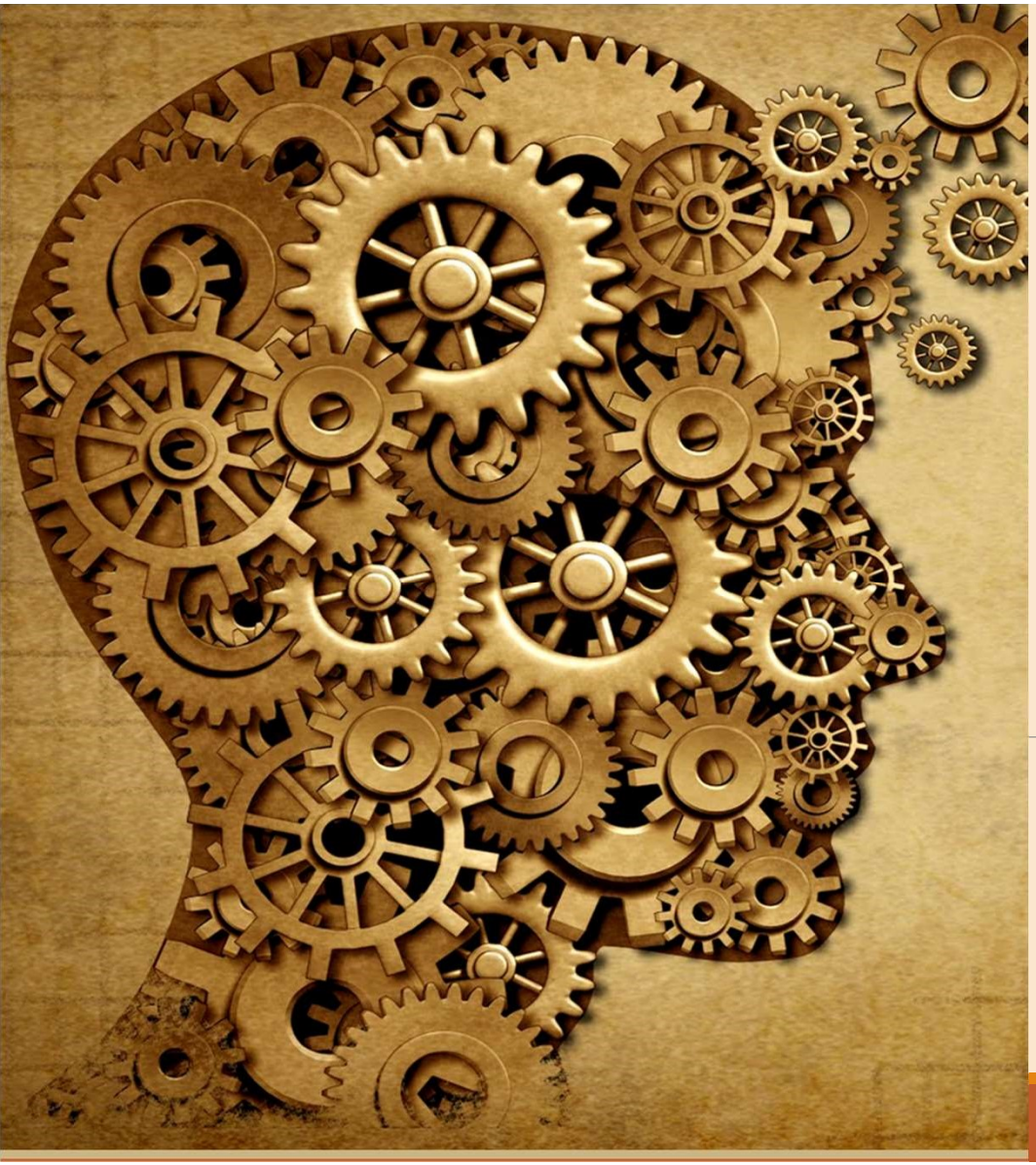


Psychodynamic Techniques for Advanced Therapists

WEBINAR BY
ANDREW NACHUM KLAFTER, MD

AUGUST 13TH, 20TH, AND 27TH

- Listening to the Unconscious
  - Listening to the self
- How you and your patient get relate to each other?
  - Transference
  - Countertransference
- Interpretation
  - Why does insight help?
- Assertiveness/Aggression
- Experience near vs. Distant Intervensions
- Narcissistic Injuries in Therapy
- Working through
- Dreams
- Termination

- Theodore Reik: *Listening with the Third Ear.*
- Salman Akhtar: *Psychoanalytic Listening*

- What is empathy?

