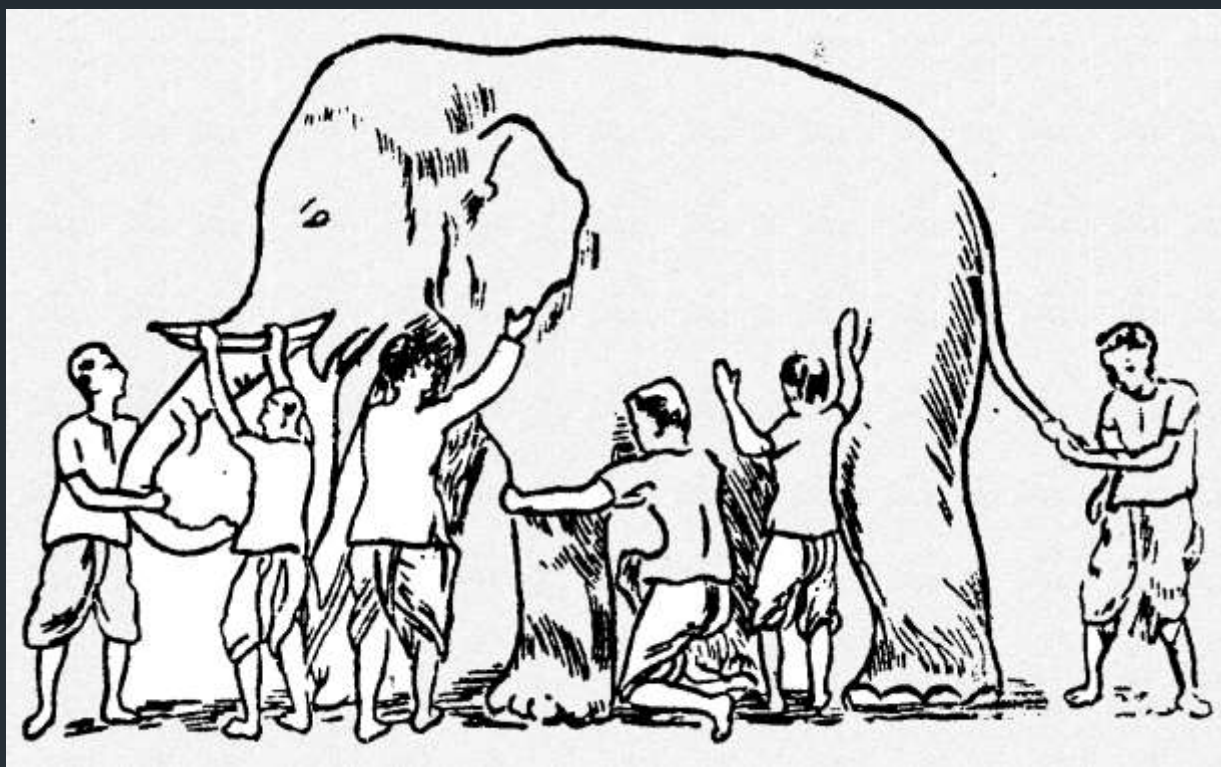


> 400 different forms of psychotherapy exist

Most common

- psychodynamic
- humanistic
- behavioral
- cognitive







New Era, new challenges

- Skype, telepsychiatry
- Instant communication: Do you text? Do you tweet? Email is so XX century....
- Confidentiality (from patient's electronic chart to your Facebook page)
- Physician availability, role and responsibilities
- What does not change (to this day) is that you are engaging in a relationship...and that unique Art, when mastered, can still bring miracles



"I love the way you make those yams. You'll have to give me the recipe before your culture is obliterated from the face of the earth."

Sigmund Freud's Major Contributions to Psychodynamics



*Concepts of the conscious, preconscious and the unconscious
Structure of Personality: ID, EGO, super-ego, analysis of
dreams, power of free association, Freudian slips.*

A comprehensive theory of personality and psychotherapy

Any truth in all this?



