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*The Melbourne Study of Psychoanalytic  
Psychotherapy III: Patients' and psychotherapists'  
perspectives on progress and challenges*




This is the Published version of the following publication

Grady, Jacqueline, Dean, Suzanne, Godfrey, Celia, Beaufoy, Jeanette, Pullen, Jill, Hill, Christine, Ivey, Gavin and Tonge, Bruce (2023) The Melbourne Study of Psychoanalytic Psychotherapy III: Patients' and psychotherapists' perspectives on progress and challenges. *International Journal of Applied Psychoanalytic Studies*, 20 (4). pp. 596-618. ISSN 1742-3341

The publisher's official version can be found at  
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# The Melbourne Study of Psychoanalytic Psychotherapy III: Patients' and psychotherapists' perspectives on progress and challenges

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## Funding information

Dara Foundation Australia

## Abstract

Qualitative exploration of the experience of psychoanalytic psychotherapy complemented the quantitative evaluation of mental health and life functioning improvements in the Melbourne Study of Psychoanalytic Psychotherapy. Twice-weekly treatment was offered to adults for 2 years by the private sector Glen Nevis Clinic for Psychoanalytic Psychotherapy, established by the Victorian Association of Psychoanalytic Psychotherapists as a subsidized, low-cost community service over 8 years. This paper is the second of two presenting the qualitative arm of the study, involving in-depth narrative interviews with patients and psychotherapists. Analysis of 143 transcripts further contributes to evidence of the *Reach, Effectiveness, Adoption, Implementation* and *Maintenance* of psychoanalytic psychotherapy in a community setting. The first qualitative paper reports themes concerning patient expectations of psychotherapy and perspectives of both patients and psychotherapists on the experience and benefits of the treatment. This paper reports what was perceived by participants as facilitative or challenging for therapeutic progress, illuminating

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how experiences of the nature of psychoanalytic psychotherapy may have affected the *Implementation, Effectiveness* and *Maintenance* of the program. The most notable facilitative factors emerging were the exploratory, insight-oriented nature of the work, elements of the patient-psychotherapist relationship, and the frame of the treatment. Challenges were also often seen as inherent to *Effectiveness*; however, proposing the frame of 2-year treatment, as both an expectation and a limit, probably inhibited program *Reach, Adoption* and overall *Implementation*. The limitations and strengths of the qualitative arm of the research, together with implications for further investigation, are discussed.

#### KEYWORDS

challenges, facilitators, psychoanalytic/psychodynamic psychotherapy, *RE-AIM*, therapy process

## 1 | CONTEXT AND AIMS OF THIS QUALITATIVE RESEARCH

This is the third of three companion papers reporting on the Melbourne Study of Psychoanalytic Psychotherapy (Dean et al., 2023; Grady et al., 2023), which investigated the implementation of a low-cost, community-based, psychoanalytic psychotherapy service, the Glen Nevis Clinic (GNC). The clinic was established by the Victorian Association of Psychoanalytic Psychotherapists (VAPP) in Melbourne as the first demonstration project of its kind in Australia. It was funded by the philanthropic Dara Foundation, which also commissioned this independent longitudinal research from 2008 to 2019.

As reported in the companion paper by Grady et al. (2023), the qualitative arm of the research took inspiration from relevant available literature and was supported throughout by ongoing reviews of research on long-term psychoanalytic psychotherapy research, defined here as involving 50 or more sessions (Levitt et al., 2016).

In general, as in other areas of psychotherapy research, published studies of psychoanalytic treatments have commonly found therapeutic progress to be linked to qualities of the patient-psychotherapist relationship. These qualities include a warm, containing professional psychotherapist stance (Bury et al., 2007; Lilliengren & Werbart, 2005) and a strong commitment to joint goals by patient and psychotherapist in pursuing new meanings in life and overcoming obstacles (Palmstierna & Werbart, 2013; Werbart, Missios, et al., 2019).

Conversely, challenges to therapeutic progress experienced by psychoanalytic psychotherapists have been found to involve a perceived emotional distance between patient and psychotherapist (Werbart, von Below, et al., 2019). Among patients, this has been attributed to professional inflexibility or poor tolerance of the patient's painful feelings by the psychotherapist, or the psychotherapist giving too little feedback, advice or direction (von Below & Werbart, 2012). Binder et al. (2009, 2010), studying experience of several therapeutic orientations, found similar patient perceptions.

Limitations of reported studies have been their relatively small samples of patients, restricted patient characteristics, and narrow research questions (Leuzinger-Bohleber et al., 2020; Macran et al., 1999). The present qualitative research aimed for a larger, more heterogeneous sample, with a wide-ranging exploration of patient and psychotherapist experience.

The overall research conceptualization adopted by the Melbourne Study of Psychoanalytic Psychotherapy is that most frequently used in public health studies for describing the community translation of evidence-based treatments,

namely the RE-AIM planning and evaluation framework (Glasgow et al., 1999, 2019). It examines the translation process in which an evidence-based intervention with internal research validity, such as long-term psychoanalytic psychotherapy, is implemented in a community setting, in order to evaluate its real-world external validity. This framework employs a mixed-methods explanatory process, integrating quantitative objective with qualitative subjective data collection (Bartholomew & Lockard, 2018) to elucidate factors potentially promoting or hindering therapeutic outcomes and the success of service implementation. It targets key elements of community delivery, namely *Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM)* (Glasgow et al.).

RE-AIM quantitative findings are presented in companion paper 1 (Dean et al., 2023), reporting evidence of both *Effectiveness* of treatment benefits, with improved mental health and general life functioning outcomes following 2 years' treatment, and *Maintenance* of benefits at an 8-month follow up point. In-depth semi-structured interviews were conducted to elicit the qualitative experiences of both patients and psychotherapists, in accord with the RE-AIM investigation. As recommended by Gabbard and Westen (2003), five broad domains of enquiry related to participants' lived experience of the process of psychotherapy were investigated, namely: (1) patient expectations of psychoanalytic treatment; (2) experience of the psychotherapy itself; (3) perceived benefits of undertaking the psychotherapy; (4) aspects of the psychotherapy perceived to facilitate its progress; and (5) aspects of the psychotherapy perceived to challenge progress.

The companion qualitative paper (Grady et al., 2023) presents the findings concerning the first three domains of enquiry and addresses all RE-AIM elements of *Reach, Effectiveness, Adoption, Implementation and Maintenance*. This paper presents those in respect of Domains 4 and 5 of the experience of the GNC patients and psychotherapists, and again addresses all RE-AIM elements, but particularly that of *Implementation*, including psychotherapist fidelity to the form of the psychotherapy and the patients' use of the psychotherapy.<sup>1</sup>

## 2 | METHODOLOGY

### 2.1 | Clinical context of the research and of the psychotherapy

The structure of the GNC service and the design of the research are described in detail by Dean et al. (2023). Briefly, the nine research team members were trained in psychoanalytically based treatments, some with deep experience in psychoanalytic psychotherapy research. The three chief investigators were members of the VAPP, and the two research fellows gathering and analyzing data were psychoanalytically-oriented clinical psychologists. The team was thus in a good position to collaborate with the clinic and its psychotherapists, which enhanced the study design. Members of the VAPP were invited to workshop the research in advance; they actively contributed by requesting that narrative research interviews be conducted contemporaneously with treatment, as well as retrospectively.

Patients were self-referred. Each proceeded through an intake phase, was allocated a psychotherapist, was asked to give informed written consent to research participation, accordingly gave pre-psychotherapy research data, and undertook a 4-week assessment with the allocated psychotherapist. If a decision was made to commence psychotherapy, this was provided in a twice-weekly program of 2 years, conducted according to the definition of psychoanalytic psychotherapy of the Victorian Association of Psychoanalytic Psychotherapists (2018). If further treatment was required, beyond the 2 years, referral to the private practice of the treating psychotherapist or a colleague was enabled.

### 2.2 | Qualitative data collection and analysis

The qualitative methodology took an interpretative thematic analytic approach, elucidating as openly as possible participants' experience and perceptions of psychotherapy. It is outlined in full detail by the first qualitative article

(Grady et al., 2023). In-depth, semi-structured interview protocols were designed, using a phenomenological stance, to elicit experiences in the identified domains of enquiry. Interviews actively encouraged freedom of expression and narrative, using open-ended questions followed up by questions of clarification to explore experience in a reflexive way (Binder et al., 2012).

