APPLIED PSYCHOTHERAPY

Psychotherapy is the *treatment* (by psychological means) of *problems of an emotional nature* in which a *trained* person deliberately establishes *professional relationship* with the patient with object of;

1- Removing, modifying or retarding, existing symptoms.
2- Mediating disturbed patterns of behavior.
3- Promoting live personality growth & development

COMMON FACTORS IN PSYCHOTHERAPY

1-Listening and Talking: By listening intently therapist shows his concern for the patient's problem. When the therapist speaks, he clarifies ideas that have been put into words, comments on problems and the both seek links between aspects of feelings and behaviors.

2- Release of Emotion: is helpful in PT. Patient release emotion about their problems. Emotional release is helpful at early stages but not generally useful if evoked repeatedly.

3- Giving Information: Information must be given by using daily language.

4- Providing a rationale: Make problem more understandable so that give him confidence that he can solve the problem.

5- Restoration of morale: Restore the conviction that he can help himself.

6- Suggestion: In the early stages of treatment it may bring some temporary improvement, but not long-lasting changes.

7- Guidance and Advice: This is not used in psychoanalysis. But this is used in crisis intervention, eg. when the patient husband died.

8- Therapeutic Relation: It may help or hinder the patient's progress.

<u>Relationship has "realistic" and "unrealistic" component.</u>

Unrealistic component comes out as:

- therapist listens more than he talks
- patient knows little about him
- so imagines what he is like

Patient draws on past experience of other significant persons with whom he has experienced a comparable intimacy usually one or both parents. The patient transfers to the therapist some of the feelings and attitudes that originated in relation to parents. Hence the process is called

transference. In *positive transference* the feelings transferred are positive feelings but in *negative transference* negative feelings are transferred. If transference is made by the therapist towards the patient then it is called *counter transference*. Counter transference can be positive or negative in nature.

WHO BENEFITS FROM PSYCHOTHERAPY

1- *Psychotics*: For these patients psychotherapy aims to help them to recognize the life stressors and how to cope with them in a better way. Supportive PT is recommended.

2- *Neurotics*: These patients are the people who have problems because of the permanent, wrong strategies they use to solve life problems. They form the majority of psychotherapy patients.

3- People who had *psychological trauma* or mourning reaction or faced stressors of daily life. They may need short-term, supportive therapies.

4- Patients with *behavior or personality disorders*. Eg. Antisocial personality, substance abuse. Mostly they do not apply for PT but they are forced by law or by their relatives.

5- People who have high socioeconomic status and education and want to cope with *existential problems* and distress in their life.

6- *Specialist* who have to get PT as a prerequisite to apply it themselves to patients.

PSYCHOANALYSES AND PSYCHOANALYTIC PSYCHOTHERAPIES

(=psychodynamic, intensive, uncovering, insight oriented, exploratory PT)

Basic Principles of Dynamic Psychiatry

Subjective Experience

Descriptive psychiatry categorizes patients according to common behavioral and phenomenological features. Patient's subjective experience is less important. Mostly interested in how a patient is similar to rather than different from other patients. Dynamic psychiatry gives value on the patient's internal world, fantasies, dreams, fears, hopes, self-images, perception of others and psychological reactions to others.

The Unconscious

Preconscious is the mental contents that can be easily brought into conscious awareness by merely shifting one's attention. Unconscious proper is the mental contents that are censored because they are unacceptable and therefore are repressed and not easily brought into conscious awareness.

Together the unconscious, preconscious and conscious system of the mind compose what Freud termed the topographic model.

Dreams and paraphrases consist of phenomena such as slips of the tongue, forgetting or substituting names or words. Analysis of the dreams is necessary to discern the true nature of the wish. Dreams provide form for ideas that are not acceptable during waking life.

Study of dreams and par praxes is a way to reach unconscious material.

Psychic Determinism

It suggests that people are characters living out a script written by unconscious. The dynamic psychiatry approaches symptoms with the understanding that they represent adaptations to the demands of an unconscious script forged by a mixture of drives, defenses, object relations and disturbances in the self. In short, behavior has meaning. The dynamic psychiatry task is to sort out which symptoms and behaviors can or cannot be explained by dynamic factors.

