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perspectives on expectations, therapeutic experience
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The Melbourne Study of Psychoanalytic Psychotherapy II: Patients' and psychotherapists' perspectives on expectations, therapeutic experience and benefits

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Abstract

The naturalistic, longitudinal Melbourne Study of Psychoanalytic Psychotherapy was conducted in a subsidized community clinic established by the Victorian Association of Psychoanalytic Psychotherapists as a demonstration project operating over 8 years. It offered lower SES adults twice-weekly psychoanalytic psychotherapy for 2 years. An independent research program used the *RE-AIM* planning and evaluation framework to investigate the *Reach, Effectiveness, Adoption, Implementation* and *Maintenance* of the service. Complementary quantitative and qualitative methodologies studied mental health and general-life functioning outcomes and underlying processes of treatment. Two papers present the qualitative arm of the research, exploring the lived experience of the psychotherapy, reported contemporaneously and retrospectively by patients and psychotherapists. This first paper details the qualitative design and methods employed. In-depth semi-structured narrative interviews during psychotherapy, upon completion at 2 years, and at

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an additional 8-month follow-up point for patients, were conducted. Analysis of the narrative transcripts of 143 participant interviews revealed themes regarding patient expectations of treatment and the perceptions of both patients and psychotherapists of the long-term psychoanalytic psychotherapy experience and its benefits. Narratives thus provided evidence of the *Reach, Effectiveness, Adoption, Implementation and Maintenance* of the service. The findings enrich understanding of the effective processes underlying the outcomes of the quantitative arm of the study reported separately. The second qualitative paper presents the findings concerning participants' experiences of facilitative and challenging aspects of the treatment, as well as the implications of the qualitative findings overall.

KEYWORDS

benefits, expectations, psychoanalytic/psychodynamic psychotherapy, qualitative experience, RE-AIM

1 | TOWARD PARTICIPANT VIEWS OF PSYCHOANALYTIC PSYCHOTHERAPY

Systematic qualitative investigation of participants' experience of psychotherapy is increasingly recognised as a valuable complement to quantitative research on treatment effectiveness (American Psychological Association, 2005), deepening understanding of how psychotherapy processes may relate to outcomes (Binder et al., 2010; Fuertes & Nutt Williams, 2017; Kazdin, 2007; Lambert & Ogles, 2004; Macran et al., 1999).

The 1950s Menninger Psychotherapy Foundation Research Project (Kernberg et al., 1972; Wallerstein, 1989) pioneered exploration of psychoanalytic patient and psychotherapist perspectives, noting overlapping experiences of interpretative and relational elements in psychotherapy. Research into long-term psychoanalytic psychotherapy was slow to develop, though research progress in the related field of psychodynamic psychotherapy was swifter (Levitt et al., 2016).

Meta-analyses and reviews of qualitative research on patient experience of therapeutic outcome and/or process (Elliott & James, 1989; Hodgetts & Wright, 2007; Levitt et al., 2016; Timuluk, 2007, 2010; Timuluk & McElvaney, 2013) have spanned studies of a range of psychotherapy orientations. Although the integrity and comparability of meta-analyses are still under scrutiny (Levitt, 2018), these overviews have consistently highlighted the development of positive outcomes and processes, while less helpful aspects of psychotherapy have also been identified in consistent ways.

In a relatively comprehensive meta-analysis, Levitt et al. (2016) found that, across psychotherapeutic orientations, patients commonly reported that helpful psychotherapist interventions included empathic responding and interpretations by the psychotherapist that illuminated the underlying meaning of problems, along with constructive reframing of events and encouragement to experiment with behavioral change. Patients generally emphasized feeling deeply known and cared for, enabling them to identify obstructive relational patterns and address unmet needs. Overall, change was viewed as resulting from therapeutic relationships in which patients felt understood but not stifled, secure within safe professional boundaries.

Of the 109 studies encompassed by Levitt et al. (2016), 37 included psychoanalytically-oriented psychotherapies, generally in comparison with other treatments. Five focused on psychodynamic psychotherapy with particular clinical

TABLE 1 Qualitative studies of participant experience of long-term psychoanalytic psychotherapy evaluated by Levitt et al. (2016).

Authors	Title	N	Patient age in years	Method of data collection & analysis
Wilson and Sperlinger (2004) United Kingdom	Dropping out or dropping in? A re-examination of the concept of dropouts using qualitative methodology	$P = 6$ $T = 6$	30–50	Semi-structured qualitative interview following discontinuation
Lilliengren and Werbart (2005) Sweden	A model of therapeutic action grounded in the patients' view of curative and hindering factors in psycho-analytic psycho-therapy	22	18–25	Qualitative interview at termination Grounded theory analysis
Bury et al. (2007) United Kingdom	Young people's experiences of individual psychoanalytic psychotherapy	6	16–21	Narrative qualitative interview 3–18 months after termination Interpretive phenomenological analysis
von Below & Werbart (2012) Sweden	Dissatisfied psychotherapy patients: A tentative conceptual model grounded in the participants' view	$P = 7$ $T = 5$	18–25	Qualitative interview at termination and 1.5 years follow-up Grounded theory analysis
Palmstierna and Werbart (2013) Sweden	Successful psychotherapies with young adults: An explorative study of the participants' view	$P = 11$ $T = 5$	18–25	Qualitative interview at termination and 1.5 years follow-up

Abbreviations: P, patient; T, psychotherapist.

problems such as bulimia nervosa (Poulsen et al., 2010; Toto-Moriarty, 2013) or past personal trauma (Nachmani & Somer, 2007), or upon particular therapeutic techniques (Rasmussen & Angus, 1996). These studies revealed positive outcomes in terms of symptom reduction and improved interpersonal relations and/or affect regulation. However, the narrow focus on certain disorders, together with small sample sizes ($N = 14–23$), limited relevance to more heterogenous groups of patients in the community. A larger study by Roe et al. (2006) of patient experience ($N = 84$), while exploring reasons for termination of long-term psychodynamic psychotherapy, noted goal accomplishment and expanded independence in psychotherapy, as well as circumstantial constraints, dissatisfaction with treatment or the possible influence of new relationships.

Another five of the studies included by Levitt et al. (2016) focused exclusively on experience of long-term psychoanalytic psychotherapy, defined as involving more than 50 sessions. These studies appear in Table 1 and are briefly considered below.

Wilson and Sperlinger (2004) asked six patient-psychotherapist dyads to reflect upon discontinuation of long-term psychoanalytic psychotherapy considered premature by the psychotherapist. Patients reported struggling to deal with painful feelings, with conflicting wishes for functional help versus intensive therapy, or with uncertainty about becoming attached to the psychotherapist, with seeing psychotherapy as threatening loss of control or with fear of dependence, loss or abandonment. Psychotherapists also reported strong feelings of disappointment, sadness, anger, frustration and a sense of helplessness in these situations.

