

# WORDS THAT TOUCH.

International summer conference
of Group Analysis.
July 3-5, 2015

**Hans Wiersema.**



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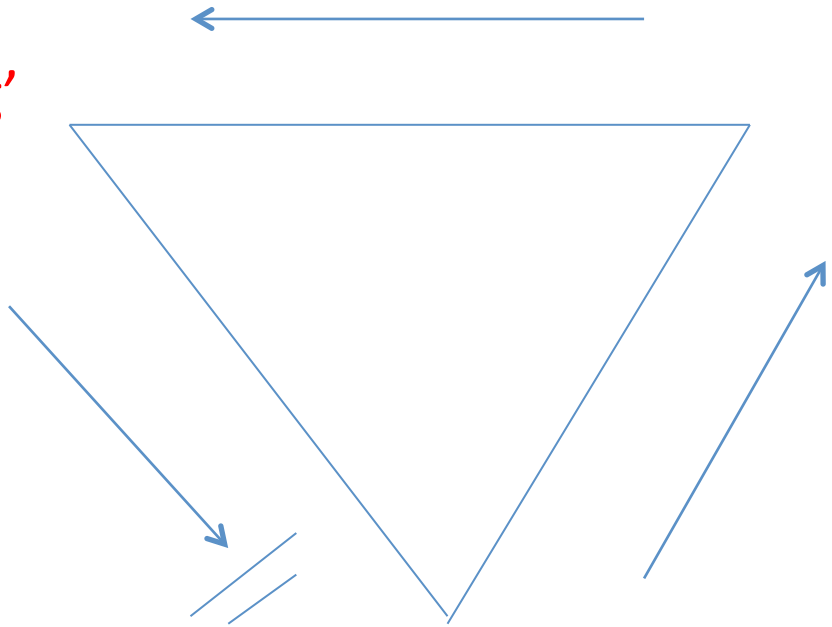
# Steps in interpretation.

- Confrontation
- Clarification
- Interpretation
- Working through

- First interpretation of defense,
- Then interpretation of anxiety, shame, guilt, pain,
- Finally interpretation of hidden wish.

# Malan's triangle of conflict.

**DEFENSE**
'steamrolling'



**ANXIETY, GUILT, SHAME, PAIN**

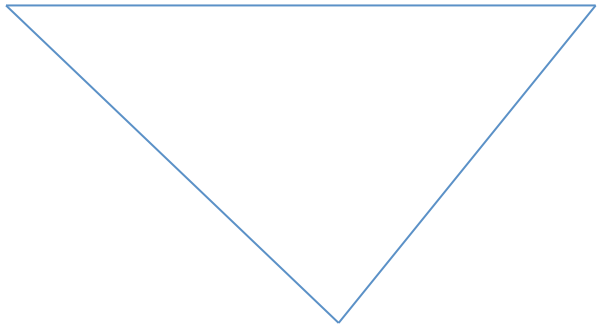
separation anxiety

**IMPULSE**
**INNER FEELING**

longing to be loved

# Malan’s triangle of persons

Actual life



Transference

Past; parents

# 42 lives in Treatment

**45% personality change > insight**

17% started in analysis

28% started in psychotherapy

Most of the results were due to supportive interventions

**24% personality change // insight**

21% in “real” analysis without supportive measures

**7% personality change < insight**

**24% no structural change; no insight**

in fact, treatment failures.

# Carl Rogers.

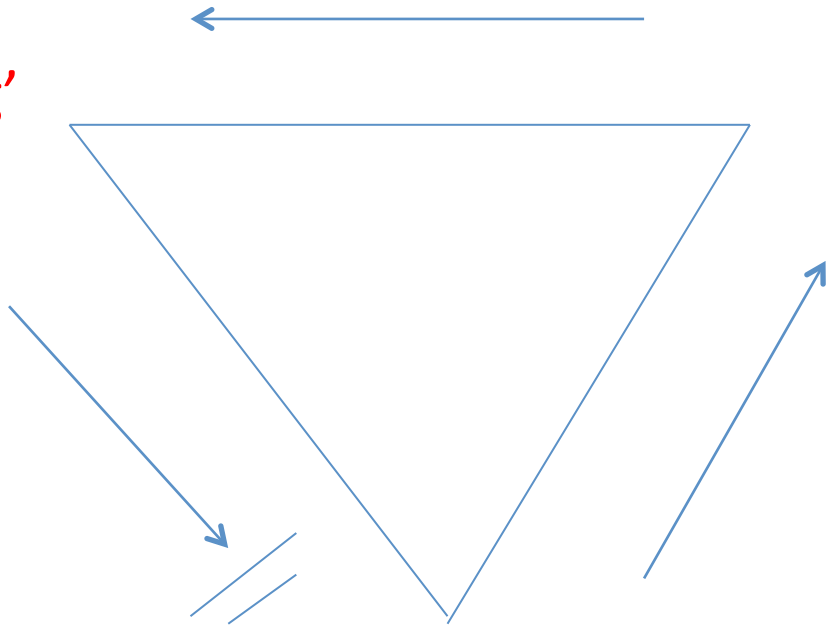
Therapeutic relationship has 3 aspects:

