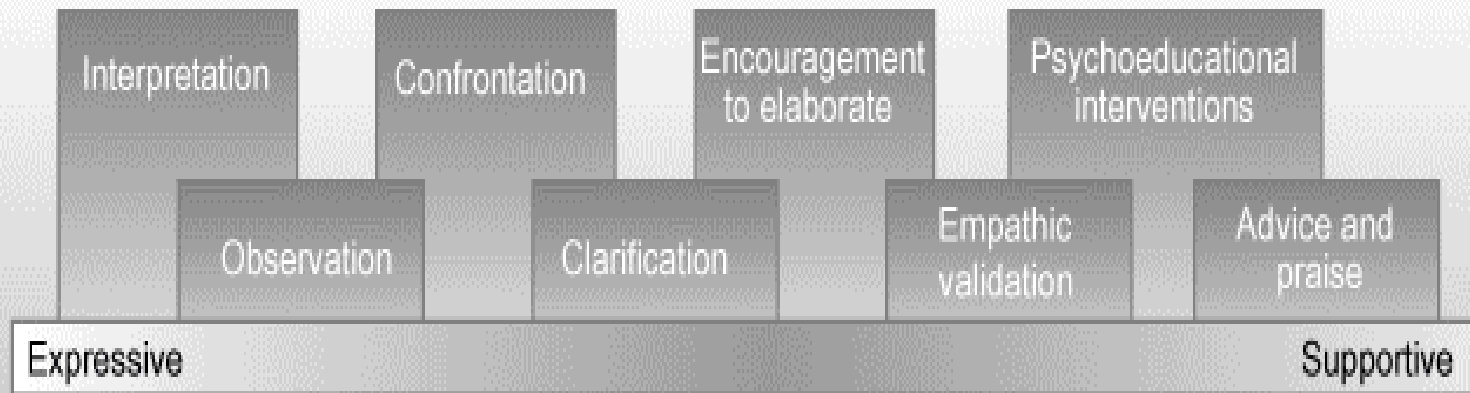


Essentials Concepts in Psychodynamic Psychotherapy



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

Psychotherapy spectrum



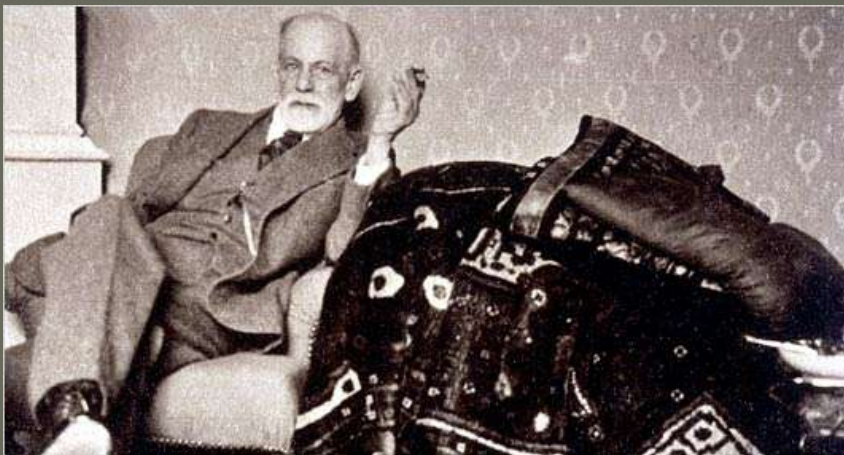
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? What is exactly happening during a classic “talking cure”?



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.



? What is exactly happening during a talking cure?

Tools?

Free association,
Interpretation of dreams -the "royal road to the unconscious mind"- (**condensation, substitution, symbolization**),
Slips of tongue,
And eventually identification and **analyze of the transference, resistance, defenses mechanisms**
etc

Psychodynamic Today

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

Psychodynamic Today

- 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 brilliant and succinct 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.