Two studies (Bury et al., 2007; Lilliengren & Werbart, 2005) concerned adolescents and young adults in small numbers. Both retrospectively explored patients' understanding of their psychoanalytic psychotherapy experiences and what aspects facilitated positive change. Both studies found that a professional, accepting relationship within which to explore and better understand their psychological difficulties contributed to patients' feeling that they had improved interpersonal relationships and self-awareness. Lilliengren and Werbart also investigated hindering aspects of psychotherapy, identifying painful experience in expressing distress and not receiving more feedback, direction,

guidance or behavioral advice from the psychotherapist. Other factors identified as hampering progress included a perception of patient-psychotherapist mismatch, and a realisation that better self-knowledge alone does not always produce significant change. Bury et al. explicitly examined patients' expectations of psychotherapy, finding that either high expectations, together with hope that the psychotherapist would hold all the answers, or greater ambivalence about the treatment process were associated with lower patient satisfaction.

Since the present study was initiated in 2007, other qualitative research on psychoanalytic psychotherapy has been reported, some being included in Levitt et al.'s (2016) meta-analysis, and some published subsequently. Patients dissatisfied with psychoanalytic psychotherapy were given a voice by von Below and Werbart (2012) in the Young Adult Psychotherapy Project Stockholm (YAPP), generally revealing low confidence in the psychotherapist, described in negative terms. Noted were dissatisfaction linked to feelings of abandonment by inflexible psychotherapists, and psychotherapy lacking emotional intensity and relevance to everyday life. The psychotherapists of these patients were also interviewed (Werbart, von Below, et al., 2019), revealing that despite initial collaboration promoting greater insight and some symptom relief, psychotherapists' impressions of emotional distance in the relationship suggested that patients' core problems remained.

However, some participants in the research program mentioned above had positive experiences (Palmstierna & Werbart, 2013), with dyads reporting that they worked collaboratively toward joint goals, explored painful feelings and overcame obstacles together, and actively promoted the use of new skills after termination. Overall, these perceptions of successful change confirmed awareness of the centrality of the therapeutic relationship as a secure base for exploration and facilitating change. The psychotherapists' experience of successful treatment was further detailed in a subsequent report (Werbart, Missios, et al., 2019), highlighting the importance of an active therapeutic stance and assiduous commitment to promoting patients' wellbeing.

Also relevant are studies by Binder et al. (2009, 2010), although these embraced a range of psychotherapeutic orientations. Former adult patients with mixed presenting problems were interviewed about their experienced success in psychotherapy. They believed change was enabled by a consistent relationship with a wise, warm and competent professional, who helped them to explore inner discontinuity, challenge assumptions and beliefs about themselves, and discover new meanings and connections in their life patterns. Patients interpreted positive change in terms of new ways of relating to others, feeling less distressed about behavioral patterns, and gaining expanded self-understanding, insight and self-value.

Qualitative research on processes underlying positive effects of long-term psychotherapy has clearly identified various factors interacting in complex ways (Leuzinger-Bohleber et al., 2020). However, in this broad field, findings have been limited in their relevance to practice in the wider community. Limitations include narrow breadth, size and age-range of clinical samples and restriction of data collection to retrospective recall of experience.

2 | RATIONALE AND AIMS OF THE PRESENT STUDY

2.1 | Research background and aims

The present study was planned in 2007, seizing an opportunity for naturalistic real-life research on outcomes and processes of time-limited long-term psychoanalytic psychotherapy.

The public health and scientific need for such research was obvious, as were challenges to its validity. Despite limitations, the published findings available provided a rich source of inspiration to the researchers, who aimed to extend the scope in this field by exploring as broad a range of psychotherapeutic processes as possible in a naturalistic community setting.

To achieve this aim, the most frequently used public health method for describing the community translation of evidence-based treatments was adopted, namely the *RE-AIM* planning and evaluation framework (Glasgow et al., 1999). This methodology has been used over the past 20 years in over 450 public health treatment and program

evaluation publications (Glasgow et al., 2019). It describes the translation process in which an evidence-based therapy with internal research validity, such as long-term psychoanalytic psychotherapy, is implemented in a community setting in order to demonstrate its real-world external validity. The RE-AIM framework employs a mixed-methods explanatory process, integrating quantitative objective with qualitative subjective data (Bartholomew & Lockard, 2018), to elucidate factors potentially promoting or hindering therapeutic outcomes and the success of the community implementation of the treatment.

The Glasgow et al. (2019, 1999) framework targets key elements of community delivery, namely *Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM)*, and the qualitative component of the longitudinal Melbourne Study of Psychoanalytic Psychotherapy (Dean et al., 2023) focused on the patient and psychotherapist experience of these elements of psychoanalytic psychotherapy at the Glen Nevis Clinic (GNC), a demonstration project service in inner-city Melbourne, Australia.

The present qualitative investigation complemented the quantitative arm of the Melbourne Study of Psychoanalytic Psychotherapy, which found evidence of both *Effectiveness* and *Maintenance* of treatment benefits with improved mental health and general life functioning outcomes immediately following treatment and persisting at 8 months' follow-up. Dean et al. (2023) describe in detail the overall research context, including the nature of the psychoanalytic psychotherapy provided (Victorian Association of Psychoanalytic Psychotherapists, 2018), while an early publication noted parallels between the experience of psychotherapy and research processes (Godfrey et al., 2013), and a study by Sfiris (2015) explored the consistency of the psychotherapy delivered across the clinic. Also conducted was a related qualitative study of patients discontinuing prematurely (Cooke et al., 2021).

2.2 | Organisational context

The Victorian Association of Psychoanalytic Psychotherapists (VAPP) established the GNC to provide subsidized, time-limited long-term individual psychoanalytic psychotherapy to adults unable to afford usual fees for such treatment. Funded by the philanthropic Dara Foundation, the low-cost GNC operated from 2008 to 2016, and was the first demonstration project in Australia of its kind. VAPP members offered psychoanalytic psychotherapy to patients twice-weekly, for up to 2 years (approximately 160 sessions). If, toward the end of 2 years, a patient required further treatment, further psychotherapy was either offered privately by the psychotherapist, or an appropriate referral was facilitated.

Research was funded separately by the same philanthropic body to investigate the effectiveness of the clinic service in terms of psychotherapeutic outcomes and processes. While carried out independently of the GNC operation, the research collaborated with the VAPP in developing the research design and plan (Goldfried & Wolfe, 1996), and in implementing the research.

The researchers, based at the Monash University Center for Developmental Psychiatry and Psychology, were experienced in clinical research, including in extensive qualitative investigation of psychoanalytic psychotherapy. The team was led by three chief investigators, with two research fellows gathering and analyzing data, one research supervisor, and a further three researchers who met to plan and oversee the program. Disciplines involved were clinical psychology, psychiatry and social work. Most of the team were experienced psychoanalytic psychotherapists, well able to take an exploratory and reflexive position in this research (Binder et al., 2012; Elliott & James, 1989).