Within the concept of psychic determinism, there is room for choice people are not always the passive victim of unconscious forces. Conscious intention to change can be an influential factor in recovery from symptoms

Effect Of Past

A fourth basic principle of dynamic psychiatry is that the experience of infancy and childhood are crucial determinants of the adult personality. Childhood experiences may play a crucial role in the current presenting problem. The model of "goodness of fit" avoids blaming either parents or children for the later psychiatric problems. Also we should take in to consideration that children perceive their environment through highly subjective filters that may distort the reality qualities of the figures around them.

Resistance

The patient's wishing to preserve the status- to oppose the treated efforts to produce insight and chance. Resistances the treatment; are as ubiquitous as transference phenomenon may take many forms, including being late to appointments, refusing to take medication, forgetting to pay the therapy bill. All resistances has in common attempt to avoid unpleasant feelings, whether anger, guilt, hate, envy, shame or anxiety. Resistance may serve to protect repression.

PSYCHOTHERAPY TECHNIQUES in Psychoanalysis

Free Association:

In psychoanalysis, free association is the major mode by which the patient communicates to the analyst. The patient is asked to relax his usual control over his thought process and to say whatever comes to mind without censorings words or thoughts. Then the material is integrated in to a meaning and coherent understanding of unconscious issues.

Neutrality:

It is not coldness; emotional warmth is also required in expressive PT. Neutrality is more appropriately defined as a nonjudgmental position to the patient's intrapsychic world (equidistant from the id, the ego, the superego and the demands of external reality).

Anonymity:

Avoiding any comment or action that can reveal information about the therapist to his patients. Nowadays analysts tend to be less rigid because of a growing awareness that patient's reactions to information about their analysts' personal lives can usually be analyzed and understood.

Transference

According to Freud, what made a therapy process psychoanalytic was a focus on transference and resistance. In formal psychoanalysis the highlighting and resolution of the transference is of paramount importance. Classically, the essence of the analytic process has been the development and resolution through interpretation of the transference neurosis, which may be defined as the reactivation in analysis of the patient's infantile oedipal situation with the analyst in the role of one or both parents.

Resistance

It involves the emergence of the patient's characterological defenses with the therapeutic situation. In expressive therapies, analyzing and understanding resistance is one of main part of therapy. "Transference resistance" is the patient's unconscious tendency to cling to a particular internal object relationship.

Working Through

Interpretations rarely accepted promptly by the patient. Typically they are warded off by the forces of resistance and require frequent repetition by the therapist in different contents. The repetitive interpretation of transference and resistance until the insight has become fully integrated in the patients conscious awareness is known as "working thought"

Encouragement to Elaborate: Request for information about a topic brought up by the patient it may be an open-end question like "What comes to mind about it?', 'Tell me more about your father."

Empathic Validation: It is the demonstration of the therapist' empathic attunement with the patient's internal state. Ex: "I can understand why you feel depressed about it"

Advice and Praise: Describe or reinforce certain activities. Advice involves direct suggestions to the patient regarding how to behave. Praise reinforces certain patient behaviors by expressing overt approval of them.

Affirmation: Involves succinct comments in support of the patient's comments or behaviors, such as "Uh-huh", "Yes I see what you mean"

THE THEORETICAL BASIS OF DYNAMIC PSYCHIATRY

EGO PSYCHOLOGY OBJECT-RELATIONS SELF PSYCHOLOGY

EGO PSYCHOLOGY

a- **Topographic Model:** Conscious vs unconscious
b- **Structural Model**: Id, Ego, Superego

ID → ·unconscious

·aim to discharge tension

EGO → ·conscious · unconscious

- decision making -defense mechanism

- integration of perceptual data

SUPEREGO → · unconscious

-moral values

· conscious

-ego ideal

Ego psychology conceptualizes the intrapsychic world as one of interagency conflict. The superego, ego, and id battle among themselves as sexuality and aggression strive for expression and discharge. Conflict between the agencies produces anxiety. This *signal anxiety* alerts the ego that a defense mechanism is required. The mechanism of neurotic symptom formation may be understood in this way.