- Longitudinal, epidemiological birth cohort studies have provided dramatic confirmation that psychoanalysts were on the right track when they emphasized the developmental perspective in their attempts to account for the clinical problems they encountered in their adult patients.

Any truth in all this?



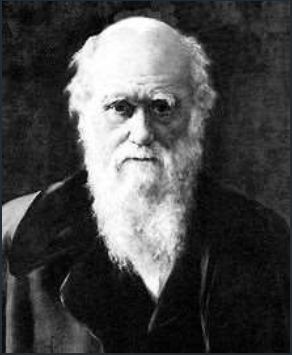
- Good evidence exists for Freud's basic proposition that much of complex mental life is not conscious—that people can think, feel, and experience motivational forces without being aware of them.

Psychotherapy is about...

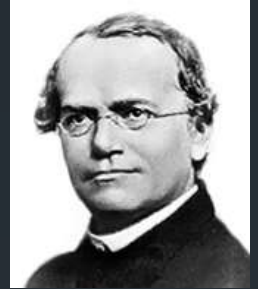
- Relationship
- Compassion
- Self control
- Optimism
- Humor
- Playfulness
- Time
- Patience
- Release therapy
- Abreaction
- Context
- Correction
- Play
- Trust

BASIC HISTORICAL FACTS

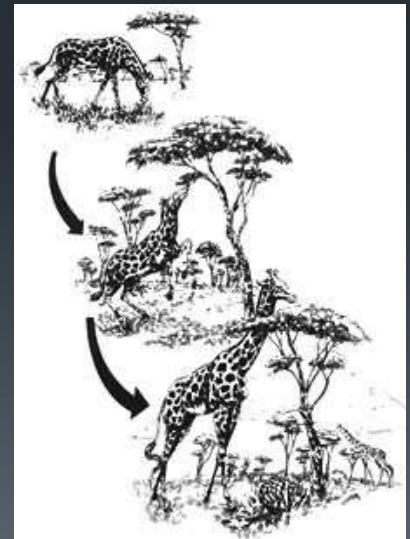




The Nineteenth Century:



- 1856: Freud is born (Moravia 1856- London 1939)
- 1859 : Darwin (1809-1882)
- 1865 : Mandel (1822-1884)
- 1874: Brentano publishes “Psychology from an Empirical Standpoint”
- 1879 Wundt establishes first psychological laboratory at University of Leipzig

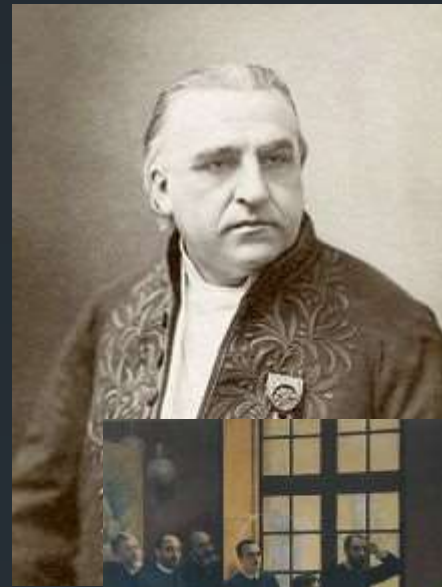




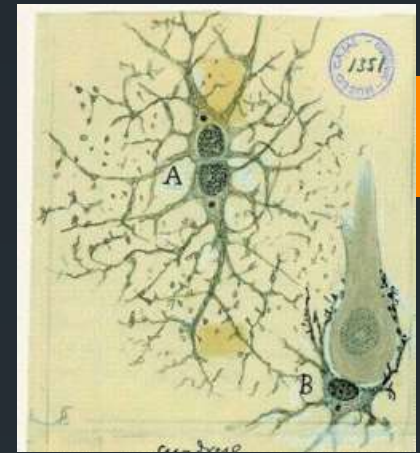
- **1880 Breuer (1842-1925) begins treatment of Anna O**
- She coined the expression “talking cure”
- Breuer later referred to it as the “cathartic method”.
- 1882 G. Stanley Hall establishes first psychological laboratory in America at Johns Hopkins University
- **1886 Freud come to Paris to study with Charcot.**