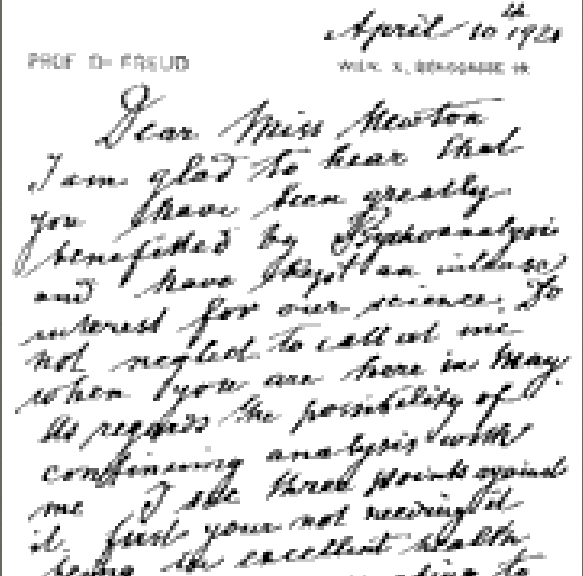
Definitions

*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



PROF. DR. FREUD
APRIL 10th 1921
WIK. 2, BEROLINAE 19

Dear Miss Newton
I am glad to hear that
you have been greatly
benefited by Psychoanalysis
and have kept an interest
in it for our science. Do
not neglect to call on me
when you are here in May.
He regards the possibility of it
confirming analysis with
me. I see three points against
it. First you are not reading it.
Second the excellent health
of the patient is due to

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.

Psychodynamic clinicians generally assume that to understand conscious experiences, we need to refer to other mental states of which the individual is unaware and, further, that in key instances such a lack of awareness is not coincidental but is motivated by the individual's wish to maximize the experience of safety.

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

The 8 assumptions considered core to modern psychodynamic therapy.

3- Assumption of internal representations of interpersonal relationships.

Psychodynamic clinicians consider interpersonal relationships, particularly attachment relationships, 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.

The 8 assumptions considered core to modern psychodynamic therapy.

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.

They are also believed to have the potential to undermine the normal development of key psychological capacities, which may reduce the person's ability to resolve incompatible ideas.

The 8 assumptions considered core to modern psychodynamic therapy.

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.

The 8 assumptions considered core to modern psychodynamic therapy.

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'r complicated 😊

The 8 assumptions considered core to modern psychodynamic therapy.

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 u r doing”

The 8 assumptions considered core to modern psychodynamic therapy.

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

- The sheer variety of later psychoanalytic theories bears witness to the cultural differences that persist in the field, suggesting that to some extent Freud's theories were applicable only to a certain time and place.
- 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...)

Psychotherapy

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

Words, words, words...

- ◉ Unconscious
- ◉ Resistance
- ◉ Defense mechanisms
- ◉ Transference
- ◉ Counter transference

- ◉ (object relation/attachment theory)



Unconscious

The *Unconscious* is a term invented by the 18th century German romantic philosopher *Friedrich Schelling* and later introduced into English by the poet and essayist Samuel Taylor Coleridge.

Freud believed that the majority of what we experience in our lives, the underlying emotions, beliefs, feelings, and impulses are not available to us at a conscious level. He believed that most of what drives us is buried in our unconscious

