

When internal words darken – the role of incongruence in client distress.

DCoP
Annual Conference, 2018
Newcastle.

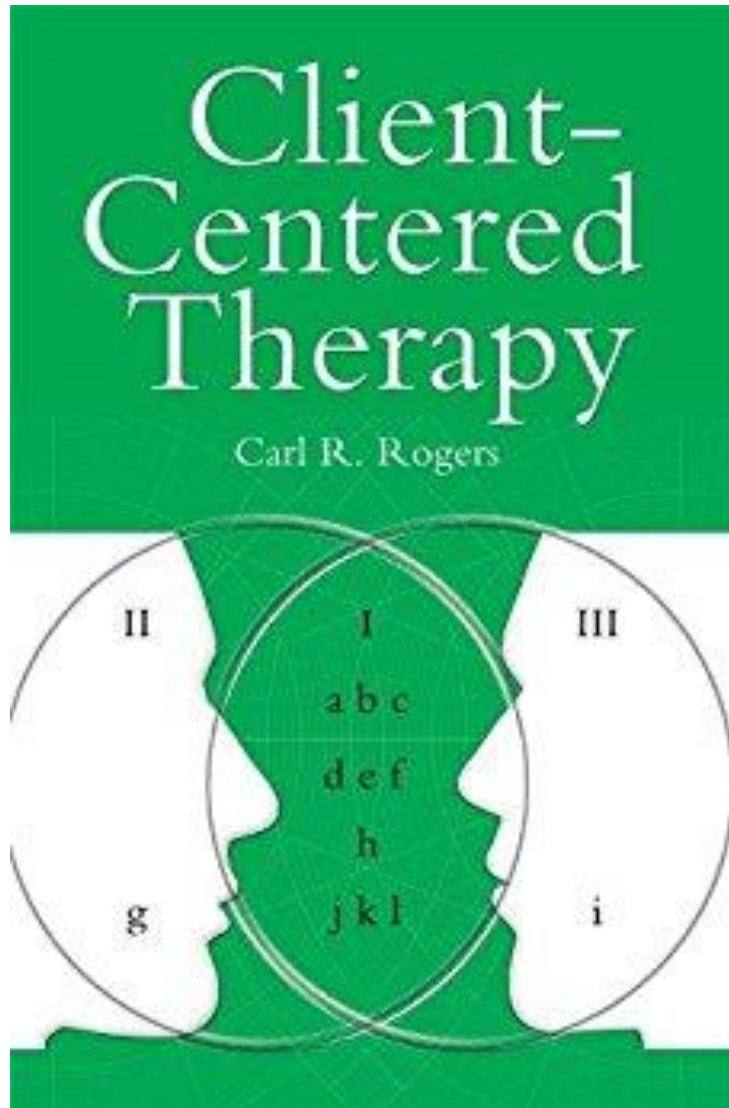
Tony Ward, UWE.
Arnaud Plagnol, Paris 8.



For today's handout and slides please go to:

<http://www.copsy.org.uk/resources.htm>

And click on the DCoP 2018 links.