2.3 | Qualitative research aims and plan

Specific aims of the overall research program were developed in the light of previous research and its limitations, the interests of the VAPP and the practical constraints of funding and providing a psychoanalytic psychotherapy service. Grounded in phenomenological epistemology, the qualitative arm of the study was exploratory and

discovery-oriented (Binder et al., 2016). In-depth semi-structured interviews with patients and psychotherapists were planned to elicit and explore accounts of lived experience of the process of psychotherapy, opening up five domains of enquiry, namely:

Domain One: patient expectations of the psychoanalytic psychotherapy;

Domain Two: lived experience of the psychotherapy process;

Domain Three: perceived benefits of undertaking the psychotherapy;

Domain Four: aspects of the psychotherapy perceived to facilitate its progress; and

Domain Five: aspects of the psychotherapy perceived to challenge progress.

This paper presents findings in respect of the first three domains of enquiry, while the second (Grady et al., 2023) qualitative paper explores those concerning the remaining two.

The first domain of enquiry addressed the *RE-AIM* framework elements of *Reach* and *Adoption*, by considering patient expectations of the psychotherapy and reasons for seeking and then engaging with it.

Domain Two addressed the process of *Implementation*, by referring to (a) the qualitative evaluation of psychotherapist adherence to the clinic's principles and treatment orientation, as well as the consistency and challenges of treatment delivery; (b) any adaptations made to the form of treatment; and (c) patients' and psychotherapists' overall expectations, lived experiences, perceived benefits, and general impact of the treatment process, information which also enriches understanding of treatment *Effectiveness* and *Maintenance* of benefit.

The third domain of enquiry informed evidence of the *Effectiveness* and *Maintenance* of the benefits of the GNC program (Dean et al., 2023), by elucidating qualitative evidence supporting the quantitative findings of mental health gains of the patients and the patient experience of these being sustained at the 8-month follow up.

In collaborative research workshops held within the design planning phase, VAPP members suggested that in-depth narrative interviews be conducted *during* the psychotherapy as well as retrospectively. Members wished patients to speak freely to the researcher of their experience and its meaning within a real-time frame. It was therefore jointly decided to interview each patient, not only upon completion of 2 years' psychotherapy and at an 8-month follow-up point, but also twice during the course of psychotherapy, provided that the treating psychotherapist foresaw no disruption to the psychotherapy for the patient. Contemporaneous research interviews with the psychotherapists were also planned, to provide parallel progress data from the psychotherapist perspective.

3 | METHODOLOGY

3.1 | Enlisting participants

Potential patients were self-referred to the GNC, often on the advice of a health professional. Acceptance required an annual income lower than that necessary to allow access to psychoanalytic psychotherapy in the usual private system. The GNC fee was a fraction of that ordinarily paid in the private sector. The psychotherapists were paid at an acceptable level by monies provided by the Dara Foundation.

Exclusion criteria for patients were (a) current significant drug, alcohol or gambling problems, (b) a history of violent behavior, (c) active psychotic illness or (d) involvement with transport injury, work-related injury or crimes compensation. At first contact, potential patients were informed of the research function of the clinic, but were assured that participation was not required to receive treatment.

Each referred individual was offered a 4-week assessment for psychoanalytic psychotherapy with an allocated psychotherapist. If mutually agreed, twice-weekly psychotherapy would then commence for up to 2 years. If it was determined that psychoanalytic psychotherapy was not appropriate, the psychotherapist would facilitate referral elsewhere.

3.2 | Nature of the psychotherapy provided

A description of the psychotherapy provided by the GNC appears in the companion paper reporting the quantitative arm of the Melbourne Study of Psychoanalytic Psychotherapy (Dean et al., 2023). The psychotherapists subscribed to practice of psychoanalytic psychotherapy as defined by the VAPP, as was confirmed by the study by Sfiris (2015). Throughout the operation of the clinic, fortnightly small group supervision by senior VAPP psychotherapists was funded by the Dara Foundation.

3.3 | Narrative interview protocols and procedures

Contemporaneous and retrospective narrative interview protocols for patients and psychotherapists were designed to open up, in turn, the five domains of phenomenological experience outlined above. The semi-structured protocols allowed for flexible, in-depth exploration of each domain at each timepoint. With open-ended and follow-up probing questions, participants were encouraged to speak as freely as possible, assured of confidentiality and anonymity.

To maintain consistency in the data collection procedure, interviews with both patients and psychotherapists were conducted by one research fellow. Each patient was interviewed at four timepoints: at 8 months into treatment, at 16 months, upon completion of 2 years of psychotherapy, and at follow-up, 8 months after the 2-year point. Interviews with the treating psychotherapists occurred at the 8-month, 16-month and 2-year timepoints.

To avoid disrupting contemporaneous therapeutic processes, the researcher consulted with the psychotherapist before arranging 8-month and 16-month patient interviews. An interview could be postponed or omitted if necessary. Further, to minimize the impact of the research on psychotherapy, psychotherapists were told that they need only discuss the research during psychotherapy if it were raised by the patient, and that they could refer the patient back to the research interviewer for further clarification about the research or research participation.

Interviews were recorded and verbatim, de-identified transcripts were produced for purposes of analysis. Participants were invited to review any of their own transcripts in the presence of the interviewer, upon request.

3.4 | Ethical considerations

Ethical considerations were paramount, as described by Dean et al. (2023). The research aims and method were 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 detailed research procedures throughout the life of the research.

Upon receiving full information about the research process, with details of the protections of participant confidentiality and anonymity built into data collection and analysis, followed by the opportunity to ask any questions, each GNC patient and psychotherapist was invited to give written consent to participation. Withdrawal from research participation was stipulated as possible at any time.

3.5 | Analysis of interview data

Qualitative analysis of interview transcripts of both patients and psychotherapists was conducted using the thematic content analysis method of Miles et al. (2014). This method was chosen because its inclusive, systematic and transparent procedures in responding to narrative data were considered to allow optimal verification of interpretation of recorded phenomenological experience. To enhance independence of perspective, data analysis was performed by a researcher different to the one who had conducted the interviews. Analysis proceeded in phases, as interviews at the different timepoints accumulated.

In accord with the Miles et al. (2014) method, for each domain of enquiry, and for each group of participants, a series of matrices or tables was developed to successively summarize/reduce, aggregate and then display in a final matrix all themes as they arose across interviews, indicating the frequency with which each was mentioned.

For each domain of enquiry, then, interpretation followed a step-wise procedure.

1. for each participant, all units of meaning (whole sentences or clauses) were identified and punctuated in the narrative text, and starred if suggesting a typical or striking quotation;
2. for each participant, these units of meaning were then grouped in a matrix or table based on identification of similar meanings, these meanings now considered to constitute emergent themes, that is themes arising directly from the participant's narrative;
3. in a new matrix for each domain, all emergent themes were aggregated across (a) all patient transcripts and, separately, across (b) all psychotherapist transcripts, with the identity numbers of contributing participants displayed and still starred if linked with a likely quotation;
4. in a third matrix for each domain, and for each group of participants, emergent themes were further aggregated into higher order themes, or categories of theme, still displaying individual themes and participant contributors;
5. if necessary, themes were conceptually aggregated into further matrices; and
6. for patients and psychotherapists separately, a final matrix was created for each domain, to display a hierarchy of higher order themes according to their frequency of mention across participants, still tagged to illustrative quotations located in particular transcripts.