Interviews were conducted, with patients on one hand and psychotherapists on the other, after 8 months, 16 months and 2 years of psychotherapy. Patients were interviewed once more, at an 8-month follow-up point. De-identified transcripts were produced for thematic content analysis, which was then conducted across each of the two groups of participants.

Thematic content analysis of interview transcripts used an inclusive, transparent, step-wise, successive matrix procedure (Miles et al., 2014), to interpret the phenomenology of participant perceptions in each domain of enquiry for the patient group and for the psychotherapist group. As described by Grady et al. (2023), final matrices for each group summarized emergent themes, interpreting them in terms of higher order themes arranged in a hierarchy of frequency from the most to least commonly occurring themes across each group. Final matrices also included the position of illustrative quotations in the interview transcripts. The exact content of each step in the analysis could be checked independently by two other research team members; random checks were performed by these other researchers, and any disagreements and decisions on saturation were resolved by discussion.

Ethical considerations in the research are outlined in the companion papers (Dean et al., 2023; Grady et al., 2023). The research plan was approved by the VAPP Council, the funding Dara Foundation, the GNC Committee of Management and finally by the Monash University Standing Committee on Ethics in Research Involving Humans (Project CF 08/2193–2008001059). The latter committee oversaw the procedures of the study throughout the life of the research.

### 3 | FINDINGS

#### 3.1 | Participating patient and psychotherapist groups

In all, 143 participant transcripts contributed to the qualitative content analysis. Details of the interview transcripts are included in Grady et al. (2023). In brief, of 187 patients commencing assessment at the GNC, 129 progressed to psychotherapy, with 77 completing the 2-year program and 10 finishing before 2 years by agreement with their psychotherapists. As many patients as possible were interviewed at each time-point, with 167 interviews completed. The interview transcripts of 66% of the 167, all patients who completed the psychotherapy program, were included in the data analysis. For each time-point, transcripts were analyzed to saturation, so that:

- at 8 months into psychotherapy: 77 patients were interviewed, and 46 transcripts analyzed;
- at 16 months: 48 were interviewed and 34 transcripts analyzed;
- at 2 years: 47 were interviewed and 30 transcripts analyzed; and
- at 32 months (8-month follow-up): 25 were interviewed and 21 transcripts were analyzed.

All 24 psychotherapists were interviewed at least once during their tenure at the GNC. At 8 months into the psychotherapy 24 were interviewed, 16 at 16 months into the psychotherapy, and 9 at the 2-year timepoint, post psychotherapy. Of the 49 psychotherapist interviews conducted, due to time restraints, 12 (23%) were randomly selected for analysis.

#### 3.2 | Domain four themes: Facilitative aspects of psychanalytic psychotherapy

Participants spoke freely about the experiences in psychotherapy that they believed aided their therapeutic progress, so that considerable variety of complex and overlapping themes emerged in the analysis. The themes discerned

TABLE 1 Themes arising in domain of enquiry four: Facilitating therapeutic progress.

Higher order theme	Emergent themes	Approximate relative frequency of themes in transcripts analyzed	
		Patients	Psychotherapists
Nature of the psychotherapy	Exploratory focus	Moderate	Moderate
	Emphasis on internal functioning	Moderate	Low
	Encouraging patient to talk freely	Moderate	Moderate
	Psychotherapist interpretations	Moderate	Moderate
	Discussing the transference	Some	Some
	Providing a safe, contained space	Some	Some
	Psychotherapist's non-directive stance	Low	High
	Brings unconscious to consciousness	Low	Moderate
Nature of the therapeutic relationship	Repetition in discussion	Low	Nil
	Collaboration tolerating difference and emotional pain	Moderate	Some
	Support and trust	Some	Moderate
	Goodness-of-fit in growing relationship	Some	Some
	Supportive, significant, unique	Some	Nil
Frame of the psychotherapy	Presence of professional boundary	Low	Low
	Twice-weekly sessions	Moderate	Nil
	Regularity of sessions	Moderate	Nil
	Psychotherapy as long-term	Low	Low
Psychotherapist characteristics	Commitment to therapeutic process	Moderate	Nil
	Non-judgmental stance	Moderate	Nil
	Good capacity to listen and recall	Low	Nil
	Astute, curious and active stance	Low	Nil
	Gender	Low	Nil
Patient characteristics	Grasp of gradual therapeutic process	Low	Low
	Commitment to psychotherapy	Low	Nil

variously address the *Implementation* of the VAPP psychotherapy at the GNC, with implications for its *Adoption* and its perceived *Effectiveness* and *Maintenance*.

As displayed in Table 1, five higher order themes were discerned, each encompassing several emergent themes. The relative approximate frequency of these arising in the patient and psychotherapist groups of transcripts analyzed is also shown, in order of most to least frequently mentioned by the patient group. All themes identified are presented below.

### 3.2.1 | Nature of the psychotherapy

This higher order theme was predominant, arising in all patient and psychotherapist interviews analyzed. It revolved around a complexity of nine emergent themes concerning technical aspects of psychoanalytic psychotherapy, aspects which are not considered exclusive to long-term service delivery.

**Exploratory focus of the psychotherapy.** The most common emergent theme here across patient and psychotherapist transcripts analyzed, approaching a third in each group, was commitment to an exploratory focus that helped patients develop new, meaningful connections between psychological experiences. These connections involved understanding thoughts and emotions at multiple levels - between internal experiences and interpersonal interactions, between past and present experiences, and even between sessions.

Patients generally reported this at their second interview, with possibilities for better managing mental health issues now emerging. Both groups believed this was supported by the psychotherapist interpreting such connections. As one patient explained:

*(The psychotherapist) guided me to what it was that he thought was going on with examples that I gave him and giving my examples back to me, slightly differently interpreted...He was able to get right inside my head without being inside my head...So he could be understanding what was going on without it affecting him and...give me...alternate perspectives on what was going on. And it wasn't always correct...but it helped to think about things in a new way.*

At a post-psychotherapy interview, another reflected:

*This was the first time I could see hope that we were getting to the bottom of what was going on... the first type of therapy that I feel like there was hope that I can actually work out where I haven't grown and where I've been stunted...I could see layers being peeled back...that behind anxiety was a suppression of depression, and then when there was depression it was a suppression of anger, and when there was anger there was more of a suppression of hopelessness and vulnerability.*

Psychotherapists also spoke of an exploratory focus being a facilitative aspect of the psychotherapy, for example, described in relation to their patients as “starting to work out things” or “exploring her identity...and...attempting a relationship...”.

**Emphasis on internal functioning.** This was highlighted by patients in 18% of interviews analyzed, although in only a small proportion of those of psychotherapists.

Patients conveyed an increasing awareness of unconscious internal processes facilitating the “growing of (a) new self-consciousness”. There was also a sense, particularly post-treatment, that this emphasis facilitated understanding of one's internal world and how this linked with behavior both within the psychotherapy and within other significant relationships. Both patient and psychotherapist groups reported that the emphasis on internal functioning enhanced exploration of the patient's sense of self and produced an improved grasp of internal complexities.

One psychotherapist described the treatment as:

*...an opportunity to explore his internal world...recognise that it's more complex than it might look on the surface, that there are parts of him that are actually battling...He's...I think, very envious of himself. As soon as..he starts to make progress, it's like this other part of him comes in and knocks it down.*

Some psychotherapists spoke of how gradually elucidating anxiety and unhelpful defensive structures was critical in progressing psychotherapy.

**Encouragement of the patient to talk freely.** Patients perceived this to be important in 15% of their transcripts analyzed, and by psychotherapists in the same proportion.

The technique of free association allowed patients to feel heard and validated by another person, becoming more open to their own experience as a result: "*Being free to bring anything up no matter how small or petty I might think it is*" promoted exploration, especially early on in psychotherapy. Some observed that lying on a therapeutic couch afforded them freedom to talk more easily. In not looking at the psychotherapist, they felt less likely to be pre-occupied with non-verbal cues, and thus less likely to avoid exploring difficult topics.

In perceiving free association as a facilitating factor in therapeutic progress, one psychotherapist reported, "*He finds relief in it (talking)...where he can talk about anything rather than limiting it to a certain sort of common interest...*".

**Psychotherapists' use of interpretive or reflective comments.** This was considered helpful by similar proportions of patients (14% of transcripts analyzed) and of psychotherapists. This related to making connections between dimensions of experience, as in reconceptualizing or clarifying struggles for understanding.

As one patient noted:

Another mechanism that helps stuff happen is also the questions she asks... and the connections she makes are really insightful... And she represents them back to me- not all of her interpretations hit the mark but some... really help me learn.