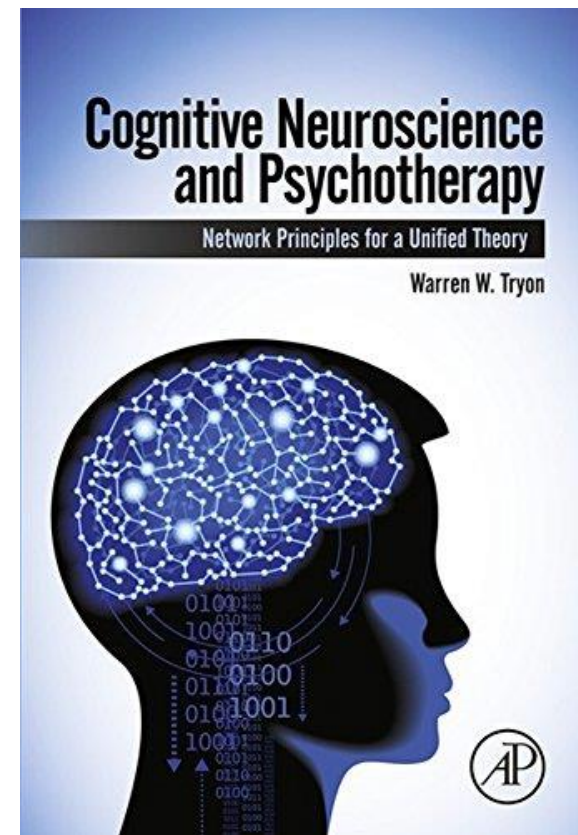
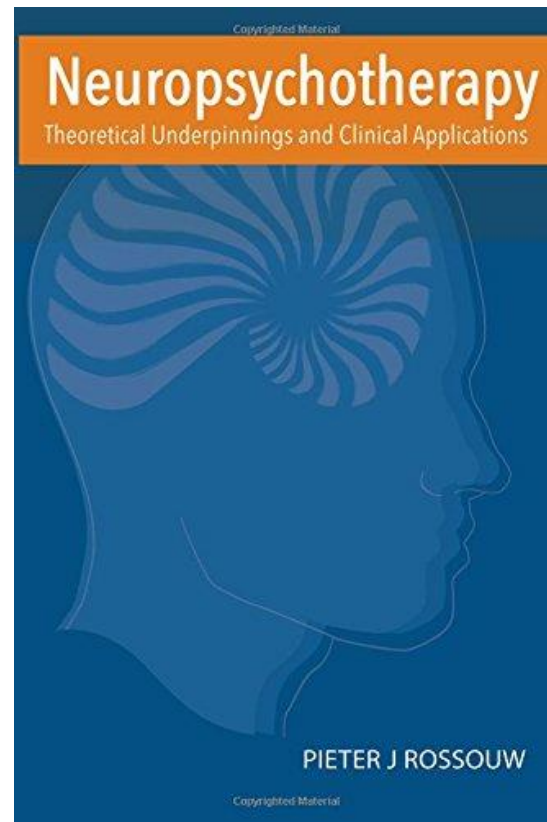
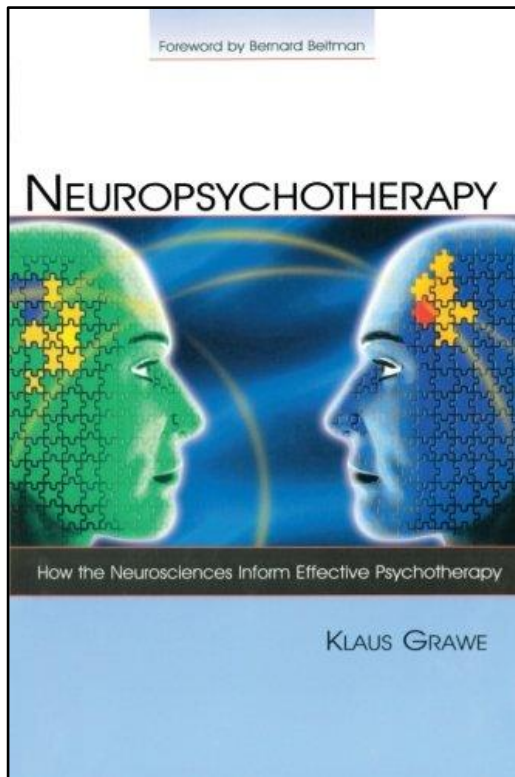
“State of incongruence” is a core condition.

Client needs to be in this state for therapy to be effective.

(Implications for required personal therapy?)

Linked to Roger’s theory of personality, i.e. said to be a state where the real self and self structure do not match, and this is said to be brought about through the imposition of “conditions or worth”.

Key readings



NEUROPSYCHOTHERAPY



How the Neurosciences Inform Effective Psychotherapy

KLAUS GRAWE

Overarching principles.

- People strive for overall consistency across psychological processes.

Incongruence is negatively perceived and a motivation for change.

NEUROPSYCHOTHERAPY



How the Neurosciences Inform Effective Psychotherapy

KLAUS GRAWE

Overarching principles.

- People strive for overall consistency across psychological processes.

Incongruence is negatively perceived and a motivation for change.

- It is essential to provide a place of “safety” in therapy.

Psychotherapy may thus be regarded as a new attachment relationship which is able to regulate affective homeostasis and restructure attachment-related implicit memory [14,26]. In this view, the core of therapeutic interaction lies in the affective communication mediated by bodily resonance, undertones and atmosphere much more than by symbolic language.

Fuchs, 2004.

