

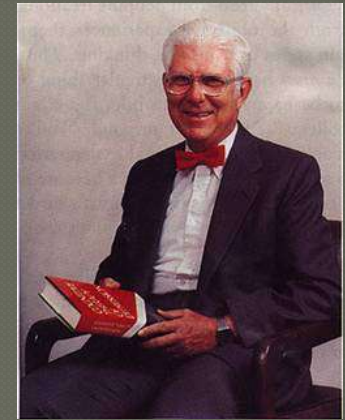
# Introduction to the Psychotherapy course

**B.Grosjean. MD Harbor UCLA  
Psychotherapy Seminar PGY 2 & 3 2011-2012**

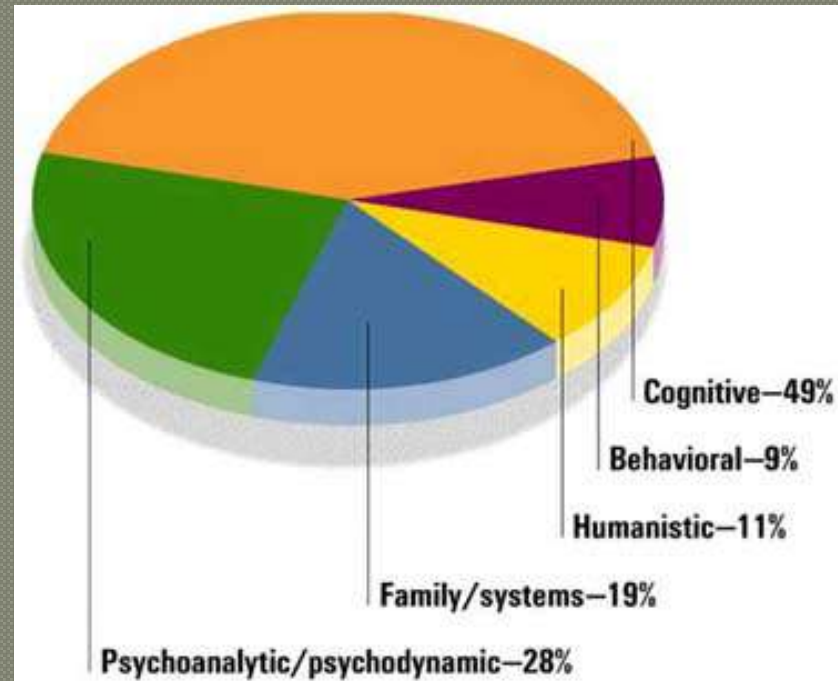
# “Psychotherapies”



Dr. Sigmund Freud before leaving Vienna



- > 400 different forms of psychotherapy exist
- Most common
  - psychodynamic
  - humanistic
  - behavioral
  - cognitive



# Psychodynamic Psychotherapy



*"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."*

# Rational for this course

*(Psychodynamic Trojan Horses: Using  
Psychopharmacology to Teach Psychodynamics David Mintz 2006)*



Psychiatry is an “‘impossible’ profession” (Freud, 1937/1964).  
Eventually, most residents will discover this on their own and  
Psychiatric residency in particular is a stressful experience.

# Rational for this course

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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 confusion and dysphoria



