

# Beginning Treatment and Building the Therapeutic Relationship

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# Unique Features of Psychodynamic Therapy

- Focus on emotion & its expression
- Identify recurrent themes & patterns
- Link patient's feelings and perceptions to past experiences
- Take an in-depth look at interpersonal relationships
- Explore wishes and unconscious fantasies
- Attend to feelings disowned by the patient
- Analyze the therapy relationship: transference & countertransference

# Developmental Orientation

- Frames approach to psychoanalytic therapy
- New connections are made
- Adaptive possibilities emerge
- A forward looking emphasis to the use of the past



# Launching a psychoanalytic psychotherapy

- Establish a good working relationship
- The beginning determines success of therapeutic project
- Therapist assesses patient while patient evaluates therapist
- Therapist's character and trustworthiness impact "therapeutic alliance"



## Therapeutic Alliance I

- Crucial to launching and sustaining the treatment
- Reciprocal quality of therapeutic relationship
- Feelings of trust stem from perceptions of therapist
- Patient's positive feelings help to forge bond

## Therapeutic alliance (TA) II



- One of the most investigated research constructs
- Distinct from Transference and countertransference reaction
- Quality of TA during initial phase of treatment best predicts the results of treatment (Gabbard, 1995)
- Successful therapists give greater attention to forming and maintaining TA

# Creating a Holding Environment

- Establish the frame
- Holding & Cultivating the psychological space
- Develop an analytic sensibility/attitude
- Listen analytically
- Provide containment

# Setting the Frame

- A point of stability perceived only “when it changes or breaks”
- Represents the backdrop for the therapeutic process
- Conditions of Work/Business Agreement
- Testing of Limits
- During Assessment & Ongoing Therapy