- Content vs. process
- Pauses, self editing
- Affect, body language
- Listening to the self
  - "It's like riding a bike"
    - Procedural vs. declarative knowledge

- Introspection (life long)
- Personal therapy treatment (5-10 yrs)
- Consultation/Supervision 10-20 yrs
- Most basic skill set for therapists
  - Stethoscope

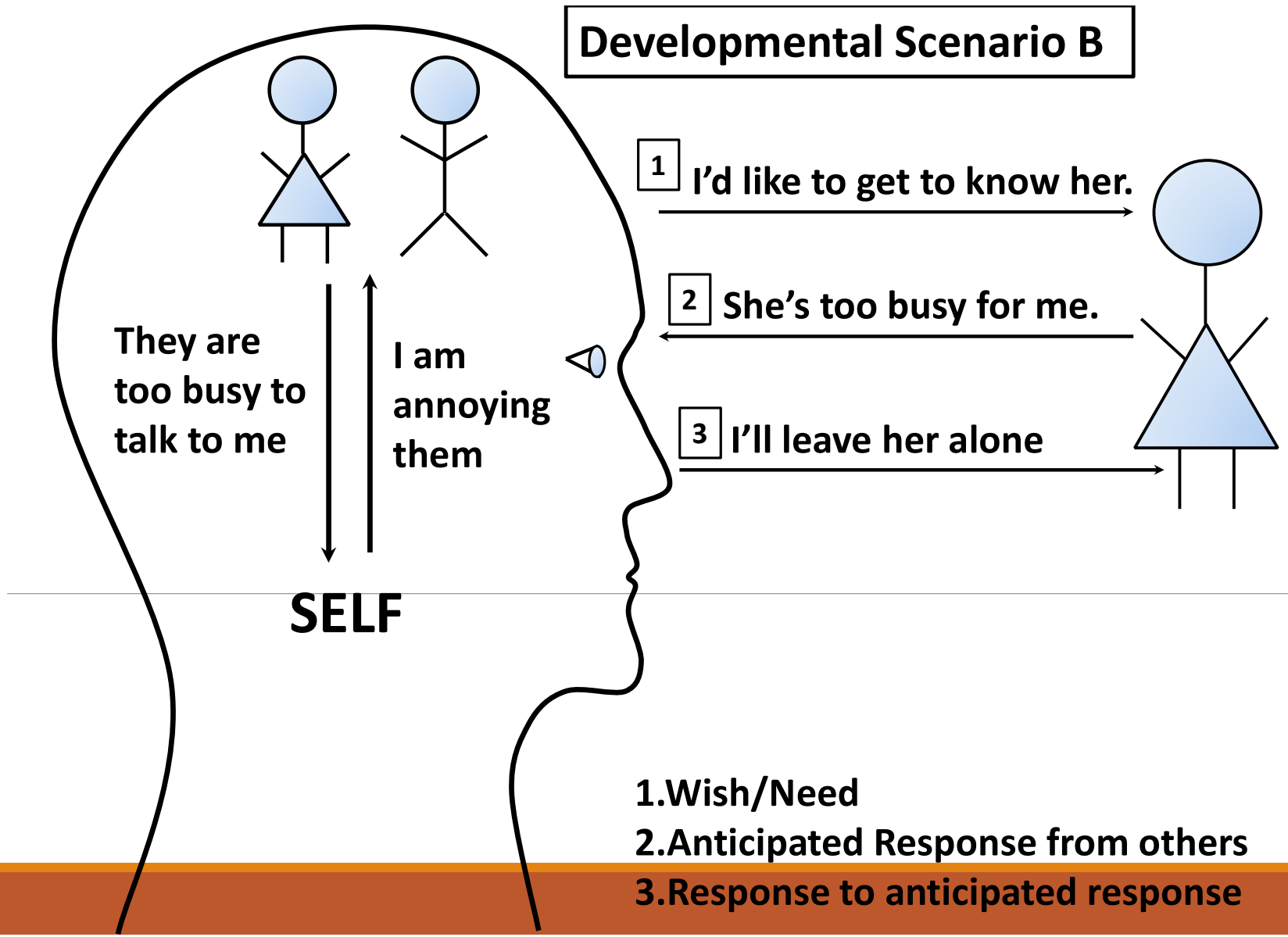
- I feel inadequate as a therapist
- She is devaluing my work
- She is bullying me
  - "Projective Identification"
    - She copes with feel bad about herself by making others feel the same way