Another said:

*(The psychotherapist)* uses a lot of narrative and metaphors and picks up on the language I use...(bringing) creative solutions which are actually coming from me ...Invites you to actually explore it.

Some stated that when an interpretation felt accurate or relevant, it often led to change, particularly in relationships.

Psychotherapists perceived a greater potential for improved understanding when patients were open to hearing such comments. As one put it, "*She's taking the interpretations on board very well...*".

**Discussing the transference relationship.** This was reported to facilitate therapeutic progress in 9% of patient interviews analyzed and in similar proportions by the psychotherapist group.

Patients raised this in terms of speaking about expectations they had of the psychotherapist which were based on experiences of earlier, usually childhood, relationships. Also mentioned was the psychotherapist responding to both positive and negative aspects of the transference, to help understand both interactions in the therapeutic relationship and the patient's relationships in general. One patient elaborated:

Part of my problem is that I think human beings don't listen, don't attend and are profoundly unconscious...Those days when I haven't been able to come here, it's a bit of a sadistic wish on my part... that I want the therapist to know what it feels like not to be listened to...Human interaction is really one of the difficult areas for me, so when I'd come back in... there was a chance to talk about this stuff between us and how I felt...Why I did it.

Another, at her second interview, stated:

I've actually said 'Look - I really feel this need to impress and to chat away' and then...'Look - what I just said there was actually mostly bullshit, I just made that up to impress you'...It's me becoming more honest with myself and being open about that with the therapist... (*who can then*) sort of throw that back at me and get me to think about that...an engagement between the two of us.



Psychotherapists also spoke of the value of discussing the transference, as one expanded:

*I can say things to her in the transference as in what's going on between us...how she feels towards me...rage...and what other relationships this belongs to....*

**Providing a safe, contained space.** Equal proportions of patients (in 6% of transcripts analyzed) and psychotherapists, raised this feature as facilitating a sense of continuity and holding for patients so they could think, feel and engage more freely.

While mainly applying to patients' experience of the physical space of the psychotherapy room, some also alluded to a psychological holding space wherein the psychotherapist sat with and bore witness to their experiences. This appeared to foster growth in the capacity to feel emotional pain without feeling so internally threatened or fragmented. One patient observed:

I can just get, like, really upset in a session or really very distressed, and I don't feel concerned as I would with other people...It feels like there's a space that I can really just say whatever I'm thinking without censure...I think it's a holding...I don't think there's anyone...in my life that holds me emotionally like here.

Another said:

I think it's just the safety. I've never had a soft place to fall, never ever...I feel as if this is Okay - I can say anything, I can do anything. It's going to be comfortable ...and I just feel safe.

Psychotherapists too spoke of containment, going further to convey that unconscious emotional material was communicated in this process, emerging in the countertransference, which could be used to understand the patient's inner world. One psychotherapist commented:

Her internal world is really quite shattered. She has this image that if she was small enough to fit into her mum's pocket then she would always be able to be with her mum. She probably grew up with a mum that - "out of sight was out of mind... quite frightening...She's at a really low point at the moment, I can feel it myself. The therapy (*is*) really getting her to sort of that regressed sadness, so we can work with that really well. But can we hold that? Can we contain it?

**The non-directive stance of the psychotherapist.** Only 2% of patient transcripts analyzed revealed this as valuable, but it was emphasized as important in nearly a quarter of psychotherapist transcripts analyzed.

One patient said:

I've had to find a lot of the answers myself...(The psychotherapist) hasn't given me the answers, even though I've really wanted her to sometimes...she's allowed me to find them and she's supported me... That's been good, but the process has been tough.

Among psychotherapists, this stance of the psychotherapist in psychoanalytic psychotherapy was described as a critical facilitative aspect of therapeutic technique in terms of "*remaining neutral*" and "*resisting the desire for answers*" that patients may request. It was considered to allow and enable the activation of reflection and self-exploration by the patient, directly contributing to the general exploration valued by patients and psychotherapists alike.

**Bringing unconscious experience into consciousness.** This arose as a facilitative theme in only 2% of patient interviews, but was discussed in a substantial proportion of psychotherapist interviews analyzed.

One patient observed:

If it's got too hard, I've gone into survival mode...put things on the back burner...or I've completely hidden... forgotten about them...But I guess there's always been that dark place where they've resided which I haven't had to deal with...Having to deal with them now is difficult, but I'm not afraid to be slowly aware of them now.

Many psychotherapists emphasized the role of elucidating unconscious transference as facilitative. They also spoke of using their own experience of countertransference to explore and understand patients' core unconscious conflicts. For example, one psychotherapist described:

...trying to work out what this person is (*unconsciously*) trying to communicate and how they relate to me...It's the transference and countertransference which is ...the most useful tool I've got.

**Repetition in discussion.** Mentioned as assisting in treatment in just 2% of patient transcripts, this emergent theme was not raised in any psychotherapist interviews analyzed. Repetitively expressing concerns and emotional experiences, and hearing repeated psychotherapist interpretations was felt to be helpful, promoting and consolidating psychological change over time. As one patient put it:

I think a lot of it is repetitive but that's important because so many times I've gone, 'Oh, I know we've said this so many times before, but now I get it, you know', there's something that the penny drops for you one day.

### 3.2.2 | The nature of the therapeutic relationship

This was the second most common higher order theme embracing factors perceived as facilitating progress in psychotherapy, capturing six emergent themes. It was reported in 44% of patient transcripts analyzed and in over half of those of the psychotherapists.

**Sharing a collaborative partnership tolerating differences and emotional pain.** Such collaboration was highlighted as an emergent theme in 11% of patient interviews analyzed, and in a quarter of the psychotherapist interviews analyzed.

One patient spoke of a "*collaborative relationship*" where the psychotherapist "*didn't make me feel like I was doing all the work*". Another noted how the relationship tolerated differences:

If I'm not sure what she's talking about, well, basically I just say 'I don't agree', or 'I don't know what you mean' and then we talk about it...And sometimes we just agree to disagree, and that's Okay.

Psychotherapists, in reflecting upon transference-countertransference work, remarked upon the sharing of emotional pain in a collaborative way, noting that collaboration also allowed for differences.

**Support and trust.** Experienced as vital elements by both patients (arising in 9% of transcripts analyzed), and in twice that proportion of psychotherapist interviews, support and trust were perceived as creating a feeling of safety for patients in the demanding and intense work of psychoanalytic treatment.

Patients described a "*gradual*" and "*growing*" process wherein increasing "*trust*" in the psychotherapist's judgment helped them to accept and make use of what was offered to them.

Psychotherapists tended to speak of the unique therapeutic relationship creating a "*sense of relief*" for patients, characterizing it as the "*most trusting*" relationship where they could "*talk about anything rather than limiting (themselves) to a certain sort of common interest*".

**Goodness-of-fit in the growing therapeutic relationship.** This was reported by 9% of patients as valuable, and in a similar proportion of psychotherapist transcripts analyzed.

Patients spoke of their psychotherapists as accommodating to their needs, as in:

(He) has a good balance of giving guidance and staying back... I don't feel like he's constantly interpreting... He's also asking me, you know, what are mine... It feels more interactive than my previous therapy. It's important with someone with my sort of pattern and tendencies to get a little bit more sort of input... (It) feels like a good fit.

Psychotherapists emphasized here the “growing” and “changing” nature of the therapeutic relationship, as the work together proceeded in a positive way.

**Value of the relationship as supportive, significant and unique.** In 8% of patient transcripts, this emergent theme was mentioned, but not in any of the psychotherapist interviews analyzed.

Consistently across time, patients described an interactive process where they felt “recognized”, “supported” and held in mind as individuals. In turn, they saw the psychotherapist as a person outside their everyday relationships who helped them stand back, reflect on and understand troublesome issues, with the aim of better dealing with them. One patient highlighted this uniqueness by contrasting this relationship, which brought in “...so many more different perspectives... (on) this muddle that you can't quite work out”, with friendship relationships, in which he thought he could “...only dissect something to a certain degree”.

**The presence of a professional boundary.** The importance of a boundary preserved between the personal life and professional role of the psychotherapist arose as an emergent theme in 5% of patient interviews analyzed and in a similar proportion in those of the psychotherapists.

A few patients did remark that self-disclosure by the psychotherapist might have sometimes helped them feel even better understood by the psychotherapist, as when one explained that becoming aware of her psychotherapist's sexual orientation helped her to work through her own sexuality issues: “I think just talking about it to someone who understands makes it a lot better – easier – and it makes sense why he understands...”. Generally, however, patients preferred to keep the therapeutic space free from intrusions irrelevant to them, allowing the psychotherapist to be fully able to focus on the therapeutic process. One described a “valuable distance” from his psychotherapist, so the psychotherapy was not “...about other things...but just about the work”.