In the final matrix of each domain of enquiry, the hierarchy of higher order themes revealed contributing common and individual themes across all timepoints and all transcribed interviews of the patient group on the one hand, and the psychotherapist group on the other.

Patient transcripts were analyzed first, selected in a random sequence for each timepoint. Analysis continued until saturation was achieved, with no new themes generated (Strauss & Corbin, 1998). Due to time constraints, fewer psychotherapist transcripts could be analyzed, and 12 were selected randomly across timepoints for inclusion in the analysis. This analysis was conducted in parallel with the that of the patient transcripts, allowing comparison of the two groups of data.

This procedure thus enabled coherent description of the lived experience expressed across interviews for each group of participants. Its high level of completeness and transparency enabled checking and verification of each step by another researcher. Random checks were performed by two other members of the research team, and any disagreements and decisions on saturation were resolved by discussion.

4 | FINDINGS

After overall descriptions of the participating patients and psychotherapists, followed by a brief summary of the findings for each group, more detailed reports of findings are presented, in terms of the domains of enquiry explored in the interviews.¹

4.1 | Participating patient and psychotherapist groups

Accepted into GNC assessment were 187 adults, aged 18–70 years (average 35.7 years), with mixed non-psychotic symptomatology, 56 of whom were male (Dean et al., 2023). Progressing to psychotherapy were 129 people; of these, 42 decided to discontinue before the 2-year time limit for various reasons (see Dean et al., 2023). Completing the 2 years of treatment were 77 (one third of whom were male), although, as described by Dean et al., a further 10

successfully concluded treatment with mutual psychotherapist-patient agreement a little before reaching the full two years.

As many patients as possible were interviewed at each timepoint, with 11 interviews not conducted on the advice of the psychotherapists concerned (to avoid negatively impacting psychotherapy at a critical stage), while 16 were omitted because interviews in the period available proved impractical. Patients who discontinued treatment constitute another omitted group.

In all, 197 patient interviews were conducted and the transcripts of 66% of these, all of whom completed the 2-year psychotherapy program, were included in the thematic content data analysis. Interview transcripts at each timepoint were randomly selected for analysis. For the later timepoints, which because of various patient circumstances included fewer patients, a greater proportion of transcripts were analyzed. Thus.

- 8 months into psychotherapy, 77 were able to be 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.

The 24 GNC participating psychotherapists (7 males) shared the approach to psychoanalytic psychotherapy defined by the VAPP. Twenty-one were VAPP members with extensive psychoanalytic psychotherapy experience, while three were senior VAPP trainees, closely supervised by a VAPP member in addition to the group supervision shared with other GNC psychotherapists. Treating psychotherapists' original professional training included clinical psychology, general psychology, social work, nursing, psychiatry, and school counseling.

Each of the 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 nine at the 2-year timepoint, post psychotherapy. Of the 49 psychotherapist interviews conducted, 12 were randomly selected for analysis.

Overall, a total of 143 participant transcripts were included in the qualitative content analysis.

4.2 | Responsiveness to interviews

Although, as noted above, participation in a prospective research interview was occasionally considered to be inappropriate in the context of the therapeutic work, both patients and psychotherapists participating in the research interviews were found by the researcher to be very keen to share their experience and opinions concerning long-term psychoanalytic psychotherapy at the GNC. Responses were found by the interviewer to be thoughtful, fulsome, and offered enthusiastically, affording a rich pattern of emergent themes for analysis.

The emergent themes and corresponding higher order themes identified in the narrative transcripts analyzed are described below, for the first three domains of enquiry, namely Domain One: Patient expectations of the psychotherapy, Domain Two: Patients' and psychotherapists' reported experience of the psychotherapy and Domain Three: Patients' and psychotherapists' perspectives on the benefits brought to patients by the experience of the psychotherapy.

4.3 | Domain One themes: Patient expectations of psychoanalytic psychotherapy

This domain of enquiry, explored with patients only, in their first interviews (8 months into treatment), addressed their expectations of psychotherapy, and informed the *Reach* and *Adoption* of the service. Table 2 lists the five higher order themes, the emergent themes captured by them, and the proportion of patients mentioning each of these, that were discerned by the thematic content analysis. The themes are then described with the aid of illustrative quotations.

TABLE 2 Themes arising in Domain of enquiry One: Patients' expectations of psychotherapy.

Higher order theme	Emergent themes	Approximate frequency of themes in patient transcripts analyzed
Basic psychological change	Improved insight into experience	In over half of transcripts
	Dealing with childhood trauma	
	Learning to live medication-free	
	Bringing unconscious experience to consciousness	
Improvement in mental health	Symptom reduction	In over half of transcripts
	Improved emotional functioning	
	Reduced use of medication	
	Improved quality of relationships	
Nature of the psychotherapy	Offering practical advice	In a third of transcripts
	Free talk	
	Emotional connection with psychotherapist	
Personal growth	In happiness and fulfillment	In a third of transcripts
	Realising life's goals	
	Greater self-acceptance	
Uncertainty	Not sure of expectations	In nearly a fifth of transcripts

The higher order themes arising are presented below from most to least frequently mentioned across the interview transcripts analyzed.

4.3.1 | Basic psychological change

This higher order theme emerged in over half of the patient transcripts analyzed. Most of those expecting change (38%) hoped for improved insight into their own experience. There were also specific expectations of coming to terms with childhood trauma (9%) or learning to live without medication (6%), one saying "... (I) *hope through talking... changing the attitude and the way of thinking, so without taking drugs*". A few (2%) expected to become more conscious of unconscious processes, hoping for example, "*to delve into my unconscious and release blocked energies...to release any negative patterns that are in my unconscious...make me more aware that they are still influencing me*".

4.3.2 | Improvement in mental health

Equally important (55%) was the expectation that psychotherapy would result in the reduction of perceived problems or improve functioning in important areas of life. Many patients (in 38% of transcripts analyzed) expected a reduction in symptoms, such as depression, anxiety, negative thoughts/behavior or suicidal ideation, while 6% hoped for reduction of medication, 6% for improvements in emotional functioning and 4% for improved quality of relationships. One patient typically expressed the wish "*to enjoy a quality of life where I'm able to deal with the ups and downs of everyday living... perhaps communicate better, interpret my emotions better, enjoy relationships better...deal with my fluctuating emotions in a more constructive manner*".

4.3.3 | Nature of psychotherapy

Expectations about the characteristics of psychotherapy were reported in 38% of transcripts analyzed. These were variously consistent with what patients were likely to receive. In 17% of transcripts, they hoped psychotherapy would

help address problems through practical advice, while 13% expected treatment to be “*talk-based*”, where discussion was led by the patient without procedural rules regarding expression. For 9%, the therapeutic relationship was expected to be “*substantial*” and “*ongoing*”, where the patient would be “*listened to*”, and where an “*emotional connection*” with the psychotherapist would develop.

4.3.4 | Personal growth

In 34% of patient interviews analyzed, an expectation was expressed that psychotherapy would result in personal growth, especially in terms of self-actualization, including working toward happiness, realising one's potential and life goals, and a sense of fulfillment. Some patients (6%) hoped they would experience a greater sense of self-acceptance as a result of psychotherapy.

