

# The need for a longer, slower, careful therapy.

An extract from 'Why Love Matters' by Sue Gerhardt.\*

*'In a restaurant recently, I noticed a tall, good looking man with grey hair who was giving the waiters a hard time. He complained about the speed of the service and then he questioned whether they had brought the right drinks. Then he asked why they had not been offered Parmesan cheese. He was so agitated about getting his physical needs met that he did not seem to be aware of the emotional state of the other diners at his table, who were looking increasingly uncomfortable and embarrassed. The conversation, which had been animated when they sat down, petered out as the atmosphere became more and more tense. This little scene is in some ways typical of the mentality which is so focused on getting things done, getting things, achieving goals, that it loses track of relationships. This man was not taking others' feelings into account. He was not thinking how the waiter felt, nor the people with whom he was eating. His goal was to get the right meal at the right time. He lost touch with the pleasure of company, of conversation, of relaxing with other people. . .*

*The goal-orientated mentality is the same mentality which writes columns in newspapers deriding the need for self esteem, the same mentality which talks about 'wallowing' in feelings. It encompasses the 'stiff upper lip', the Protestant work ethic, the 'hurry sickness' aspects of our culture. Will-power and exertion are prized over responsiveness and a willingness to take time. Life is tough, they will say, just get on with it. In this way the splits between mind and body, thought and feeling, personal and public, are perpetuated. Listening to feelings, your own or someone else's, can slow you down. It can delay the achievement of goals.'*

**Editor:** **Psychoanalytic psychotherapy** is a slow careful process that takes time, which is one reason why some people are critical of it. Many of the prospective patients who approach A.P.E.L asking for help have tried quicker ways of getting help but have found that their real concerns about the quality of their lives were not addressed.

The 'goal orientated' way of living, described above has left them feeling empty, anxious, lonely or depressed. A 'goal orientated' treatment may leave them feeling a similar way. What they long for is for someone to take time to really listen and understand how they are feeling and why. This process, in some ways, goes against the grain of modern society and patients may feel anxious about being criticized by friends, family, employers or even their doctor for making the decision to try this sort of therapy. Many people who do try it, however, and get really involved in the work, say it has changed their life.

They now feel able to have satisfying and enriching relationships and feel fulfilled in their life and work whilst finding their life to be more creative and productive.

One patient worked out that seeing her therapist once a week for a year was costing her the same as the depreciation cost of her small car. She went on to consider whether she could afford to not pay for her car and then to consider whether she could afford to not pay for her therapy. This particular patient later realized that although her therapy cost a lot, not just in terms of money but also time, energy and emotional commitment, her life was more satisfying. Her self confidence at work had increased and she had gained an important promotion. She had also not been physically ill for a year although previously she had often needed time off work and frequently visited her GP. On balance she felt she had 'come out on top!'

\* 'Why Love Matters' by Sue Gerhardt  
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# Different Kinds of Psychotherapy

## Cognitive Behavioural Therapy (CBT)

**CBT and Psychoanalytic Psychotherapy are quite different but are both offered as help for patients with similar psychological or emotional difficulties. One kind of therapy might be most helpful for one patient, another might be best for another patient.**

**Cognitive Behavioural Therapy** has its roots in classical and social learning theories. Within this framework cognitions are seen as having been learned and then maintained through reinforcement. Rational thinking is viewed as based on fact but that thinking can also be based on assumptions which need to be challenged with a view to changing them. Changing thinking can make unwanted feelings more acceptable and bring about changes in behaviour.

Working within this framework the therapist challenges these assumptions directly rather than via the unconscious and hence is concerned with changing the difficult/troublesome behaviour rather than how they originally emerged. Their focus is on how these aspects have been maintained and work is concerned with definable behaviour which can be monitored. Since the aim is to change thinking and beliefs a wide range of techniques is used, clear goals set are and the person's motivation is strengthened by suggestion and support from the therapist. Interpretations may form part of the work but finding reasons for particular beliefs is not considered essential.

### How CBT works:

- It is brief and time limited – it can last between 6 weeks and 6 months
- A trusting relationship with the patient is important but the therapist also believes that changes occur when the patient learns to think differently rather than via the relationship *per se*. The focus is therefore on teaching rational skills.
- Questions are used to help gain an understanding of the patient's concerns and the patient is also encouraged to question personal behaviour and assumptions.
- The therapist works in collaboration with the patient in treatment, finding out what their goals are and working towards these.
- The therapist has an agenda for each session, techniques are taught, and the focus is on helping the person achieve the goals they have set.
- The patient is encouraged to do homework using reading, thinking and putting techniques into practice.