CONFLICT→ ANXIETY→ DEFENSE MECHANISM→ ANXIETY DISORDERS

DEFENSE MECHANISMS

Pathological Defense Mechanisms:

1-Repression: Expelling unacceptable wishes, feelings or fantasies from conscious awarness.

2-Displacement: Unconscious process by which feelings attached to one source are redirected toward another: ex transference, phobias.

3-Reaction Formation: It is characterized by warding off an unacceptable wish or impulse by adopting a character trait that is diametrically opposed to it. (eg: OCD)

4- Isolation of affect: This mechanism divorces affect from ideation. It often operates with intellectualization (ex: traumatic memory.)

5-Undoing: Symbolic action performed to reverse or cancel out a completed and unacceptable thought or action. (eg: OCD)

6-Summarization: Transfer of painful feelings to the body parts.

7- Conversion: Symbolic representation of an intrapsychic conflict in physical terms

Mature Defense Mechanisms:

1-Suppression: the conscious banishing of unacceptable thoughts or feelings from mind.

2-Altruism: the subordination of your own needs and interests to those of others.

3-Sublimation: an unconscious process by which consciously unacceptable drives or wishes are channeled into socially acceptable alternating.

4-Humor: the ability to playfully poke fun at yourself and the situation you are in.

Stern delineated four essential features of a sense of self: coherence affectivity, agency and continuity. He believed that attachment, trust and security are not phase specific but continue to be vital throughout life. Infants develops as a result of sensitive attunement by the mother or care taker Self psychologists argued that as that a similar form of empathic resonance is necessary in the analytic situation to strengthen the patient's self.

OBJECT-RELATIONS

The view of ego psychology is that drives (ex: sexuality, aggression) are primary, while object relations are secondary. Object relations theory on the other hand, holds that drives emerge in the context of a relationship and therefore can never be divorced from one another.

→tension discharge (under pressure of drives)

→object seeking (drives)

Object relations theory encompasses the transformation of interpersonal relationships into internalized representations of relationships.

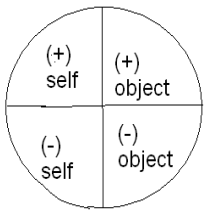
ex: nursing of the infant

- Positive experience of self (the nursing infant)
- Positive experience of object (the attentive care giving mothers)
- Positive affective experience(pleasure, satisfaction)

- Negative experience of self (frustrated, demanding infant)
- Negative experience of object (the unavailable mother)
- Negative affective experience(anger)

The internalization of the infant's mother is referred to as introjection. External object is symbolically taken in and assimilated as part of oneself.

If a parent for example is introjected then a parent is internalized as part of the object subdivision of the ego and is experienced as an internal presence that does not substantially alter self-representation. On the other hand in identification the parent is internalized as part of the self subdivision of the ego and materially modifies the self-representation.



A major motivation in the introjection of the positive loving aspects of the mother seems to be the infant's fear of losing mother. The reasons for the introjection of the negative 'bad' aspects of the mother may be fantasy of controlling the object by containing it within oneself or a preference for a bad object over no object at all. (with the yearning for a more positive relationship.)

The object introjected doesn't necessarily correlate with the real external object.

Conflict in Object Relations Theory

Object relations theory also views conflict differently than it is viewed by ego psychology. Unconscious conflict is not merely the struggle between an impulse and a defense, it is also a clash between opposing pairs of internal object relations units. In other words, at any time different constellations of self-representations, object representations and affects via with one another for center stage in the intrapsychic theaters of internal object relations.

Ego interacts with other intrapsychic agencies id and superego, while the self interacts with objects.

A basic feature of self is its active initiating role with the environment striving toward relatedness and unity.

Defense Mechanism

1) Splitting: Separating contradictory feelings, self-representations, object-representations from one another. Splitting allows the infant to separate good from bad, pleasure from unpleasure, love from hate so as to preserve positively colored experiences, affects, self-representations and object-representations in safely isolated mental comportments, free from contamination by negative counter parts.

Clinical Manifestation of Splitting:

- The coexistence of contradictory self-representations that alternate with one another.
- The compartmentalization of everyone in the environment into "all good" and "all bad" camps.
- Alternating expression of contradictory behaviors and attitudes which the patient regards with lack of concern and denial.
- Selective lack of impulse control.

