

Vicki's Clinic

Families, Couples and Individuals

Vicki O'Dwyer – Family, Couple and Individual Psychotherapy

Contemporary Psychoanalytic Psychotherapist (student) Victorian Association of Psychoanalytic Psychotherapists

University of Melbourne, 442 Auburn Road, Hawthorn Vic 3122

M: 0412 563 638 F: 9011 9656 E: vicki.odwyer@gmail.com W: www.vickisclinic.com

Making Sense of Intensive and longer-term Psychotherapy

What is Psychotherapy?

Psychotherapy involves conversations with a listener who is trained to help you make sense of, and try to change, things that are troubling you. It is something you take an active working part in, rather than something you are just prescribed or given, such as medication. It's possible to work individually, to have couples therapy, or to take part in group therapy or analysis.

Psychotherapy is a special and productive venture, specifically because it is based on human connection and acceptance. This basis forms the trust that allows you to come to know and work on your personal struggles; trust and confidentiality are paramount, in order for you to be able to think the unthinkable, feel what has previously seemed 'unfeeling', and do what has felt to be impossible in some way. Therapists are there for you and expect nothing in return but payment for their time. This is important, because you can speak in psychotherapy without worrying about your information being shared or impacting upon your job, family or relationships, nor worrying about offending friends or neighbors.

Therapists *really do* want to know how you are doing; this is no casual conversation or ritual social exchange of pleasantries. As an active and analytic listener, therapists use theory, their personhood, objectivity and subjectivity, as well as techniques to stir your awareness, insight and motivation. A professional therapist is one who is committed personally and professionally to their own growth - it is a vocation not just an occupation - and this is what qualifies them to catalyse the growth of others.

For most types of psychotherapy, you are encouraged to talk about your thoughts and feelings and what's troubling you. You will be asked about your present life circumstances, your current presenting issues, as well as your past; relationships, struggles, experiences and circumstances, both positive and not so positive. Recalling memories and experiences, delving into vulnerable emotions, or confronting and changing a behavioral or coping style can be uncomfortable, upsetting and even overwhelming, thus requires courage. As such, 'talk therapy' or psychotherapy is a valiant undertaking, involving intense emotional discussions – you may even find yourself crying, upset or having an angry outburst in a session. We are all influenced by our past, which in turn influences the present with or without your awareness. Over time the complex interweaving of individual abilities and temperament, relational experiences with caregivers during infancy and childhood, and the lucky or harsh realities of one's

life circumstances converge to form patterns. These patterns of experiencing oneself and the world describe our subjective, personal reality and emotions attached to them become part of our mental structure, or how we organise, or make sense of, our experience.

Psychotherapists train many years in the art of listening, and usually have their own experience of extended personal and professional psychotherapy. Unlike a friend or family member, psychotherapists listen not only with the intent to just understand but also with the goal to understand your mind and mental processes, and identify and bring to your attention to key themes, patterns, beliefs and behaviours. Such themes and patterns are inadvertently often a part of what contributes to your struggle. In psychotherapy you are supported to develop an awareness of your adaptive and less helpful patterns, and to find the strength and courage needed to alter unhelpful patterns, and act more discerningly in a range of situations. As a patient, you receive a balanced and unbiased frame of reference in which to understand yourself and your ways of relating, the motives behind your symptoms and the methods you use to keep difficult matters out of awareness, and to feel more deeply - something friendship often blurs.

The task of psychotherapy can be bumpy and exhausting. At times you will like the therapist and the psychotherapy, at other times you won't, regardless, all these situations are important to raise and discuss with your therapist. Attention will be drawn to strengthening and deepening the therapeutic relationship (the relationship between you and the therapist), and time will be spent trying to understand those things that may be inhibiting or blocking the strengthening and deepening of that relationship. Your therapist will frequently discuss the relationship you are developing with them, and your therapist will be very interested to know when they have affected you either negatively (i.e. if you felt offended by your therapist, or angry at them for example) or positively (i.e. if you felt accepted or helped by your therapist).

The benefits of psychodynamic therapy are not just transitory, but endure and actually increase with time; it sets in motion psychological processes that lead to ongoing change, even after therapy has ended, through fostering inner resources and capacities that allow richer, freer and more fulfilling lives (Shedler 2010).