# Rational for this course

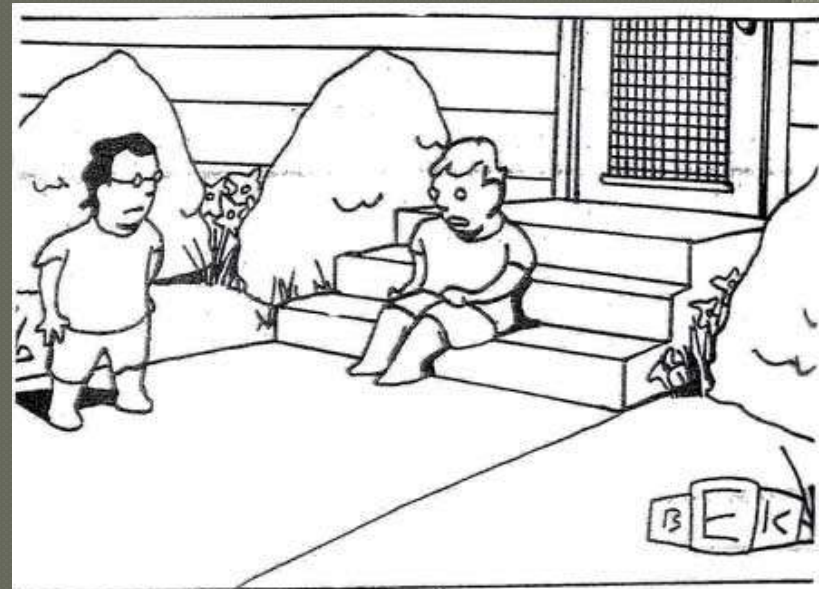
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- One stress residents face is the shift from a medical model to a psychodynamic model when trying to learn psychotherapy.
- The familiar action defenses of the medical role *come into conflict* with the values of mutual participation (Hales & Borus,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

- 
- ⊙ *“Residents, often idealistic to begin with, now start training amidst great optimism about the “neuroscience revolution.”” (the theory of chemical unbalance being already outdated)*
  - ⊙ *Expectations of omniscience, omnipotence, and omnibenevolence become part of a “grandiose professional self” (Brightman, 1984–85).*

# From myth to reality

- Real patients will very quickly, and often painfully, show the beginning resident (*and everybody else* 😊) his or her limitations.
- The majority of depressed and psychotic patients will be treatment resistant to pharmacologic trials.



"They're trying to figure out whether it's a chemical thing or I'm just a crybaby."

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- *“The illusion of therapeutic power quickly succumbs to the tenacity of the patient’s resistance and the recognition that the therapist is facing a grand master who can defeat all attempts to manipulate change by even the most subtle techniques of coercion or seduction”* (Brightman, 1984–85, p. 300).

*“The illusion of therapeutic power...”*

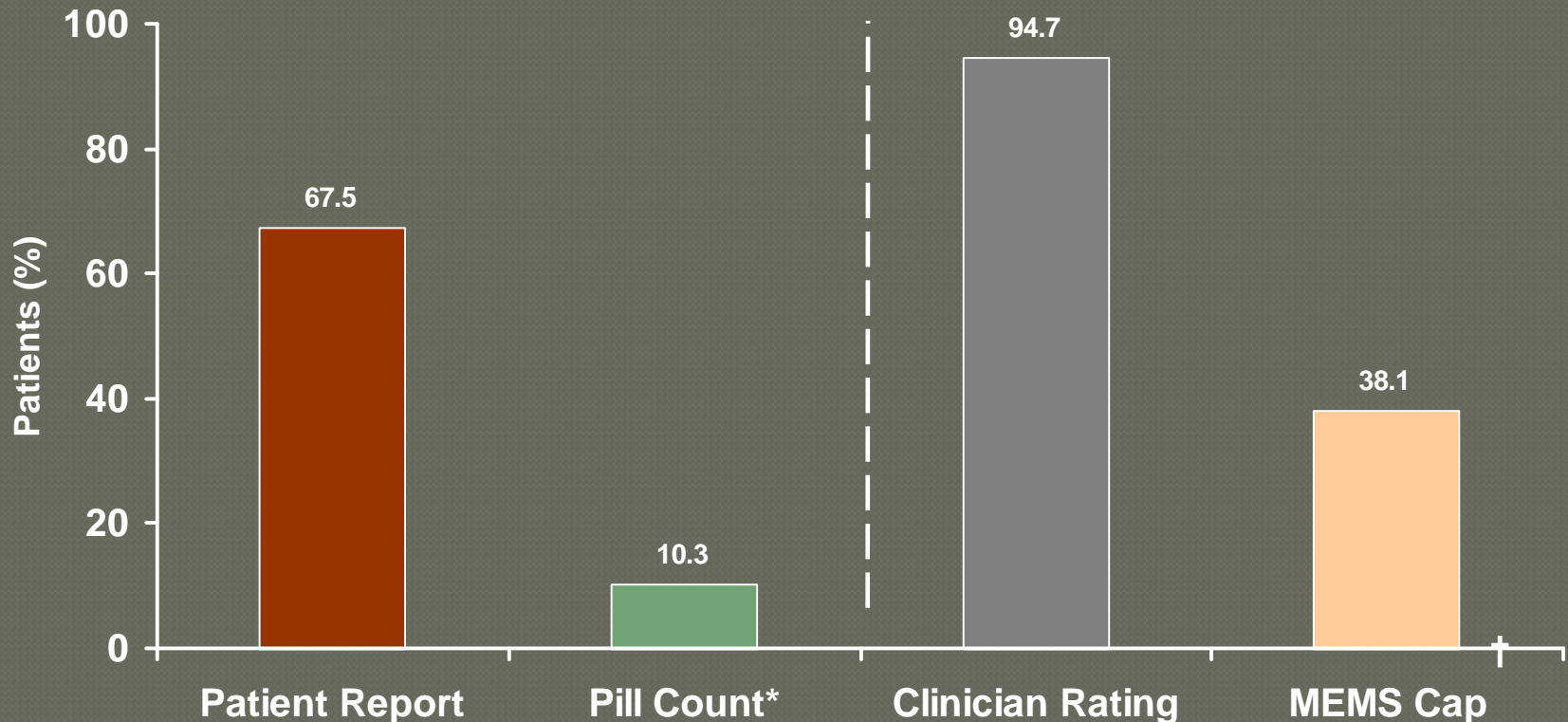
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**⚠ WARNING**