4.3.5 | Uncertainty

In 17% of their interviews analyzed, patients were unclear about what to expect or hope for from psychotherapy, captured in such phrases as, “*I'm not really sure what I expected...only at the end I would come out on top of things*”, and “*I didn't really know... what would happen*”.

4.4 | Domain Two themes: Experience of psychotherapy

This domain of enquiry addressed the experience of both patients and psychotherapists of the *Implementation* of the GNC psychoanalytic psychotherapy, and informed understanding of *Effectiveness* and *Maintenance* from the perspective of each group. Analysis was conducted of interviews across all of the timepoints outlined above. Table 3 displays the four higher order themes arising and the emergent themes they encompassed, together with the rough frequency of patients and psychotherapists mentioning each emergent theme. In the table, themes are ordered from most to least frequently raised by patients. The higher order themes are then described below, with comment on emergent themes, for both patient and psychotherapist groups.

TABLE 3 Themes arising in Domain of enquiry Two: The experience of psychotherapy.

Higher order theme	Emergent themes	Approximate frequency of themes in transcripts analyzed
Challenging, demanding and intense process	Like a job – exhausting, slow process	Patients-in nearly two thirds of transcripts
	Unfolding and uncertain process requiring trust	Psychotherapists – in all transcripts
	Emotional containment needed by patient	
	Challenge to deal with transference enactment	
Psychotherapy as lifesaving	Gratitude for opportunity for a helpful experience	Patients-in one tenth of transcripts
A unique relationship formed	Therapeutic relationship central to resolving problems in relations	Patients-in one tenth of transcripts
Deep, open, less problem focused	In comparison with other forms of psychotherapy	Patients – in less than one tenth of transcripts

4.4.1 | Challenging, demanding and intense process

In describing their overall experience of psychotherapy, the narratives of both patients (60% of transcripts analyzed) and of all psychotherapists (100%) were encompassed by one, predominant higher order theme, namely that psychotherapy was an emotionally challenging, demanding and intense process.

Expressions such as “*very full on*”; “*like a job*”; “*exhausting*”; “*draining*” and “*the hardest thing I've ever done in my life*” were used by patients to convey this experience. This intensity tended to lessen over time, coupled with a sense of therapeutic progress. The work of psychotherapy was seen to be gradual and non-linear, facilitating slow and unfolding progress, described by two patients as “*teasing out answers*” and “*a slow drawing out of what you think and feel*.” There was also an emerging space for the arousal and integration of intense emotions related to the past, elaborated by one patient as “*very painful experiences...it's been possible to bring some of those bits together*”.

For other patients, the intensity of psychotherapy involved a sense that it was an unfolding and uncertain process requiring trust. One stated:

I really didn't understand the position I was in or what I didn't have, so I still don't necessarily know what it is I'm doing...there's a level of trust that I have to take in this process because a lot of it is accessing spaces that I don't understand at all, and I don't know how to navigate...Well, it's an entirely unknown thing.

In parallel, psychotherapists spoke of their experience of treatment as challenging and draining. They highlighted that they were providing emotional containment for the patient, who at times seemed to be resistant to the therapeutic process. One explained, “*... I feel drained. Often after a session I feel very tired, as if she's depleted me, and, look, (the patient is) conveying a sense of impoverishment- yes- but also just depleted and drained by her life...*”. Another commented, “*I do have three very resistant girls... I think that's what tiring me and I'm getting very tired in the sessions - so yes, the resistance is really, like really burdensome.*”

The intensity of this experience was exacerbated for some psychotherapists by patients' transference enactments, requiring very careful attention. As one said:

She goes between wanting to work in terms of thinking about herself versus just wanting to blame everybody and not work psychoanalytically at all... 'I just want suggestions from you, you tell me what to fix....If you try to talk to her too much about what's wrong, it will lead to an experience of me as a kind of superior know-it-all who's persecuting her....You have to be very tactful...sometimes you just have to be prepared to cop it, and sometimes she can see that this is transference from her parents onto our relationship.

4.4.2 | Psychotherapy as lifesaving

In 12% of their interviews analyzed, patients expressed gratitude for having been offered the opportunity to receive psychotherapy at a subsidized rate, and for an experience more helpful than provided by previous treatments. This was not noted by psychotherapists in the transcripts analyzed.

As one patient described:

It's been amazing. I said to (psychotherapist)...I think you've saved my life...I don't think any other treatment that I've had - and I've been to hospital and I've had ECT - and they tried drug therapy and everything else - nothing worked, it was just awful, but here it's been really good.

4.4.3 | A unique relationship

Other patients (in 11% of transcripts) emphasized that the relationship with the psychotherapist was central to their experience of psychotherapy. Again, this was not mentioned in the psychotherapist transcripts analyzed.

Patients saw the therapeutic relationship as “*unique*”, “*positive*” and “*significant*”, suggesting that it permitted the examination and resolution of problematic relational patterns in the spontaneously emerging transference interaction with the psychotherapist.

4.4.4 | Deep, open and less problem focused

Some patients (6% of transcripts analyzed) compared their treatment experience with other forms psychotherapy. They reported, for example, that their GNC psychotherapy had “*more depth than CBT*”, and was “*more open and less problem focused*”, less “*minimizing*” and more “*normalizing*”.

4.5 | Domain Three themes: Benefits of psychotherapy

This domain of enquiry directly addressed the perceived *Effectiveness* of the psychotherapy and the *Maintenance* of therapeutic benefits that were reported by both patients and psychotherapists in interviews conducted across all of the timepoints outlined above.

A complexity of emergent themes arose here. Participants' very fulsome responses were distilled into five higher order themes. These, and the emergent themes contributing to them, appear in Table 4, showing the rough frequency of patients and psychotherapists mentioning each emergent theme. Themes are again ordered from most to least frequently found among patient transcripts analyzed. The themes are presented below with some illustrative detail, in terms of the range of emergent themes that arose in each group of participants, along with any differences apparent in how they were reported at different timepoints.

4.5.1 | Improved psychological functioning

This higher order theme was dominant, emerging in 100% of both patient and psychotherapist interviews analyzed. It captured four emergent themes.

Gains in insight. Most frequently noted by patients (in 82% of transcripts analyzed), and by psychotherapists in an even higher proportion, were substantial and sustained improvements in insight into difficulties in thinking patterns, past experiences, emotions, and relationships.

For some patients, there was deepened understanding of how symptoms linked with the past, or how emotions interacted with or triggered difficult behavior. One said:

(I've) become very aware...a lot of the problems - the behavioural things, the reactions to people and my feelings - is to do with past relationships with family. Resistance in how I am is, like, rebelling against being controlled and dominated.

Some elaborated that psychotherapy helped to bring experiences into conscious awareness:

I've suffered emotional bullying... I wasn't always conscious of it, but now I can see it ...The help that I got here has removed a lot of that haze... I can see things for what they are...it doesn't make me feel always better about it, but it gives me some perspective...I have the strength to make decisions that are not clouded by this emotion.