For anybody trying to find their way round it, psychotherapy is a confusing field. At first glance, there seem to be dozens of different varieties. What has happened is that, over the years, different brand names

Vicki's Clinic

Families, Couples and Individuals

Vicki O'Dwyer – Family, Couple and Individual Psychotherapy

Contemporary Psychoanalytic Psychotherapist (student) Victorian Association of Psychoanalytic Psychotherapists

University of Melbourne, 442 Auburn Road, Hawthorn Vic 3122

M: 0412 563 638 F: 9011 9656 E: vicki.odwyer@gmail.com W: www.vickisclinic.com

have arisen for methods that are often variations on a few basic types: behavioural and cognitive therapies; person-centred or other humanistic therapies; psychoanalytic therapies and systems therapy.

Cognitive behaviour therapy (CBT)

In behaviour therapy, the therapist is a sort of personal trainer, who will show you how to practice facing your fears (for example, of open spaces, social situations or insects) bit by bit. He or she may also be the one to help you if you have problems like an irrational compulsion to wash your hands, or to check things over and over again. In such cases, the therapist will help you gradually to stop these activities, and will support and reassure you while you face the anxiety this change will stir up.

CBT also takes a training approach, but this time it trains you to question and control troubling and repetitive thoughts. These can be, for example, miserable, self-hating thoughts, or irrational fears.

E.G. Mary has always been an anxious person, but started to have panic attacks after recovering from a road accident. Her heart would race, and she would find herself panting and feeling faint, with tingling and cramps in her fingers. She was terrified that these were warning signs of a heart attack. She went off sick from work and was afraid to go out. Mary's cognitive therapist listened very carefully to her story, and explained that panic attacks were alarming, but harmless. She gave Mary an information sheet, and asked her to keep a diary of her symptoms. Mary realised that the worst thing had been the fear of the attacks themselves, with a dread of sudden death redoubling the panic. She managed, through the therapy, to regain control of this vicious circle of panic-generating thoughts, and to 'talk herself down' in the way the therapist had trained her to do, when she felt the anxiety coming on. Her attacks ceased and she went back to her ordinary activities.

Behaviour therapy and CBT don't look primarily at what caused the troubling behaviours and thoughts, or at deeper layers of the mind. They work with the immediate, conscious problem, in a commonsense and supportive way. They aim to train you to think and feel differently. Sessions have a clear plan and structure, and you are usually given homework to do in between. Typically, the treatment doesn't last more than a few months, though the therapist will often offer you follow-up sessions.

Person-centred or client-centred psychotherapy

Unlike a cognitive or behaviour therapist, the person-centred or client-centred therapist won't produce

a plan or structure to the sessions, but will encourage you to talk freely about things that are troubling you. He or she will be warm, responsive and nonjudgmental, encouraging you to be as open as possible, and to face and come to terms with difficult memories, feelings and fears. He or she is trained to help you to make sense of things in your life and to think about things in new ways, so that you can move on. Client-centred therapy may be long or short-term, usually on a once-weekly basis. Although the therapist will keep professional boundaries, the role in ordinary life that is nearest is that of a good friend.

E.G. Clive, 21, was confused and ashamed about feeling attracted to other young men at university, especially as his mother kept dropping hints about finding a nice girlfriend. He'd buried himself in study through his teenage years, trying to ignore the growing evidence of his sexual orientation. Clive got depressed, and saw a male therapist in the student counselling service, who encouraged him to be honest with himself and to explore what his true longings and desires were. When Clive finally came out as gay, the therapist was an enormous support, through being there, reliably, for sessions and relating to Clive in an interested, warm and matter-of-fact way. He was there to listen after the first difficult weekend with Clive's parents, and was a sensible voice and stabilising influence as Clive started to find his way in the complex gay scene of the campus.

Humanistic therapy

There are a number of approaches linked to the client-centred one, which come under the general heading of humanistic approaches. Again, the therapist presents him or herself as an ally, or friendly supporter, and may also have some special technique to offer that aids self-expression. An example is gestalt therapy, where the client, either individually or in a group, may be encouraged to explore problematic situations not just through talking, but through action. The empty chair technique, for instance, allows you try out a dialogue with an important other, or a part of the self, who is imagined to be sitting opposite you. Other therapies such as art, drama and music therapies also give special ways of expressing yourself besides words.