This was echoed by psychotherapists in phrases such as “maintaining neutrality” and “being mindful...of how patient material can tap...into your own world (and) experiences”.

### 3.2.3 | The frame of psychotherapy at the GNC

This third major higher order theme encompassed three emergent themes relating to the general conditions of the service. However, only one of these was mentioned in the psychotherapist transcripts analyzed.

**Twice-weekly frequency of sessions.** Mentioned as potent in 21% of patient interviews analyzed, but not in those of the psychotherapists, this emergent theme was experienced as creating continuity and intensity in the therapeutic work. It arose most often at first interviews. Reflecting on the engagement phase of psychotherapy, one elaborated:

The frequency of it is sometimes a little bit intense...How can I put it? It just keeps coming...but I do feel as well that the frequency and intensity is a benefit to it and also the stability of it...I think twice a week is better than once a week...

**Regularity of sessions.** Also perceived by patients to enable a sense of predictability and structure within which the hard work of the psychotherapy could unfold, this was noted in 14% of patient transcripts analyzed. It did not arise in psychotherapist transcripts analyzed.

One patient explained at his second interview:

The regularity of it, and the idea that it was two-year commitment, and that the twice a week thing has become like a routine in my life... So it's... been... even when everything else was chaos there was this structure...So I think that was important.

**That the psychotherapy was long-term.** Albeit limited to 2 years, the long-term frame of the service was raised as important in just a small proportion (5%) of patient interviews analyzed, and was also evident in a small proportion of psychotherapist transcripts.

This theme was primarily mentioned by patients in earlier interviews, and was tempered somewhat as time passed. Some of these patients, later in the therapeutic process, expressed surprise that they had needed the entire 2 years of treatment for change to become consolidated.

Psychotherapists commenting on this aspect noted that the period of time in treatment was substantial enough for beneficial change to be achieved, although, as described below in relation to perceived challenges to progress, many psychotherapists felt the 2-year limit required by the clinic service was problematic.

### 3.2.4 | Psychotherapist characteristics

This higher order theme was exclusive to patient interviews and was reported in 41% of those analyzed, embracing five emergent themes.

**Commitment to the therapeutic process.** Commitment by the psychotherapist was perceived in 13% of patient transcripts analyzed to have facilitated progress, promoting a sense of genuine involvement, *"I kind of trust her judgment because she has been committed...I've never really felt like she's been disengaged..."*

**The psychotherapist's non-judgmental stance.** This was valued across the entire period of psychotherapy, emerging in 12% of patient interviews analyzed. Psychotherapists were experienced as being compassionate, gentle and supportive of patients in the therapeutic work, making patients feel accepted. This served to contain early ambivalent feelings about psychotherapy, and contributed to the development of a therapeutic relationship. Patients mentioned a *"spirit of...non-judgmentalness"* or a *"gentle...subtle...non-judgmental process..."* in their interactions with their psychotherapists.

**Having a good capacity to listen and recall information.** Seen as facilitative in 7% of patient interviews, these patients reported feeling heard and attended to by someone caring, especially when psychotherapists reflected upon or recalled aspects of patients' experiences and histories. Patients' comments here indicated that this promoted for them a greater openness to the therapeutic process. As one commented:

She's been able to keep in her mind - like, themes of what's important and what's happened in my past... and I don't have to kind of be in both positions of - to keep track of myself as I'm talking about things. I can trust that I can just say things and she can help me understand it.

**An astute, curious and active stance on the part of the psychotherapist.** This was an emergent theme in 6% of patient transcripts. Here, patients found it helpful when the psychotherapist enquired about thoughts or feelings, noticed changes in demeanor, and offered alternative perspectives or suggested new connections. This assisted patients to reflect upon, express and become more aware of their problems, preparing for and fostering change. In her first interview, one patient remarked:

I've been impressed with the astuteness of my therapist...she's incredibly gifted, picking up on quite subtle connections... pinpointing some unlikely stuff...quite startling...And how much insight she's

been able to bring, certainly something I've never encountered...I...come away with some quite profound insights that I would...by myself, would not have been able to reach.

**The gender of the psychotherapist.** Arising in 3% of patient interviews analyzed, the context of gender could be seen as seen as positively influencing therapeutic progress. One commented on her male psychotherapist in the second interview:

My mindset was that only a woman can really understand how another woman feels ... that men could never understand that...I guess I just saw them as authoritarian...in the beginning. I've certainly had some challenges around that.

### 3.2.5 | Patient characteristics

This was the least frequently reported higher order theme, evident in 11% of patient interviews analyzed, and in a lower proportion of psychotherapist interviews.

Aspects seen as facilitative here by patients were conscious commitment to psychotherapy and a growing understanding that change would be gradual and slow. One patient spoke of this as a "...long commitment" that was "hard work-wise", and despite financial costs associated with attending sessions, she had "made the commitment to do it". Others spoke of initially believing "...I'll be well and truly fixed by 2 years", but then realizing that this may be unlikely as the process was "not going to happen fast". For these patients, acknowledging this was a "relief", allowing them to "relax into" their psychotherapy.

In a similar vein, some psychotherapists observed that early in the therapeutic process some patients expected a "quick fix", but over time witnessed their commitment through their session attendance, despite the hard work associated with the process.

## 3.3 | Domain Five themes: Challenges experienced in psychoanalytic psychotherapy

When recounting their lived experience of psychotherapy in research interviews, participants often raised challenges faced in the process. These coalesced into three higher order themes, concerning the nature of the psychotherapy, facing termination of psychotherapy, and a perception by some patients that their psychotherapy had limited benefits. As well as having complex implications for *Implementation*, these themes also have important implications for program *Reach* and *Adoption*, by conveying factors perceived to compromise therapeutic engagement or concerns contributing to withdrawal from treatment.

The expectation of 2 years of treatment, and/or, from the opposite perspective, the limit of treatment to 2 years, appeared to be a particular challenge for some participants, suggesting that some flexibility in the delivery of the psychotherapy may have improved *Reach* and *Adoption*, and perhaps *Implementation* and *Effectiveness* as well. For others, the nature of the psychotherapy was inherently difficult, raising the question of whether public education about the nature of psychoanalytic psychotherapy might have improved *Reach*, *Adoption*, *Implementation*, *Effectiveness* and *Maintenance*.

Table 2 displays the higher order themes and associated emergent themes arising in this domain of challenge, together with the rough frequency with which they were mentioned by the patient and psychotherapist groups of transcripts analyzed, ordered from most to least frequent for the patient group. This is followed by presentation of each theme, with quotations illustrating the quality of participants' responses.

### 3.3.1 | Nature of the psychotherapy

Challenges linked with this higher order theme were reported in 64% of patient and all psychotherapist interviews analyzed. They mainly involved the frame of psychotherapy, but also included various technical aspects.

TABLE 2 Themes arising in domain of enquiry five: Challenging therapeutic progress.

Higher order theme	Emergent themes	Approximate relative frequency of themes in transcripts analyzed	
		Patients	Psychotherapists
Nature of the psychotherapy	Two-year time limit	Moderate	High (all)
	Regularity, frequency, length of sessions	Moderate	Nil
	Psychotherapist interpretations	Low	Some
	Circumstances of attending	Low	Nil
	Psychotherapist lack of advice	Low	Nil
	Psychotherapist focus on transference or childhood	Low	Nil
Facing termination at 2 years	Feeling anxious about the end	Moderate	Nil
	Feelings of loss and sadness	Some	Nil
Patient experience of limited benefits	Limited progress	Some	Nil
	Slow progress		

**The 2-year frame of psychotherapy at the GNC.** This was the major emergent theme here. The 2-year limit was seen as the most significant factor relating to restricted progress by both patient and psychotherapist groups. In 27% of patient interviews analyzed and in all psychotherapist transcripts analyzed, this period was thought to be insufficient.

Although this overall challenge was reported by patients across all interview timepoints, it was mostly raised at the 8-month follow-up interview. Several felt it left their psychotherapy unfinished, as in:

Two years have gone by too quickly and I ... could do with an extra couple of years...(I) ...feel as though I got somewhere but...would need longer to get as far as I would like to get.