To summarize: **the task of the cognitive behaviour therapist is to act as diagnostician, educator, and technical consultant who assesses maladaptive cognitive processes and works with the patient to design learning experiences that remediate these dysfunctional cognitions.**

# Different kinds of Psychotherapy (continued)

## Psychoanalytic Psychotherapy

A.P.E.L receives a number of referrals from CB therapists and clinical psychologists who feel their patients need longer, in-depth, therapy. A.P.E.L. therapists also refer some patients to CBT when it is considered that would be more effective and helpful for that individual.

The framework within which **Psychoanalytical Psychotherapy** works is outlined simply and concisely by Ellen Noonan in "Counselling Young People" (Methuen New York 1983):

- *'Each individual is the product and author of his own particular history: how he is now is a direct consequence of his earlier experiences with others and his environment. Subsequent experience confirms and modifies that early experience, for better or worse. He is not, however passive in his history, but contributes to its shape*
- *He lives simultaneously in his external and internal worlds: the former he is mostly aware of, but the latter is primarily unconscious. The unconscious, internal world is energetic and substantially determines his feelings and actions in the external world.*
- *All, behaviour, no matter how apparently irrational and senseless, is logical and purposeful according to some personal system*
- *Chronological growth is inexorable, but emotional growth is beset by anxieties and detoured by defences and so does not always keep pace. Emotional disturbance is likely to be caused by some outdated and no longer appropriate motivation, decision (defence) or wish.'*

### How it works

- Psychoanalytic psychotherapy is a process of growth and development.
- The therapist works via the unconscious which can be accessed through free association and dreams. Earlier patterns of relating begin to be repeated unconsciously in the relationship with the therapist, making them accessible to be thought about and then easier to manage.
- The therapist aims to provide an environment in which the patient feels safe and can risk allowing unwanted and difficult feelings into consciousness.
- The role of the therapist is to listen, follow the patient, explore and discover with him or her what is emotionally true for them.
- The therapist does not set goals, offer advice or provide answers and, is not at all interested in moulding the patient to some preconceived idea of 'normal'.
- The therapist is not primarily interested in changing specific behaviour as it will, in due course, make sense according to the patient's internal systems, hence the need to gain insight into these.
- **The relationship between therapist and patient is central to this task.** By exploring emotional and relational difficulties from the past and in the present, including feelings and difficulties arising during the session, increased understanding allows the patient to gain emotional insight and thus helps widen the choices available in life. In this way the patient finds new ways of perceiving his or herself and other people, thus enhancing work and relationships which then become more satisfying and creative.
- Therapy is long term and there can be between one to five sessions a week.

# Psychoanalytic Psychotherapy – Does it work?

## What is the Evidence of Effectiveness?

(This is a greatly shortened version of an article appearing in *The Institute of Psychoanalysis's News and Events pamphlet 2007* by Dr Trudie Roussouw .) Editor: [ ] indicates words have been changed from the original article in order to facilitate understanding in this abbreviated version.

**The mental health climate today is dominated more and more by the expectation that treatment should be based on sound evidence that the treatment offered is effective. This, in itself, is a very plausible argument, and indeed, if compared to medicine, which of us would like to be given medication for say, blood pressure, if there were not sound evidence of the effectiveness of the medication.**

Although the argument is plausible, difficulties arise from how 'evidence of effectiveness' is measured. In medicine evidence is only seen as scientifically sound if it has been tested via randomized control trials with significant enough sample sizes for the trial to deliver statistically relevant results. These same principles are adopted in the field of mental health in the quest for evidence. Some therapeutic interventions, such as CBT, which is manualised and hence much easier to standardize and measure, lend themselves more to the randomized control technique. Psychoanalytic intervention, is not based on a manual, but on the delicate understanding of the texture of the relationship between the patient and the [therapist]. . . . .

**In empirical research** one of the requirements is to control confounding variables, otherwise it is difficult to say with certainty which factors were responsible for the outcome. The majority of mental health difficulties are not as 'pure' as they are wished for in terms of empirical study methods. In reality, there is often a high degree of co-morbidity present, and given that most evidence is often based on single disorders, when dealing with co-morbidity, the evidence may therefore not apply. With regards to brief therapy, the assumption is that a brief intervention can bring about change, **but in reality clinicians are familiar with the entrenched nature of some psychopathology, which implies a resistance to change – especially in the short term.**

The above arguments illustrate the difficulty psychoanalytic treatment methodology has with fulfilling the criteria for empirical research as described above . . .