Psychoanalysis and psychoanalytic psychotherapy

Psychoanalysis and its offshoot, psychoanalytic psychotherapy (also called psychodynamic psychotherapy), is the most ambitious of all therapies in terms of its scope and aims, and approaches from a different angle. It started with the

Vicki's Clinic

Families, Couples and Individuals

Vicki O'Dwyer – Family, Couple and Individual Psychotherapy

Contemporary Psychoanalytic Psychotherapist (student) Victorian Association of Psychoanalytic Psychotherapists

University of Melbourne, 442 Auburn Road, Hawthorn Vic 3122

M: 0412 563 638 F: 9011 9656 E: vicki.odwyer@gmail.com W: www.vickisclinic.com

discoveries of Sigmund Freud a century ago, but its methods have changed and developed a great deal since then. It's the most complex of the talking treatments, and has had a significant influence on most others.

The psychoanalytic therapist will seem less socially responsive and immediately reassuring than other therapists, who take more of a 'trainer' or 'friend' role. He or she will ask you to try to say whatever is going through your mind. The analytical therapist will be closely tuned in and empathic, but will also be more neutral, keeping personal feelings and reactions private. As well as giving you a chance to unburden yourself, he or she will also be trying to pick up hidden patterns and meanings in what you are saying. The analytical therapist will also be interested in the way you are relating to him or her, and how this links with other, perhaps problematic relationships in your life.

Psychoanalytic Psychotherapy is a psychological treatment that can help people with behavioural, emotional and relational problems. One of the main ideas of psychoanalytic psychotherapy is that when something is very painful, we can find ourselves trying to ignore it (we tend to think, "out of sight, out of mind"). Most of the time we know when we're doing this, but sometimes we can bury something so successfully that we lose sight of it completely, yet it still impacts upon us. This is why difficult experiences in the past can continue to affect the way we feel and behave in the present. Psychoanalytic psychotherapy provides people with a safe place to talk openly about how they feel and to understand what might be causing their difficulties.

An example shows how this might work. Someone who was repeatedly rejected by their parents may, as a child, stop themselves from thinking about how painful this is. Perhaps they distract themselves from thinking by trying to be perfect and very good, acting out or being constantly occupied and distracted. As an adult they might withdraw from relationships, feeling that it is safer to be alone and not having to depend upon anyone. Although not getting close to anyone helps them feel safer from rejection, they also continue to use their early coping to manage their ongoing sense of aloneness and fear of rejection.

How would a psychodynamic therapist help such a person? By helping them to talk freely about themselves, they can become more clear about how, whenever someone tries to get to know them, they fear the worst and push them away, just to make sure no-one ever gets close enough to reject and hurt them again. In the course of day-to-day life people aren't necessarily aware of how they are behaving or responding to others, because this becomes second nature – 'the way things are'. By drawing their attention to this, therapy can help

them to understand themselves and other's better and change the way they respond, ultimately allowing others to get to know them and having richer relationships.

The therapist will also be noticing how these ways of behaving and responding, get in the way of them allowing the therapist to become emotionally closer and to get to know them. For example, such a person may: want to limit the frequency of sessions or come late; hide their own feelings from the therapist about the therapist, such as missing them when they went on holiday or feeling annoyed if the therapist was a few minutes late; talk an awful lot about things that are going on, but not about themselves, all as a way of keeping the therapist at bay – similar to how they keep other's at bay. Doubts about more frequent involvement and prohibitions about expressing their feelings to the therapist and others for example, would be identified, discussed, put into context. Opportunities for more frequent involvement and expression of feelings could then be made and experienced within the safety of the therapeutic relationship. Ultimately making it safer to do in relationships outside of the therapy.