Another said she had “*the building blocks to work with progressing, going in the direction that I want...but...I need more therapy than two years...maybe another two more years*”. Others expressed disappointment about not understanding at the start how a time limit would play out, for example,:

In the beginning I thought ‘How am I going to fill two years?’ And now I feel upset that it’s going to be only two years...My experience is just not knowing what I was getting myself into and not knowing that you need more time... So yes, I’m a bit frustrated with that.

For psychotherapists, this challenge was highly significant. It had been recognised and workshopped by GNC psychotherapists during the establishment of the clinic, resulting in policies for ensuring further psychotherapy outside GNC was available, should it be needed beyond 2 years. Nevertheless, psychotherapists continued to express a concern that 2 years of treatment was too short, and some worried that the time limit could damage some patients, undoing therapeutic progress or leading to a lasting sense of abandonment. This emerged in comments such as, “*She’s the sort of person I can’t imagine finishing with at the end of two years*”. Other comments were more direct, for example:

There are probably people who you work with and you treat it as an extended form of time-limited therapy so...the notion of termination is there from the beginning...more explicitly...and you finish... But I think there are probably people here who I would see as different, that they are exceedingly disturbed in a certain sense- very fragile- and on balance I think it’s probably destructive for them to open up and then have it shut again.

Some psychotherapists speculated that a more structured model of time-limited psychoanalytic psychotherapy may have worked better, while others were more positive about long-term treatment for a limited period of time. In other words, a contrasting view was also expressed, as in:

The people who do come here - if there was no limit, then they may not have found their way here. Because it would have been so daunting to think that's it's endless...So the two years can act as some sort of container for them to think about the work, and actually starting doing it.

In a quarter of the psychotherapist interviews analyzed, a factor arising from the challenge of the 2-year treatment limit was the potential associated transition from GNC to private practice. This reflected worries about a range of issues, including the length of time between ending at the clinic and commencing in the psychotherapist's private practice, the "*internal unsettledness*" prompted by the "*shift of geography...a different room...different location*", and concern that some patients were in a precarious transition which threatened continuity of the therapeutic process. One psychotherapist observed, "*It's not as if it's a simple and seamless move...letting go of the work here and the mourning that begins...It's very emotional and risks some falling apart*".

**Regularity, frequency and length of sessions.** This was an emergent theme indicating challenge in 22% of patient interviews analyzed, although not in the psychotherapist transcripts analyzed. Sessions clashing with other commitments, such as work, was sometimes reported at the beginning of therapy, but then became accepted across time. For some patients, however, it may have influenced a decision to discontinue psychotherapy. Several struggles were associated with the frequency and length of sessions; the two sessions weekly could seem too few or too many, too close or too distant in time from each other, and the 50-min length too long or too short.

**Psychotherapist interpretations in the psychotherapy.** In 5% of patient interviews analyzed, psychoanalytic interpretation was reported as challenging for the patient, and in twice this proportion of the psychotherapist transcripts.

For patients, often in the first or second research interview, early in the treatment, interpretative comments were reported as sometimes hard to grasp, unwelcome, or not quite right. One commented:

(The psychotherapist) sort of makes what to me is the strangest connections. I'm just sitting there perplexed a lot of the time, just thinking. Like she asked me 'Does that remind you when you were a child?'. I think - "Does it? I don't think so!"...It's like really odd connections...something weird that I have no memory of anyway...They seem like really random connections...I just find them contrived.

Such difficulties tended to dissipate for patients across time, as they became more comfortable with the therapeutic process and the nature of unconscious psychic life.

One psychotherapist spoke of her sensitivity to the pacing of reflective thinking and interpretation with a patient, explaining:

I'm sort of saying 'You know there's meaning here and it's important to know what you feel'...She's talking about difficulties with her cousin who's terribly wounded and how she tries to look after him...(with a) great bandage from here to here...and I said something about...she's talking about the wounded one when she's a mess of wounds.

**Circumstances of attending.** Bringing challenges noted in 5% of patient interviews analyzed, this theme was not mentioned in those of psychotherapists. These included paying the subsidized fee due to personal financial problems, and attending sessions on time due to the travel distance to the clinic, traffic congestion en route, or unreliable public transport. One patient reported, "*I've thought of dropping out because of the cost...I haven't always felt that I can afford it so that's been quite hard going too. It's been a lot of pressure really*". Another said it took "*ages to drive from where I live...traffic sometimes meant I was late...*".

**Psychotherapist lack of advice or answers to questions.** This arose as a challenge in 5% of patient interviews analyzed, but was not mentioned as a concern in the psychotherapist transcripts.

Sometimes these patients considered this simultaneously to be a facilitative aspect of the therapeutic process, indicating a struggle deriving from their anxiety about not changing as quickly as desired. For example, one patient stated, "It's partly my issue ... I want this quick fix... I want her to have the answers...'You are the expert- you do have an answer!'"

**Psychotherapist focus on the transference relationship and childhood.** Perceived as challenging in just 2% of patient transcripts, this factor was not mentioned at all in the psychotherapist interviews analyzed.

These few patients commented on feeling irritated by such interpretations or unsure of how to respond to them. One said:

I have battles about this at times, about the sort of focus on the analyst-patient relationship and the constant reference to it. And sometimes I find it irritating.

Another patient remarked;

I've been surprised by the kind of challenges and questions that get raised about the relationship between (the Psychotherapist) and myself...I've not really known how to kind of respond to them.

Yet another, in her first interview, expressed rage aroused by references to her past:

It keeps going back to my childhood...and I understand why that's happening. And I understand the principles of psychotherapy. But every time she says 'So you feel like that little girl when...', I get so angry. I'm like - 'I'm not that little girl - I'm beyond that, I don't want you to keep reducing me.'

### 3.3.2 | Facing termination of 2 years' psychotherapy

Challenges associated with this higher-order theme were reported in 17% of patient interviews, and in all psychotherapist transcripts analyzed. The emergent themes described below generally arose in the context of the related challenge of dealing with the time limit of the treatment, presented above.

**Feeling anxious about coming to the end of the psychotherapy.** This was mentioned as an emergent theme in 15% of patient interviews analyzed, but not by psychotherapists. It was expressed more frequently as time progressed. Some anxiety appeared to stem from uncertainty about coping emotionally after termination and sometimes about plans for future psychotherapy, as described by one patient at the second research interview:

I know the end is coming...It does worry me after (*the Psychotherapist*) being away for two weeks and how badly I coped ...All the other problems that cropped up in those two weeks...That fear - 'Am I going to be ready by the time it's up?'

Another said, also at the second interview:

Maybe one thing that's a bit worrying is...I don't know that I'm going to be done by two years...So what do I do afterwards? Which I haven't yet discussed with my therapist.

Some patients, who began early in treatment to discuss the ending process, felt more ready to finish at 2 years, despite the associated emotional pain. One described in her post-psychotherapy interview:

It was really painful...I was really down...but the good thing about it was - and I think I said...'I feel like I'm not running away from it - I'm actually processing that it's finishing'...So it felt very clean when it finished...I felt very ready.



Others managed anxiety about ending by deciding to continue treatment privately with their psychotherapists or, where this was not possible, arranging referral for further psychoanalytic treatment elsewhere.

**Feelings of loss and sadness upon ending contact.** The prospect of parting with the psychotherapist emerged in 2% of patient transcripts analyzed. As one expressed:

The strength of (my) feelings that are coming up now around finishing...it feels incredibly deep...it feels really sad to me that's it's finished...It feels like a really big loss not to be able to continue...It's a bit hard to talk...The therapy has been hugely important and very cherished and precious to me.

### 3.3.3 | Patient experience of limited benefits of psychotherapy

This higher order theme for patients arose in 15% of their interviews analyzed, although not in those of the psychotherapists. It was expressed in a belief that psychotherapy had progressed slowly, with less change than expected given the level of commitment and resources required.

Examples here included insufficient symptom change or disappointment with not having realised certain goals, such as finding an intimate relationship. One stated, at a follow-up interview:

I thought I was getting somewhere when I finished...but...I feel like I really haven't gotten anywhere... Don't know if I've gone backwards...but I don't think I've gone forwards either.

Some of these patients, despite noting improvements in self-awareness, wanted to be given more answers and coping strategies, thinking this would produce faster changes. One felt she was not "*doing the psychotherapy*" correctly, so it appeared it was not working. She elaborated:

I feel a bit frustrated...I'm just not getting anywhere...and I just keep thinking I must be doing it wrong...There's always so much, so many things happening in my day-to-day life that are difficult or frustrating, and I tend to spend a lot of the session talking about that. And I'm thinking, 'Well, perhaps I should be trying to investigate childhood more'...I feel like I'm not getting much value from it.

