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Psychodynamic Psychotherapy: An Introduction



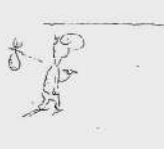



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1

1

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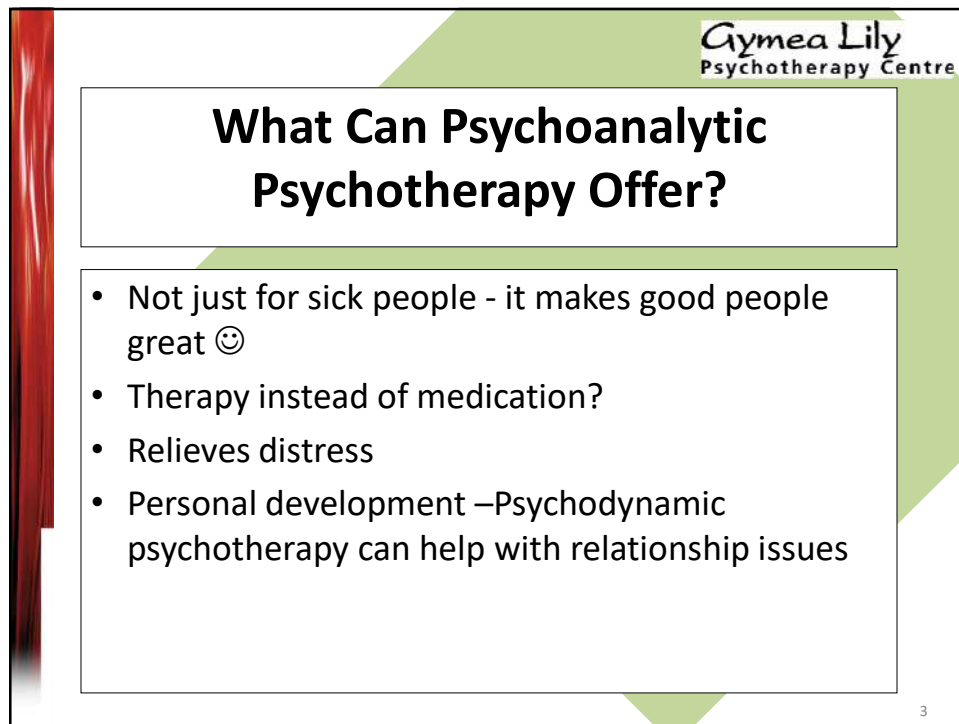
How To GET THERE

<p>Go to the end of the path until you get to the gate.</p> 	<p>Go through the gate and head straight out towards the horizon.</p> 	<p>Keep going towards the horizon.</p> 
<p>Sit down and have a rest every now and again.</p> 	<p>But keep on going. Just keep on with it.</p> 	<p>Keep on going as far as you can. That's how you get there.</p> 

Lenny

2

2



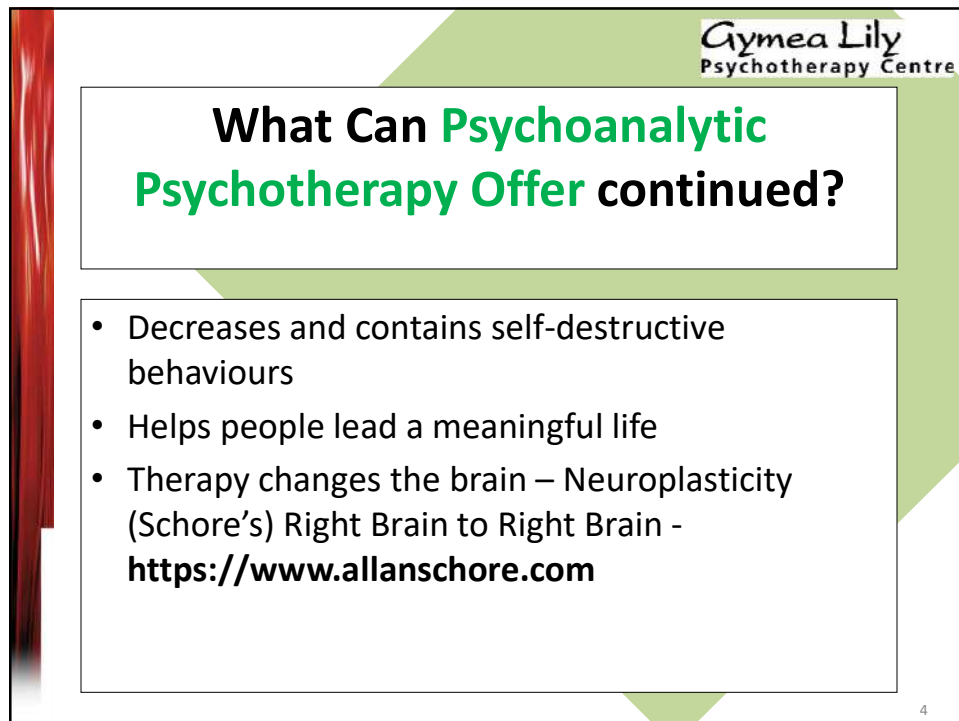
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What Can Psychoanalytic Psychotherapy Offer?