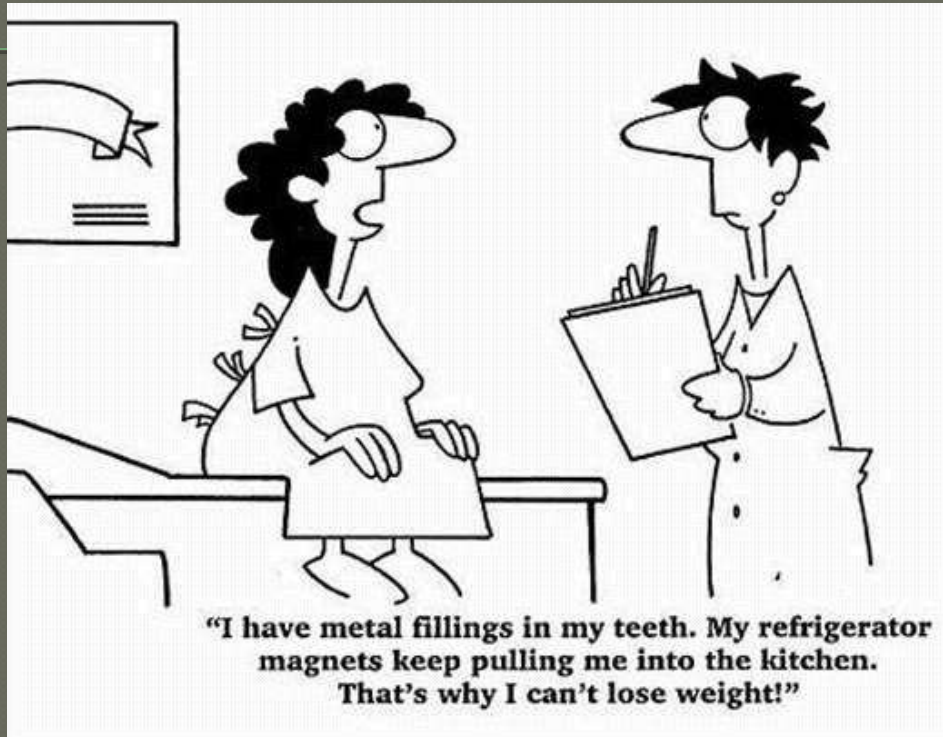
Resistance

- One of the main distinctions between psychoanalytic psychotherapy and cognitive behavior therapy (CBT) is the **emphasis placed on resistance and analysis of defense** in analytic work, which is given short shrift in behavioral approaches.
- Advocates of CBT take a didactic position on the **assumption that patients are motivated to change**, but lack the skills or knowledge to do so, and that they will work collaboratively with the therapist/coach.

Resistance

- In contrast, psychoanalytic types are convinced that patients will resist change, sometimes in subtle ways, even while appearing to be motivated and compliant.
- "Resistance" as initially used by Sigmund Freud, referred to patients blocking memories from conscious memory.
- We can delineates specific patterns of resistance (e.g., good boy/girl, sexualization), specific motivations (e.g., wish for power, envy, vengeance, specialness, shame), specific attitudes (e.g., entitlement, injustice), specific defenses (e.g., rationalization, constructed self), and specific symptoms (e.g., eating disorders).

Defense Mechanisms



Sigmund Freud describes how the Ego uses a range of mechanisms to handle the conflict between the Id, the Ego and the Super ego'.

Defense Mechanisms : Origin?

When anxiety occurs, the mind first responds by an increase in problem-solving thinking, seeking rational ways of escaping the situation.

If this is not fruitful (and maybe anyway), a range of defense mechanisms may be triggered.

In Freud's language, these are tactics which the Ego develops to help deal with the Id and the Super Ego.

Defense Mechanisms : Origin?

Anxiety and tension

Freud noted that a major drive for most people is the reduction in tension, and that a major cause of tension was anxiety. He identified three different types of anxiety.

- 1- Reality Anxiety
- 2- Neurotic anxiety
- 3- Moral anxiety

Defense Mechanisms : Origin?

1- Reality Anxiety

This is the most basic form of anxiety and is typically based on fears of real and possible events, such as being bitten by a dog or falling from a ladder.

The most common way of reducing tension from Reality Anxiety is taking oneself away from the situation, running away from the dog or simply refusing to go up the ladder.

Defense Mechanisms : Origin?

2- Neurotic Anxiety

This is a form of anxiety which comes from an unconscious fear that the basic impulses of the ID (the primitive part of our personality) will take control of the person, leading to eventual punishment (this is thus a form of Moral Anxiety).

3-Moral Anxiety

This form of anxiety comes from a fear of violating values and moral codes, and appears as feelings of guilt or shame.

Defense Mechanisms

- All Defense Mechanisms share two common properties :
 - They often appear unconsciously.
 - They tend to distort, transform, or otherwise falsify reality.
 - In distorting reality, there is a change in perception which allows for a lessening of anxiety, with a corresponding reduction in felt tension.