MEDICATION  
MAY CAUSE SEVERE  
SIDE-EFFECTS SUCH AS  
HEADACHE DIZZINESS  
AND DEATH  
TAKE AS PRESCRIBED

# Patients and Clinicians Overestimate Treatment Adherence



\*Criterion: "took all pills"

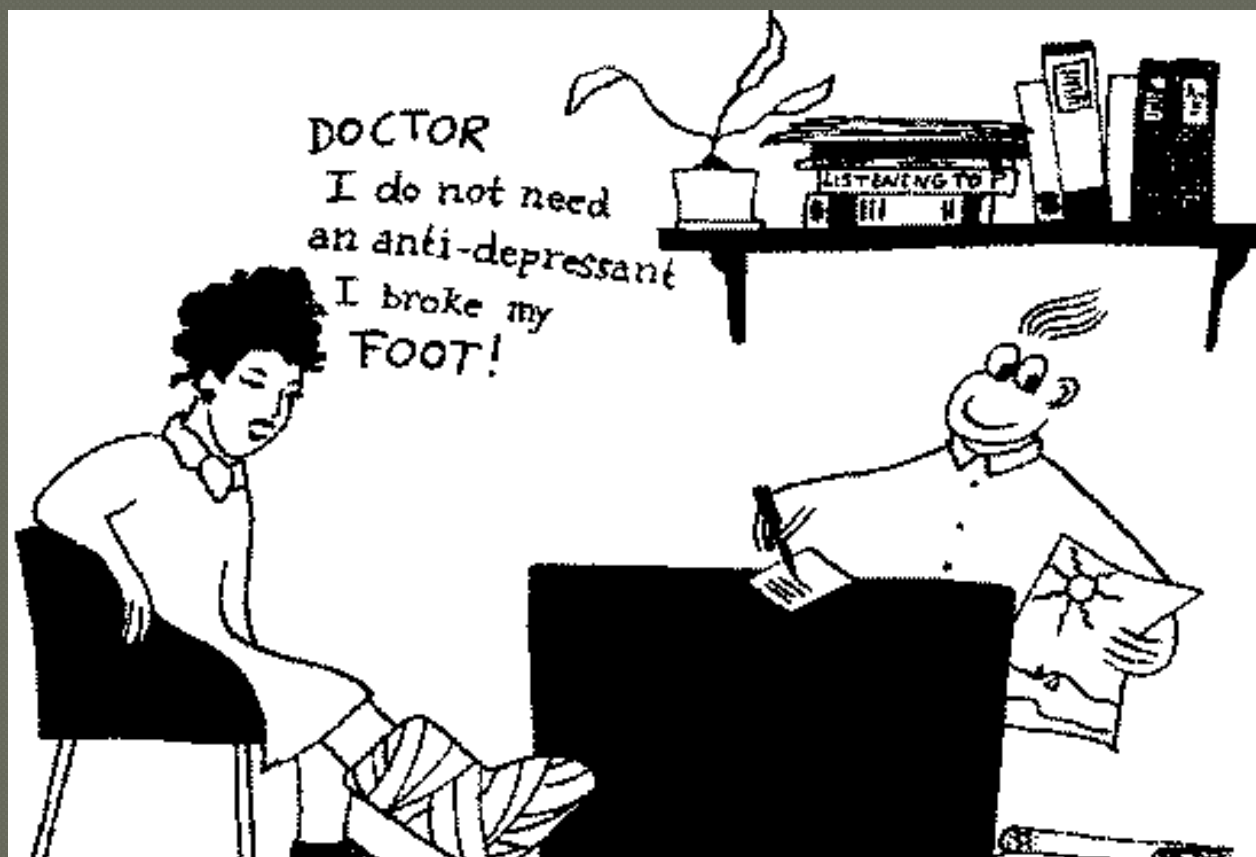
†Criteria: >70% of days (Medication Event Monitoring System (MEMS) cap); score >4 on clinician rating scale