- Not just for sick people - it makes good people great 😊
- Therapy instead of medication?
- Relieves distress
- Personal development –Psychodynamic psychotherapy can help with relationship issues

3

3



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What Can Psychoanalytic Psychotherapy Offer continued?

- Decreases and contains self-destructive behaviours
- Helps people lead a meaningful life
- Therapy changes the brain – Neuroplasticity (Schore's) Right Brain to Right Brain - <https://www.allanschore.com>

4

4

Psychodynamic Psychotherapy – **What is it?**

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- An experience that occurs between 2 people
- Deep experience within the context of a therapeutic relationship
- Can only be very inadequately communicated
- You cannot be taught psychoanalytic Psychotherapy; it can occur only through a personal act of understanding – an experience
- Too much information blocks the act of understanding

5

5

What is **Psychoanalytic Psychotherapy?**


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- Term “psychotherapy” unfortunately is used too broadly
- **Process** whereby we seek to **deepen** our understanding of ourselves – inner world
- Helping people work through the complex **issues which underlie their suffering**
- Usually attend 1x pw, ideally 2x or more

6

6

What is Psychoanalytic Psychotherapy **used for?**




- Treatment for disorders within oneself, relationships, work, creativity, sexuality, the ability to achieve one's goals.
- Psychotherapy is more than treatment
- Quick fixes or technical solutions rarely work in sufficient depth to last beyond the present mood.
- The nature of our personal difficulties is **repetitive**, and **emotional development** becomes **blocked** or arrested.
- Therapy aims to uncover and address whatever has gotten in the way of development.

7

7

What/Who is Psychodynamic Psychotherapy **NOT For?**



- Non- prescriptive and **non- directive** (we don't give advice – we don't set homework)
- **NOT** a form of crisis intervention
- Should **not** be considered a substitute for hospital care, & medical attention
- *“The moment we judge (think we know what's wrong) therapy has walked out the door”*

8

8

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How Does Psychotherapy Work?

Let it go. Let it out.
Let it all unravel.
Let it free and it can be
A path on which to travel.

9

9

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What goes on in therapy itself?

What do you talk about?

- Talk about anything that comes into your mind. **Free Association**
- A place to develop a mind of ones own
- No preconceived notions about what is right or what is wrong for you or what the best solution would be.

10

10




What happens in Psychoanalytic Psychotherapy?

- Psychotherapy is different from counselling.
- The therapist wants to work with you in trying to explore and understand your difficulties and concerns.
- The therapist does not think he or she knows the answers but wants to understand with you **why** you do things.
- Inner world Unconscious repetition – from trauma

11

11



Alex – intense Navy pilot

- session Alex puts Paul's credentials to the test, while recounting the unfortunate events in Iraq that drove him to therapy
- Look for unconscious Projection/idealisation

12

12



13

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How & Why does Psychoanalytic Psychotherapy Work?

- **Interpersonal relationship** is used to produce insight into the meanings and underlying reasons behind difficulties.
- A sense of **inner work** and movement often follows; a mental/ emotional stretch.
- Therapy usually takes us beyond where we can go by ourselves.
- While no one likes to experience emotional pain, it can be necessary to go into it and through it, in order to move ahead.
- Making unconscious conscious

14

14

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Cornerstones of Conceptual Framework

- The Unconscious
- Projective Identification
- Containment
- Transference & Countertransference
- Entering sessions without Memory, nor desire
- Kleinian contribution: Paranoid-schizoid position/depressive position/oedipal anxiety