- Empathy
- Unconditional positive regard, and
- Therapist's congruency, genuineness, honesty or authenticity.

These so-called 'common factors' explain 50 % of all therapeutic success.

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# Wachtel

- Lowering the anxiety, shame or guilt about the forbidden wishes creates the safety necessary for making the defense less necessary.

- Good interpretations are effective *exposures* to feared stimuli from one's inner life.

- Conditions for effective exposure are:
  - Mastery
  - Experience of safety
  - Maintaining or improving self-esteem + self-acceptance.

    by means of gradual exposure.

# Wachtel's idea of support

Supporting the patient

- by building a curative relationship
- in such a way that he feels safe enough to have the courage to be exposed to his unwanted aspects.

Support is an essential part of the process of exploration itself, the condition that makes exploration possible at all !

# The therapeutic relationship.

- The therapeutic relationship is not only  something to be examined (transference analysis).
- But it is a potentially corrective emotional experience in its own right,
- And therefore an **agent for change.**
- It consists  of: interpretation, understanding, listening, sharing, criticizing, comforting, stimulating, moving and allowing oneself to be moved, encouraging, provoking, tolerating; and perhaps above all, being as authentic as one can manage.

# 5 Principles to create safety.

1. formulate your comments in more *permissive* ways,

*2. explore* the patient's feeling, and avoid *interrogating* him,

*3. build on his strengths*, and use *affirmation* of them before he feels safe enough to change,

*4. attribute* feelings he does not have yet,

*5. reframe* his experiences and suggest new ways of acting.

# 1. Permissive comments

- Explicitly couch remarks in a context of permission.
- Look for interpretations that take off the burden of guilt.
- Emphasize the positive pole of what the patient is experiencing. (“At least”, “even more”)
- Interpret through questions. This softens your interpretation. (But avoid the ‘why’-question, which sounds accusatory.)

# 2. Exploration, not interrogation.

An essential strategy to gradually explore deeper and deeper is:

- First side with the defence and then gradually have the patient take more responsibility:

- ‘You must have good reasons for…’, not: ‘Why?’
- ‘When are you less anxious? When more?’
- Externalization in the service of insight.

# 3. Building on the patient's strength.

- Instead of "You seem to have difficulty talking" say: "Sometimes you talk more easily than at other times".
- Or wait for a small improvement and praise that.
- Notice small steps in the desired direction.
- When a patient is defensive, but less defensive than before, first emphasize that he is less defensive, before analysing what he is defending against.
- Or substitute "also" for "really".

  For "what you really want" invalidates the patient's experience, whilst "also" only adds something to it.

# 4. Possible forms of attribution and suggestion.

- Label maladaptive tendencies as ‘residuals’.
- Describe behavior as temporary or transitional.
- Formulate your interventions in such a way that it seems the patient already knows.
- Use several attributional comments, one after the other, in order to guide the patient step by step toward understanding and dealing with difficult issues.
- Point the patient toward action by predicting both the action and the conflict it creates.

# 5. Reframing and relabeling

- = giving a different view on psychological problems, that points to possible solutions to dilemmas, that the patient has construed in a such way that solution was seen as impossible.

- Reframing and suggestion can also be used to give the patient the courage to take a feared action.



**“I don’t want a therapist who asks questions;**
**I want a therapist who ANSWERS !”**

**Part 2: AUTHENTICITY AND ENCOUNTER**
**AS CONDITIONS FOR TOUCHING.**

# Content of lecture 2.

- What is projective identification?
- How to deal with projective identification?
- Authenticity and styles of touching the patient
  - according to psychoanalysis (Hebbrecht)
  - according to relational psychoanalysis (Yalom)

# Danielle Quinodoz

- A language that touches is ‘one that uses words that can be heard on different levels, emotions and feelings,  and bodily experiences as well’.