Psychoanalytic psychotherapy typically lasts much longer than cognitive-behaviour therapy, and you may well need more than one session per week, because it aims to influence deeper layers of the personality, at the sources of the troubling thoughts and behaviour. The most thoroughgoing form of it is full psychoanalysis, where the patient sees a psychoanalyst, four or five times a week, for a number of years. Such intensive psychotherapy is a huge investment, not just of money, but also of time and emotional energy. However, this big investment in one's life can produce significant rewards in terms of the ability (as Freud put it) to love and to work. People find themselves freed to live life more to the full, to be more creative in all sorts of ways, and to relate to and care for others better.

Integrated therapies

Sometimes therapists will also use combinations of different therapies, so-called integrated approaches. One example of this is cognitive analytic psychotherapy (CAT), where the therapist works partly in a cognitive way but also sometimes interprets on the basis of what is happening in the therapy relationship, as a psychoanalytic therapist would do.

How did psychoanalysis originate?

More than a hundred years ago, the medical founder of psychoanalysis, Sigmund Freud, abandoned a traditional psychiatric approach. Instead he encouraged his patients to lie down in a relaxed position, on a couch, and to try to say exactly what was passing through their minds from moment to moment. He sat out of sight behind them, so as not to distract them. He kept to a strictly professional setting that was

Vicki's Clinic

Families, Couples and Individuals

Vicki O'Dwyer – Family, Couple and Individual Psychotherapy

Contemporary Psychoanalytic Psychotherapist (student) Victorian Association of Psychoanalytic Psychotherapists

University of Melbourne, 442 Auburn Road, Hawthorn Vic 3122

M: 0412 563 638 F: 9011 9656 E: vicki.odwyer@gmail.com W: www.vickisclinic.com

confidential and avoided judgement or blame, with sessions at regular times.

What he found was that there were all sorts of unconscious and half-conscious fears and preoccupations behind his patients psychological symptoms. These (especially in the repressive late 19th and early 20th centuries) could be worries and traumas of a sexual nature, which they found shaming and disgusting. Often, anxieties were also to do with hatred and aggression; things that conflicted with the way people wanted to see themselves. This is still very true today.

One of Freud's early cases involved the dutiful youngest daughter of a well-to-do Viennese family. Elisabeth stayed at home to look after her parents while her older sister, who she consciously loved, married a handsome suitor. A year later, Elisabeth's sister died soon after giving birth to her first child. Alongside her grief the thought flashed through Elisabeth's mind: 'Good, now she's dead he might marry me.' So horrified was she at having thought this, she immediately pushed the thought out of her conscious mind (repressed it) and became ill, with pains in her legs that limited her social life even more, making her an invalid. The symptom punished her by restricting her life further, but it was also an unconscious compromise. Care and attention was lavished on Elisabeth, including that of the young Dr Freud, who spent regular hours listening attentively to her, until her chains of associations revealed this and other hidden memories and thoughts about her sister and brother-in-law. Horrified and upset as she was at having to admit to herself her ruthless un-sisterly thoughts, Elisabeth was ultimately much liberated by the work, and could move on in her life. Her pains diminished, she became less involved with her family and was able to get out more. Finally, she fell in love and got married (not to the widowed brother in law!). Clearly, Elisabeth was a troubled late adolescent, over-involved with her father. She hadn't managed to separate from her family to become an independent, sexual adult. Without help, she might even have got stuck with a long-term 'career' as the family invalid. The therapy helped her to discover that her sexual and aggressive thoughts were thinkable, and that people, including herself, were more complicated and disappointing than she had hoped. Along with these sad realisations opened up many more life possibilities.

As time went by, Freud deepened his method. Besides unburdening themselves to a sympathetic listener, and retrieving buried memories and feelings, he noticed people repeated troubled relationship patterns in the room with him. This was the discovery of the transference. Say a young man has a problem with a domineering father. He might appear pleasant and humble, but show secret rebellion about his father's ambitions for him. In Freud's consulting room, he might begin cooperatively saying what was in his mind, but then fall silent, commenting in a friendly way (that might be rather irritating for the ambitious, enthusiastic Freud!) that, sorry, his mind was wandering; that he just wasn't in the mood.