Defense Mechanism – (1) Primitive defenses

- ◉ Splitting
- ◉ Projective identification
- ◉ Projection
- ◉ Denial
- ◉ Dissociation
- ◉ Idealization
- ◉ Acting out
- ◉ Somatization
- ◉ Regression
- ◉ Schizoid fantasy

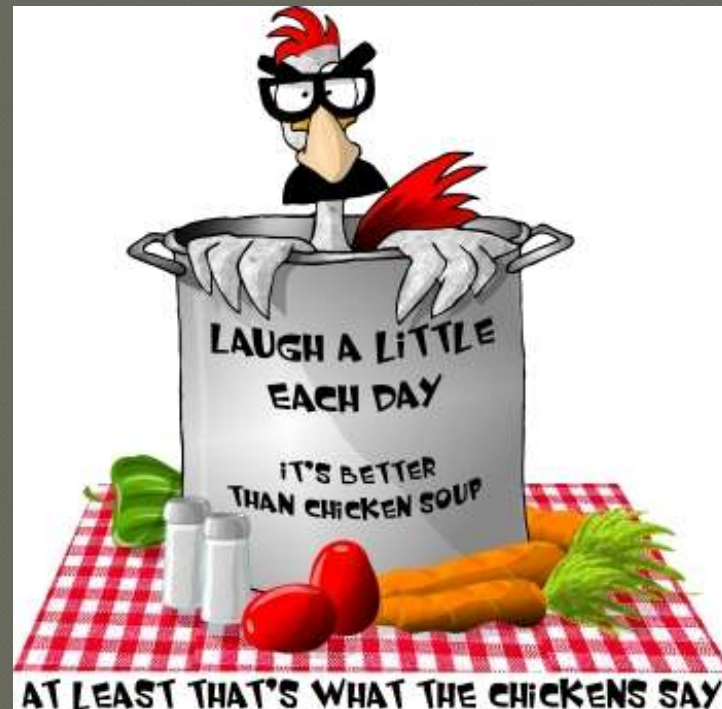
Defense Mechanism (2) -Higher-level (neurotic)

- Introjection
- Identification
- Displacement
- Intellectualization
- Isolation of affect
- Rationalization
- Sexualization
- Reaction formation
- Repression
- Undoing



Defense Mechanism (3) Mature defenses

- Humor
- Suppression
- Asceticism
- Altruism
- Anticipation
- Sublimation



Transference



We overcome the transference by pointing out to the patient that his feelings do not arise from the present situation and do not apply to the person of the doctor, but that they are repeating something that happened to him earlier. In this way we oblige him to transform his repetition into a memory.