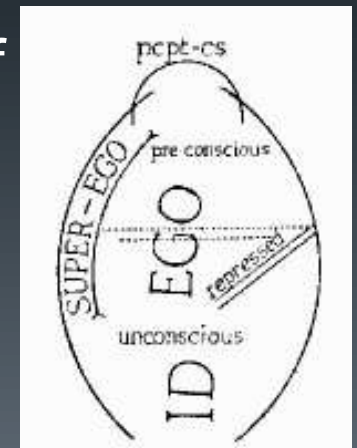
Jean-Martin Charcot



- Jean-Martin Charcot (1825 – 1893) French neurologist. He is known as "the founder of modern neurology" and is associated with at least 15 medical eponyms, including Charcot-Marie-Tooth disease (amyotrophic lateral sclerosis) and Multiple Sclerosis. Charcot is just as famous for his students: Sigmund Freud, Joseph Babinski, Pierre Janet, William James, Pierre Marie, Georges Gilles de la Tourette,



- 1894 Cajal (1852-1934) gives the Croonian Lecture
- 1895 Freud and Breuer publish “Studies in Hysteria” and Freud start the analysis of his own dreams
- 1897: Freud starts his own psychoanalysis
- 1900 : Freud publishes the “The Interpretation of Dreams”



- Interpretation of dream
- <http://www.youtube.com/watch?v=Ex1A2qFmFWg>
- 1909 : Freud come to the USA to lecture on their new methods of understanding mental illness.
- ““They don't realize that we are bringing them the plague. ... “
- 1910 The International Psychoanalytic Association was founded.
- 1918 Freud lost all his fortune tied up in Austrian state bonds
- 1923 Freud publishes “The Ego and the Id” (and detects the first signs of his oral cancer)
- June 1938 he leaves Austria
- September 1939 Freud dies in London





Psychoanalysis put to \$\$\$ use:

- Freud's nephew **Edward Bernays (1891-1995)** was the main founder of corporate public relations in the USA, applying propaganda techniques to influence cultural practices.
- Bernays believed Freud's theories of the unconscious could be tapped to generate wealth and achieve social control.
- For example, he theorized that cigarettes could be marketed to women as a phallic symbol of empowerment.
- The desire to consume goods endlessly was seen as necessary in an economic system that tends toward overproduction (and hence, underconsumption) and which had seen resistance from those - workers - who believed that their desires (for control, better working conditions, and better wages) were not being met in their society.

Matthew Freud (1963-)



- “The most influential PR professional in the UK“
- Great grand son of Sigmund Freud and head of Freud Communications he currently is the CEO the eighth largest public relations company in the UK.
- Freud's first wife was Caroline Hutton, with whom he had two sons: George Rupert Freud and Jonah Henry Freud. Caroline subsequently married the 9th Earl Spencer, brother of Diana, Princess of Wales.
- His second wife is Elisabeth Murdoch is second daughter of media magnate Rupert Murdoch head of News Corporation

Evolution

- Anna Freud (1895-1982)

provided a comprehensive model of psychopathology based on the dimensions of normal and abnormal personality development in which pathology is depicted as or traced to a deviation from normal developmental lines and structural organization.

Develop concept of defenses mechanisms





Evolution



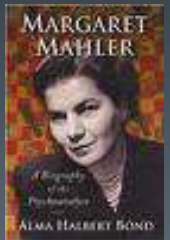
Melanie Klein (1882-1960)

offered a radical alternative to the classical perspectives regarding both severe mental disorders and early child development.

She is considered as one of the founder of object relation theory

Margaret Mahler (1897-1985)

provided a dynamic map of the first 3 years of life and framed a model for the developmental origins of personality disorders.