15

15

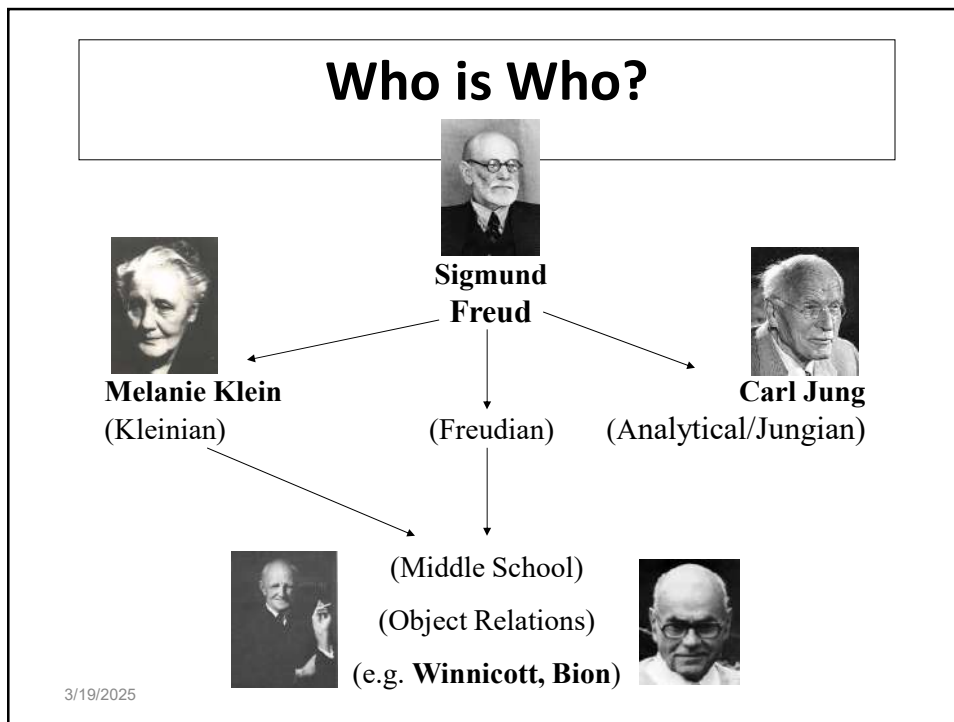
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Freud, the Unconscious and development of Psychoanalysis

- Founder of psychoanalysis, Freud, first psychoanalyst who gave us its name
- Thought of the unconscious (Freud)
- Principle of repetition compulsion (Freud)
- Free Association & analysis of dreams
- Inner world – existence of an internal world
- Psychological development does not necessarily accompany anatomical development
- Corrective Emotional Experience (Freud)
- Object Relations theory: (Klein)
- True self/false self concept (Winnicott)
- Holding environment & Containment (Bion)

16

16



17

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The Unconscious Defined

- **Freud** argues that aspects of our conscious life which are socially/culturally taboo or forbidden, or which are traumatic, become repressed.
- The **Unconscious** is thus constructed out of **repressed instincts, desires, fears and anxieties**.
- Although our Unconscious is completely **unknowable** to us, it does manifest itself in **disguised form** for example in **Freudian slips**, neuroses, compulsions and dreams
- Splitting

18

18

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Psychoanalytic Psychotherapy works with the unconscious parts of the mind. What is really meant by that?

- Becoming aware of what is unconscious. (eg. dreams, slips of the tongue)
- Learn to understand the real causes of feelings & symptoms.
- **Repetition Compulsion**
- When you most want to leave therapy you most need to stay with it!

19

19

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Psychotherapy works with the unconscious ... What is really meant by that? (cont.)

- In treatment you may find yourself feeling uncomfortable – stick with it! Do not suddenly leave therapy
- Rule: that you should not think ahead about what you will say
- Do not suddenly leave therapy
- Regular, weekly appointments; 2xpw works faster suitable for the couch
- Need at least a year, (improvements after 4 months)

20

20

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Jungian/ Analytical Psychology Unconscious Processes

- In **Carl Jung's** terms (**Analytical Psychology**), there are two parts to the Unconscious: the Personal Unconscious and the Collective Unconscious.
- The **Personal Unconscious** is made up of complexes acquired in our Personality development, in our conscious attempt to integrate and deal with our environment.
- The **Collective Unconscious** is made up of Archetypes, instinctual patterns, inherited traits, race memory.
- *Everything that irritates us about others can lead us to an understanding of ourselves.*" [Carl Jung](#)

