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**To - The Senate Enquiry re Medicare Mental Health Services**

This letter endorses the submission from the Australian Confederation of Psychoanalytic Psychotherapies and from the Australian New Zealand Society of Jungian Analysts. The ANZSJA submission underlines that our members are engaged in the treatment of patients via long-term and short term Psychoanalytically based Psychotherapy.

My letter uses my own situation and training as a typical example- in context of the development of this profession.

**A note on history**

The deliberate psychological study of the human self may have begun in western civilisation as a defined discipline a mere 130 years or so ago, perhaps with, for instance, William James investigations in in the USA (1890), the formation of Freud's Psychoanalytic group in Vienna in the same period and C.G. Jung's developments of Analytical Psychology, emerging as it did from the treatment of schizophrenia in the Burgholzli hospital, Zurich Switzerland. *Analytical Psychology* is the term Jung used to differentiate his variation in approach from that of Freud's *Psychoanalysis*. Essentially these are slight variations in the same species. The term *psychoanalysis* is the more popular and recognisable term

From such roots the study and treatment of human trauma, pathology and cure was stimulated by the experiences of the World Wars, the humanitarian puzzle of 'shell shock', PTSD, displaced families and children- all psychic consequences of war. Many of the pioneering British/European and Jewish psychotherapist/doctors of the time contributed to that body of experience and were psychoanalytically trained. Among them are now famous names- all patient investigators seeking evidence of what works and what helps profound human distress and disorder. Anna Freud, Melanie Klein, Bion, Winnicott, John Bowlby, Fairbairn, Fordham were active in the UK there from the 1940/50s –their students became the teachers of analysts and psychotherapists now practising in Australia.

The Tavistock institute in London from the early 1960s( as part of a social change) firmly placed British (and therefore Australian psychotherapy) into the fields of social work, child and family development, cultural and conflict mediation as well as within the conventional consulting room practices favoured by a psycho-medical approach. It can be said that those psychoanalytic investigations laid the foundations of our current therapy disciplines. This line of therapy acknowledges but is not bound by the medical or clinical psycho-medical model of treatment. Psychotherapy is a specific and complementary discipline.

**Parallel streams**

The psychotherapy stream runs parallel perhaps to the development of clinical and academic psychology, in Australia. Over the past decade or so Clinical and Counselling Psychologists in Australia have assumed a critical mass and argued a case for recognition by Medicare, ably supported by the Australian Psychological Society ( of which I am member). In this fervent period of advocacy the psychoanalytic history and practices tended to be backgrounded in favour of more digestible and defined evidence.

### **Formative periods**

The formative period in the UK and Britain from 1960 to mid 1970 was significant in the development of research into psychotherapy as well as in learning from accumulated experience. In the UK and Australia, many psychoanalytically trained practitioners undertook serious research and practice in organisational dynamics, family systems, child and adolescent care, social work, psychiatric communities, hospital management, psychopharmacology treatments then more recently in psycho-neurology/ brain sciences ( and so forth).

As a psycho-dynamic therapist and psychologist my training and practice took place between 1973 and 1984 in London. As a typical example I will outline this. My B Sc Honours study ( 1969- 1972 focussed on brain researches and on child development. From there I worked for ten years in innovative underfives child/family centres in Inner London, becoming the director of one such institution. At the same time beginning child psychotherapy training in the evenings at the Tavistock Centre. This involved subjecting myself for nearly four years of 5 times week personal analysis; considered an essential self examination as a basis for psychoanalytic therapists qualification. From 1979 I prepared myself to work as an analytic therapist with adults and was accepted for further training with the Society for Analytical Psychology in London-

This involved another four years of analysis and seminars on all aspects of psychopathology and therapy and supervised practise with two psychotherapy patients over two years who undertook five times a week therapy at the Society's clinic. This degree of personal preparation is expected of psychoanalysts – in addition to the usual training in various therapy techniques.