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- When focusing predominantly on somatic therapies, there is often a “delusion of precision” (Gutheil, 1982), an assumption that medication effects have the virtues of precision, concreteness, straightforwardness, and specificity.

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- This expectation that the pharmacotherapeutic relationship is based on something simple and straightforward often leaves residents *unprepared to make sense of the complex and irrational processes that happen in the acts of prescribing and taking medications (or not taking medications).*
  - This is especially true when dealing with primitively organized patients.



# The contemporary « medical model »

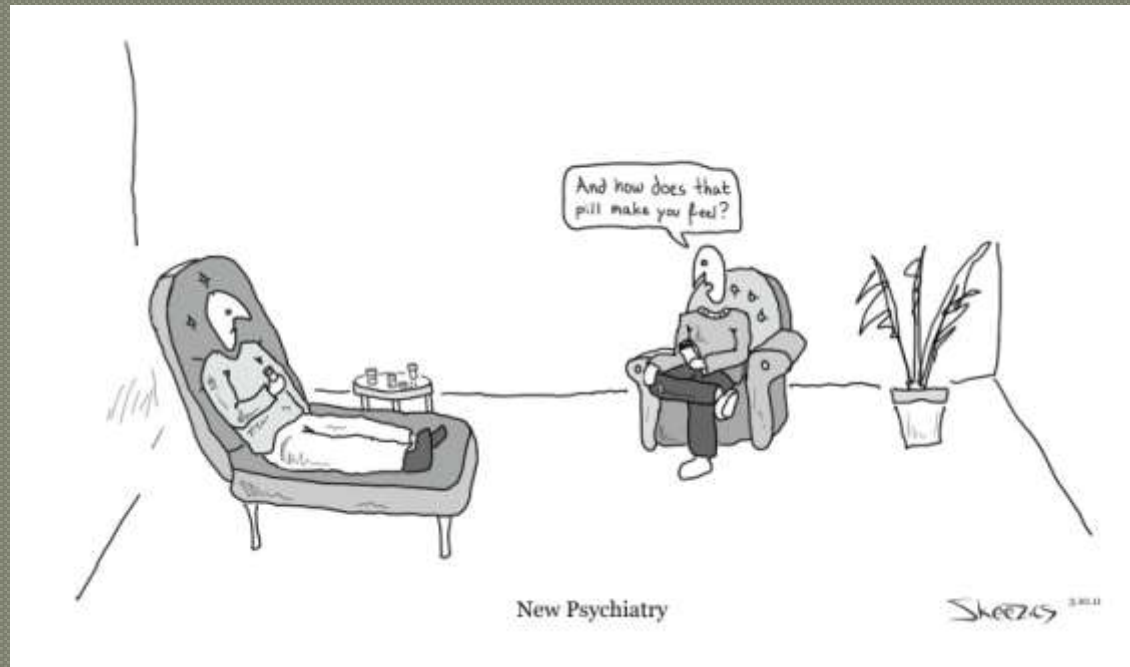


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- Another significant stressor in residency is the *tension between a medical model and a psychodynamic model* when the resident is attempting to provide both treatment modalities to the same patient, or when psychodynamic issues present in the context of a pharmacotherapeutic relationship.
  - A psychiatrist without competence in psychodynamic psychiatry will likely not be able adequately to help residents navigate this terrain.