**The absence of evidence for psychoanalytic treatment should not, however, be confused with evidence of ineffectiveness.**

The worry is that CBT would be adopted by default because of its research and marketing strategies rather than its intrinsic superiority. . . .'

(Dr Rossouw outlines about 20 trials that have been undertaken comparing short term dynamic psychotherapy and CBT in the treatment of depression and anxiety. The two forms of treatment showed similar efficacy. She also describes some research in Sweden involving 756 people which suggests that the longer and more intensive the treatment the more likely it is that there be a long term improvement in symptoms without reverting back to illness again later.)

**She summarizes as follows:** 'although the difficulty with the empirical method with regard to psychoanalysis is clear to understand, it is hopeful to see that regardless of the difficulties it was possible for some studies to be conducted, which illustrate that:

**analytic work in the longer term is not only effective, but somehow seems to continue to lead to improvement even after the termination of the therapy.**

With an analytic hat on, these results can be understood in the following terms: In a successful [psychoanalytic psychotherapy] one of the outcomes of the [therapeutic] experience for the patient would be the internalization of the [therapist] as a good [person in the client's internal world.] This means that the client would be able, in a time of stress, to recall the encounter with the [therapist] and that the memory of the experience would help the patient cope with the stressful situation by making use of their own inner resources, which were released to them through the [therapeutic] experience.'

From an article by: Dr Trudie Rossouw, (Psychoanalyst, Consultant Child and Adolescent Psychiatrist, Associate Medical Director of Specialist Services in her NHS Trust.) A copy of the full article, including references, is available, free, from A.P.E.L. We are grateful to Ms Rossouw for her permission to print these extracts. The full version is available from A.P.E.L.

## Depression

**D**epression is probably the most familiar mental health issue. Churchill suffered with his 'Black Dog' and William Styron with his 'Darkness'. In America recent research indicates that 1 in 10 of the population is suffering from more or less serious depression at any one time. It is the most common presenting problem mentioned by new patients coming to A.P.E.L.

**Not wanting to get up in the morning:** sick feeling in the stomach; tense muscles; feelings like – 'what is the point? nothing feels any good, no-one cares, no-one understands, I never do anything right, no-one will want me.' Feelings of humiliation and failure make 'mistakes' roll around the mind in a persecuting way

Depressed people usually have low levels of serotonin and norepinephrine. Doctors often prescribe Prozac which has become a household name. This seems to benefit some people but studies suggest that only a third achieve a full remission of their symptoms and a third experience no improvement.

**The triggers** which have been identified are well known: losing a parent at an early age; moving house; other bereavements or the breakdown of important relationships leading to feelings of abandonment or rejection. But what of those people who do not associate their depression with these sort of events?

**At the core is a fragile sense of self – a deep well of inner hopelessness which brims over periodically when a vulnerable person's stocks of well-being are depleted.**

If there is a sort of 'relative' lodged somewhere in your mind muttering: 'you're selfish; just get on with it; you are pathetic; your sister is much better or prettier than you; you always make a mess of things;' it leaves a longing to be loved but with no hope of being loved, which ultimately results in low ambition and low achievement.

**Babies who don't get the attention they need** and don't feel protected from distress are forced to become aware of feelings of helplessness and powerlessness too soon. If this happens before they have developed a capacity to regulate their distress or to act in their own interests, they may resort to not feeling, playing dead emotionally, withdrawing into a helpless state. This state of affairs can become a stuck part of the personality. Allan Schore (a famous neuroscientist) has discovered that entrenched feelings of hopelessness come about as the result of not being able to put things right, with no way of redeeming the self and recovering others' good opinion or love.

### **With a therapist alongside –**

When the patient has a sense that their therapist is attending to their feelings with great care and thoughtfulness and is not responding in an irritable or judgmental way – there can be a glimmer of hope that, together, it might be possible to find a different place where helplessness doesn't have to dominate the mind. An enduring experience of a therapist who can manage the patient's feelings, however angry or painful, can enable the patient to internalise that experience and respond to their own feelings in a careful, thoughtful, sensitive way instead of reacting with criticism of their own feelings and self.

At the beginning of therapy depressed patients often feel beyond help which is why they may have put off asking for help for a long time. They may feel they are hopeless cases. In time this can change with the help of a robust relationship with their therapist which survives the negative feelings.