During that formative period- I was fortunate ( as a Australian) to meet , attend seminars and know personally many of the seminal, influential psychoanalysts of that time, whose works became standard study sources and have been progressively transmitted and redeveloped in Australian settings as part of complementary lines supporting both clinical and psychotherapeutic practices. Bowlby for instance underpins Attachment theory and Nurturance and early family and parent/childhood observation studies at the Tavistock, drawing on Klein, Winnicott, the Robertson films, Laing, Fordham and Bick etc stimulated much in contemporary mother /infant relationship and brain mapping study.

In 1986 , ( on a personal note) returning to Sydney, I established a psychotherapy practice in inner Sydney and have continued since then to earn a living as an independent practitioner. My case load, over 25 years has covered a very wide range of persons suffering different conditions I utilise a range of styles of work, including brief interventions of a CBT or psycho-educational style with GP mental health and psychiatric referrals, brief and long term psychotherapy involving children, adolescents and adults, couples, family and group work, as well as the conduct of sustained long term analysis and analytic therapy,( where appropriate), the conduct of analysis and supervision for therapists in training and a range of consultative support for mental health workers engaged in Central Australia and elsewhere. On the basis of a thorough and balanced grounding it is possible to sustain varied treatments methods to suit the clients need and situation. (This adaptation of psychoanalytic perspectives to remote area and indigenous conditions is addressed in a separate letter to the Senate Inquiry).

### **Benefits and Shortcomings acknowledged**

Among these, now, many hundred therapy patients in my practice (or in that of colleagues) could be found case histories illustrative of the benefits and shortcomings of psychotherapy—as well as the abilities and failures of myself as a practitioner. Such material however is not suitable for posting in Enquiry documents publically accessible on the web.

I can note however, that among patients there is a respect for the careful attentiveness and relational sensitivity which comes with the analytic psychotherapy attitude. I can also note the limitations of the practice and the practitioners- including myself. No one is infallible and psychotherapists are not heroes.

#### **A discipline still maturing**

The intellectualised and popular 'fashion of psychoanalysis' may be fading (as fashions should) but I also suggest that the practice has not been properly understood - and there may have been a kind of Australian cultural suspicion about mental processes, the dynamics of emotion and relationship and a dismissive approach to subconscious processes. I note that in Australia, historically, and from personal experience that the psychoanalytic approach met with suspicion and even prejudicial derision from some conventional academic psychologists and medicos, I regret to say this, but its part of the picture.

In my experience the development of psychoanalytic therapy and clinical psychology (as parallel effort) is still maturing in Australia. Finding its two feet, shall we say. The uses, abuses, applications and effectiveness of clinical psychology and analytic psychotherapy is still in flux in a multi ethnic and developing culture such as we have here.

#### **The character of analysts**

By nature many psychoanalysts and analytical psychologists tend to be background people, a kind of self effacement goes with the job, they work long hours independently in sustained practice with often very difficult patients. They rarely work (in Australia) in psychology teaching institutions or universities, rarely have salaried positions, some work in or for mental health organisations and supervise many other practitioners, Some do work in or for hospitals. Psychoanalysts in Australia are usually not in the public eye, nor featured in the media and has not been well represented on the psychology or clinical lobby groups which of course favour their own memberships interest as is to be expected, such as in the Aust. Psychological Society, which, of course, does have a large psychoanalytically oriented interest group though not a College. The self-effacing character trait of the typical psychoanalytic practitioner is worth noting by the Senate Committee.

**The purpose of this letter** is underline psychoanalytic therapy as having a significant place in the brief history of the professions of psychological therapy. There is a resilient core business worth sustaining. There is evidence to show the effectiveness of the practice in specific situations for specific conditions and persons and there is indication of the value of psychoanalytic method and its thorough training base as a foundation discipline allowing multi-skilled mental health workers to function in varied settings, as well as in the steady, gruelling engagement with distressed individuals in long term treatment. A study of such a range of cases would tell the story.

Yours sincerely,

*Dr. Craig San Roque*

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