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- A psychiatrist with psychodynamic training can, however, help clarify task, role, and boundaries of the psychopharmacologic relationship and the psychotherapeutic relationship and the complex relationship between the two

# Psychodynamic Psychiatrists and Psychopharmacology

Joseph R. Silvio and Raúl Condemarin



# Psychodynamic psychiatry

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- Psychodynamic psychiatry is an approach to diagnosis and treatment characterized by a way of thinking about both the patient and clinician that includes unconscious conflict, deficits and distortions of intrapsychic structures, and internal object relations and that integrates these elements with contemporary findings from the neurosciences. (Gabbard)

# Psychodynamic psychopharmacology

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- Psychodynamic psychopharmacology explicitly acknowledges and addresses the central role of meaning and interpersonal factors in pharmacologic treatment.
- This approach recognizes that many of the core discoveries of psychoanalysis (the unconscious, conflict, resistance, transference, defense) are powerful factors in the complex relationships between the patient, the doctor, and the medications.  
Mintz (2009)

# Psychodynamic psychopharmacology

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- Discussions of chemical imbalances are generally less helpful than many clinicians think, because it is so difficult to predict what they will mean to any given patient.
- The clinician should neither oversell nor undersell any one drug as a part of the treatment regimen but should instead tell the patient that there are other choices.
- Psychiatrists should treat their patients as though the therapeutic relationship matters more than the pills- because it usually does.
  - In *Competency in Combining Pharmacotherapy and Psychotherapy: Integrated and Split Treatment*, Reba and Balon (2005)

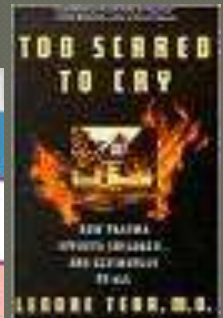
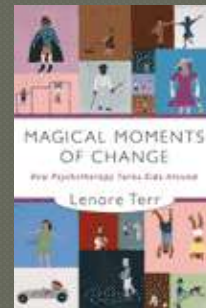


# New Era, new challenges

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- 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

# Paper1: "Wild Child" Lenore Terr



# Mia'Story

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- ◉ Please check the video of Mia on the website (vi a You Tube) or directly at
- ◉ [http://www.youtube.com/watch?v=Kd3C1ZWr\\_0c&feature=view\\_all&list=PLCBD7E8D4CFEE0D3C&index=13](http://www.youtube.com/watch?v=Kd3C1ZWr_0c&feature=view_all&list=PLCBD7E8D4CFEE0D3C&index=13)

# “Wild Child” Lenore Terr

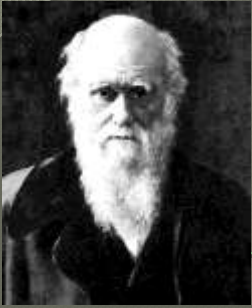
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- Feeling safe in the world
- abreaction (full emotional expression of the traumatic experience),
- context (understanding and gaining perspective on the experience),
- correction (finding ways personally or through society to prevent or repair such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