Sigmund Freud, 1916-17

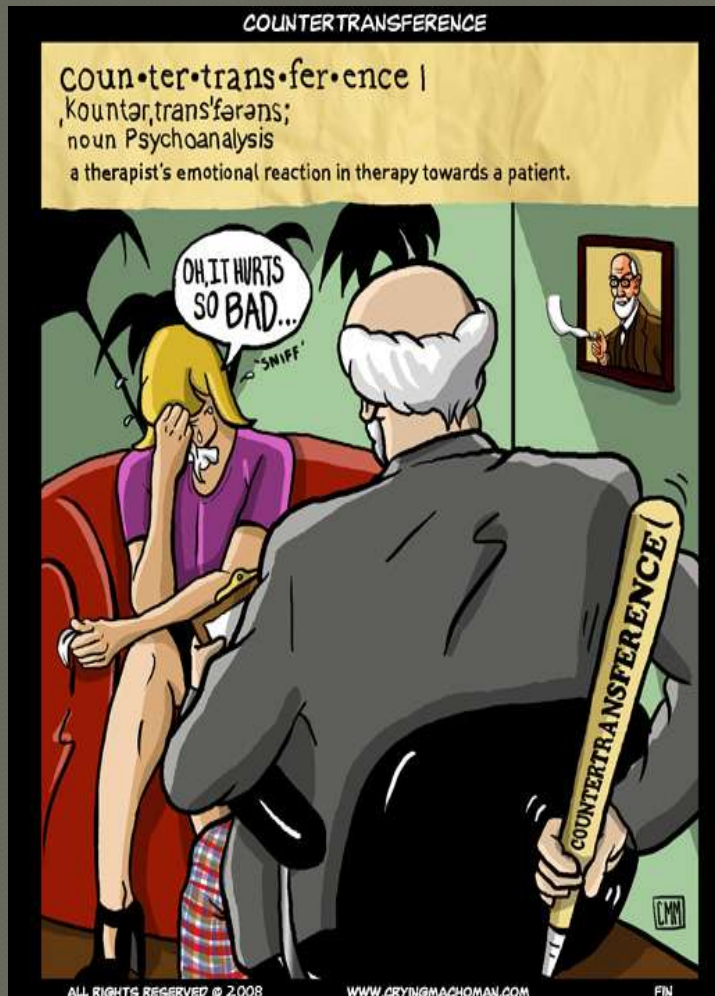
Transference 1

- Transference is a phenomenon in psychoanalysis characterized by unconscious redirection of feelings for one person to another.
- During transference, people turn into a "*biological time machine*" (The Source, 2001). A nerve is struck when someone says or does something that reminds you of your past. This creates an "emotional time warp" that transfers your emotional past and your psychological needs into the present.

Transference 2

- It is common for people to transfer feelings from their parents to their partners or to children (cross-generational entanglements). For instance, one could mistrust somebody who resembles an ex-spouse in manners, voice, or external appearance; or be overly compliant to someone who resembles a childhood friend.
- *The focus in psychodynamic psychotherapy is, in large part, the therapist and client recognizing the transference relationship and exploring what the meaning of the relationship is.*

Counter-transference



Counter-transference

- In psychotherapy, counter-transference is a word that *was used by Freud* to mean emotional reactions to a patient that are determined not by the patient's own personality traits and disorders, but rather the psychoanalyst's own unconscious conflict.
- This term was later used to assume a broader meaning of unconscious and unwanted hostile feelings toward a patient. These feelings are seen to get in the way of the treatment of the patient.



Counter-transference

- Counter transference is also sometimes defined as the entire body of feelings that the therapist has toward the patient, and also includes cases where the therapist literally takes on the suffering of his/her patient.
- In the most extreme of cases, it can result in the therapist taking on the neurosis or psychosis of the patient, such as bouts of paranoia or psychotic intervals.

Counter-transference

- ◉ Countertransference is ubiquitous and can have both positive and negative effects on the treatment.
- ◉ Most importantly, unanalyzed countertransference can lead the therapist into blindspots and damaging enactments.
- ◉ On the other hand, awareness of countertransferential feelings can provide an important window into the patient's inner world and into the emotions and reactions the client often tends to induce in others.



Sándor Ferenczi

Counter-transference/ counter resistance

- A related concept is counter-resistance, which includes therapist behaviors that influence the therapeutic process through such "blockings" as (hostile) silence, attempting to change the subject, or otherwise preventing unwanted ideas or feelings from rising to the fore.
- Counter-resistance can result from a therapist's colluding with the patient's resistance to explore or work through unpleasant issues but can also originate exclusively from the therapist. An example would be an overweight therapist consistently steering an equally overweight client away from discussions about weight loss.

Projective identification

- *[Projection] helps the ego to overcome anxiety by ridding it of danger and badness. Introjection of the good object is also used by the ego as a defense against anxiety. . .*
- *The processes of splitting off parts of the self and projecting them into objects are thus of vital importance for normal development as well as for abnormal object-relation.*
- *The effect of introjection on object relations is equally important. The introjection of the good object, first of all the mother's breast, is a precondition for normal development . . . It comes to form a focal point in the ego and makes for cohesiveness of the ego. . . . I suggest for these processes the term 'projective identification'.*

Melanie Klein "Notes on some schizoid mechanisms." 1946

Advanced
Projective
Identification



MS

Projective identification

- Ogden identifies **four functions** that projective identification may serve. it serves as a **defense**.
 - Projective identification serves as a **mode of communication**.
 - it is a **form of object relations**, and “a pathway for psychological change.”
 - As a form of object relationship, projective identification is a **way of relating with others** who are not seen as entirely separate from the individual. Instead, this relating takes place “between the stage of the subjective object and that of true object relatedness”.