Others conveyed a sense that therapeutic progress had been slow because the therapeutic relationship was not sufficiently supportive. One thought, after 2 years of treatment, that the psychotherapist had not taken her symptomatic distress seriously enough, being reluctant to explore the option of medication. Another spoke of being highly ambivalent in the early stages of psychotherapy, saying:

You know I struggled very much with (*the Psychotherapist*) at the beginning...I told her several times that I'm not coming back...I wasn't very open with her...I thought I wasn't getting anything out of here.

Nevertheless, this patient, like all patients whose interviews were included in the data analysis, had persisted with the psychotherapy program through to a conclusion, despite various disappointments or obstacles along the way.

## 4 | DISCUSSION

GNC patient and psychotherapist perspectives on experiences facilitating and challenging progress in time-limited long-term psychoanalytic psychotherapy extend the findings of the first qualitative (Grady et al., 2023) companion paper concerning expectations, the overall lived experience and the perceived benefits of the treatment.

The findings also indicate further key processes experienced as underlying the improvements in mental health demonstrated by the Melbourne Study of Psychoanalytic Psychotherapy (Dean et al., 2023), suggesting the interaction of complementary factors in sponsoring therapeutic progress. At a fundamental level, these findings have implications for all elements of the *RE-AIM* framework underlying the research program, and point to ways of improving the introduction of a long-term psychoanalytic psychotherapy service into a community setting.

#### 4.1 | Overall strengths and limitations of the qualitative research

The value of this work in illuminating community implementation lies in its unique combination of several methodological features. Firstly, the relatively large sample size and the inclusion of 143 interview transcripts in the analysis, together with the wide age-range and heterogeneous nature and symptom severity of the patients involved, enhances the relevance of the findings to real-life service delivery.

Another strength was its focus on a relatively uniform service, with a 4-week assessment leading to treatment delivered within a common frame of frequency and length over time, and in accord with the VAPP definition of psychoanalytic psychotherapy (Dean et al., 2023). Psychotherapists and their clinic group supervisors shared the latter in common, reducing the uncertain, confounding impact of differing theoretical and psychotherapeutic orientations. As indicated earlier above, adherence to this common model was confirmed by the study of Sfiris (2015).

A significant strength of the study was the contemporaneous conduct of over half of the interviews, eliciting more immediate experience in real time than possible in purely retrospective data collection, which has been the usual method in this field of research. This was made possible by the researchers' collaboration with the VAPP, the GNC and the psychotherapists in the design and implementation of the research plan.

It quickly emerged that the psychoanalytic background of the research team also greatly advantaged the study. Knowledge of psychoanalytic psychotherapy, its concepts and language facilitated the research interview process and the data analysis, as noted by Binder et al. (2012) and by Goldfried and Wolfe (1996). While this did raise the question of bias in research design and implementation, bias was countered by the team's keen awareness of bias risk and the adoption of a self-reflective stance (Godfrey et al., 2013), together with openness to findings that could be considered unfavorable to psychoanalytic psychotherapy. The full range of participants' experiences, whatever their quality, was the focus, and a discovery-orientated approach was taken at every turn, supported by regular, full research team meetings providing critical oversight.

The self-reflective research stance also led to the separation of data collection and analysis, serving to minimize bias in researcher assumptions as well as provide coherence of research procedure. Bias was minimized as well by use of the rigorously systematic and transparent method of thematic content analysis of Miles et al. (2014) to discern patterns in the great volume of data, enabling critical scrutiny and validation by researcher colleagues. The resulting thematic consistency and the transparent reporting of dissenting participant views promotes confidence in the validity of the findings.

Finally, in accord with comment by Palmstierna and Werbart (2013), a further strength of the study was the inclusion of both patient and psychotherapist perceptions of their experience of the therapeutic process, allowing useful comparisons between them. This dimension is generally absent from reports of studies in this field (Binder et al., 2010; Bury et al., 2007; Lilliengren & Werbart, 2005; von Below & Werbart, 2012; Werbart, Missios, et al., 2019; Werbart, von Below, et al., 2019), which tend to explore patient and psychotherapist experiences separately.

Of course, the generalizability of the findings to other community settings is limited by the particular naturalistic setting of the research and its time-limited nature. Another limitation was patient attrition through treatment discontinuation, unavoidable in a real-life setting. Patients sometimes ceased contact, timing problems arose in scheduling and conducting research interviews, and, less often, psychotherapists advised that research interviews risked disrupting the therapeutic process with some patients. These variables, given the nature of qualitative analysis, could not be studied as influencing factors, and each may have skewed the data by obscuring dissatisfaction with the therapeutic process or its outcomes.

A further possible limitation flowed from the funding-related decision to reduce the selected proportion of psychotherapist transcripts analyzed, which may have meant that the full range of perceptions was not represented. On the other hand, as within patient transcripts, higher order themes reached saturation in analysis and were strongly and repeatedly featured across the psychotherapists' interviews, suggesting that the views represented were likely to be consistent across all psychotherapist narratives.

## 4.2 | Facilitative aspects of psychoanalytic psychotherapy

The themes that emerged in analysis relating to this fourth domain of enquiry particularly addressed *Implementation* by confirming the psychotherapists' adherence to the VAPP form and technique of psychoanalytic psychotherapy, as did patients' descriptions of the form of their psychotherapy experiences. Other themes, revealed by patients and psychotherapists alike, indicated a variety of perceived outcomes and changes in the lives of the patients, and likely processes and reasons contributing to *Effectiveness* and *Maintenance* of therapeutic benefits.

It is important to note, from a community service perspective, that these technical aspects perceived as facilitative by participants, as detailed below, are those commonly recognised as essential to psychoanalytic approaches to psychotherapy in general.

### 4.2.1 | The exploratory, insight-orientated nature of psychoanalytic psychotherapy

This aspect emerged as the most potent theme in both patient and psychotherapist reflections about what facilitated therapeutic progress. The relative prominence of this theme was somewhat unexpected in the light of comparable studies, although it was also noted as a feature by Lilliengren and Werbart (2005) and Bury et al. (2007).

### 4.2.2 | Awareness of the elements of interaction in the therapeutic relationship

In considering what facilitated therapeutic progress, both the patients and their psychotherapists emphasized the processes involved in their collaborative activity, within the containing frame of the psychotherapy service. Findings in this area were consistent with qualitative meta-analytic study of common facilitative aspects of psychotherapy across various therapeutic orientations (Levitt et al., 2016). As in related research (e.g., Binder et al., 2009; Palmstierna & Werbart, 2013; Werbart, Missios, et al., 2019), several aspects of the interaction were highlighted by participants, notably rapport and trust, emotional support by the psychotherapist, a goodness of fit between patient and psychotherapist, and the development of a professional collaborative partnership tolerating difference of views.

However, participants in this study went further to elaborate on the content of the interaction experienced in terms of the actual work of the psychotherapy itself, the *Implementation* of the psychotherapy. Patients emphasized how the exploratory focus of the work afforded new, meaningful connections in understanding their own thoughts and feelings. It was perceived as important that the psychotherapist encouraged freedom of expression, while offering, in turn, interpretative or reflective comments. Psychotherapists underlined the centrality to the therapeutic process of maintaining a non-directive stance to support patients in developing reflectivity and insight, precursors to psychological change. Participants' comments on the interactive detail of their mutual relationship may have been fostered by the contemporaneous research interviews, which encouraged deeper reflection on the therapeutic interaction.

### 4.2.3 | The containing frame of the psychotherapy

Predictability of the service, including a clear sense of structure and continuity, emerged as essential to both groups, and as almost certainly contributing to successful *Implementation* in this community setting. Again, this has been less

prominent in related research. Patients experienced the therapeutic space or frame as supportive and containing on many levels, noting the importance of the regularity, frequency and number of sessions, as well as the collaborative and professional stance of the psychotherapists. Personal characteristics of psychotherapists were often valued by patients, including their being firmly committed to the therapeutic process, being non-judgmental, and being astute, curious and active listeners. Holding by the psychotherapist of the patient's painful emotional experiences, and freedom to speak repeatedly of problems, were mentioned by some as important, as was the psychotherapist's alertness to childhood relationships and how these may be re-enacted in the present.

While taking a more theoretically reflective approach in the interviews, psychotherapists also reported that holding in mind transference dynamics and associated countertransference responses was essential to their work.