Evolution

- **Heinz Kohut** (1913-1981) constructed a model of narcissistic disturbances based on presumed deficits of early parenting.
- **Otto Kernberg** (1928-) drew on previous work by Klein, Hartmann (1939), and others to furnish a developmental model of borderline and narcissistic disturbances





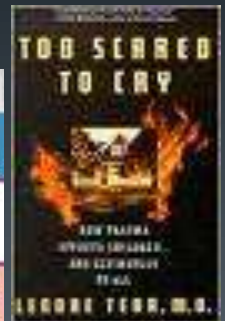
A few more famous psychoanalysts

- Sigmund Freud, Anna Freud, Melanie Klein, Karl Abraham, Sandor Ferenczi, Lou Andrea Salomé
- Donald Winnicott, Alfred Bion, Bruno Bettelheim
- Carl Jung, Eric Fromm, Aaron Beck, Erick Erickson, Henry Stack Sullivan, Bowlby
- Kohut, Kernberg
- Jacques Lacan,

EVOLUTION ?

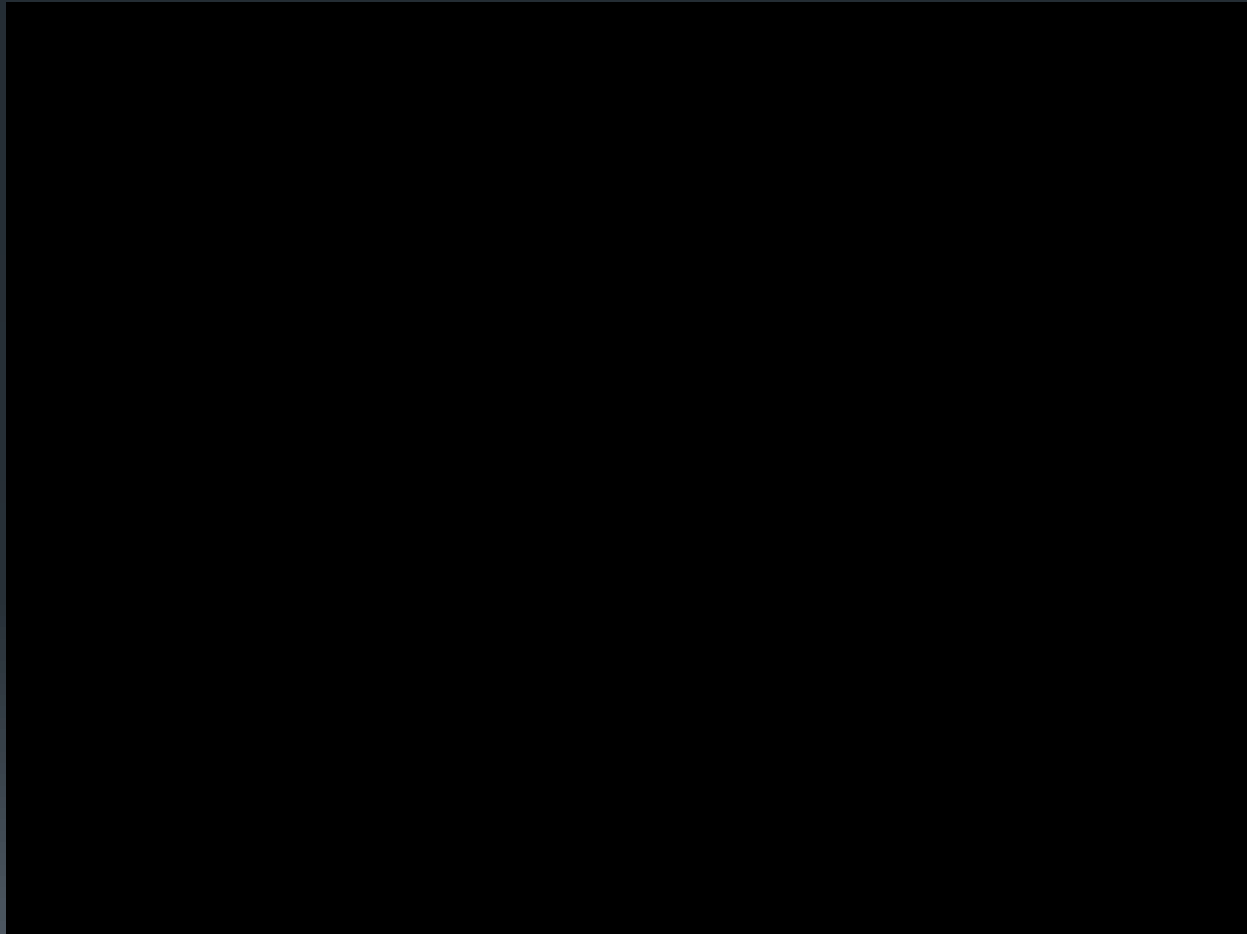
- The emergence and popularity of psychoanalytic schema theories reflects a renaissance of *interest in development, particularly infant development* ([Stern 1985](#)), and is paralleled by the growing following enjoyed by mentalization-based approaches.
- Mentalization-based approaches originate from an attachment theory perspective ([Fonagy et al. 2002](#)), and an overview of these approaches completes our survey of psychodynamic psychotherapy models.