Greater understanding of emotions was mentioned in 18% of patient interviews analyzed, and was seen to result in improved capacity to bear or regulate emotions. One patient observed “*I still have my emotions and reactions...I just feel that I'm less urgent now, I'm not as desperate, more able to feel and just let my emotions be inside*”.

TABLE 4 Themes arising in Domain of enquiry Three: Perceived benefits of psychotherapy.

Higher order theme	Emergent themes	Approximate frequency of themes in transcripts analyzed	
		Patients	Psychotherapists
Improved psychological functioning	Gains in insight - including greater understanding of emotions and of past experience	In most transcripts	In almost all transcripts
	More reflective thinking	In one fifth of transcripts	One transcript
	Improved sense of internal integration	In one tenth of transcripts	In one fifth of transcripts
Improved interpersonal relationships	Improved communication and social connection	In over one tenth of transcripts	Not arising
	Deeper understanding of dynamics	In over one tenth of transcripts	In half of transcripts
	More positive, enjoyable relationships	In over one tenth of transcripts	In one quarter of transcripts
	Behavioral change	In one tenth of transcripts	In nearly one fifth of transcripts
	More understanding parenting	In several transcripts	In nearly one fifth of transcripts
Improved daily functioning	More satisfying working life	In nearly one fifth of transcripts	In over two thirds of transcripts
	Increased sense of assertiveness and self-confidence	In nearly one fifth of transcripts	Not arising
	Enhanced engagement in life and sense of freedom	In one tenth of transcripts	
	Improved symptom management	In nearly one tenth of transcripts	
	Improved physical health		
	Greater self-acceptance		
Symptom reduction	For patients, a broad range, for psychotherapists narrower - all emphasized reduced depression	In nearly half of transcripts	In half of transcripts

This benefit was echoed by one psychotherapist who noted, in relation to a patient, “*the development, in terms of her own self-perception, her own emotional life and her own interest in her emotional life, and how to understand this, has been extraordinary*”.

Most psychotherapists also highlighted benefits in terms of patients' improved insight into self-functioning, particularly emotional functioning, and into past experiences and their links with relationships with others, as well as current difficulties in general.

More reflective thinking. This was the second most common emergent theme expressing improved psychological functioning (in 23% of patient interviews analyzed), but arose in only one psychotherapist transcript analyzed.

Patients spoke of an expanded capacity to think reflectively, better able to consciously consider internal and external factors contributing to struggles, to develop an open mind, and to think about difficulties from multiple

perspectives. Emerging fairly consistently across interview timepoints, this experience arose early in the therapeutic process, and was sustained until the end of psychotherapy. One patient stated:

One of my greatest gains... is that ... I can think about a person's actions, comments or behaviour towards me without being inflicted with a huge amount of pain. I can question and... investigate where they're coming from, ...what their intention is and why they're behaving this way...whereas in the past I would just fall to pieces like a deck of cards... punish myself...So it's a great protection for me.

Only one psychotherapist amongst the transcripts analyzed explicitly voiced this observed benefit, stating:

She now has got a voice that she can hear, mindfully... It's still persecutory, still a bit paranoid, but it's also telling her to pull your reins in here - "Don't do it that way- take heed".

Improved sense of internal integration. In 11% of patient transcripts analyzed, and in a few psychotherapist transcripts, the theme of improved self-cohesion, integration, and stability was reported to flow from a newly established capacity to see that troubled parts of the self, typically those that had been avoided, were in fact linked with each other.

Patients tended to report this at the end of psychotherapy, suggesting a substantial period of treatment was required to gain this benefit. One stated "*I don't know that there's a coherent whole yet, but I do feel... those pieces are less disparate...less disconnected*".

In contrast, several psychotherapists noted this change developing earlier than did most patients, as in:

I think what we seem to be doing is trying to integrate his life experiences... I think we're trying to sort of put it all together a bit better ... the grief towards the loss of his parents and his inability to really realise they were dying when they were, when he was young - that sort of stuff.

4.5.2 | Improved interpersonal relationships

Again, this higher order theme embraced emergent themes in a large proportion of patient interviews analyzed, and in all psychotherapist interviews analyzed. For patients, the majority of emergent themes here were raised at all timepoints, including at the follow-up interview.

Improved communication and social connection. This emergent theme was that most frequently reported by patients (in 15% of transcripts analyzed), but arose in only one of those of the psychotherapist group analyzed.

With a sense that the communication with others was more open and honest than in the past, patients tended to focus on close relationships, as in "*I'm communicating better with my partner and my parents. And my son - he confides in me...I believe he is more comfortable with me*". One patient stated that psychotherapy helped him feel more confident in engaging in social situations generally, enhancing his sense of community involvement. Others spoke of greater assertiveness and less compliance in social situations.

These themes were echoed by one psychotherapist, who also noted improvement in the patient's expression of personal needs.

Deeper understanding of relationship dynamics. Raised in 14% of patient interviews analyzed, but, importantly, in half of the psychotherapist transcripts, this theme reflected changes in how patients understood their relationships with others in general.

Patients reported thinking more clearly about how their own needs and behaviors impacted on interactions with others, contributing to unhelpful repetitive relational patterns. One patient stated:

The main issue seems to be my partner and I aren't getting along very well... Like if I speak up more or if I don't or if I accept things or if I don't, I'll be thinking of myself quite often 'Should I say something now or should I not?' I'm getting the hang of thinking about this all more now.

Another said:

It took me nearly four months of talking to (*Psychotherapist*) about this supposed nine-year best friendship that really wasn't...It really made me see a lot more clearer that he wasn't being a proper friend to me and wasn't being understanding about what I was going through in my life. He wasn't really interested - It was all about what he was looking for - it wasn't a two-way street.

Such changes were very marked for the psychotherapist group. A quarter of their transcripts analyzed noted that patients became better able to tolerate conflict, interpersonal differences and associated emotions. One psychotherapist observed:

There's been quite a deal of development in developing relationships, a deal of thoughtfulness. She's been able to understand more about and bear conflict she hasn't been able to bear on other occasions.

More positive and enjoyable relationships. In 12% of patient interviews analyzed, and in a quarter of psychotherapist transcripts, relationships emerged as more emotionally satisfying.

As one patient said:

With my partner things are heaps better...there's breathing space for us now... I feel comfortable with that...Our relationship is so much better, a lot happier.....Well I guess all my relationships have improved because I no longer feel like the crazy person...I feel like I can contribute.

Some patients (in 6% of transcripts) reported that their experience of psychoanalytic psychotherapy had helped them to initiate and engage in a new intimate, romantic relationship.

In a quarter of their transcripts analyzed, psychotherapists spoke of patients improving relationships with others, for example, by "*developing thoughtfulness*", allowing themselves to "*bear a whole range of feelings*", and experiencing more "*satisfying*" relationships.

Actual behavioral change in relationships. Relational behavior change was reported in 10% of patient interviews analyzed, but in a higher proportion of psychotherapist transcripts analyzed. A range of changes were discussed, for example, becoming more assertive or less compliant, reducing problematic behaviors, or avoiding acting only in the best interests of others or oneself. Overall, there was a sense that such changes reflected a re-structuring of boundaries in relationships.