21


21

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22

22




Containment

- **Bion's** 1962, concept of container and contained
- Containment -intimately connected to the development of thinking and the creation of a mind
- Start of **Object-relations theories** Fairbairn 1952, Guntrip 1971, Greenberg 1983, Spiegel 1989
- Relationship between infant and caretaker is placed at the centre of mental development
- Receiving the distress/Processing the distress/holding the distress/feeding back the distress

23

23

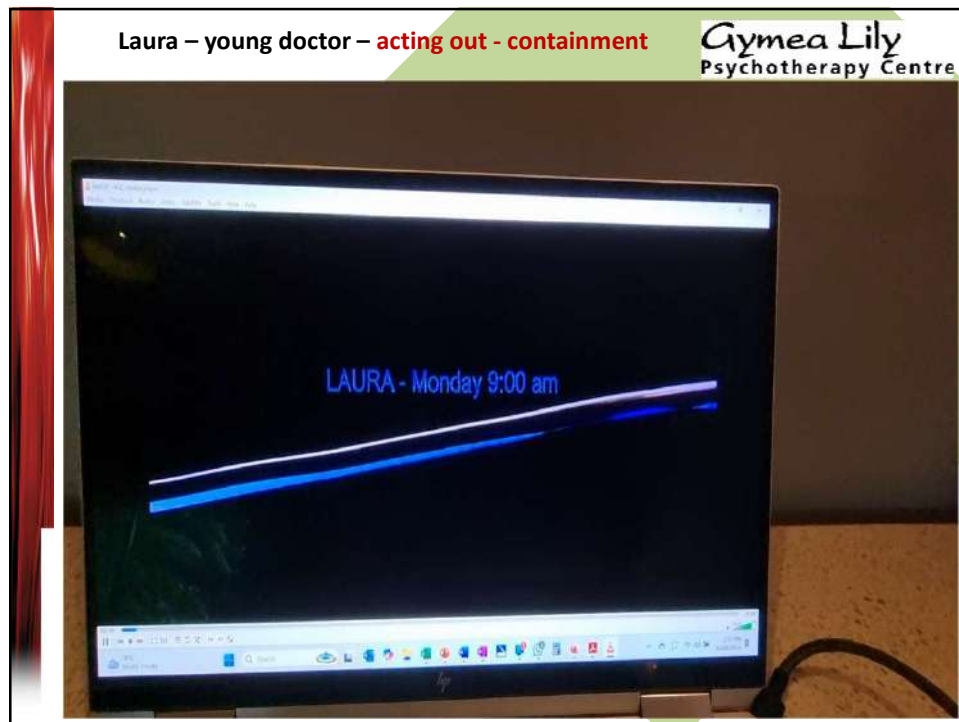


Laura – 1 year into therapy

- Introduction to Laura – a young attractive doctor who shocks her therapist by divulging the real motives behind her sordid bar encounter with a stranger
- ?BPD
- Boundaries in therapy
- Acting out
- Focus - Keeping her in the session when she wants to leave

24

24



25

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Process of **Projective Identification**

- Introduced by Melanie Klein 1946
- closely related to the **defence mechanism of projection**
- **key building block in the development of the mind**
- **parts** of the self are **split off and deposited** into an external object
- object then becomes **identified** with these disowned parts
- unconscious phantasy, should have an impact upon the recipient

26

26

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Projective Identification cont....

- if **something** has any impact upon **the recipient** then you can be pretty sure you've got projective identification, so you can **distinguish between projecting onto something or someone, and projecting into someone**

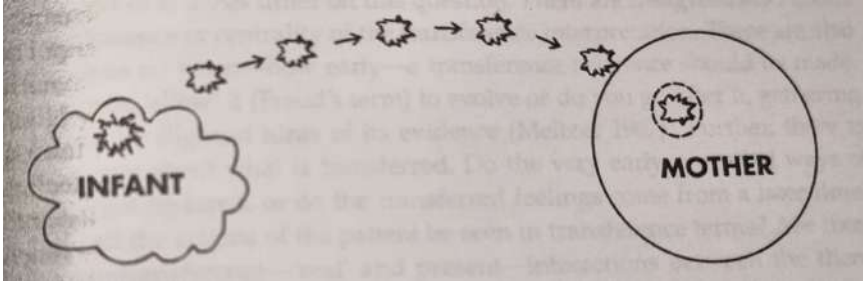
27

27

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Process of Projective Identification and **Containment**