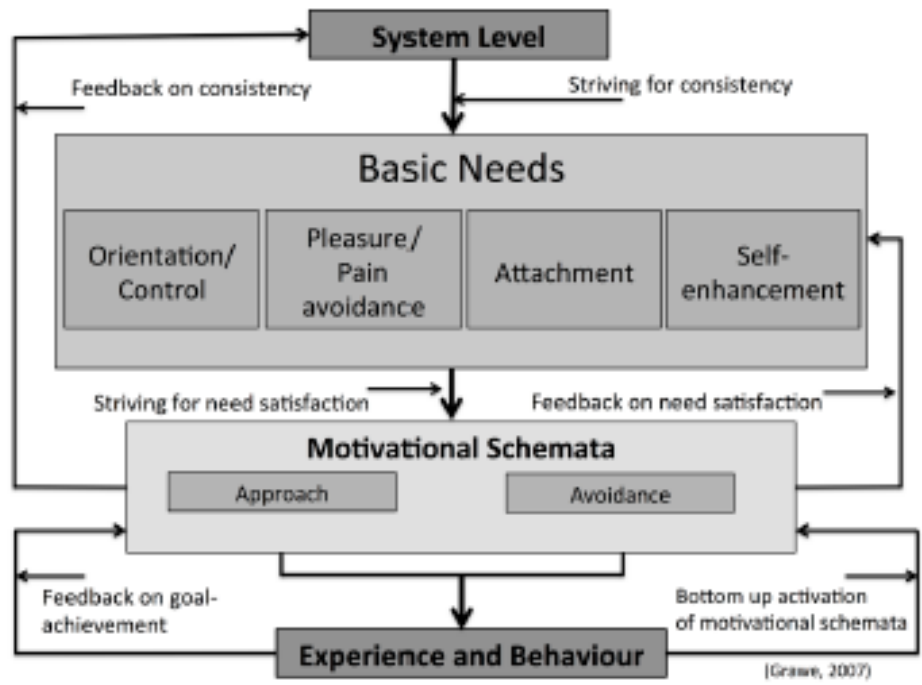
NEUROPSYCHOTHERAPY



How the Neurosciences Inform Effective Psychotherapy

KLAUS GRAWE

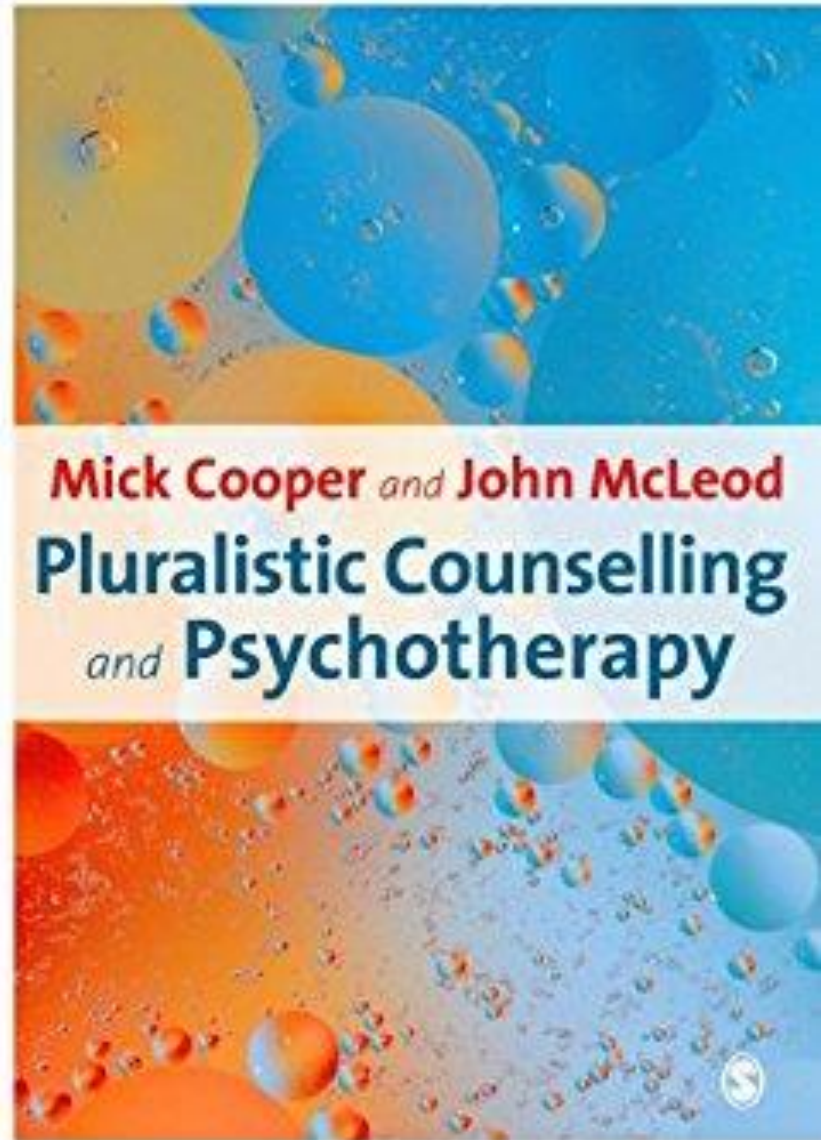
Figure 4: Consistency-Theoretical Model (Grawe, 2007, p. 171)