We now know that the counter-transference gives just as important clues as does the transference. The analyst might feel irritated at the patient's silent resistance. He or she then steps back and becomes interested in his or her own irritation. The analyst starts to get the picture of an important relationship both the relationship with the father, but also, more importantly, the whole way this young man deals with others he feels controlled by. This pattern is going to repeat itself with bosses at work. It may infuriate his partner. Worst of all for the man, it will stop him getting what he really wants and needs in life, as so much energy will be wasted in automatically thwarting other people. Whatever it is you tend to do, and to be, in close relationships, that is what happens sooner or later with your psychoanalyst. And it is for real, and can feel very unnerving. Uniquely, though, you will have a real chance of understanding and changing these patterns.

E.G. Paul, who suffered a deprived and abusive childhood, managed a university degree but then after doing a few casual jobs, broke down in his early 20s. He lived a reclusive life over the next decade, unable to work, and beset with fears and grievances, though he continued to read in libraries, clinging on to some hope that he could find a way back into life. He read about a low-fee psychoanalytic clinic, and found the courage to apply. He was taken on by a trainee under supervision, five times a week. Among other things, Paul's troubled relationships with his parents played themselves out in the analytic relationship. He could be submissive but subtly provoking, as he had been with his violent father, or passive and dependent, as with his mother. His analyst had to monitor, carefully, the ways in which she was being unconsciously set up to repeat the past in all sorts of actual and symbolic ways. Instead of automatically reacting, she worked on trying to make sense of what was happening, and talking to Paul

Vicki's Clinic

Families, Couples and Individuals

Vicki O'Dwyer – Family, Couple and Individual Psychotherapy

Contemporary Psychoanalytic Psychotherapist (student) Victorian Association of Psychoanalytic Psychotherapists

University of Melbourne, 442 Auburn Road, Hawthorn Vic 3122

M: 0412 563 638 F: 9011 9656 E: vicki.odwyer@gmail.com W: www.vickisclinic.com

about it. Change was slow and painful but, in time, the liveliness and curiosity that had been squashed and distorted in Paul could re-emerge. He started to take back responsibility for himself and his life, inside and outside sessions. He began to recover his confidence and his pleasure in living and working, and made new friends. Through evening classes, he got back into work, and eventually managed to train and do very well as a teacher.

Further sources of insight

People reveal hidden things about themselves in all sorts of ways, inside and outside analysis. Examples are slips of the tongue, jokes and dreams. Dreaming is the way we think while we are asleep, and it's much less carefully censored than our waking thoughts. Our imagination has a freer reign during sleep, and dream ideas can be revealing and sometimes creative.

Dreams can be straightforward, but they often need decoding to reveal the ideas and feelings being expressed, and they can often be useful in analysis. Since Freud's pioneering work, there have been scores of creative and innovative psychoanalysts who have gone on developing the discipline, particularly across most of Europe and North and South America. London has always been a small but particularly lively centre for psychoanalytic developments. The practice of full four or five times weekly psychoanalysis constitutes a small proportion of psychoanalytically-oriented treatment, but remains an important research base for the psychotherapy profession.

What is Jungian therapy?

Carl Jung was an early colleague of Freud, whose ideas came to diverge in certain ways. His theories were less centred on the body, and on sexuality and aggression, but retained a link to religious and mystical experience in a way that Freud's did not. Jung was also more interested in later life than in early development. Nowadays, many Freudian and Jungian analysts share common ground. Some Jungian analysts and therapists work in a similar way to Freudian psychoanalysts. Other Jungians have an approach that is more humanistic, or client-centred, as described above.

How does psychotherapy relate to psychiatry and psychology?

Psychiatrists are doctors who have done the usual medical training and now specialise in illnesses of the mind. They may partly think of mental distress in terms of disordered brain chemistry, and often prescribe medication. Psychologists have a university degree in psychology. A clinical psychologist will have gone on to do further study of the human mind in health and

distress. Both psychiatrists and psychologists should have basic listening skills, but some do and many don't have formal training in any particular type of psychotherapy.

What's the difference between psychotherapy and counselling?