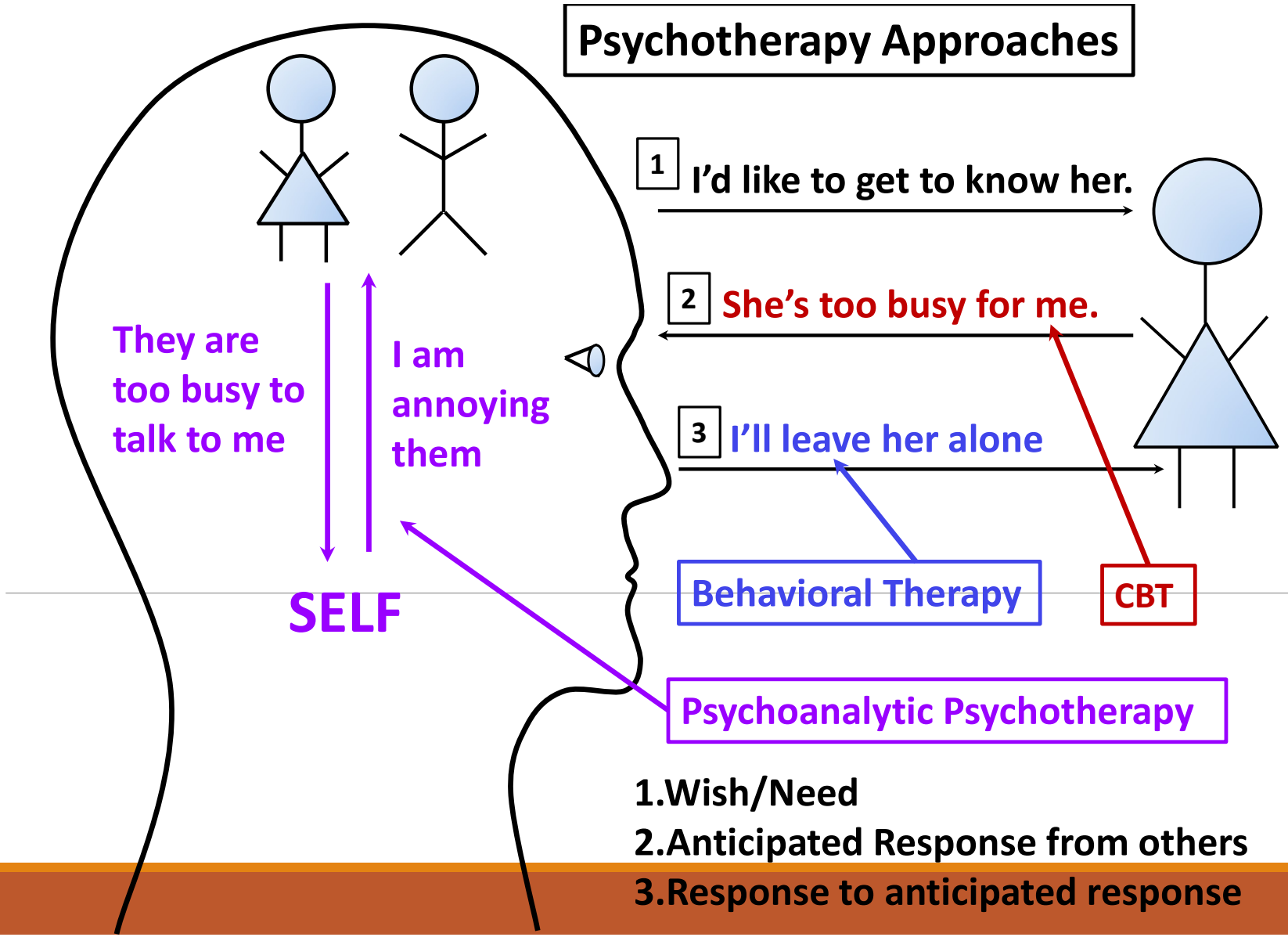
- Empathy
  - The capacity to participate in another person's subjective emotional experience
  - "Vicarious introspection" (Kohut, 1959)
  - Emotional, visceral
    - like music, like mirror neurons