2) Projective Identification: It is an unconscious three-step process by which aspects of oneself are attributed to someone else.

a) The patient projects a self or object-representation on to the treater.

b) The treater unconsciously identifies with what is projected and begins to feel or behave like the projected self or object representation in response to interpersonal pressure exerted by the patient. (Called projective *counteridentification*)

c) The projected material is "psychologically processed" and modified by the treater, who returns it to the patient by *reintrojection* .

This modification of the projected material, in turn, modifies the corresponding self or object representation and the pattern of interpersonal relatedness.

3) Introjection: Unconscious process by which on external object is symbolically taken in and assimilated as part of oneself.

4) Denial: It is a defense against the external world of reality when that reality is overwhelmingly disturbing.

Developmental Considerations In View of Object- Relations Theory

1. A*utistic phase: (0-2 months)*

Self observed and concerned with survival rather than relatedness.

2. S*ymbiotic phase: (2-6 months)*

Mother infant dyad is one of a dual unity rather than of two separate people.

3. Separation- Individuation Phase:

a. Differentiation: (6-10 months) The child becomes aware that the mother is a separate person. This awareness leads to a need for a transitional object.

b. Practicing: (10-16 months) Toddlers love to explore the world on their own although they frequently return to their mothers for "refueling".

c. Rapprochement: (16-24 months) Characterized by a sharper awareness of separateness of the mother and this awareness brings a heightened sense of vulnerability to separations from mother.

d. Consolidation of individuality and the beginnings of object constancy: (2-3 years) Integration of split units of mother into a unified object hat can be internalized as an emotionally soothing inner presence that sustains the child during the mother's absence.

SELF PSYCHOLOGY

While object relations theory emphasizes the internalized relationship between representations of self and object, self psychology stresses how external relationship help maintain self-esteem and self – cohesion. Kohut views the patient as in desperate need of certain responses from other persons to maintain a sense of well-being.

Kohut noted that narcissistic patients formed two kinds of transferences; the mirror transference and the idealizing transference

Mirror Transference: The patient looks to the analyst for a conforming validating response that Kohut linked to the " gleam in the mother's eye" in response to phase –appropriate displays of exhibitionism (approving responses). Mother failing to empathize the child's need for mirroring response.

Idealizing Transference: Patient perceives the therapist as an all – powerful parent whose presence sooths and heals. Sometimes there are empathic failures of mother for the child's need to idealize her, or there is a mother who does not provide a model worthy of idealization.

Freud's thinking was that one should "out grow" narcissistic strivings and be more concerned about the needs of others. Kohut asserted that narcissistic need persist throughout life and that they parallel development in the realm of object love. He postulated a double – axis theory that allowed for ongoing development in both narcissistic and object love.

1- The classical line of development leading to object love:
Primary narcissism object love secondary narcissism

2- The narcissistic line of development:

Assigns perfection to healthy ambitions

grandiose self (mirror transference)

Fragmented Primary narcissism

Self nuclei (when nuclei achieve cohesiveness)

Assigns perfection to ideals and values

idealized parental image

(idealizing transference)

The term "self object" came to be a generic term to describe the role that other persons perform for the self in regard to mirroring, idealizing and twin ship needs. From the stand point of the growth and development of the self, others are not regarded as separate persons but as objects to gratify the needs of the self. In a sense, then, self objects may be viewed more as functions (soothing, validating) than as people.

Kohut viewed Oedipus complex as of secondary importance. The oedipal conflicts involving sexuality and aggression are more "breakdown products" of developmentally earlier failure in the self-self object matrix. If a mother adequately fulfills the self object needs of her child, the Oedipus complex can be weathered without the child's being symptomatic. The fundamental anxiety according to self psychology, is "disintegration anxiety" which involves the fear that one's self will fragment in response to inadequate self object responses, resulting in experiencing of a nonhuman state of psychological death.