-
- ◉ Book chapter reading:
 - ◉ “Emotional Engagement and Mutual Influence” Basic Issues as the therapy begins
by Karen Maroda

Assessment

- ◉ Defense mechanism
- ◉ Level of organization
- ◉ Level of insight
- ◉ Real situation
- ◉ Support
- ◉ History past and present and a look into future
- ◉ Always ready to question a diagnosis while confident in your clinical judgment

Therapy

- Attention
- Free floating attention: Poised attention generally involves the renunciation of the immediate recognition of links of association. It apprehends the several details of the psychological data equally and prepares the way for us to work our way among them later. Free-floating attention provides, so to speak, a storeroom of impressions, from which later knowledge will suddenly emerge.
- Humility/ non judgmental
- Aware of our counter-transference/ personal therapy
- Creativity
- Training, supervision, reading and rest...



THANK YOU~

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ADDENDA



- The idea of an unconscious mind originated in antiquity and has been explored across cultures. It was recorded between 2500 and 600 B.C in the Hindu texts known as the Vedas, found today in Ayurvedic medicine
- Paracelsus is credited as providing the first scientific mention of the unconscious in his work Von den Krankeiten (1567) and his clinical methodology created an entire system that is regarded as the beginning of modern scientific psychology.



Unconscious

The *Unconscious* is a term invented by the 18th century German romantic philosopher *Friedrich Schelling* and later introduced into English by the poet and essayist Samuel Taylor Coleridge.

Freud believed that the majority of what we experience in our lives, the underlying emotions, beliefs, feelings, and impulses are not available to us at a conscious level. He believed that most of what drives us is buried in our unconscious



Unconscious

- It is assumed that the unconscious is distinguished from the conscious by the fact that we are aware of conscious experience, but unaware of the unconscious.
- There is ample scientific data to establish as a fact that **some conscious perception goes on without self-consciousness**. It is possible to be unaware of having experienced something and unable to remember the experience, but still give evidence that one has had the experience.

Unconscious ? Neurology

1. There are cases of brain-damaged patient who are blind but who are unaware of it. (Anton syndrome)
2. Jargon aphasia. People who speak unintelligibly but aren't aware of it. (Wernicke)
3. Blindsight. Brain-damaged patients who see things but are unaware of it.



Unconscious ? Neurology

4. Oral/verbal dissociation. There are cases of brain-damaged people who cannot orally tell you what you just said, but they can write it down correctly. Furthermore, they can't remember what they wrote down or what it refers to. (Disconnection S.)
5. Sensing without seeing. There are many cases of people whose brains are *not* damaged who give evidence that they have seen or heard something even though they are not conscious of having seen or heard the item in question.

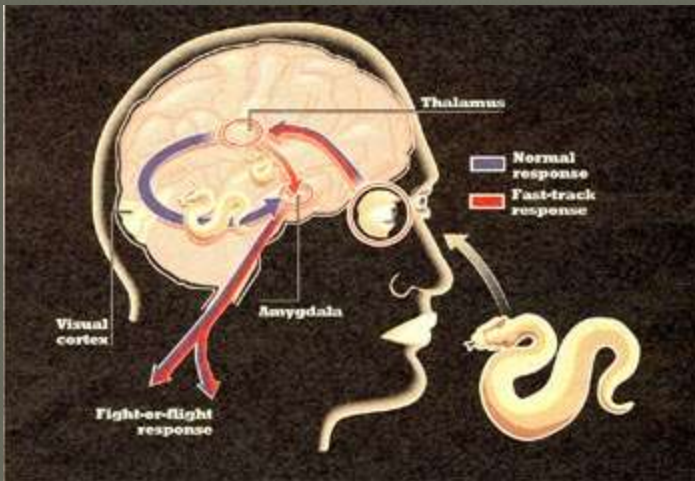




Karl Popper (1902-1994)

- Some philosophers and scientists, most notably Karl Popper, have asserted that a hypothesis, proposition, or theory is scientific only if it is falsifiable.
- Falsifiability (or refutability) is the logical possibility that an assertion can be shown false by an observation or a physical experiment. That something is "falsifiable" does not mean it is false; rather, that if it is false, then this can be shown by observation or experiment.
- Popper argued that Freud's theory of the unconscious was not falsifiable, and therefore not scientific. He objected not so much to the idea that things happened in our minds that we are unconscious of; he objected to investigations of mind that were not falsifiable. If one could connect every imaginable experimental outcome with Freud's theory of the unconscious mind, then no experiment could refute the theory.

