

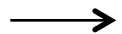
Termination



***Separation, internalisation and
identification***

Aims of the treatment

- ❑ Revision of the dysfunctional aspects of the inner working model.
- ❑ The patient is attacking the setting/ the psychotherapeutic relation
- ❑ The setting is the only relation which is not a repetition of something else
- ❑ The setting is deregulating in itself
- ❑ A Corrective Emotional Experience within the psychotherapeutic relation
- ❑ Which is transferred to object relational patterns outside
- ❑ Facilitating the process of internalisation and identification with
- ❑ Creating inner mental representations



- ❑ **To be able to leave people without losing them**

Internalisation

- ❑ Takes quite a time, goes by identification and first by imitation
- ❑ **New**, productive behavior asks for reinforcement and validation: need to engrave
- ❑ **Old**, destructive behavior should be prevented: outfading and discouragement
- ❑ Creating inner **object constancy and new neurological circuits**

- ❑ At the end the patient is handling him/herself in the same way as the therapist did.

The relational perspective

- ❑ External and internal relations: creating boundaries between inner and outer world by: focusing on internalisation
 - External relations are shaped by internal ones and vice versa
- ❑ Inter- and intrapersonal relations.
 - Interpersonal relation: in internal and external reality
 - Intrapersonal: about the relation between the person and himself → inner reality (problematic in BPO and PPO)
- ❑ Take and give or need satisfying relations
- ❑ Realistic and unrealistic aspects of the relation
- ❑ The quality of the personality structure.
 - In healthy people the realistic aspects are dominant
 - In people with a NPO or high level BPO realistic and unrealistic aspects are both there
 - In people with a low level BPO or PPO the unrealistic aspects are dominant

The Process 1

From:

- PPO to BPO to NPO to a Healthy way of functioning
- Physical to a mental way of functioning of the Mind

Level 0

- When the patient is not able to put words on his complaints. There are only **primary representations**. Fragmentation and being overwhelmed.

Level 1

- When the patient is able to put his **complaints into words** and to talk about them. He knows something is going on but he does not understand why

Level 2

- He is able to connect his symptoms to his life circumstances. Growing insight: the problems are experienced as determined by the **context**

Level 3

- He is able to express his problems in relational terms and to talk about it as an **interpersonal** problem. It still is experienced as external

The Process 2

Level 4

- He is able to see what is said under 3 as a **characteristic pattern** without seeing himself as the agent

Level 5

- He is able to see himself as the **agent** in the pattern mentioned under level 4. He is going to experience what is going on as internally determined. Here the inner motivation to change is starting and the external regulation is diminishing. The patient becomes more autonomous.

Level 6

- The patient is able to recognize the **influence of earlier relationships**. It is about **inner objects**. His life history becomes more coherent and a feeling of continuity is growing. NPO is coming into the picture.

The Process 3

Level 7

- He is going to experience that he is doing with himself what others, in earlier times, were doing with him. More and more it is about **intrapersonal relations**: insight is growing

Level 8

- He is experiencing that what is going on outside also is happening inside the treatment: the level of the **transference**. More and more the patient experience that there is a repetitive pattern going on. He is repetiting and validating his IWM

Level 9

- The transference is growing. By this, the problem is replacing itself from the outside world into the treatment. By that there is coming some space in the outside world to experiment with new and more productive behavior. We should work through the **transference neurosis** which is an artificial form of neurosis. The patient realizes that there are different perspectives.

Phases in the treatment 1

The beginning:

- ❑ To develop a good enough **working relation**
- ❑ Exploring the **symptoms and complaints**
- ❑ Formulating together with the patient the plan of the treatment
- ❑ More diagnostic but not without a psychotherapeutic attitude
- ❑ From level 1 to 3

Phases in the treatment 2

The middle phase:

- Working through **interpersonal problems**
- Preventing the old behavioral patterns and reinforcing new more productive behavior
- Focusing on the **repetition** on the behavioral patterns
- Focusing on the own part of the patient in the behavioral pattern: what is my part and what is the impact of **earlier relationships**
- From level 4 to 7

Phases in the treatment 3

Ending:

- Working through feelings related to the separation from the treatment
- **Working through feelings of mourning and negative transference**
- Looking back and forward
- Evaluation of what has happened and what has changed
- But also what can be expected in future
- Is there a need for another treatment, for example the depression is gone but an underlying personality disorder becomes apparent

The End 1

- ❑ Conflicting mental representations are worked through
- ❑ Mental processing is more functioning
- ❑ From primary to secondary representations
- ❑ The birth of the psychological Self
- ❑ The Self is less dependent on external validation and the being there of external objects
- ❑ The superego is less harsh, punitive and severe
- ❑ The Ego is controlling the impulses and not the otherway around.
- ❑ There is an observing Ego
- ❑ Drive satisfaction is less destructive than it was before
- ❑ It is about similarities and differences

The End 2

- The more expressive the treatment is the less the therapist will change at the end the frequency of the treatment. The more the therapist is able to work through the termination phase
- The more supportive the treatment is the more the therapist will change during the end phase the frequency. The less the therapist is able to work through the termination phase → to lessen the dependency of the patient from the therapist

The End 3

- ❑ In the period of termination the complaints and conflicts from the beginning are coming back again
 - To let the therapist feel guilty because of the termination
 - Because it is for the patient unbearable to live on without the person of the therapist
- ❑ Help the patient to say goodbye to a more or less realistic figure instead of a transferential/developmental figure.
- ❑ Acting out is rising again (starting a new relation to avoid the pain of saying goodbye)
- ❑ Some pain/sadness is realistic in this period. Don't interpret it all.
- ❑ What is going on with the negative transference?

The End 4

- ❑ Sometimes creating relations outside the treatment is related to defence and sometimes it is related to development.
- ❑ By working through during the treatment, moments of separation you prepare the patient to say goodbye to you at the end
- ❑ Help the patient to separate from a more or less realistic figure by becoming more expressive and less reluctant
- ❑ Not all sadness at the end is pathological, sometimes it is real sadness

Summary

- ❑ Transforming neurotic pain into realistic pain
- ❑ By using the relational frame
- ❑ By using and offering the patient adequate support/insight
- ❑ By making use of the psychotherapeutic relation and by using interpretations
- ❑ By facilitating reflective functioning (mentalising)
- ❑ By creating new and more productive/creative object relational patterns
- ❑ By helping him to separate from you without losing you