- Empathy
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- Your sense of how the patient treats you.
- "personality biopsy" (?)
- Empathy – accurate sense of the patient's experience of you
- Self-knowledge
  - Basis for empathy
  - Your reactions to patient's way of treating you

USING SELF KNOWLEDGE


Developmental Scenario B
1
I'd like to get to know her.
2
She's too busy for me.
3
I'll leave her alone
They are too busy to talk to me
I am annoying them
SELF
1.Wish/Need
2.Anticipated Response from others
3.Response to anticipated response


Psychotherapy Approaches
1
I'd like to get to know her.
2
She's too busy for me.
3
I'll leave her alone
They are too busy to talk to me
I am annoying them
SELF
Behavioral Therapy
CBT
Psychoanalytic Psychotherapy
1.Wish/Need
2.Anticipated Response from others
3.Response to anticipated response

Transference – how the patient's typical ways of relating to others manifests itself in therapy

- Stable aspect of patient's personality
- Different in therapy than other realms (?)
  - Asymmetrical, power-differential
  - Vulnerability, regression

Countertransference:

How we feel about our patients

- Aspect which is personal/specific to the therapist
- Aspect which is mostly a direct reaction to our patient's way of treating and relating to us

- Maybe the patient is only acting this way with me
- How do I know that my feelings about the patient are meaningful?
  - Maybe it's just my emotional baggage
- Maybe others would feel very differently

- It happens before you notice how you're being treated
- Responding vs Reacting
  - Don't just do something, sit there!
- We are paid to sit with intense, unpleasant feelings for a lot time, and make sense of them.

Evan is a 29 year old man who has severe depression, has made 3 suicide attempts, and is plagued with panic attacks. He sometimes wakes up in the morning, and starts screaming. It alarms his parents. They run into his room, and he complaints that "they won't let me express my emotions" and that "they are so controlling."

CLINICAL ILLUSTRATION

I tell Evan that I am surprised that he is still surprised that his parents are going to rush into his room if he starts screaming. (I think I was annoyed.) He says, "What!? I'm not supposed to scream if I feel like screaming?" I clarify: "I am talking about the fact you are surprised that your screaming provokes them." Then he has a panic attack.

- Evan comes in for problems with panic attacks
- Over time we figure out that his "panic" is an anger reaction.
- We sort of understand why he's angry at his parents, but…
- We *really* understand it when he's angry at me.

My emotional reaction to the patient in general, and particularly to the way he feels about and treats me, is the most powerful and reliable way to understand his difficulties and his subjective experience.

Interpretation:

Offering your sense of why the patient might be feeling or acting this way.

Evan, I wonder if you are screaming in order to let them know how miserable you feel?

Experience Distant:

"I think that your screaming is actually an act of aggression toward them."

(But he does not feel angry or aggressive.)

"Correct" interpretations

vs.

"Helpful interpretations."

CLINICAL ILLUSTRATION OF INTERPRETATION

Insight

- Not intellectual
- Exposure/tolerance/acceptance of uncomfortable emotions
- Greater emotional freedom
- Greater freedom

Discomfort with anger and aggression

- Passivity
- Conflict avoidance
- Assertiveness problems
- Sense the discomfort and help patient see it.
- Almost a universal problem in people with low self esteem.

- I know everything about why I am doing this, but it's not helping me change.
- Intellectualization of problems
- I don't care why, I just want to stop this.

- Conflict:
  - Problem with an emotion tat is so unpleasant that one's capacity to function is impaired)
- Working through:
  - Discomfort is reduced such that person is no longer impaired

- Narcissism
  - Normal
  - Abnormal
  - NPDs
  - NPD

- Self objects
- Self object transfernees
  - Mirroring
  - idealizing
- Empathic failure - narcissistic injuru
- Patient's ability to recover builds structure

- Dreams
- Symptom formation
- Symbols
- Associations
- Interpretation
- Special training

DREAMS

- Termination
  - Planned vs. unplanned
- Dependency conflicts
- Treatment after treatment ?
- Taper vs. Stop
- Invitation to return