One patient noted that "*The therapy I've undertaken has got me more comfortable with myself, so I don't feel like I have to please them. I don't feel I have to say things they want to hear*".

Psychotherapists used more technical phrases, such as "*more boundaried*", "*more separate*" and "*less adhesive*" about their patients' improved interpersonal behavior.

More understanding parenting. A small proportion of patients (1%), but more psychotherapists in the transcripts analyzed, raised this emergent theme.

One patient spoke of realising that being emotionally abandoned (having been adopted) had made her struggle to wean her son from breastfeeding. She said "*I'm trying to make the right choice for him, which is difficult...I feel horrible all day but still manage to do it and then come back and talk to (the Psychotherapist) about it*." Another felt able to respond to her children in a more measured and thoughtful way.

In nearly a fifth of the psychotherapist transcripts analyzed, the belief was mentioned that patients' interactional relationships with their children improved as a result of their psychotherapy, through gaining a better understanding of their own experiences of being parented as a child. One reported of a patient, "*She's been able to help her kids, and her son has been getting help through school...So she is holding things together in how she relates to him and looks after him better*."

4.5.3 | Improved daily functioning

This higher order theme emerged in 56% of patient transcripts analyzed, but in a slightly higher proportion for psychotherapists.

For psychotherapists this was focused upon working life, but it was more varied and complex for patients, involving for them six emergent themes. Some of these arose for small numbers and across timepoints, but taken together they reflect the varied nature of changes in patients' lives, depending on individual circumstances. Some arose at follow-up, as patients continued to notice benefits beyond the end of psychotherapy.

More satisfying working-life. In 15% of patient interviews analyzed, but in over two thirds of the psychotherapist transcripts, this emergent theme arose.

Patients reported re-engaging with employment or study, achievements which tended to be sustained at follow-up, as in:

When I started psychotherapy, I hadn't worked for over a year...had a complete breakdown...was so riddled with fears, I didn't work for the two years of therapy...But with (*therapist's*) patience, listening and non-judgement, I found a job...not just any job, but one far beyond anything I'd done before... Around the time my two years of therapy ended.

This was the only emergent theme relating to daily functioning also raised by psychotherapists, but it was conspicuous in over two thirds of their transcripts analyzed, where it was simply noted as an important gain that patients had been able to either begin or return to employment or study.

Increased sense of assertiveness and self-confidence. In 15% of patient transcripts analyzed, although not for psychotherapists, gains were mentioned in being able to identify personal needs and express them confidently to the psychotherapist and to others, to better attend to themselves, and to voice opinions and make decisions.

Again, this was reported at all interview timepoints, including at follow-up. One patient said:

My confidence is coming back. I've always accepted and been compliant with things. Now I'm saying, 'No, this is my world too, this is my life as well. I understand, but you are not allowed to do, say, act like that.'

Enhanced engagement in life and sense of freedom. This arose in a smaller proportion of patient transcripts analyzed (10%), although not in those of the psychotherapists.

Improved zest for life, and greater creativity, sense of freedom and spontaneity were mentioned. One stated:

I've noticed, you know, there's more of me coming out...I've been this sort of person that I've created, and it's been very narrow. I mean, even the way I dress is changing too. Yes, I'm finding some freedoms. I keep using that word, freedom, but I am finding some freedom within myself too.

Improved symptom management. A similar proportion of patients (9%), but not psychotherapists, spoke of an improved capacity to manage symptoms and difficulties in the external world.

This was characterized as feeling greater ease in responding to the strains of everyday life and relationships, and becoming more accepting of themselves and their struggles. This emerged across all interview times but was most common after 2 years of psychotherapy. One patient reflected:

There are times where I can't deal with things...but at other times I can feel myself dealing with things better...I'm not tying myself in knots as much as I used to...I'm not turning to distractions or destructive behaviour like I once did.

Improved physical health. Although reported less frequently (in just 6% of patient interviews analyzed and not by psychotherapists), improved physical health was mentioned.

Weight loss, reduced somatic symptoms such as gastro-intestinal problems, and better exercise or eating habits all arose as significant benefits. One patient commented that as he began to feel better within himself, he “*started doing a whole lot of exercise*”, while another spoke of “*a lot more exercise on the bike...made me more active...lost a bit of weight*”.

Greater self-acceptance. In 5% of patient interviews analyzed, this benefit made for a more settled internal state. Again, this did not emerge for psychotherapists.

For one patient, this manifested after the completion of psychotherapy, as having more realistic expectations and allowing herself to make mistakes. She elaborated:

I look back and think about discussions I had with (*Psychotherapist*) about certain ways of being and how that's changed....Being able to function comfortably in myself now, which is nice. Not expecting too much of myself and that it's okay to make mistakes.

A related observation by just one psychotherapist was that a patient had become less harsh on herself and less inclined to make blaming judgments of others.

4.5.4 | Symptom reduction

This fourth higher order theme concerning the benefits of psychoanalytic psychotherapy was discerned in 41% of patient and in just over half of the psychotherapist interviews analyzed.

A broad range of reduced symptoms were mentioned by patients, including depression, mood instability, anxiety, panic symptoms, generalized worry, obsessive/ruminative thoughts, anger, suicidal ideation, negative thinking, social isolation, alcohol and drug use, sleep disturbance and disordered eating.

Psychotherapists, on the other hand, mentioned the specific areas of depression, anxiety and suicidal ideation. However, for both groups, reduced depression was generally highlighted. As one patient observed:

I'm not feeling the depression the way I have in the past, so I feel normal...happy... do things that I haven't done in long time. Now, I'm listening to the radio, singing along... I'm having fun.

Anxiety reduction was also prominent for both groups, elaborated by one patient in:

I'm no longer living on knife's edge...I don't have the fears that I had two years ago...and it's got me sleeping better at night.

5 | DISCUSSION

The rich research interview narratives offered by patients and psychotherapists alike provided valuable qualitative evidence regarding the *Reach, Effectiveness, Adoption, Implementation* and *Maintenance* of the GNC long-term psychoanalytic psychotherapy service in its community setting. Findings are discussed in terms of the domains of enquiry targeted by this qualitative arm of the Melbourne Study of Psychoanalytic Psychotherapy.

5.1 | Patient expectations of psychoanalytic psychotherapy

Patients' positive expectations of the treatment is unsurprising given that patients were self-referred. Ambivalence, reported by several in Bury et al.'s (2007) younger cohort, was not conspicuous in GNC patients. However, hopes that the psychotherapist would provide answers and offer direction and strategies to help with problems, also found by

Bury et al., featured in some interviews. While hoping for direction may reflect a common fantasy for psychotherapy patients, the present findings suggest that when patients are able to discuss this, they are also able to move past any disappointment about not receiving directive interventions or answers. The implied non-directive therapeutic stance also confirms fidelity by the GNC psychotherapists to psychoanalytic psychotherapy and its *Implementation*.

Positive hopes also echoed themes in Bury et al.'s (2007) research findings, with expectations of improved insight into internal and relationship functioning, symptom reduction and personal growth. These, as reported by patients in their later interviews, were largely met.