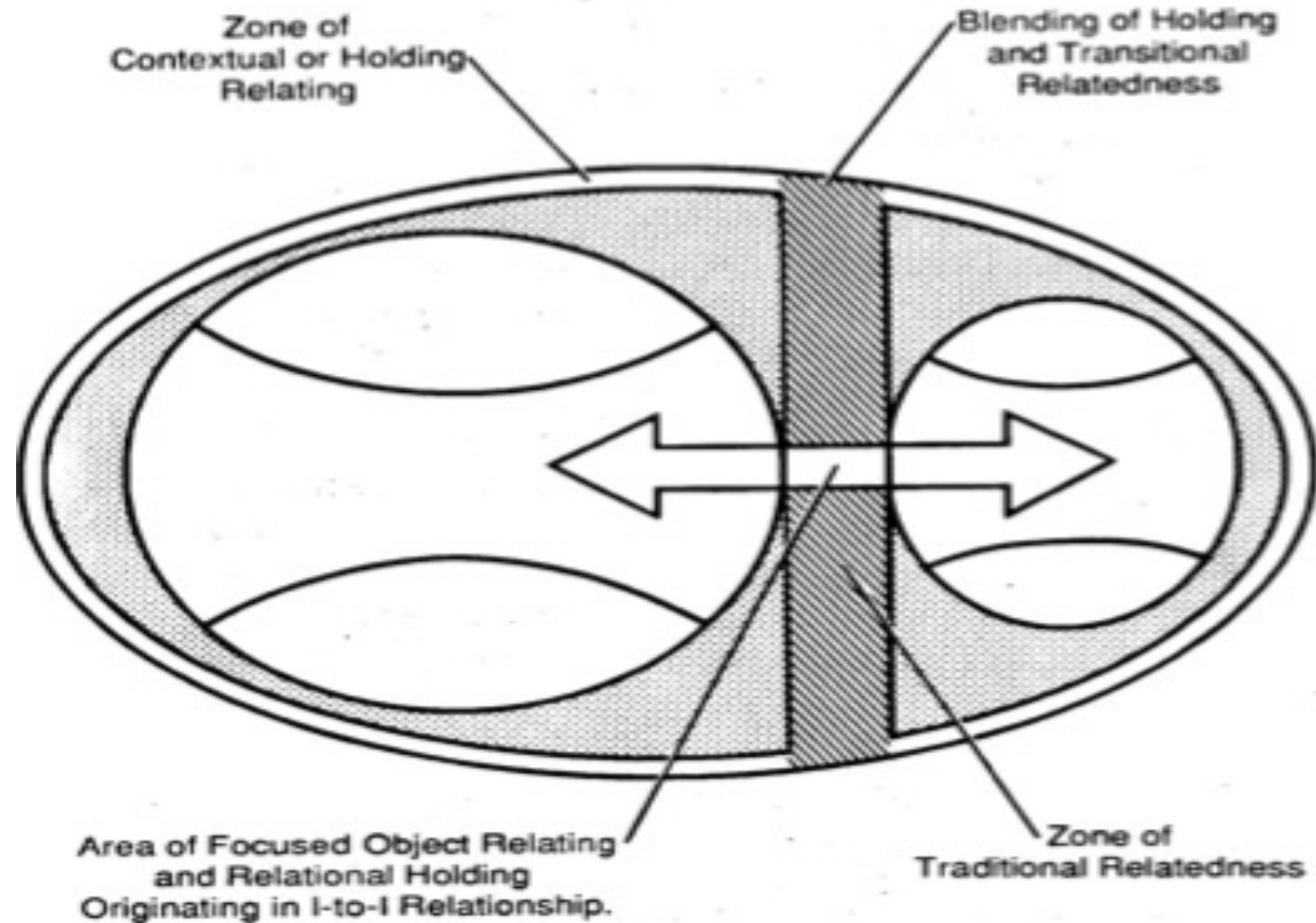
# Cultivate the Psychological Space

- Reflective functioning
- Process-and-review orientation
- Extended assessment – capacity for delay

# Psychological Holding

- The contextual relationship
  - An envelope of safety
  - The "*holding environment*" (Winnicott)
- The focused relationship

# Winnicott's Organization of the Mother-Infant Relationship



# Analytic Attitude & Sensibility

- Opening ourselves to whatever comes to mind in our interpersonal conscious and unconscious communication
- We welcome the possibility of surprise
- We reflect on our “blindspots”, and obstacles that impede the unforeseen from emerging
- Actively “free floating” listening to the unconscious
- Full complement of “listening resources (Eizirick, 2005)

Baranger, M. and Baranger, W. (2009)

# Empathic Stance

*"Empathy has a key role to play in the analyst's functioning and area of expertise, for **analysis is not only the science of the deep, but also the science of the deeply shared path to the deep** ....It constitutes a progressive, shared and deep contact with the complementarity of the object, with the others' defensive ego and split off parts, no less than the other's ego-syntonic subjectivity."*

# Analytic Listening I

- Distinguishing feature
  - Listening for the whisperings of the unconscious
- The Unconscious (Ucs)
  - Latent content: "*behind*" the conscious, manifest content (Freud)
  - An ever present and active collection of archaic Ucs fantasies (Klein)
  - a new center and meaning that is "*elsewhere*" (Baranger)
- Listening with a "*state of evenly suspended attention*" (Freud, 1912)
- Without prejudice and without seeking confirmation of theory or ideas

# Analytic Listening II

- Verbal Discourse
- Non-verbal communications
  - Rhythm, pace, tone of speech
  - Facial expressions
  - Body movements & postures
- To patient's explicit discourse
- To unconscious fantasy of the field (T-CT)
- To unconscious in the patient awaiting interpretation

# Free Association

*"Act as though, for instance, you were a traveler sitting next to the window of a railway carriage and describing to someone inside the carriage the changing views which you see outside."*

*-Sigmund Freud, "On Beginning the Treatment"  
(1913c,p.135)*



# Containment

- We take it in
- We feel affected by it
- We reflect upon it
- We find words to communicate our understanding back to the patient

# Containment of patient's experience

- Therapist = a containing person with whom patient can identify
- Processing function
- Maternal reverie
  - Give form to the infant's unthinkable anxiety (Bion 1967)
- Anxiety returned in a metabolized and thinkable form

# Psychological Birth & Psychic Development

- The individual cannot develop in isolation
- Initially
  - *“There is no such thing as a baby” without a mother (Winnicott)*
  - *“There is no such thing as infant ‘thought’ without maternal alpha-function” (Bion)*
- Later
  - Baby becomes a going concern

# Psychic Development

*"The mother has a delicate task to accomplish in her primitive communication with her baby. Not only must she represent all the valuable qualities of the 'breast-universe' – food, warmth, tenderness, liveliness and so on – She must, at the same time, be the one who helps her infant get rid of the persecuting and hated breast that the baby cannot eject alone without great psychic damage."*

(McDougall, 1986)

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