Formulating goals.

Linking goals to tasks and methods.

Reviewing goals.



Vignette 1.

Mrs J is a happily married 38 year old professional, with 2 young children.

Three years ago, her mother died, which Mrs J found very traumatic, as she felt very close to her mother.

Her father at that point was unwell and needed to be supervised, so her Brother moved back from Scotland and looked after him for a year. He then moved back to Scotland.

Shortly after, her father was hospitalised, and then needed to enter a care home. This has caused huge arguments with her brother, who felt that she was betraying their father, and there were arguments about money e.g. the family home needed to be sold to pay the care costs.

Mrs J said she had always felt very close to her brother, and she was finding it very difficult to understand the arguments.

Consequently she has felt very depressed, and her goal is to just get back to how she was before, if necessary by writing off the relationship with her brother.

In small groups, discuss your views and experiences about why clients come to therapy.

Do notions of incongruence / coherence fit with your experience?

Mrs J.

Lynchpin

Mother

Control

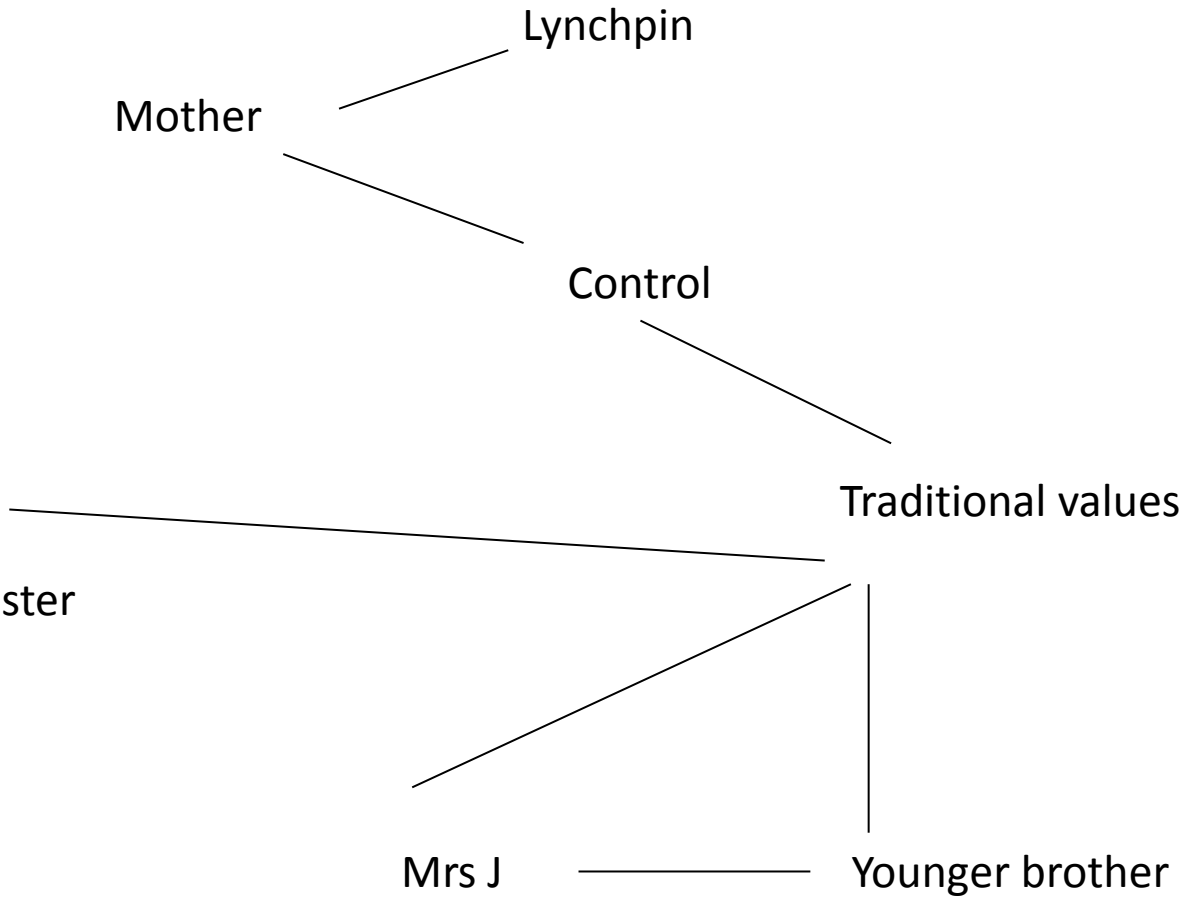
Traditional values

Older sister

Mrs J

Younger brother

Rebels together



Mrs J.

Lynchpin

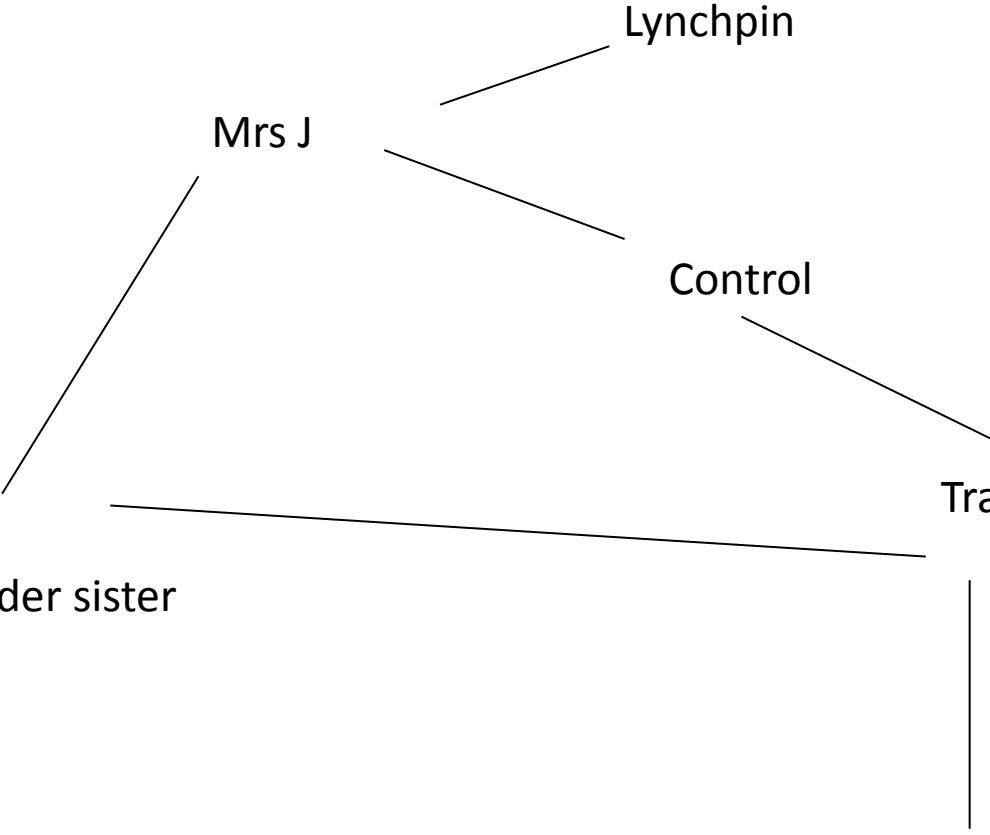
Mrs J

Control

Traditional values

Older sister

Younger brother



Psychotherapy Research 12(1) 79–99, 2002
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**BERN INVENTORY OF TREATMENT GOALS:
PART 1. DEVELOPMENT AND FIRST APPLICATION
OF A TAXONOMY OF TREATMENT GOAL THEMES**

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Specific problems / symptoms