Developmental Considerations in Self Psychology

Daniel Stern (1985)

The infant seems to be aware of the mother from the first days of life. Affirming and validating responses from the mothering figure are crucial for the developing infant's evolving sense of self. Five discrete sense of self (not phases but domains of self experience):

1. Emergent or body self: (0-2 months)
2. Core self: (2-6 months) Linked with greater interpersonal relatedness.
3. Subjective self: (6-15 months) involves the matching of intrapsychic states between infant and mother.
4. Verbal or categorical self: (15-18 months): With the ability to think symbolically and to communicate.
5. Narrative self: (3-5 years):

HUMANISTIC AND EXISTENTIAL THERAPIES

1. Both of them emphasizes personal growth
2. Insight focused, based on the assumption that disordered behavior can best be treated by increasing the individual's awareness of motivation and needs.
3. Freedom of choice: Free-will is however, a double edged sword, for it does not only offer fulfillment and pleasure but also threatens acute pain and suffering. It requires special courage to use. Those who cannot meet this challenge are regarded as candidates for these therapies.

HUMANISTIC APPROACH

Carl Rogers' client-centered therapy.

Rogers' assumptions about human nature:

1. To understand individuals we must look at the way they experience events rather than at the events themselves.
2. Healthy people are aware of their behavior.
3. Healthy people are innately good and effective. They become ineffective and disturbed only when faulty learning intervenes.
4. Healthy people are purposive and goal directed. They do not respond passively to the influence of their environment or to their inner drives, they are self directive.
5. Therapist should create conditions that will facilitate independent decision making by the client.

Therapeutic Interventions in Client-Centered Therapy:

Rogers propose that key ingredient in therapy is the attitude and style of the therapist rather than specific techniques. According to Rogers the therapist should have three main qualities:

1. Genuineness: Spontaneity, openness, the therapist through honest self-disclosure provides a model for that the client can become by being in touch with feelings able to express them and to accept responsibility for doing ıs. The therapist has the courage to present himself to others as he really is.

2. Unconditional Positive Regard: Client centered therapist those not conditions of worth (I will love you if) He respects to diet for the simple reason that he is another human- being engaged in the straggle of growing and being alive.

3. Accurate emphatic understanding: Ability to see the world through the eyes of the client, to understand the feelings of the client both from their own point which is known to them and from perspective of which they may be only dimly aware.

Primary empathy: Therapist tries to restate to clients their thought feelings and experiences from their own point of view

Advanced accurate empathy: from perspective of which the client may be only dimly aware

EXISTENTIAL THERAPY

Existential therapy is called the third force in Psychology. (Psychoanalysis, Cognitive Behavioral Therapy). Existential Therapy (Existentialism) was born in Europe and emphasizes human limitations and the tragic dimensions of existence. Focus is on limits, on facing the anxiety of uncertainty and non –being.

Comparison of Humanism and Existentialism

Humanism	**Existentialism**
1-Developed of potential	1-Limits
2-Awareness	2-Acceptances
3- Peak experiences and oceanic oneness	3- Anxiety
4- Self- realization	4- Life meaning

Cognitive and Behavior Therapies

A-Behavior therapy:

In behavior therapy (behavior modification) learning principles are used to alter clinical problems.

Learning Principles

1-Classical conditioning:

2- Operant Conditioning

3- Social Learning

1-Classical Conditioning:

Counter Conditioning:

Mary Cover Jones (1924) successfully eliminated a little boy's fear of rabbits by feeding him in presence of rabbits.

Rabbit – fear

Feed – no fear – pleasing

R+F – no fear – pleasing

R – pleasing

3- Social Learning:

Modeling is the third theoretical approach used by behavioral therapist. Modeling can be made both by role playing and showing films.

Ex: sex therapy, phobias.

B- Cognitive Therapy:

Cognitive reconstruction is a general term for changing a pattern of thought that is presumed to be causing a disturbed emotion or behavior.

I. Ellis' Rational Emotive Therapy (RET)

Sustained emotional reactions are caused by internal sentences that people repeat to themselves and the self-statements reflect sometimes unspoken assumption- irrational beliefs about what is necessary to lead a meaningful life. The aim of the therapy is to eliminate self-defeating beliefs through a rational examination of them. The therapist teaches the client to substitute for irrational self-statements an internal dialogue meant to ease the emotional turmoil. Therapist encourages the client to discuss his irrational thinking and then lead them to discover more rational ways of regarding the world.