The researchers note that the above features are often reported in the technical literature as integral to the practice of psychoanalytic psychotherapy. In short, *Implementation* of psychoanalytic psychotherapy, in this community setting as in any other, can be seen to be grounded in psychotherapists' ongoing efforts to discern, contain and make use of transference/countertransference experiences in the psychotherapy (Bion, 1967). Additionally, it is vital to contain or hold the breadth and depth of the patient's diverse and distressing experiences (Ogden, 2004), in the context of offering a safe therapeutic relationship, a secure base from which the patient can explore painful, often traumatic, thoughts and feelings (Bowlby, 1978).

### 4.3 | Challenging aspects of psychoanalytic psychotherapy

Although participants spoke of the emotional discomfort arising from the therapeutic process, their interviews revealed that they often associated discomfort with eventual *Effectiveness*. When reflecting upon challenges presented in the psychotherapeutic process, participants observed that some experiences were simultaneously unsettling and facilitative. For patients, new interpretations of meaning, discussion of transference dynamics, and even adapting to the non-directive nature of psychotherapy was often challenging. However, grappling with these and the associated difficult feelings, was often reported as growth-enhancing itself. This feature of psychoanalytic psychotherapy is also evident in the companion article (Grady et al., 2023), where the strenuous work of psychotherapy was a predominant feature of the overall lived experience of psychotherapy. In line with the findings of Palmstierna and Werbart (2013), gains were felt to be hard-won, and all the more valuable for that.

Engaging with the techniques of psychoanalytic psychotherapy (free association, interpretation etc.) is a new experience for many patients, and requires emotional flexibility and adjustment to the requirements of this unique relationship. Indeed, patients in this study spoke of their struggles with these challenges reducing over time, indicating their coming to terms with ambivalent feelings in the process of psychoanalytic treatment.

#### 4.3.1 | The challenge of time-limited psychotherapy

The strongest difficulty experienced by participants concerned the 2-year time limit of the treatment program, this limit being unusual in published studies of long-term psychoanalytic psychotherapy. This factor, a function of funding limitations, emerged as significant in the *Implementation* of the psychotherapy program.

For patients, its significance generally emerged later in the 2-year program. However, while some expanded on anxieties and sadness about approaching the end point, the majority reported this to be a process to be worked through as part of ending a beneficial experience, or an indication that further psychotherapy in the future could be beneficial. This suggests patient insight about their own potential for even greater therapeutic change, and underlines successful *Adoption* of the clinic service. A similar phenomenon was found by Poulsen et al. (2010), where bulimic patients who had received 1 year of psychoanalytic psychotherapy perceived this to be too little as they realised their therapeutic process was not yet finished.

A great proportion of the psychotherapist group were challenged by the 2-year time limit and this was evident across all time points. Generally, there was a strong sense that the arbitrary end-point of 2 years was problematic,

in that it did not cater to the unique needs of each individual patient in terms of the length of treatment required. Despite being addressed by the psychotherapist body during the process of setting up the GNC, many psychotherapists remained concerned that the time limit undermined therapeutic progress or aggravated patient vulnerability in the transition phase to treatment in a different setting, potentially risking premature discontinuation of their psychotherapy. While recognizing the challenge of this limit, there was also a more optimistic appreciation of 2 years being a relatively substantial therapeutic opportunity for patients, where intense feelings and conflicts could be worked through, including a known treatment endpoint.

Psychotherapists' concern about time-limited treatment may have been partly accounted for by the nature of the VAPP training, which emphasizes the importance of individual differences and the unique needs of each patient, especially in working toward termination of psychotherapy.

The effort made by the GNC psychotherapists to reconcile themselves to the time limit speaks to their dedication to *Adoption* of the community program.

### 4.3.2 | Dissatisfaction with psychotherapy

Finally, examining the challenging aspects of the psychotherapy exposed a small group of patients who, even though fully participating in their treatment to completion of the program, were less than fully satisfied with their experience. This finding is broadly consistent with that of von Below and Werbart (2012), particularly in terms of criticizing the psychotherapist as inflexible in clinical style. While these patients may have changed less than they desired, despite deeper insight into themselves and how they related to others, they wanted from the psychotherapist more answers, coping strategies, or greater levels of support. Overall, these challenging aspects contributed to unresolved negativity or ambivalence about the therapeutic relationship for these patients. Their expectations of treatment, possibly not explicit pre-treatment, were not entirely met by psychoanalytic psychotherapy. This highlights the importance in community program *Implementation* of ensuring patients are very well orientated to the goals and nature of psychoanalytic psychotherapy at the assessment stage.

On the other hand, becoming reconciled to not receiving directions, and gaining confidence in self-reflection, self-understanding, and self-efficacy, coupled with significant changes experienced in everyday life functioning, clearly stimulated interest and desire among many patients to embark on open-ended psychotherapy, analysis "interminable" as Freud (1937) put it, with deeper internal change being the implicit goal.

These themes emerging in analysis of Domain Five narratives have implications for program *Reach* and *Adoption* by describing perceptions which may prevent some potential patients from engaging with psychotherapy, or cause others to discontinue prematurely. These speculations would need to be further investigated by in-depth interviews with those who seek psychotherapy but do not properly engage, and with others who commence treatment but are dissatisfied and withdraw.

Nevertheless, the imposition of the 2-year length of GNC treatment being a challenge for many psychotherapists suggests that a degree of flexibility in this may have been warranted. Flexibility in terms of allowing both longer and shorter treatment may have enhanced *Implementation*. After all, while some patients needed further treatment at the end of the 2 years, a proportion successfully terminated before the 2-year point, as noted by Dean et al. (2023).

As well as allowing flexibility of length of treatment, the challenges experienced by patients in the process of the psychotherapy suggests that public education regarding the form and nature of psychoanalytic psychotherapy would be worthwhile. Both of these measures might have improved *Reach* and *Adoption*, and also have improved *Implementation*, *Effectiveness* and *Maintenance*.

## 5 | CONCLUSION

As part of the wide-ranging Melbourne Study of Psychoanalytic Psychotherapy, the qualitative exploration of patient and psychotherapist perceptions of time-limited, long-term psychoanalytic psychotherapy in a specialized clinic

provides empirical evidence of the *Reach, Effectiveness, Adoption, Implementation* and *Maintenance* of long-term psychoanalytic psychotherapy in a community setting.

The same beneficial patient mental health and daily life-functioning outcomes that were found in the quantitative component of the study emerged as themes in the qualitative analysis of both the contemporaneous and retrospective narrative interviews.

Patients emphasized the *Maintenance* of improvement in their interpersonal relationships after they had completed 2 years of psychotherapy, with many noting, throughout their research interviews, improvement in their emotional well-being and satisfaction with life as a function of their psychotherapy. Patient expectations of the nature and benefits of the treatment were likely to have enhanced the *Reach* and *Adoption* of the GNC service. Psychoanalytic psychotherapy itself was experienced as a challenging, demanding and intense process for the therapeutic dyad. The adherence by the psychotherapists to the *Implementation* of the VAPP form of treatment was evident in the reports of emotional discomfort experienced by many patients and observed by the psychotherapists. These phenomena were felt by many patients and were regarded by psychotherapists as necessary for therapeutic progress, as were both technical aspects of psychotherapeutic practice and the developing therapeutic relationship.

The *Effectiveness* of the psychotherapy program may have been enhanced for those who anticipated some measure of emotional discomfort to be an integral aspect of the psychotherapy process. For others, who did not anticipate this discomforting aspect, prior education about psychoanalytic treatment may have increased its *Effectiveness* by increasing the likelihood of patients completing treatment. The time limited nature of the program was particularly challenging for the psychotherapists. Perhaps this difficulty could be minimized by a more structured psychoeducational model of intake and assessment to better prepare patients, coupled with a more flexible accommodation of psychotherapist views about satisfactory treatment conclusion within the 2-year frame. These options are worthy of further research investigation.

The themes emerging in this study did not differentiate the perceptions of patients who completed the 2 years' psychotherapy from those who did not, although unmet hopes of receiving directive strategies for change may have inclined some to discontinue prematurely (see Cooke et al., 2021).

The utility and feasibility of the GNC service, and indeed of introduction of long-term psychotherapy into general community service provision, has been clearly demonstrated through the lens of the *RE-AIM* research framework. However, to support advocacy to public policy making, further research on its cost-effectiveness and benefit is necessary, together with assessment of the impact of the research itself on treatment outcomes. Such research would again best include study of the experience of patients and psychotherapists using research interviews contemporaneous with the psychotherapy. Cost-benefit investigation is also likely to enhance the confidence of psychotherapists in opening their work to research programs, and to sharpen the scientific interpretation of findings. Understanding the potential benefits of ongoing service evaluation research, and its implications for enhancement of the psychotherapeutic process itself, is another vitally important avenue for further implementation science research.