- **Before you can touch the patient you should let the patient touch you.**

# 3 Channels of communication

| Channel of communication: | Most important information from patients with: |
|---|---|
| **Verbal** | Neurotic personality organization |
| **Non-verbal** (bodily posture, etc.) | Both |
| **Counter-transference** (projective identification) | Borderline personality organization |

# Functions of projective identification.

Projective identification happens everywhere between people.

It is a two-person process:

One projects (unwanted) feelings, sensations etc.;

the other one identifies with them.

It has three functions:

- To *communicate* a preverbal content (normal projective identification → empathy)
- To *deny* psychic reality by evacuation of bad parts of the self (pathological)
- To *control* the transference object. (pathological)

# Forms of projective identification.

| Form: | Experience of therapist: |
|---|---|
| Normal | Empathy |
| Strong | You first experience the sensations and feelings as your own, before realizing that they have been projected. |
| Excessive | You are induced to identify with the projected abusive parent, and to *act it out.* |
| Physical | You experience the projected unintegrated bodily sensations in your own body, as if they are your own. |

# How to deal with projective identification? 1

1. Become aware of your countertransference, but do not share it with the patient.
2. Just *experience* the bodily sensation or feeling or impulse to act.
3. Do not act out, but tolerate it and take time to associate which thoughts and feelings come up to these sensations .
4. Tolerate to experience yourself as the bad parent in spite of all your good intentions.
9. Tolerate the uncanny feeling of not knowing whether the patient is delusional or not.

# How to deal with projective identification? 2

6. Do not feel guilty, do not try to be nice, but use it as information about the patient: ask yourself whether it reveals something the patient is not conscious of yet, but which can give crucial information.
7. Ask yourself:

   Do I identify with what the patient is not aware of?

   Or do I identify with what the patient does to others, because he cannot tolerate the feeling? (E.g. when he projects the bad object into you in order to seduce you to act this out).

# How to deal with projective identification? 3

8. Then share it with the patient to help him move from sensation to affect, and then to find words for this affect.
9. Find a language that touches the patient's healthy part *and* his mad part.
10. Use the patient's words and metaphors and let them resonate inside yourself, so that you can feel the total impact and give this back to the patient.
11. Remember the patient's words for later use.
12. Touch with words and not with actions.

# A language that touches.

Quinodoz :

- ‘It uses words that simultaneously arouse emotion and set up a vibration – words which, like music, act on feelings and arouse bodily sensations.’
- ‘What matters is the bridge built between emotions and words’.

# Authenticity: Hebbrecht.

- Authenticity has 2 aspects:
  - The inner consistency and authenticity towards oneself: being open to *all* one's sensations and experiences, feelings and thoughts.
  - The outer authenticity towards others: self-disclosure.
- Psychoanalysis focuses upon inner authenticity, and is very cautious with self-disclosure.
- Do not share your experiences, for then you become a real person instead of the selfobject the patient needs.

# Yalom.

- Therapy = encounter
  →Therapist and patient are different but equal.
  → **Selfdisclosure** is essential for encounter.

- Don't feel guilty about countertransference but be open about it in order to confront the patient with what he is doing to you.
- For therapy is a parallel to real life. What he does to you, he does to others too.

- Limit of selfdisclosure: only what is useful for the patient.
- Acknowledge your mistakes openly.

# Yalom: Asking feedback.

- Check regularly how the patient experiences the session and the therapy as a whole.

- Ask him what he thinks if most effective. Quite often these are not your words, but your deeds of empathy and concern.

# Yalom: Giving feedback.

- Give honest feedback on how the patient  interacts with you, as a parallel to his behavior in the outside world.
- But avoid critical comments.

- Speak about your *feelings,* not about the patient's *deeds.*
- Be generous with well-meant compliments.
- Reframe the situation so that there is less room for criticism.

- Be tactful and honest about your feelings when the patient asks you if you find her sexually attractive.