There is not a completely clear line to be drawn between some forms of non-intensive psychotherapy and counselling. Counselling tends to focus more on immediate external difficulties and on helping the client with problem-solving skills. Sessions are once weekly or less, and the work is often shortterm. Most counsellors will have had a shorter and less intensive training than most psychotherapists. Different counsellors are trained in different ways of working. Sometimes they are behavioural or cognitive, and sometimes they have a psychodynamic slant. Commonly, the emphasis is 'personcentred'. Psychotherapists and counsellors may come from all sorts of other professional backgrounds, as well as from psychology or psychiatry. Some come, for example, from another helping profession, such as social work, special needs teaching or nursing. Others come to their psychotherapy training from an arts degree.

Why would I need full psychoanalysis?

When working to understand and alter the fine grain of the mind, the more of a handle you can get on things the better. A daily session during the week, with a weekend break, has proven to be a very efficient method. The level of intensity and intimacy is similar to that of a close family relationship, although in this unusual and special case it is an uneven relationship rather than a mutually sharing one.

Having said this, it would not be possible or practicable for everyone who wanted psychoanalytic understanding to have full analysis. Nor do many people want something this intensive. Most psychoanalytic psychotherapists work between one and three times a week. They employ the same basic ideas and techniques as full psychoanalysis, using the transference and countertransference to help them understand how they relate to others. Much useful work can be achieved in once a week work over a year, or more, and if it's possible to work twice or even three times a week, this will usually feel substantially different from once a week treatment.

Is therapy about exploring your childhood?

People often find themselves thinking about their childhood, sooner or later, when they let their thoughts flow freely, as childhood is such a formative time. However, that certainly isn't the essential point of psychotherapy. The most important issues concern what is happening now in your

Vicki's Clinic

Families, Couples and Individuals

Vicki O'Dwyer – Family, Couple and Individual Psychotherapy

Contemporary Psychoanalytic Psychotherapist (student) Victorian Association of Psychoanalytic Psychotherapists

University of Melbourne, 442 Auburn Road, Hawthorn Vic 3122

M: 0412 563 638 F: 9011 9656 E: vicki.odwyer@gmail.com W: www.vickisclinic.com

mental life, consciously and unconsciously, and in your relationships. So the present and the future are far more important than the past for the past's sake. However, often, childhood still has such a hold on people that they keep wasting the present.

E.G. Mary, a 35-year-old single mother of two young boys, had started twice weekly psychotherapy six months ago for panic and depression. She reported: 'I realise now my head used to be full of my mother, arguments with her, pleading with her, telling her how unfair she'd always been to me. I seem to go on and on to my therapist about it, and actually I've started to argue with her, as well, quite a lot, recently. But it's brilliant, when I'm not in the sessions, there's this clear feeling in my head, mostly. It's not throbbing and buzzing with it all any more.'

Isn't psychotherapy self-indulgent?

You could equally well say that it's self-indulgent to inflict your emotional problems on yourself, your family and your friends, when there might be a way out of them! There are several ways in which exploratory psychotherapy is the opposite of self-indulgent. Actually, it's quite a brave thing to do to expose yourself to this sort of process. Though it can be relieving and liberating, it can also feel unnerving and painful. You have to face some difficult things about yourself, and think about a lot of things you might rather bury. People usually find themselves becoming much less self-absorbed through such treatment. The world opens up and they stop being so miserably caught up inside their own head.

Will I get very dependent, and not be able to stop?

The psychotherapist does become a very significant person for you while you are working with him or her, especially if it's an exploratory sort of treatment, like client-centred or psychoanalytic therapy, rather than a short course of behavioural or cognitive therapy. However, people usually turn to help of this sort when something is going badly wrong in their lives. Their freedom is already limited by the way in which their work, family life and relationships keep going wrong in the same old way.

If you go into psychotherapy, you may be starting a relationship that will become intense and deeply important, perhaps for a number of years. However, this is for the ultimate purpose of becoming more independent that is, freer of your dependence on stuck, unconscious patterns of feeling, thinking and behaving. If your psychotherapy seems to be never-ending, something needs looking at. If you are seeing a therapist in the health service, it will probably be for a

pre-arranged, limited time anyway, and you will work towards a planned ending. If you are able to have an open-ended psychotherapy, with no set time limit, you will usually find that it turns out to be a naturally evolving process with a beginning, middle and end. If it is allowed to take its own course, it is likely to last years rather than months.