## ACKNOWLEDGMENTS

The researchers thank the Victorian Association of Psychoanalytic Psychotherapists (VAPP), its Glen Nevis Clinic for Psychoanalytic Psychotherapy (GNC), and Mr Robert Springall, of the Dara Foundation, Australia, for their collaboration and support with this challenging project. This paper is dedicated to the memory of Anne Kantor AO (1935–2022), Social Worker and Psychoanalytic Psychotherapist, Key Principal of the Dara Foundation.

Open access publishing facilitated by Monash University, as part of the Wiley - Monash University agreement via the Council of Australian University Librarians.

## CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

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## ENDNOTE

<sup>1</sup> No material from other sources is reproduced in this paper. De-identified study group data are potentially available for research purposes upon application to the corresponding author.

## REFERENCES

- Bartholomew, T. T., & Lockard, A. J. (2018). Mixed methods in psychotherapy research: A review of method(ology) integration in psychotherapy science. *Journal of Clinical Psychology, 74*(10), 1687–1709. <https://doi.org/10.1002/jclp.22653>
- Binder, P.-E., Holgerson, H., & Moltu, C. (2012). Staying close and reflexive: An explorative and reflexive approach to qualitative research on psychotherapy. *Nordic Psychology, 64*(2), 250–256.
- Binder, P.-E., Holgerson, H., & Nielsen, G. H. (2009). Why did I change when I went to therapy? A qualitative analysis of former patients' conceptions of successful psychotherapy. *Counselling and Psychotherapy Research, 9*(4), 250–256. <https://doi.org/10.1080/14733140902898088>
- Binder, P.-E., Holgerson, H., & Nielsen, G. H. (2010). What is "good outcome" in psychotherapy? A qualitative exploration of former patients' point of view. *Psychotherapy Research, 20*(3), 285–294. <https://doi.org/10.1080/10503300903376338>
- Bion, W. R. (1967). *Second thoughts*. Aronsen.
- Bowlby, J. (1978). Attachment theory and its therapeutic implications. *Adolescent Psychiatry, 6*, 5–33.
- Bury, C., Raval, H., & Lyon, L. (2007). Young people's experiences of individual psychoanalytic psychotherapy. *Psychology and Psychotherapy: Theory, Research and Practice, 80*(1), 79–96. <https://doi.org/10.1348/147608306x109654>
- Cooke, J., Ivey, G., Godfrey, C., Grady, J., Dean, S., Beaufof, J., & Tonge, B. (2021). Patient-reported reasons for discontinuing psychotherapy in a low-cost psychoanalytic community clinic. *Counselling and Psychotherapy Research, 21*(3), 697–709. <https://doi.org/10.1002/capr.12352>
- Dean, S., Tonge, B., Beaufof, J., Godfrey, C., Grady, J., Pullen, J., Smale, S., Hill, C., Ivey, G., & Taffe, J. (2023). The Melbourne Study of psychoanalytic psychotherapy low cost clinic I: Implementation, mental health and life functioning gains. *International Journal of Applied Psychoanalytic Studies. https://doi.org/10.1002/aps.1847*
- Freud, S. (1937). Analysis terminable and interminable. *The International Journal of Psychoanalysis, 18*(4), 373–405. (Translated by Joan Riviere).
- Gabbard, G. O., & Westen, D. (2003). Rethinking therapeutic action. *The International Journal of Psychoanalysis, 84*(4), 823–841. <https://doi.org/10.1516/n4t0-4d5g-nnpl-h7nl>
- Glasgow, R. E., Harden, S. M., Gaglio, B., Rabin, B., Smith, M. L., Porter, G. C., Ory, M. G., & Estabrooks, P. A. (2019). RE-AIM planning and evaluation framework: Adapting to new science and practice with a 20-year review. *Frontiers in Public Health, 7*, 64. <https://doi.org/10.3389/fpubh.2019.00064>
- Glasgow, R. E., Vogt, T. M., & Boles, S. M. (1999). Evaluating the public health impact of health promotion interventions: The RE-AIM framework. *American Journal of Public Health, 89*(9), 1322–1327. <https://doi.org/10.2105/ajph.89.9.1322>
- Godfrey, C., Grady, J., & Dean, S. (2013). Experiences of the unconscious in psychoanalytic psychotherapy research: Resonating with psychotherapy itself. *Australasian Journal of Psychotherapy, 31*(2), 42–51.
- Goldfried, M. R., & Wolfe, B. E. (1996). Psychotherapy research and practice: Repairing a strained alliance. *American Psychologist, 51*(10), 1007–1016. <https://doi.org/10.1037/0003-066x.51.10.1007>
- Grady, J., Dean, S., Godfrey, C., Beaufof, J., Pullen, J., Hill, C., Ivey, G., & Tonge, B. (2023). The Melbourne Study of Psychoanalytic Psychotherapy II: Patients' and psychotherapists' perspectives on expectations, therapeutic experience and benefits. *International Journal of Applied Psychoanalytic Studies. https://doi.org/10.1002/aps.1850*
- Leuzinger-Bohleber, M., Solms, M., & Arnold, S. E. (2020). *Outcome research and the future of psychoanalysis*. Taylor and Francis.
- Levitt, H. M., Pomerville, A., & Surace, F. I. (2016). A qualitative meta-analysis examining clients' experiences of psychotherapy: A new agenda. *Psychological Bulletin, 142*(8), 801–830. <https://doi.org/10.1037/bul0000057>
- Lilliengren, P., & Werbart, A. (2005). A model of therapeutic action grounded in the patients' view of curative and hindering factors in psychoanalytic psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 42*(3), 324–339. <https://doi.org/10.1037/0033-3204.42.3.324>
- Macran, S., Ross, H., Hardy, G. E., & Shapiro, D. A. (1999). The importance of considering clients' perspectives in psychotherapy research. *Journal of Mental Health, 8*(4), 325–337. <https://doi.org/10.1080/09638239917256>
- Miles, B. M., Huberman, A. M., & Saldana, J. (2014). *Qualitative data analysis: A sourcebook*. Sage.

- Ogden, T. H. (2004). On holding and containing, being, and dreaming. *The International Journal of Psychoanalysis*, 85(6), 1349–1364. <https://doi.org/10.1516/t41h-dgux-9jy4-gqc7>
- Palmstierna, V., & Werbart, A. (2013). Successful psychotherapies with young adults: An explorative study of the participants' views. *Psychoanalytic Psychotherapy*, 27(1), 21–40. <https://doi.org/10.1080/02668734.2012.760477>
- Poulsen, S., Lunn, S., & Sandros, C. (2010). Client experience of psychodynamic psychotherapy for bulimia nervosa: An interview study. *Psychotherapy: Theory, Research, Practice, Training*, 47(4), 469–483. <https://doi.org/10.1037/a0021178>
- Sfiris, A. (2015). *Psychoanalytic identities and practices of psychotherapists in a low cost psychoanalytic community clinic* (Unpublished Master's thesis in Clinical Psychology). Victoria University.
- Victorian Association of Psychoanalytic Psychotherapists. (2018). *Training prospectus: The Victorian Association of Psychoanalytic Psychotherapists Inc.* Author.
- von Below, C., & Werbart, A. (2012). Dissatisfied psychotherapy patients: A tentative conceptual model grounded in the participants' view. *Psychoanalytic Psychotherapy*, 26(3), 211–229. <https://doi.org/10.1080/02668734.2012.709536>
- Werbart, A., Missios, P., Waldenstrom, F., & Lilliengren, P. (2019). "It was hard work every session": Therapists' view of successful psychoanalytic treatments. *Psychotherapy Research*, 29(7), 894–907. <https://doi.org/10.1080/10503307.2017.1349353>
- Werbart, A., von Below, C., Endqvist, K., & Lind, S. (2019). "It was like having half of the patient in therapy": Therapists of nonimproved patients looking back on their work. *Psychotherapy Research*, 29(7), 894–907. <https://doi.org/10.1080/10503307.2018.1453621>

**How to cite this article:** Grady, J., Dean, S., Godfrey, C., Beaufoy, J., Pullen, J., Hill, C., Ivey, G., & Tonge, B. (2023). The Melbourne Study of Psychoanalytic Psychotherapy III: Patients' and psychotherapists' perspectives on progress and challenges. *International Journal of Applied Psychoanalytic Studies*, 20(4), 596–618. <https://doi.org/10.1002/aps.1852>