Neurosciences



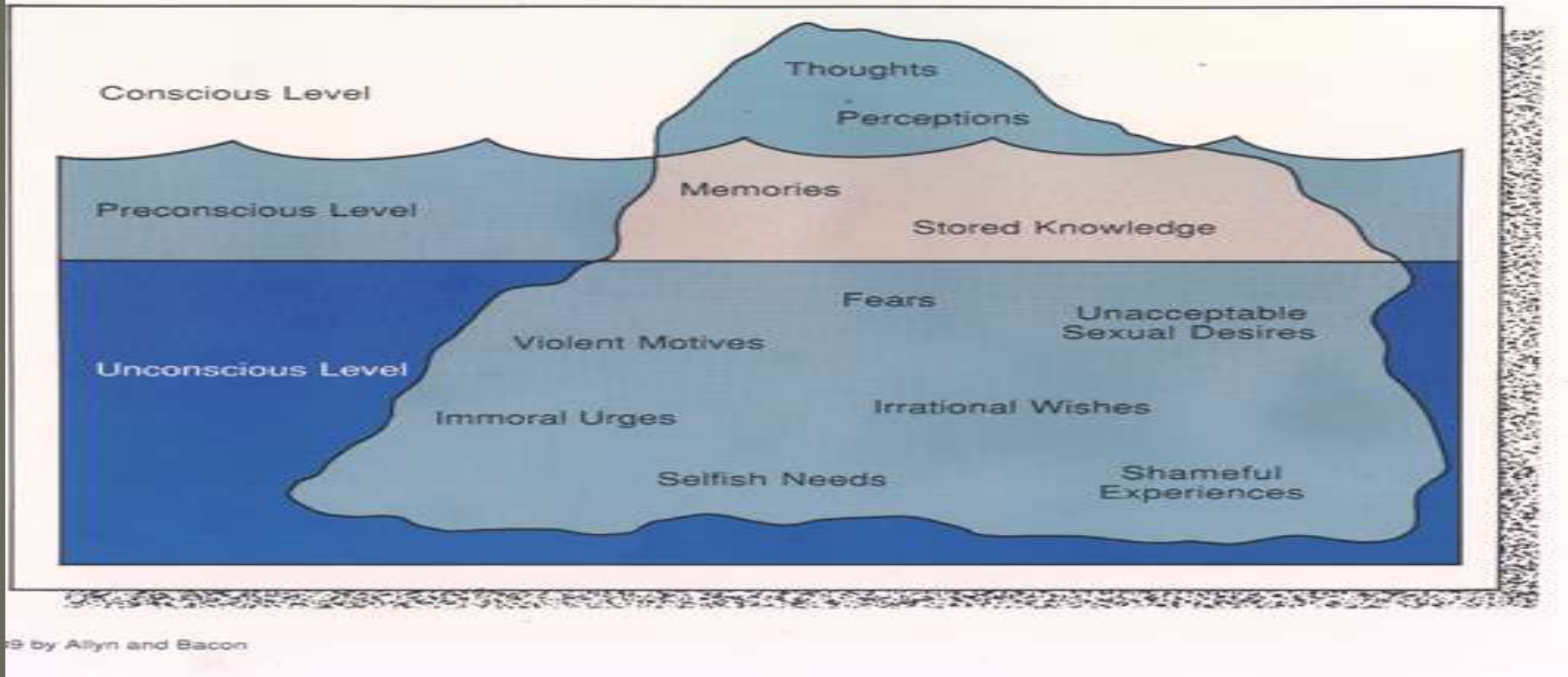
- Priming
- Implicit learning/memory
- Amygdala etc...