# Yalom; effective feedback

- Agree beforehand that he will accept feedback
- Focus on here-and-now observations
- Feedback immediately after the event
- Focus on therapist's feelings, not on patient's motives
- Be specific and explicit
- 'Parts' is less offensive than 'you'
- Strike the iron when it is cold; that hurts less.
- Let patient check your feedback with others

# Conclusion

- Interpersonal psychotherapy is most effective in treating unconscious interpersonal problems (blind spots)
- Psychoanalytical psychotherapy is most effective in treating pre-verbal, deep unconscious pathology (the 'mad' part of the patient) and the deeper levels of narcissistic vulnerability.
- Relationally oriented patients profit more from Yalom's interactional approach.
- Patients oriented towards autonomy profit more from a more abstinent approach.
- Use the style that best fits to your personality style and adapt it to the patient's needs.

# S.Blatt; Personality styles

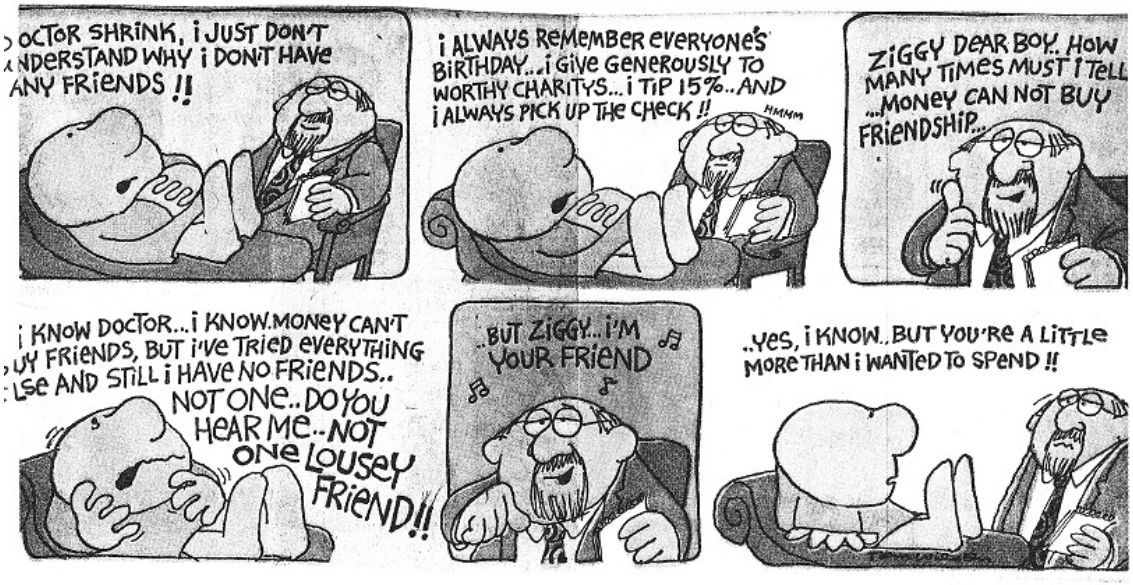
| | Anaclitic style | Introjective style |
|---|---|---|
| **Issues** | ***relatedness*** | *self-definition:*<br>*self-control, self-worth, and identity;*<br>*in short:*<br>issues of ***autonomy***. |
| **Personality disorders** | dependent, histrionic, and borderline personality disorders. | paranoid schizophrenia and paranoid, obsessive-compulsive, introjective depressive, and narcissistic personality disorders |
| **Most effective therapy** | **Supportive therapy** | **Expressive (insight giving) therapy** |

# Classical vs relational approach.

| Level of unconsciousness | Classical psychoanalysis | Relational psychoanalysis |
|---|---|---|
| Blind spots (interactional) | Hebbrecht: Guitar gently weeps.<br>Gabbard: Brenda as steamroller. | My patient where I felt stupid.<br>All Yalom's examples.<br>Film Ordinary people. |
| Deeply unconscious | My 3 o' clock patient.<br>Quinodoz: Patient whose mother wanted to abort him.<br>Hebbrecht's dream about his patient. | ? |

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**THERAPY AS 'FRIENDSHIP'**

**…**

# Level of personality organization

| | Identity | Predominant defense mechanisms | Reality testing |
|---|---|---|---|
| Neurotic P.O. | Integrated | *Infantile*:<br>Repression,<br>Reaction formation | Intact |
| Borderline P.O. | Diffuse | *Primitive*:<br>Splitting<br>Idealization and denial<br>Projection<br>Projective identification | Vulnerable under stress |
| Psychotic P.O. | Diffuse | *Primitive*<br>Splitting, etc. | Absent |