“Wild Child” Lenore Terr



Mia'Story

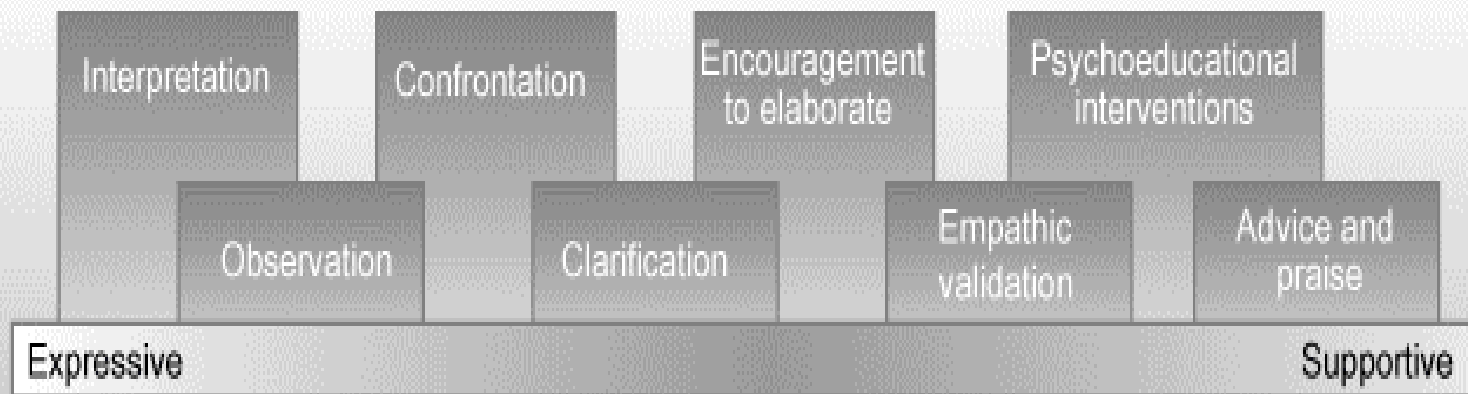
(check the You tube video)



- Feeling safe in the world
- abreaction (full emotional expression of the traumatic experience),
- context (understanding and gaining perspective on the experience),
- correction (finding ways personally or through society to prevent or repair such experiences).



