Psychotherapy Introduction

Relevance for Psychiatrists and brief overview
By Dr Klotins and Dr Ventura Wurman
How does psychotherapy work?

- Psychotherapy started as biological treatment and there is evidence for it being such now.
- Psychotherapy - models of the mind.
- Nothing is as practical as a good theory.

Shedler: “Empirical evidence supports the efficacy of psychodynamic psychotherapy. Effect sizes for psychodynamic psychotherapy are as large as those reported for other therapies that have been actively promoted as “empirically supported” and “evidence based.” Additionally, patients who receive psychodynamic therapy maintain therapeutic gains and appear to continue to improve after treatment ends. Finally, non-psychodynamic therapies may be effective in part because the more skilled practitioners utilize techniques that have long been central to psychodynamic theory and practice. The perception that psychodynamic approaches lack empirical support does not accord with available scientific evidence.”

Kandel: “psychoanalysis still represents the most coherent and intellectually satisfying view of the mind” (Nobel Prize in Physiology 2000)
Freud

Bright student, scholarships, promising doctor

Friend of J Breuer (1882)

Neurologist starting practice in Vienna

Salpêtrière hospital - JM Charcot (Hysteria)

“Aphasia” and “Project”

Model of the mind - trauma origin
Defence mechanisms | Drives | Transference

- **Mature dm**
  - Humour | suppression | altruism | sublimation

- **Neurotic dm**
  - Repression | rationalization | sexualization | intellectualization | reaction formation

- **Primitive dm**
  - Splitting | projective identification | projection | dissociation | regression

- **Drives**
  - Needs: Hunger, thirst, sex, love (and death?). Libido and Death drive.

- **Transference**
  - Who transfers who to what? And what happens in countertransference.
  - Use in therapeutic setting

- **What is an OBJECT**
Melanie Klein

● Object Relations
  ○ Instincts are inherently attached to objects, as preformed ‘primary phantasies’
  ○ The basic unit of mental life therefore becomes object-related unconscious phantasy itself, rather than instinctual wishes that seek expression through ‘self-created’ objects.

● Unconscious Phantasies
  ○ The unconscious has specific contents right from the start of mental life, namely unconscious phantasies, which are the mental corollaries or the psychic representations of instincts. An instinctual wish can only be experienced (as opposed to theorised about by psychoanalysts) as an unconscious phantasy (Isaacs 1943).
Melanie Klein: Paranoid-Schizoid position

- Constellation of anxieties, defences and internal and external object relations that are characteristic of the earliest months of an infant’s life and to continue to a greater or lesser extent into childhood and adulthood.
- Rudimentary ego attempts to deal with survival anxieties by using phantasies of splitting, projection and introjection
- The infant splits both his ego and his object and projects out separately his loving and hating feelings into separate parts of the mother (or breast), with the result that the maternal object is divided into a ‘bad’ breast and a ‘good’ breast
- This ‘binary splitting’ is essential for healthy development as it enables the infant to take in and hold on to sufficient good experience to provide a central core around which to begin to integrate the contrasting aspects of the self.
- The main anxiety concerned survival of the self.
Melanie Klein: Paranoid-Schizoid position

- Projective identification is an unconscious phantasy in which aspects of the self or an internal object are split off and attributed to an external object.
- The projected aspects may be felt by the projector to be either good or bad.
- Projective phantasies may or may not be accompanied by evocative behaviour unconsciously intended to induce the recipient of the projection to feel and act in accordance with the projective phantasy.

- Bion: Containment

Projective Identification

In projective identification the person who is targeted with the projection begins to behave, think, and feel in a way that is consistent with what is being projected into him.
Melanie Klein: Depressive position

- Central is the realisation of hateful feelings and phantasies about the loved object. Earlier there were felt to be two separate part-objects: ideal and loved.
- In the depressive position, anxiety is also felt on behalf of the object.
- If the confluence of loved and hated figures can be borne, anxiety begins to centre on the welfare of the other as a whole object, eventually giving rise to remorseful guilt and sadness, linked to the deepening of love and an urge to repair.
- Ego capacities enlarge and the world is more richly and realistically perceived.
Other therapies

Cognitive Behavioural Therapy

- Focuses on challenging and changing unhelpful cognitive distortions (e.g. thoughts, beliefs, and attitudes) and behaviors, improving emotional regulation, and the development of personal coping strategies that target solving current problems.
- Based on the belief that thought distortions and maladaptive behaviors play a role in the development and maintenance of psychological disorders, and that symptoms and associated distress can be reduced by teaching new information-processing skills and coping mechanisms.

Systemic Therapy

- Seeks to address people not only on the individual level, as had been the focus of earlier forms of therapy, but also as people in relationships, dealing with the interactions of groups and their interactional patterns and dynamics.
Practice of Psychotherapy

- **Therapeutic Frame**
  - Time
  - Space
  - Motivation

- **Relationship between therapist**
  - Asymmetry
  - Transference & Countertransference

- **Learning of psychotherapy**
  - Theory
  - Supervised practice
  - Self-analysis (how it is to be a patient)
Is Psychotherapy Effective?

- Smith et al. (1980): Meta-analysis: Effect size 0.85 (compared to no treatment control)

- Lipsey & Wilson (1993): Summarized the results of 302 meta-analyses (not studies!) of psychological, educational, and behavioral treatments. By examining a subset of these meta-analytic studies using the most stringent inclusion criteria they concluded that the average treatment effect for this limited sample (156 meta-analyses) was .47.

- The consistent finding of positive psychotherapy effects—across decades, thousands of studies and hundreds of meta-analyses, examining diverse disorders and therapies—is seemingly undebatable at this point in time. The size of treatment effects hovers around an effect size of .60 (.40 to .80), meaning that about 65% of treated patients will have a positive outcome compared to 35% of patients who are on a waitlist for the same time period.

- Psychotherapy is more effective than many “evidence-based” medical practices, some of which are costly and produce significant side effects, including interventions in cardiology (e.g., beta-blockers, angioplasty, statins), geriatric medicine (e.g., calcium and alendronate sodium for osteoporosis), and asthma (e.g., budesonide); influenza vaccine; and cataract surgery, among other treatments (Wampold, 2007).

Do patients maintain their gains?

Do patients maintain their gains?

![Bar chart showing the percent of patients visiting the emergency room and employed or in school.](chart1.png)

- Services included outpatient psychiatry, community support, and psychotherapy. Probabilities refer to chi-square statistics.
  - *p<0.05. **p<0.01. ***p<0.001.