

The 7 Principles Of Psychoanalytic Psychotherapy

- 1) Focus on emotion
- 2) Study the avoidance
- 3) Identify Themes
- 4) Focus on development
- 5) Focus on relationships
- 6) Focus on the therapy relationship itself
- 7) Explore fantasy life

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(Interview with Jonathan Shedler on "Picturing It With Elliot Greenebaum")
<https://www.youtube.com/watch?v=YNWy1ksxIDo>

The goal of therapy is for the person to be more whole and live their life more fully and freely. What we have especially in like PhD clinical psychology programs, is we have the next generation of clinical practitioners being trained by people who aren't clinicians themselves and aren't experts in what they're teaching. And this forms the student's ideas about what psychotherapy is. And they just have no clue what really good therapy looks like. It's not in their repertoire of experience. They've never encountered it. What I would consider and I think you would consider meaningful, real psychotherapy is less and less common. Therapy is more and more common in society. But really meaningful therapy. It's like fewer and fewer of the people who are providing therapy are providing that kind of therapy.

Here's how I think of therapy, and practice it, and teach it. The things that bring people to psychotherapy, to psychological treatment, are usually depression or anxiety. And those are the psychological equivalents of fever, right? They're nonspecific psychological responses to an enormous range of underlying things. And great many people come to therapy because they feel bad. You know, well, how do we feel bad? What do we feel when we feel bad? We feel anxious or depressed, right? So almost every patient who walks through the door it comes in with anxiety or depression or some mix of it and that's the starting point. That's the surface manifestation of something that's wrong. Now we got to get into the business of what's going on psychologically, that's giving rise to it.

There's there's really a very sharp dividing line. When we talk about therapy. We have go down two different branches. In one branch, we know the problem up front. We have the methods up front. We know what outcome we're trying to get up front. And now we're going to you know, follow this instruction manual in kind of algorithmic way. Right? So that's one approach to what we call therapy.

1) Focus on emotion.

The second approach to therapy is it's not aimed at teaching you, the patient, something. It's aimed at finding out something, discovering something about you with you. It has to be a lived experience in the therapy relationship. It's not an intellectual experience. It's an emotional experience. We track people's affect. We track their emotions. And a lot of the work is helping the person to articulate their emotional life. To put words to it in ways that they never have before. And that includes emotional experience that they may not have words for initially. They may not have paid attention to, or been aware of, initially.

2) Study the avoidance

As soon as we get in the business of doing that, what we find out by virtue of being human is humans have a wealth of things -- we have vast riches in our ability to steer around and avoid things that are emotionally distressing. In plain English, I just say you know, avoidance. In theoretical terms, we'd be talking about defense and resistance. But avoidance is a perfectly fine word. And you know, if the person is building a wall, the work is less about getting to the other side of the wall, we get over the wall or through the wall or under the wall. The work is about "why is there so much wall building going on just right here just right now? How is this wall constructed? Why is it constructed? Why is it being constructed in this particular place? So that the person becomes aware, not just things that they're avoiding, but of the process.

3) Identify Themes

The third thing we do is people's lives and internal experience is just filled with recurring themes. We tend to repeat certain patterns, certain themes in our lives. They play out again and again. And we listen for the themes, right? So sometimes the person comes in and they have a pretty good idea of a repetitive theme that that's causing them trouble. Other times, the patient has no idea. They tell you their stories. But the therapist can hear the theme. So we're listening for recurring themes, because that's going to become the focus of the work. Right? So we really need to understand the person systemically in order to have a context for understanding a particular problem that they're looking for help with.

4) Focus on development

We're not looking at the person at this momentary slice in time. There's an understanding that what we're seeing right now at this moment in time, is part of an ongoing trajectory that's brought them

there, right. So it's pretty hard to understand where you are, let alone where you're going to go, if you don't understand how you got here. I'm interested in the past, to the extent that it helps shed light on and understand the present. And the goal is actually not to dwell in the past. The goal is actually to free the person from the bonds of past experience. So that you don't have to keep doing things in the same painful and self defeating ways. The goal is to free the person from being controlled by past experience. And there's an understanding that this is part of a developmental trajectory.

5) Focus on relationships

Who we are is really forged in the context of our relationships, our attachment relationships. Beginning with our first relationships. Usually with Mother, Father siblings. Our psychological being is formed and shaped in the context of relationships, and it plays out in the context of relationships. Show me somebody who comes to therapy with a psychological problem of any kind, and I'll show you someone who's having some kind of difficulty in relationships. Either the problem is playing out in their relationships, or it's getting in the way of having any relationships. You can't disconnect the problem from the relational context in which it occurs. So we're very, very interested in the person's interpersonal connections, and they necessarily and unavoidably bring their lenses for making sense of themselves and other people in relationships. They bring those lenses into therapy. It's not good or bad. It just is. It's how we're constructed as people.

6) Focus on the therapy relationship itself

In one way or another, we begin to play out those patterns in some version with this new person. In this new relationship. And the thing that makes therapy therapy and not just a new person to repeat the same painful and self defeating patterns with is that we don't just repeat the same patterns. We pay attention to them as they're unfolding. We recognize them. We put words around them. So the relationship between the patient and the therapist is a window into what goes on in the person's relationships in general.

7) Explore fantasy life

We become very interested in the person's fantasy life, their daydreams, their night dreams. Absolutely anything in the realm of the life of the mind is fair game and is open for exploration and discussion. It is very, very different from an agenda driven therapy where the therapist assumes, upfront A priori: I know what's important to this person. I know where this work should go. Like I already have the answers. Now I just need to upload them into the patient's mind. It's a very different approach.

And the most important determinant of therapy outcome is what people now call the therapeutic alliance, but that actually wasn't the original term. The original term was the working alliance, which puts the focus on the work and it's a very, very special and unusual kind of relationship. It's not feeling good about each other the way you might feel good about your friends, or your romantic partner. It has the quality of a very, very special kind of relationship.

This happens all the time: one of the things I do with my students, my trainees, is we look at videotapes of, of therapy sessions. And beginning students, they're very self conscious, understandably, and they always ask the same question. They're scrutinizing the therapist. If it's themselves, they're scrutinizing themselves. Usually very self critically. And they want to know, did I do the right thing. Did the therapist say the right thing or the wrong thing? And they're looking at the therapist. Part of what I'm trying to teach them is you're looking at the wrong person in the video. If you want to know if what the therapist did was helpful or unhelpful, look at the patient. Look at the response of the patient. So a master therapist has a feedback loop in real time, right there in the room. They're interacting with the patient. They're doing whatever they do, and what they're actually gauging is, how does the patient respond to it? So the patient is basically teaching us how to do therapy for that specific person.

It's not all sweetness and light. I mean, we're gonna see the person's anger, their disdain, their contempt, their hate. All of these things are part of being human. So the test of a working alliance isn't that the therapist and patient always feel good about each other. The test of a working alliance is: can the patient be furious with the therapist? Can they hate them? And come back to talk about it, and explore it, and think about it together. That's the test.

I have never once presented this to an audience, a lay audience or professional audience, that the therapist of any orientation, where people didn't say, Yeah, that makes sense. That's what I want. I want to be understood in that way. When you tell people this is what we're trying to do and you put say it in plain English, people just immediately and intuitively grasp it. Yeah, that makes sense. Like how else would you do it?

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