Psychotherapy spectrum

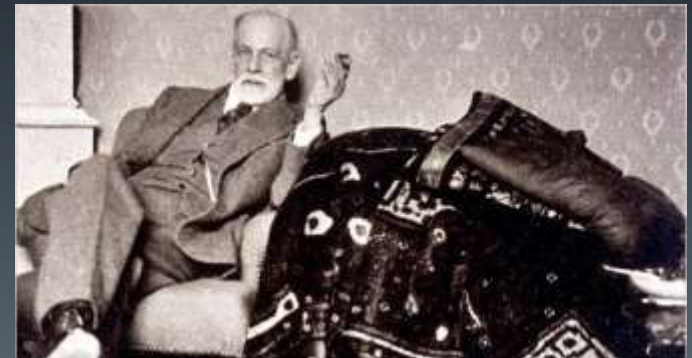


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What is exactly happening during a classic “talking cure”?

Setting:

Patients attend five 45/50 minute sessions weekly, usually for several years, working with their psychoanalyst to examine and to explore **unconscious** conflicts of feeling, emotion and *phantasy* that are at the root of their symptoms and the problems that are troubling them.



Goals?

- Freud's categorical statements about the aim of psychoanalysis—
 - "to make the unconscious conscious" (S. Freud 1917)
 - "where id was, there shall ego be" (S. Freud 1933)
- These aphorisms draw attention to the central role of consciousness in mitigating the destructive influence of ideas and feelings that have the capacity to destabilize the personality if they remain outside of the person's awareness.

What is exactly happening during a talking cure?

Tools?

Free association;

Interpretation of dreams -the "royal road to the unconscious mind"- (condensation, substitution, symbolization)

Noticing (&analysing and/or interpreting) **parapraxis** (= error in speech, memory, or physical action that is interpreted as occurring due to the interference of some unconscious ("dynamically repressed") wish, conflict, or train of thought)...

Identification and analyze of the transference, resistance, defenses mechanisms etc

Psychodynamic

- Psychodynamic refer to the power of the conscious mind to radically alter its position with respect to aspects of its own functions.





Definitions

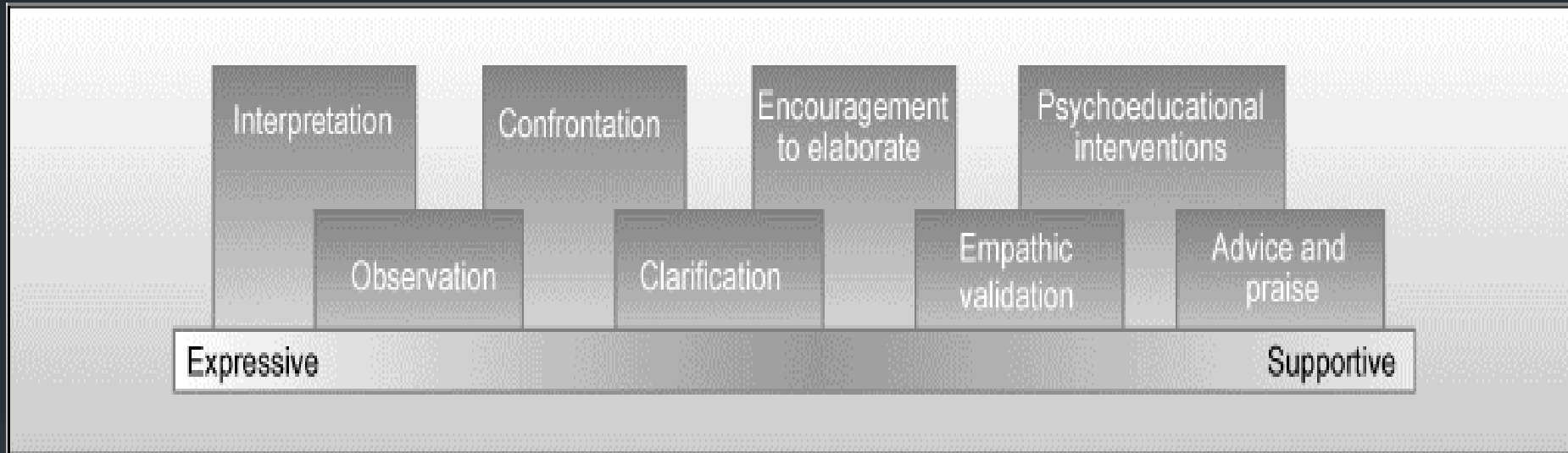
*Long-term (>6months) psychodynamic psychotherapy can be defined as a treatment that focused on thoughtfully **timed interpretation of transference and resistance** and a sensitive appreciation of how the therapist contributes to the interaction with the patient.*