Receiving the Distress & Holding it:



28

28

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Process of Projective Identification and **Containment**

Processing the Distress:

The diagram illustrates the process of projective identification and containment. It features a central cycle of arrows forming a circle. On the left, a cloud-like shape labeled 'INFANT' contains a small starburst labeled 'E'. On the right, a circle labeled 'MOTHER making it digestible' contains a small starburst labeled 'C'. The cycle of arrows starts at 'A' (top left), goes to 'B' (top right), then to 'C' (inside the mother), then to 'D' (bottom right), then to 'E' (inside the infant), and finally back to 'A'. The arrows indicate a clockwise flow of distress from the infant to the mother and back.

29

29

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BLOCKING the Distress

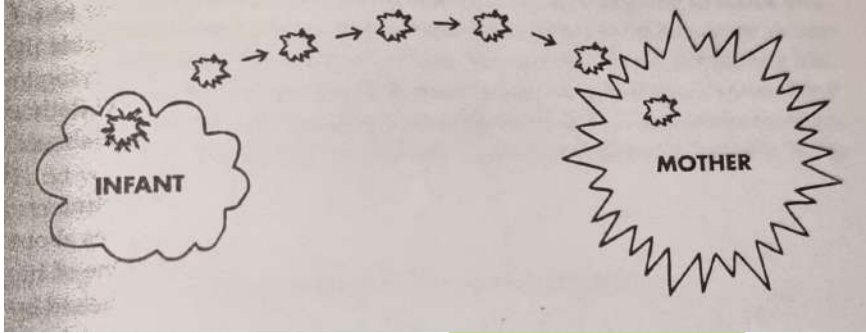
The diagram illustrates the process of blocking distress. It features a central cycle of arrows forming a circle. On the left, a cloud-like shape labeled 'INFANT' contains a small starburst. On the right, a circle labeled 'MOTHER' contains a small starburst. A thick black bar is placed across the arrows between the infant and the mother, preventing the flow of distress. The cycle of arrows starts at the top left and ends at the top right, but is blocked by the bar.

30

30

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Distress that CANNOT be contained



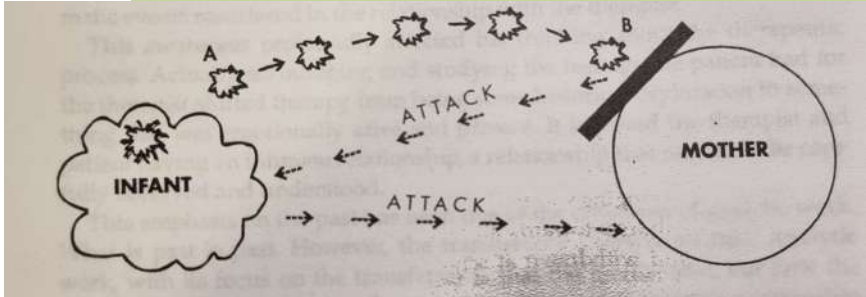
The diagram illustrates the concept of distress that cannot be contained. On the left, a cloud-like shape labeled 'INFANT' contains a small starburst. A series of arrows points from this starburst to a larger, jagged starburst on the right labeled 'MOTHER'. The jagged shape represents the mother's inability to contain the infant's distress.

31

31

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Pushing back the Distress



The diagram illustrates the concept of pushing back distress. On the left, a cloud-like shape labeled 'INFANT' contains a small starburst. On the right, a circle labeled 'MOTHER' is shown with a thick black diagonal bar across it. A series of arrows labeled 'ATTACK' points from the mother towards the infant. A jagged starburst labeled 'A' is positioned above the infant, and another jagged starburst labeled 'B' is positioned above the mother, with arrows indicating the flow of distress from the mother back to the infant.

32

32

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Freud's consulting room in UK




33

33

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Baby Observation

- First year of training - provides an opportunity to develop knowledge and understanding of human development through direct observation of an infant during its early life



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34

34

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The 'Transference' Relationship

- Transference – is a cornerstone of analytic work. It distinguishes it from all other forms of therapeutic interventions.
- By transference we mean the feelings that are transferred from past relationships onto the present, immediate relationship with the therapist
- Psychotherapy specifically makes use of the professional relationship. (Expressive Psychotherapy)
- Working directly with what happens immediately before and between us.
- This differentiates psychotherapy from counselling and psychiatry
- **Strict boundaries necessary**

35

35

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Transference cont.