II. Beck's Cognitive Theory

Beck holds that numerous disorders, particularly depression are caused by negative beliefs that individuals have about themselves, the world, and the future.

Aim is to alter the negative schemata in favorable way. Therapist and client work as co-investigators. They try to uncover both *automatic thoughts* and *dysfunctional assumptions*. The first phase of identifying and modifying automatic thoughts is followed by identification of underlying dysfunctional assumptions, schemata or beliefs.

Cognitive-Behavioral Therapy (CBT) for Depression

Principles of CBT

*patient as an equal partner

*brief and time-limited

*structured and directive

*problem-oriented and focused on factors maintaining difficulties rather than on their origins

*reliant on a process of questioning and 'guided discovery'.

*based on inductive methods, so that patients learn to view thoughts and beliefs as hypotheses whose validity is open to test

*educational, presenting CB techniques as skills to be acquired by practice and carried into the patient's environment through homework assignments.

Negative automatic thoughts (NAT) are a product of errors in processing, through which perceptions and interpretations of experience are discussed. These include:

Overgeneralization: making sweeping judgments on the basis of single instances. Eg. 'Everything I do goes wrong'.

Selective abstraction: attending only to negative aspects of experiences. Eg. 'I did not have a moment of pleasure today'. Not because this was true but because pleasures had failed to enter conscious awareness.

Dichotomous reasoning: thinking in extremes. 'If I can not get it 100 per cent right, there is no point in doing it at all'.

Personalization: taking responsibility for things that have little or nothing to do with oneself. Eg. A depressed person who failed to catch the eye of a friend in the street might think: 'I must have done something to offend him'.

Arbitrary inference: jumping to conclusions on the basis of inadequate evidence. Thus someone who had problems with a first homework assignment might conclude: 'This therapy will never work for me'.

Dysfunctional Assumptions (DA): underlie NATs. They have some characteristics:

1. *They do not reflect the reality of human experience*. (Eg. 'I should always be strong'.)

2. They are *rigid, overgeneralized, and extreme*, taking no account of variations in circumstances.

3. They *prevent rather than facilitate good attainment*, as when perfectionist standards produce anxiety that inhibits performance.

4. *Their violation is associated with extreme and excessive emotions*.

5. They are relatively impervious to ordinary experience. (Eg. 'If I stop putting everyone the first all the time, no one will like me anymore'.)

DA has three central areas of concern:

1. Achievement: high standards of performance, the need to succeed.

2. Acceptance: the need to be liked, loved.

3. Control: the need to control events, the need to be strong.

Group Psychotherapy

Characteristics of Group Psychotherapy

- Selected people who are emotionally ill
- Guided by a trained therapist
- Help of one another effect personality change
- Therapist direct group members interaction to bring about change
- There may be supportive, structured, cognitive-behavior, interpersonal, family, analytically oriented groups.

Advantages of Group Therapy Over Individual Therapy

- Opportunity for immediate feed back
- Chance for both the patient and the therapist to observe a patient's psychological, behavioral and emotional responses to a variety of people, who elicit a variety of transference.

Family and Marital (Couple) Therapy

They are special forms of group therapy that came into common use in 1950's. Instead of focusing on psychological difficulties, improving interactions is aimed. Family therapy aims to bring to light the hidden patterns that maintain the group's balance and help the group to understand the purpose of the pattern.

A family therapist's goal is to help a family understand that the identified patient's symptoms in fact serve the crucial function of maintaining the family's homeostasis.

THE FIRST SESSIONS

The first sessions will be devoted to finding out why the patient came to therapy.

The therapist will introduce himself or herself and explain that she is there to listen to the client/patient. The therapist will work with the patient to help him understand his problem better, so that he can find a solution to them. The therapist will usually outline how the process works and give the client some idea of what to expect, like sessions are likely to last an analytic hour, (50 min.), and to be at regular time and day. The 50 minutes hour gives a therapist time between patients to write notes and ensure that each session starts on time.

Analytic therapist use punctuality and regularity to provide sense of structure, security and professionalism around what can be an emotionally harming process. Regularly coming late or missing sessions will be seen as evidence of resistance-which the patient is trying to avoid painful issues.