Glen Gabbard *Long Term Psychodynamic Psychotherapy A basic Text* (APPI 2004)

Long term psychodynamic psychotherapy :

- Patient's **resistance** to therapy process is a major focus of the therapy
- Symptoms and behaviors have multiple functions and are the result of multiple and complex forces, many of them being not conscious
- A psychodynamic therapist assists the patient in achieving a sense of authenticity and uniqueness

Psychotherapy spectrum



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Psychotherapy goals?

- All psychodynamic therapies aim to strengthen patients' ability to understand the motivations for and meanings of their own and others' subjective experiences, behavior, and relationships.
- The therapist aims to expand patients' conscious awareness of these mechanisms and influences so that they are better able to use their increased emotional awareness to manage continuing pressures.
- *In other words help the patient to learn how to become his/her own psychotherapist*

The 8 assumptions considered core to modern psychodynamic therapy.

1- Assumption of psychological causation.

At the heart of the psychodynamic approach is the assumption that the problems that people bring to psychotherapy can be usefully discussed in terms of thoughts and feelings.

The 8 assumptions considered core to modern psychodynamic therapy.



2- Assumption of limitations of consciousness and the influence of unconscious mental states.

Helping patients to become aware of the unconscious expectations underlying their behavior can help them to gain control of previously unmanageable emotions and behavior.

3- Assumption of internal representations of interpersonal relationships

Interpersonal relationships, particularly attachment relationships, are considered to be central to the organization of personality.

Mental representations of these intense relationship experiences are assumed to be aggregated across time to form schematic mental structures (***“objects and their relations”***).

These structures are seen as shaping interpersonal expectations and self-representations.

4- Assumption of ubiquity of psychological conflict.

Psychodynamic approaches assume that *wishes, affects, and ideas will sometimes be in conflict.*

These conflicts are seen as key causes of distress and are also believed to have the potential to undermine the normal development of key psychological capacities.

5- Assumption of psychic defenses.

Historically, the psychodynamic approach has been particularly concerned with *defenses: mental operations that distort conscious mental states to reduce their potential to generate anxiety.*

It is generally accepted that self-serving distortions of mental states relative to an external or internal reality are a ubiquitous feature of human information processing.

6- Assumption of complex meanings.

Psychodynamic approaches assume that behavior can be understood in terms of mental states that are not explicit in action or within the awareness of the person concerned.

in other words: we are complicated 😊

7- Assumption of emphasis on the therapeutic relationship.

Research data suggest that engagement with an understanding adult will trigger a basic set of human capacities for relatedness that appear to be therapeutic, apparently almost regardless of content.

However, controlled trials have repeatedly demonstrated that therapeutic alliance without theoretical content is insufficient

In other words “empathy is good but you need to know what you are doing”

8- Assumption of the validity of a developmental perspective.

Psychodynamic psychotherapists are invariably oriented to the developmental aspects of their patients' problems (when and how a problem started, how it relates to an idealized "normal" developmental sequence) and *work at least in part to optimize developmental processes.*

LIMITATIONS

- To some extent Freud's theories were applicable only to a certain time and place.
- Freud worked with only a few type of psychological conditions:
 - Conversion disorders
 - Hysterias
- Per Freud, most psychopathology involved underlying sexual or aggressive instincts
- Rely on single case studies

LIMITATIONS

- Psychological or physical symptoms = internal conflicts
- Although Freud made huge contributions to the field, many others who were at first influenced by him eventually moved away from psychoanalysis—often at the expense of wider recognition, which as a result seemed to be afforded exclusively to Freud. (Bowlby, Beck etc...)