Both therapist and patient usually sense and agree when it's time to set an ending date and to work towards this. That's not to say that it's easy to stop seeing someone you have worked so closely with and grown attached to. But giving up and mourning the therapy itself is actually an important phase of the work.

Fringe therapies

There are approaches not covered in this booklet that use the term psychotherapy without necessarily having a firm professional basis. Approaches of this kind may be based around special techniques or special belief systems. For example, some therapists offer to regress clients back to childhood feelings and experiences. Some give instructions, via the use of hypnosis. Others might combine talking with various sorts of body massage. Sometimes therapies are based around particular, unusual ideas, such as the idea that you need to go through re-birthing in order to solve your problems. Sometimes they are even combined with fortune telling or astrology.

Around these fringes of the psychotherapy world, it becomes particularly difficult to be sure of the qualifications and expertise of the practitioner. People who are desperate and vulnerable may sometimes be drawn into expensive, useless or even abusive situations by would-be helpers, and caution is advised.

Substance abuse

If you are a heavy user of drugs or alcohol, you are unlikely to benefit from exploratory psychotherapy until you are completely free of the substance you are dependent on, and physically recovered. Only then will you have a clear enough head, and enough self-control, to be able to work together with the therapist and to hold on to what happens in the sessions. While you are still using the substance, a structured educational approach aiming to help you free yourself of the addiction will probably make most sense, or a self-help approach like Alcoholics Anonymous or Narcotics Anonymous.

How do I know which sort is right for me?

Ideally, you should have a thorough assessment from an experienced psychotherapist who knows about the different approaches and can advise you, or help you to choose. In practice, the way people reach different sorts of therapy is more haphazard than this, depending on whom they first talk to and what is available locally.

Vicki's Clinic

Families, Couples and Individuals

Vicki O'Dwyer – Family, Couple and Individual Psychotherapy

Contemporary Psychoanalytic Psychotherapist (student) Victorian Association of Psychoanalytic Psychotherapists

University of Melbourne, 442 Auburn Road, Hawthorn Vic 3122

M: 0412 563 638 F: 9011 9656 E: vicki.odwyer@gmail.com W: www.vickisclinic.com

Also, how much is needed, and at what depth, may only become clear over time.

Brenda's GP sent her to the practice counsellor, for six sessions of bereavement counselling, when she seemed unable to recover from her depression over the death of her mother, four years previously. Once she started talking, Brenda found that she was far angrier with her mother than she had realised, and had never really forgiven her for all the times her mother had left her with relatives as a child, while pursuing her career. It struck her, for the first time, how her long-term grievances with a female manager at work might be linked to this. Although things made more sense after the six sessions, she still felt stuck.

The counsellor referred her on to the local psychoanalytic psychotherapy service. She waited nearly a year for treatment, but then saw a therapist, once weekly, for 18 months, which finally enabled her to let go of some of her grievances, past and present, have some frank and helpful discussion with her boss, and start enjoying her work again. Where the immediate, surface problem is a disabling behaviour, such as constantly checking things, washing your hands, or making yourself vomit, a behavioural approach, at least to start with, will make most sense, because it deals with the symptoms that are filling your whole life. This might be all

that is wanted or needed, or later you might want to work in a more exploratory way, to try to understand the fears that have been generating and driving your symptom. Sometimes, people very much want to know more about what is underneath. They can bear to find out things they don't like about themselves, and things that worry and upset them to remember about their lives and families. They welcome, or at least don't mind too much, having their private mental space shared by the therapist. Other people much prefer a more practical, limited approach, restricted to working together with the therapist on changing their surface symptoms and behaviour. So the choice of approach depends both on what is wrong and on what the person wants. It can take some time to work this out.

Is there evidence that psychotherapy really works?

Lots of research has now been done, which shows that, generally speaking, psychotherapy carried out by skilled therapists is effective for many people with many sorts of problems. Longerterm treatment has been shown to have an advantage over brief treatment. Research projects based on large surveys of consumers have come out with very positive results in favour of psychotherapy, and the demand for it often outstrips the supply. A short introduction to psychoanalysis J. Milton, C. Polmear, J. Fabricius (Sage 2004).