

# Promoting psychotherapy within *Australasian Psychiatry*

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The assembled series of papers capture key aspects of contemporary psychotherapy's diversity. Clinicians, researchers, educators and policy makers who seek a unifying theory for our complex enterprise may, at first sight, confront a hegemony of principles, practices and techniques. Yet a closer reading will reveal a deeply unifying theme.

All psychotherapists aim to provide a safe space – first do no harm – for therapy guided by diagnostic formulations.

Our traditional roles were partly motivated to find the unconscious or 'psychic' origins of suffering. Today's therapists are prepared to also deal with real trauma, not merely to decode 'psychic' trauma's hidden meaning.

In the culture of trauma-informed care (TIC)<sup>1</sup> therapists are also at risk for vicarious trauma, exposed to the patient's trauma. This process is partly mediated by what Freud termed *nachträglichkeit* (afterwardness) – a reliving of the past trauma. Isobel<sup>1:590</sup> warns that unless we change our practice, '...psychiatry risks widespread displays of professional dissociation as a traumatic defence, potentially affecting acceptance and use of TIC.'

When I started my training in the late 1970s at the Maudsley/King's College Hospitals, London, we could not have foreseen practicing while a Royal Commission into the Institutional Responses to Child Sexual Abuse is taking place.

Also, rapidly advancing evidence from the fields of neuroscience, translated to the practice of contemporary psychotherapy, have revealed complex mechanisms in trauma transmission and repair. Schore<sup>2</sup> has characterised this as the next paradigm change in psychotherapy.

Over the last century, our profession has witnessed many paradigm changes, for the better or worse.<sup>3</sup> The past theories of childhood trauma, derived from Freud's legacy, attributed pathogenesis to 'psychic trauma',<sup>4</sup> not actual abuse. To be fair, Freud was merely reflecting society's denial of sexual abuse as trauma.

Today, traumatised individuals, from military casualties to war victims and survivors, infants, children and adults, are known to undergo neurobiological changes in brain–body architecture.<sup>2,5,6</sup> Schore's work highlights specific pathways – right-brain to right-brain – for transferring trauma via 'relational trauma'.<sup>2,7</sup>

Our therapeutic responsibility thus demands an awareness of risks for re-traumatisation for both patient and therapist during psychotherapy<sup>8</sup> through dissociations or enactments.<sup>9</sup>

A paradigm change imposes many challenges: to simultaneously unlearn previous skills; to up-skill with new techniques and texts detailing varieties of trauma; attachment/relational trauma;<sup>2,10</sup> developmental trauma;<sup>6</sup> historical trauma and intergenerational trauma;<sup>11–14</sup> vicarious trauma;<sup>15</sup> post traumatic stress disorder and complex trauma;<sup>16–18</sup> and the psychiatric interview itself.<sup>19</sup>

It also broadens the traditional frame of the 'talk' and 'play' therapies' to include sensorimotor psychotherapy<sup>20</sup> and neurobiologically informed art therapy,<sup>21</sup> aligning concepts like 'dissociative attunement'.<sup>22</sup>

The following article (*Australasian Psychiatry*, vol. 24: pp.589–591) highlights the variety of psychotherapies practiced throughout the life cycle to emphasise that TIC is neither 'merely good practice nor a radical shift but rather evidence-based, humanised and considered.'<sup>1</sup>

In conclusion, TIC in psychotherapy has profound implications for our practice, supervision, education and policy, irrespective of the 'brand' we practice. We face a choice: either to embrace the challenges posed by TIC or risk what Francis Tustin<sup>23</sup> warned 'perpetuating of an error', sticking to outdated theories and practices.

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## Podcast

### Psychotherapy and Neurobiology – an interview with George Halasz

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The revolutionary impact of Freud's empirically derived and intuitively developed psychoanalysis generally

observes his early attempts to ground his invention in a secure neuroscientific framework. In the June issue of the Australasian Psychiatry podcast I speak with Dr George Halasz, child psychiatrist, about how rapid advances in neuroscientific understanding over the last thirty years is starting to change psychoanalytic theory and practice. Using his background in trauma therapy as an example, Dr Halasz describes how an awareness of the dynamic systems within and between clinician and patient in therapy can improve outcomes and reduce conscious and unconscious distress for both parties.

## Cover art

The cover art by Romy Dwosh (1978-2011) entitled *Serenity Breaking Down* comes from the Cunningham Dax Collection. The artwork has been chosen to reflect the articles on psychotherapy that are featured in this issue. The artist says this about her artwork:

“This work is the second in a series of four depictions of Serenity as she moves through the experience of mental illness and recovery. I felt that glazing would detract from these forms so I left the clay naked: raw and earthy, pure, tactile and perhaps rusty and vulnerable. I was inspired by Andrew Solomon's book, *The Noonday Demon: An Anatomy of Depression*, which has been an invaluable text of reference, hope and security for me. The orange drip, which seeps through the cracks in *Serenity Breaking Down*, references Solomon's likening of depression to a rusty structure.”

### About the Cunningham Dax Collection

The Cunningham Dax Collection consists of over 15,000 artworks created by people with an experience of mental illness and/or psychological trauma. The art includes works on paper, paintings, photographs, poems, textiles, sculpture,

journals and digital media. The unique Cunningham Dax Collection is now one of the largest of its kind, with only two other similar collections of comparable size and stature: the Musée Art Brut in Lausanne, Switzerland, and the Prinzhorn Collection in Heidelberg, Germany.

The Dax Centre is a not-for-profit organisation that relies on the generosity of the community to carry out its mission of promoting mental health through art. We aim to change community attitudes to mental illness by increasing empathy and understanding of mental illness, psychological trauma and the mind through art, thereby reducing stigma against mentally ill people. The Dax Centre holds an important history and clinical focus, but it is today visited by many people such as students from a diverse range of learning purposes, artists and those interested in art, community and special interest groups; all who seek to demystify mental illness and address the associated stigma that has historically underpinned individual and community perceptions of mentally ill and traumatised persons.

For more information on the Cunningham Dax Collection and The Dax Centre, visit: [www.daxcentre.org](http://www.daxcentre.org)