- Feelings that are transferred from past relationships on to the present, immediate relationship with the therapist
- The transference usually blocks the development of any growth in the relationship
- Transference is the process in which a person **projects** a pattern of adaption which was developed in a previous life situation to a current life situation; s/he then **displaces the affect** from that situation to the present situation.

36

36



37



Countertransference


- Paula Heimann 1950 -result of receiving the patient's projections - Here the **analysts emotional responses add to the understanding of the patient and are seen as a key to the understanding of the patient** (yet the analyst does not necessarily discuss this with the patient).
- positive or negative countertransference
- Freud (1910) originally saw counter-transference as a sort of **'resistance' in the analyst towards her patient**, a resistance due to arousal of unconscious conflicts by what the patient says, does or represents to the analyst.

38

38

Example of countertransference

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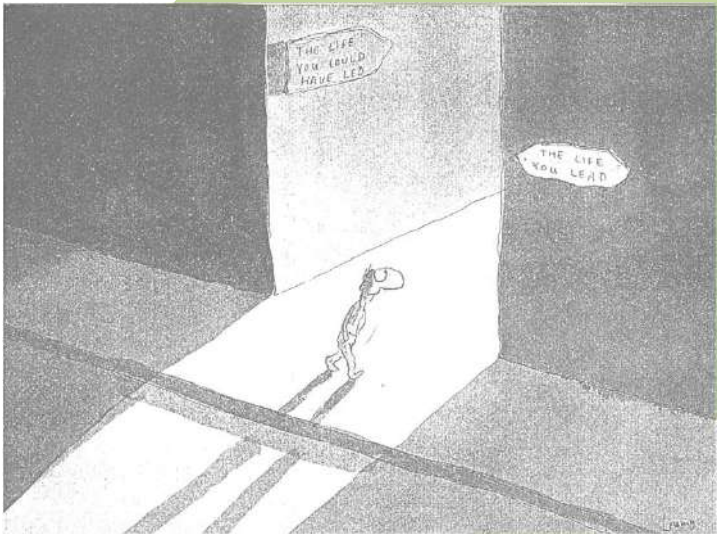


A video player interface showing a man with dark hair, wearing a dark jacket over a light blue shirt, looking down and to the right with a somber expression. The video player has a progress bar at the bottom.

39


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Benefits of Psychotherapy



A cartoon illustration of a person standing in a hallway. On the left wall is a door labeled "THE LIFE YOU WOULD HAVE LIVED". On the right wall is a door labeled "THE LIFE YOU LEAD". The person is standing in the middle of the hallway, looking towards the right door.

40




Opacity of memory and desire

- Term first used by Bion (1970) - Bion states that *“every session attended by a psychoanalyst must have no history and no future”* 1967, p272.
- Enables one to stay in the now to be truly present in a real psychological sense
- Don't go into session with an agenda
- never look at your notes before the session

41

41



Benefits of Psychotherapy

- A process of self- discovery & personal development
- Encourage emotional **maturity**, a greater sense of autonomy, a feeling of purpose and **aliveness**.
- One doesn't have to be in a specifically pathological state to have psychotherapy
- Appropriate for practically anyone who would like to improve the quality of their way of living, working and being with others.

42

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Kleinian contribution:

A **position**, for Klein, is a set of **psychic functions** that correspond to a given **phase of development**, always appearing during the first year of life, but which are present at all times thereafter and can be reactivated at any time

1. **Paranoid-schizoid position:**
2. **Depressive position:** 6 month on
3. **Oedipal anxiety** – Freud (4 years of age – Klein proposed from birth)

43

43

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Paranoid-schizoid position

- birth to 4-6 months
- defence is primarily splitting
- main anxiety is Paranoia & hypochondria

44

44

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Depressive position: 6 month on

- important developmental milestone
- capacity to perceive that the other who frustrates is also the one who gratifies
- feelings of guilt, grief, and the desire for reparation gain dominance in the developing mind.
- **able to experience others as whole**, which radically alters object relationships
- **polar qualities can be seen as different aspects of the same object**
- **defenses characteristic of the depressive position include the manic defenses, repression and reparation**
- **Establishment of inner and outer worlds**

45

45

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Oedipus Complex & Oedipal anxiety

- Freud: **Oedipus complex** refers to a son's sexual/loving desire towards his mother and concomitant hostility toward his father
- Girls: Electra Complex
- For Melanie Klein starts with weaning?