Nonconscious acquisition of information about covariations appears to be one of the fundamental and ubiquitous processes involved in the acquisition of knowledge (skills, experience) or even preferences or personality dispositions, including disorders or symptoms of disorders.

Three models for the psyche

- 1- Dynamic:** the interplay of forces within the mind, or the tensions that develop when instinctual drives meet the necessities of external reality → formation of the mind out of the body and its experience of pleasure and pain
- 2- Economic:** For self-preservation, ego negotiates between “pleasure principle” and “reality principle”

The topographic model of personality (1900)

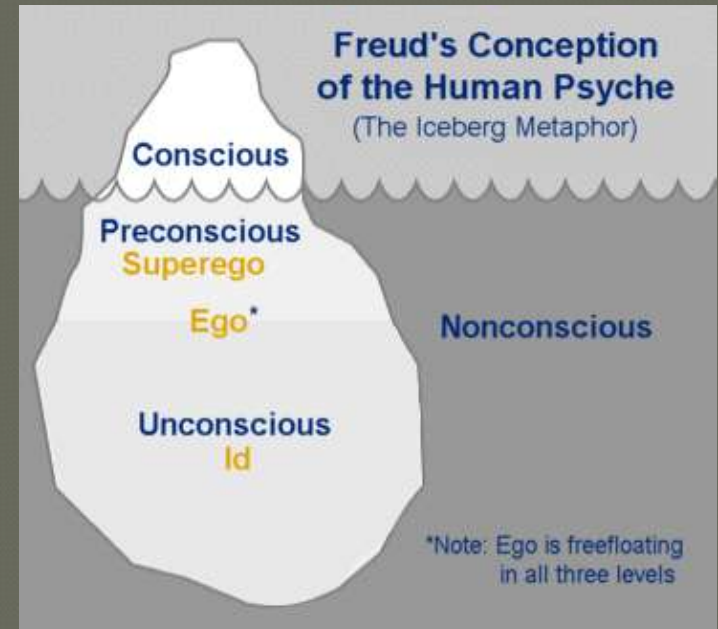


1. **Conscious** mind / 2. **Preconscious** mind – material that is unconscious, but can be easily brought into awareness.
3. **Unconscious** mind – is completely outside of our awareness

The structural model of personality

The ego and the Id (1923)

1. **Id** – unconscious impulses that want to be gratified, without regard to potential punishment. Is source of psychic energy (libido).
2. **Ego** (primarily conscious) – tries to satisfy id impulses while minimizing punishment, guilt.
3. **Superego** – the moral center of our personality (somewhat conscious).



Some other definitions:

◎ ABREACTION

- In psychoanalytic theory, the weakening or elimination of anxiety by reexperiencing, either through imagination or in reality, the original anxiety-provoking experience.
- Emotional release or discharge after recalling a painful experience (Kaplan)

Object/Object relation

- The theory explicates the dynamic process of developing a mind as one grows in relation to real others in the environment.
- The "objects" being referred to in the title of the theory are both real others in one's world, and one's internalized images of others.
- Object relationships are initially formed during early interactions with the primary care givers.
- These early patterns can be altered with experience, but often continue to exert a strong influence throughout life.

MENTALIZATION (Fonagy 1991)

Definition: Attending to intentional mental states in oneself and others and interpreting behavior accordingly.

Elements: Mentalizing interventions promote an enquiring, open-minded understanding by the patient and therapist of one's own and others' mental states. These include past, present and anticipated mental states ranging from ordinary thoughts and feelings to abnormal hallucinations and dissociations, and from intuited emotional resonances to explicitly spoken material. Mentalizing procedures can concern just one current feeling or a broad autobiographical narrative.

Related procedures: Transference interpretation; countertransference, use of; Socratic questioning; mindfulness meditation; cognitive restructuring; metacognitive monitoring; promoting reflection, psychological mindedness, observing ego, empathy.

Application: In individual, group, and family therapy based on any theoretical orientation.

Theory of the Human Development

	Stage	Age	Focus of Pleasure
1	Oral	Birth-18 month	
2	Anal	18 m-3 years	
3	Phallic	4- 6 years	
4	Latency	6- puberty	
5	Genital	adolescence & adulthood	