Treatment expectations, in motivating treatment seeking, account to some extent for the *Reach* of the GNC service. Public education concerning psychoanalytic psychotherapy and what it involves, as well as promotion of its benefits, particularly for those who do not hold clear expectations, would be valuable in improving the *Reach* of clinical services such as the GNC. Patient expectations, providing a basis upon which therapeutic processes and benefits can build, can influence treatment *Adoption* and *Effectiveness* and *Maintenance* of beneficial outcomes. As GNC patients were interviewed about expectations after actually commencing treatment, this may have colored their memories of their initial expectations; this planned delay in conducting first research interviews had been considered necessary to obviate concerns about research process potentially contaminating the critical engagement phase of psychotherapy. However, despite the delay, several patients did recall uncertainty about what to expect, revealing openness to an unfolding therapeutic process.

Overall, these findings concerning expectations suggest that most patients were able to enter into the process of opening themselves to psychotherapy engagement, which positively affected their *Adoption* of the treatment.

5.2 | Lived experience of psychoanalytic psychotherapy

Previous research has generally emphasized the centrality of the therapeutic relationship in the experience of psychotherapy (Levitt et al., 2016; Werbart, von Below, et al., 2019). While participants in the present study acknowledged the importance of the therapeutic relationship, they emphasized, at the same time, the intense, challenging, and demanding nature of the psychotherapy task and process. Various described as “*unknown*”, “*painful*” and “*hard work*”, the process was felt to be highly interactive and emotionally exhausting. In contrast to findings by Bury et al. (2007), noting similar responses, the GNC patients, while reporting the occurrence of uncomfortable feelings, found these to be integral to therapeutic process and progress. They further observed that these feelings, although never disappearing, dissipated over time, as would be predicted by the gradual reduction of transference reactions.

While the younger group researched by Bury et al. (2007) struggled to overcome their emotional discomfort and stay engaged in psychoanalytic treatment, the life experience and relative developmental maturity of the GNC patients may have enabled them to better tolerate and appreciate the emotional intensity of the work. The patient experience of the psychotherapy being “*hard work*” is indirect evidence of psychotherapist *Implementation* fidelity to the psychoanalytic focus on addressing unconscious processes. Of course, such struggles might also partly explain why some patients discontinued treatment (Cooke et al., 2021), thus impacting its *Adoption*.

The fact that all psychotherapists included in the analysis also reported the psychotherapy experience as immensely challenging testifies to the emotionally arduous nature of working with transference-countertransference dynamics and repressed experience, and it echoes the findings of Werbart, Missios, et al. (2019). This experience also appeared to be reflected in some patients commenting that they found the therapeutic relationship to be “*unique*”. Such comment may well have captured the distinctive psychoanalytic emphasis on using spontaneously arising transference-countertransference interactions to address problematic relational patterns in patients' lives. These thematic findings also add to *Implementation* evidence of treatment integrity by the treating GNC psychotherapists.

Overall, the intensity of participants' experience of psychotherapy suggests their appreciation that psychological change entails significant emotional discomfort, resulting in an experience that for some felt “*lifesaving*.” There was no indication from the psychotherapists that they modified or changed their therapeutic stance in response to this

patient discomfort. This treatment integrity may well have facilitated progress in those who completed treatment, but, again, may also have been a factor in the discontinuation of other patients.

5.3 | Benefits of psychoanalytic psychotherapy

Many of the benefits reported by patients in this study expanded on the evidence of therapeutic *Effectiveness* found by the quantitative arm of the Melbourne Study of Psychoanalytic Psychotherapy (Dean et al., 2023), namely enhanced mental health functioning in terms of symptom reduction and improved life functioning, including interpersonal relationships.

Most strikingly, apparent in all patient and psychotherapist interviews analyzed was an appreciation of psychological gains identified in the research literature more generally, particularly enhanced insight, reflective capacity, emotional regulation, and self-integration. Patients also spoke in depth about more satisfying everyday life experiences at many levels, including improved interpersonal relationships. All of the participating psychotherapists emphasized the benefit of improved relationships, but also stressed the significance of patients' enhanced ability to resume work and study.

Interviewing participants at multiple timepoints allowed identification of the perceived benefit most sustained over time, namely improved relationships. Significantly, this was the benefit also most noted by the treating psychotherapists, suggesting that perceived positive therapeutic impacts upon interpersonal relationships may be a key factor in *Maintenance* of mental health improvement.

These findings concerning patients' perceived benefits also resonate with those of Binder et al. (2009, 2010), although symptom reduction proved less prominent in the present study. Patients' emphasis on improved insight, self-understanding and self-esteem, coupled with improved interpersonal relationships, suggests a recognition that underlying *Maintenance* of change factors in psychological functioning was more impactful than symptom reduction alone. These findings also highlight the experience of participants valuing the therapeutic relationship as a vehicle for psychological change.

6 | CONCLUSION

As in all qualitative research work, drawing conclusions from these findings must keep in mind the subjective nature of interpretations of the transcripts' narrative data. To take account of this, the method of thematic content analysis chosen optimized systematic transparency, allowing other members of the research team to check the validity of the identification of emergent and higher themes by the primary data analyst.

A further important limitation to be considered is the smaller number of psychotherapist interviews included in the thematic content analysis by random selection, as necessitated by time limits on the research. This may have restricted discernment of the full breadth of themes elaborated by the psychotherapist group; nevertheless, the thematic content analysis was carried out to the point of saturation, suggesting good representation of psychotherapist perspectives.

Full consideration of the strengths and limitations of the qualitative arm of the Melbourne Study of Psychoanalytic Psychotherapy is given in the second, companion (Grady et al., 2023) qualitative paper.

Despite limitations, including the lesser proportion of psychotherapist transcripts included in data analysis, useful comparisons were possible between patient and psychotherapist perspectives on the treatment. Overall, patient and psychotherapist experiences were highly concordant, reflecting the collaborative nature of psychoanalytic psychotherapy and its focus on the use of the experience of the therapeutic relationship, which appears to be central to treatment *Implementation*. The findings suggest that the shared intensity of the experience of psychoanalytic psychotherapy, together with the apparent interaction of a secure therapeutic relationship and focus on

understanding and integrating difficult thoughts and feelings, facilitates treatment *Adoption* and *Effectiveness* for those completing the course of treatment.

The findings also suggest that the *Reach*, *Effectiveness*, *Adoption*, *Implementation* and *Maintenance* of long-term psychoanalytic psychotherapy in a community setting might be promoted by serious public education about the nature, form and process of this evidence-based treatment for mental health difficulties. Not only are policy makers and the general public entitled to know of the availability of potential long-term psychotherapy benefits, but it would assist the community to know what to expect of the intensity of the process of this form of treatment and what might be expected as potential benefits.

The experiences of participants in the Melbourne Study of Psychoanalytic Psychotherapy are further explored in the companion qualitative paper (Grady et al., 2023), presenting the findings concerning the domains of enquiry illuminating aspects of the treatment as either facilitating or challenging of therapeutic progress, with implications for community implementation and maintenance of services and for further research.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

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ENDNOTE

¹ 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.

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