46

46

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New earlier positions proposed

- **the concept of an autistic-contiguous position- Ogden 1989**
- **Anxiety** here is unspeakable terror- dissolution of boundedness – falling- dissolving
- **Liquification - Sara Guyer 2008**
- Being nothing but emersed by liquid and dissolving – often get drowning dreams here water gushing in and enveloping

47

47

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Distinguishing features of the suitable client

M Jacobs (1986) – The Presenting Past: Introduction to Practice Psychodynamic Counselling (London: Harper & Row)

Suitable clients for psychodynamic counselling (or psychotherapy)	Not suitable for counselling, but suitable for psychotherapy	Unlikely to be a suitable for either
Recent onset of problems (or of a new problem)	Long-standing problems	Seen many helpers for only short time, maybe over many years (and/or currently seeing another helper)
Possible reasons for problem clear	Clear difficulties but not clear reasons	Very narrowly defined problems (monosymptomatic)
Verbalises thoughts and feelings	Verbalises, but may intellectualise about feelings	Cannot express in words, take initiative in talking – passive, unresponsive
Relates, well or badly, to at least one other person	Unable to form close relationships	No wish to form relationship with counsellor
Trusts counsellor; can allow some dependence	Over-dependent or inability to trust	Unable to allow any dependency on others
Tolerates once-weekly sessions	Needs to be seen more than once weekly	Only wants occasional sessions
Able to see own contribution to difficulties	More narcissistic character, over-concern about self	Only blames others
Wish to understand self	Wish for deeper insight that takes time	Wishes to be rid of symptoms, by "magic"
Does not act out	Some acting-out but with insight	Sever acting-out of problems – no insight
Desire for change, and problems ego-dystonic	Desire for change, albeit problems ego-syntonic	No desire for change
Normal well-functioning central ego	Weak central ego but able to use therapist to support ego strength	Dependent on high dosage of drugs. Even if prescribed.
Able to tolerate disturbing feelings and thought and central self in control	Bizarre and disturbing thoughts and behaviour but able to recognise this and can still manage life day by day	Bizarre and disturbing thoughts and behaviour, which take over person's normal functioning

48

48

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Training & Qualifications of Psychoanalytic Psychotherapists

- Psychotherapists often train privately, it is not an academic subject (in Australia)
- Psychotherapists are required to undergo extensive personal therapy themselves
- Minimum of **three** years of professional training and supervised practice.
- People should feel free to shop around to find someone they are comfortable with – (should ask about the training and approach of that person)

49

49

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Psychotherapy Books:

- Formani, H (1990). **Men - The Darker Continent**. Heinemann, London
- Herman, Nini (1988). **My Kleinian Home- A journey through four psychotherapies**. Free Association Books, London
- Herman, Nini (1987). **Why Psychotherapy?** Free Association Books, London
- Neville Symington, **The Analytic Experience**.
- M. Scott Peck (1978) **The Road Less Travelled**. Arrow books
- **For Theory:**
- Blake, P.(2008). **Child and Adolescent Psychotherapy**. IP Communications: Melbourne. (Introduction p1-9; Chapter 1- The Analytic Legacy p.13-34; Chapter 2- Conceptual framework p.64)
- Waddell, M.(2002). **Inside Lives: Psychoanalysis and the growth of the personality**. Karnac: London

50

50

Psychoanalytic Institutes in Sydney 

Herewith the best organisations with a psychoanalytic slant in Sydney/Australia:
<https://groupanalysis.com.au/>

<https://nswipp.org>
this is for Psychoanalytic Psychotherapy, and then we have the
<https://www.psychanalysis.asn.au/sydney-institute-courses>
The Sydney Institute for Psychoanalysis
All offer wonderful workshops, and keep analytic thinking alive.

[Australian Association of Group Psychotherapists](#)
Australian Association of Group Psychotherapists (AAGP) groupanalysis.com.au

[ICAPP](#) - The Institute for Child & Adolescent Psychoanalytic Psychotherapy The Institute of Child and Adolescent Psychoanalytic Psychotherapy (ICAPP) is an organisation which provides a range of education and training courses for health, welfare and educational professions. The courses are designed to develop psychoanalytic thinking that can be effectively used in various settings involving work with children [...]
icapp.com.au

51

51



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52

52