Analytic psychotherapists are strict with all routines and boundaries and very rarely permit contact between sessions. Even if your patient is very upset at the end of a session, the client is encourages to contain his emotions until the next time. Living with and trying to understand powerful feelings is part of the treatment.

Most therapists will offer a small number of exploratory sessions before he and the client both decide whether or not to continue. The therapist is likely to be very silent but that does not mean that she is not listening. Everything said in the room is strictly confidential.

Confronting painful issues can temporarily increase distress rather than reducing it. It is important to stay engaged and not to rush to comfort the client. Without being indifferent, you have to give time to your client to understand what is going on. All that is expected of the client is to be as honest as possible.

Having outlined the process the therapist will encourage the client to talk about his/her problems.

‘tell me in your own words what is going on in your life and why you are here. Just describe it, don’t try to explain it, and take your time’

Many people find that first session very emotional with words and emotions flooding out. The first sessions are not the right time for clarification but for getting an overview of emotions as emotions are as much a part of the clients’ story.

Therapists usually take care to wind up the first session in good time. This allows the therapist time to summarize and discuss with the client any thoughts about what the client said.

The relationship with your partner seems to be burdened with anger, possibly carried over from your disappointment with your father. You have shown me how upsetting it remains for you and that probably needs to be better understood. We will need to continue with this next time.

CONTINUING THERAPY

The therapist will not tell the client what to talk about and what not to. The client is in the driver seat. Analysist believe that nothing said is random. It is all important and it stems from preoccupations that are troubling the client but trying to avoid. The meaning will become clear in time as long as you and the client is patient and do not rush.

Methods of Free associations, interpretations and working through are used when the thoughts begin to surface. If we understand what is going on in our clients mind, then we have the possibility to change it. So the first aim of the therapist is to help the client to gain self-understanding and insight. Over time the therapist will increasingly make interpretations.

Anger your client felt over her partner forgetting her birthday.

Client: It was ridiculous. I know he works hard and he is very busy, and I know he loves me, but when he sat there chatting away and clearly had completely forgotten my birthday, I felt hate, real hate. I wanted to scream at him or pack my bags and leave. Yet he is considerate and affectionate and I know perfectly well he had been preoccupied with the house repairs. How could I feel such hate over something so trivial?

The therapist might link this to the client's earlier description of a sense of neglect when she was growing up.

Therapist: This sounds very similar to how you described feeling left out and ignored by your father when your sister was ill. How hurtful it felt, yet because of the worry about your sister you could not have a tantrum or tell your father. Could there be a link with that pain and not just the forgotten birthday?

After this interpretation it is time to work through this issue. The pain of past experiences. Essential for personal growth and healing. In working-through transference relationship assumes a central role. Old feelings of anger, despair, rejection or resentment that the client has under the surface for years are reignited and experienced in the room. The therapist is the object of these feelings and must withstand them, neither retaliating nor wilting under these attacks nor rushing to remove discomfort.

WHEN IS ENOUGH? ENDING THE THERAPY

Traditional psychoanalysis can go on for years. There is no sound limit. You carry on until the work is finished. Most analytic therapy nowadays is time-limited, although not a rigidly fixed

number of sessions. Thirty sessions is referred as short-term psychodynamic psychotherapy.

However the common practice now is that the therapist and the client will agree to see each other for s defined period of time like 12 months, once or twice a week.

Having an end in sight right from the beginning focuses the mind and avoids rushing along with no sense of urgency. Too much urgency would inhibit the free floating exploration essential for psychoanalytic work so a balance has to be established. A year may seem a long time at the start, although it may not feel like that as the time approaches. The ending of the therapy is often experienced as the most productive period. The client being able to put together the insight and the understanding.

Ending can be painful even if the therapy has done the work, perhaps especially so if it has. Strong feelings about the therapist are common, often of an idolizing nature as they have been experienced as understanding and tolerant. The goal of analysis is to end with a balanced view of the therapist-neither all knowing and wise nor cold and insensitive.

Separation is difficult for the client, co a ‘wobble’ is common towards the end. The gains may seem to be lost and symptoms may suddenly recur. This is a sign that the work of ending is underway and not a reason to delay it or to prolong it.