# Contextualization

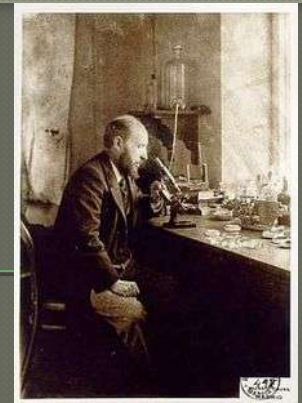




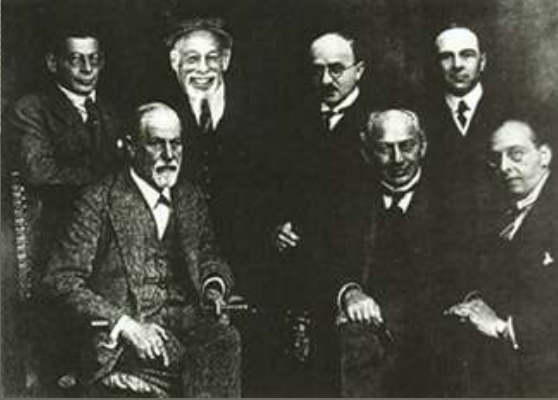
# *The Nineteenth Century:*



- 1856 Freud is born (Moravia 1856- London 1939)
- 1859 Darwin
- 1865 Mandel
- 1873 Wundt publishes “Principles of Physiological Psychology”
- 1874 Brentano publishes “Psychology from an Empirical Standpoint”
- 1875 Telephone
- 1876 Ferrier publishes “The Functions of the Brain”
- 1879 Wundt establishes first psychological laboratory at University of Leipzig



- 1880 **Breuer** begins treatment of Anna O.
- 1882 G. Stanley Hall establishes first psychological laboratory in America at Johns Hopkins University
- 1886 Freud come to Paris to study with Charcot.
- 1894 **Cajal** Croonian Lecture
- 1895 Freud and Breuer publish “Studies in Hysteria” and Freud start the analysis of his own dreams
- 1896: Freud uses for the first time the term psychoanalysis
- 1897: Freud starts his own psychoanalysis

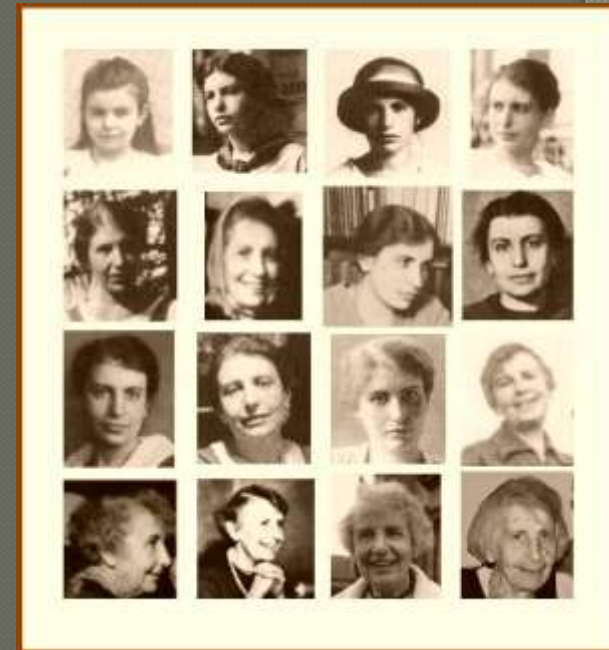


- 1900 : Freud publishes the “The Interpretation of Dreams”
- 1909 : Freud come to the USA to lecture on their new methods of understanding mental illness.
- 1910 The International Psychoanalytic Association was founded.
- 1918 Freud lost all his fortune tied up in Austrian state bonds
- 1923 Freud publishes “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



# 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.
  - developed concept of defenses mechanisms





# Evolution

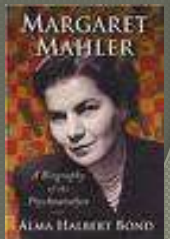
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## **Melanie Klein (1882-1960)**

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

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- Heinz Kohut (1971) constructed a model of narcissistic disturbances based on presumed deficits of early parenting.
- Otto Kernberg (1975) drew on previous work by Klein, Hartmann (1939), and others to furnish a developmental model of borderline and narcissistic disturbances



# Any truth in all this?

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- 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, and can therefore also experience psychological problems that they find puzzling

# Thank you

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● [www.bgrojean.com](http://www.bgrojean.com)



# Psychoanalysis put to \$\$\$ use

## Check the youtube video: Century of the self serie

- Freud's nephew Edward Bernays (1891-1895) 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.