Interpersonal issues / relationships

Wellbeing / functioning

Existential

Personal growth

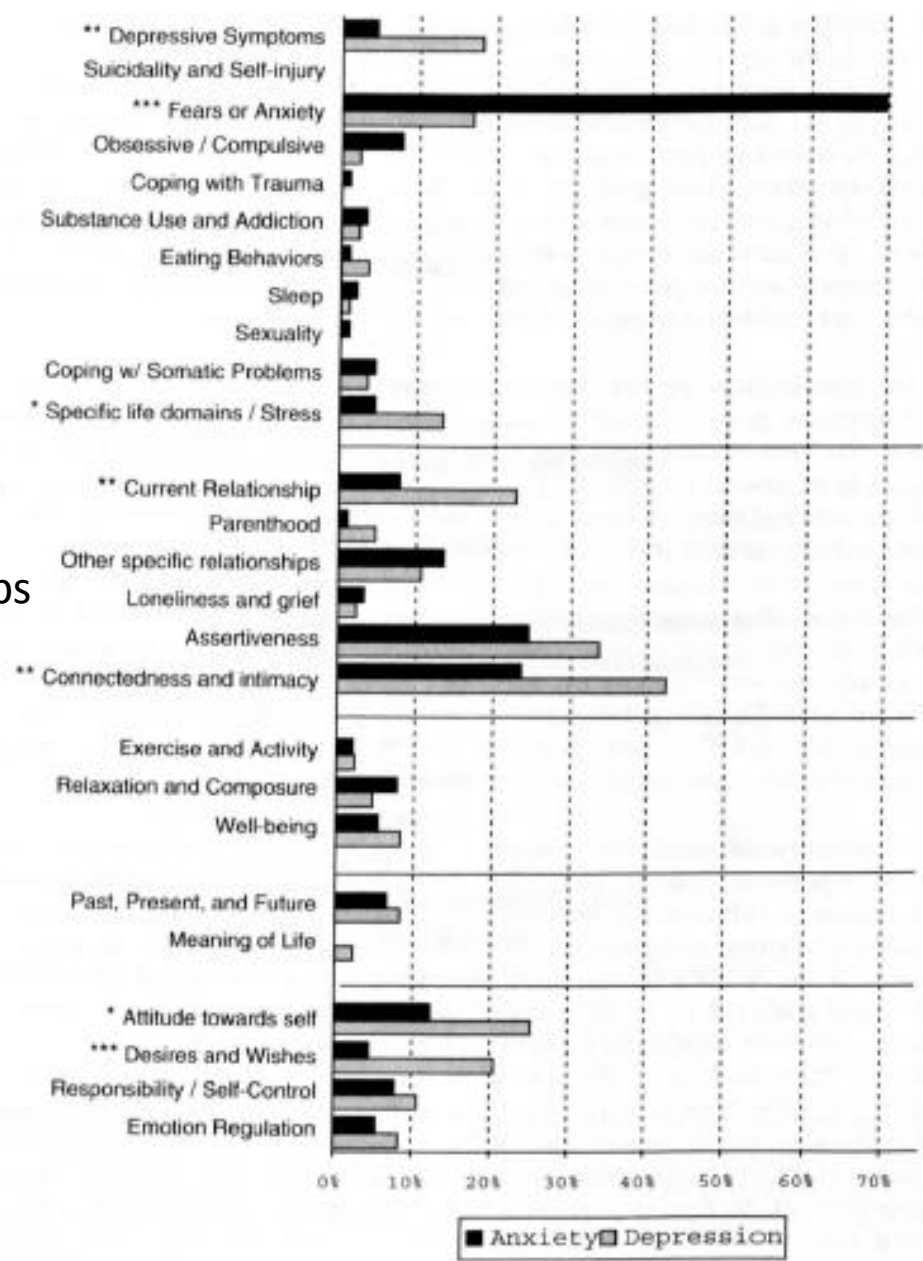


FIGURE 3. Percentages of anxiety ($N = 83$) and depression patients ($N = 89$, respectively) defining treatment goals in the respective treatment goal themes of the Bern Inventory of Treatment Goals (Version 3.1) categories.

Clients' and Therapists' Stories about Psychotherapy

Journal of Personality 81:6, December 2013
© 2012 Wiley Periodicals, Inc.
DOI: 10.1111/j.1467-6494.2012.00803.x

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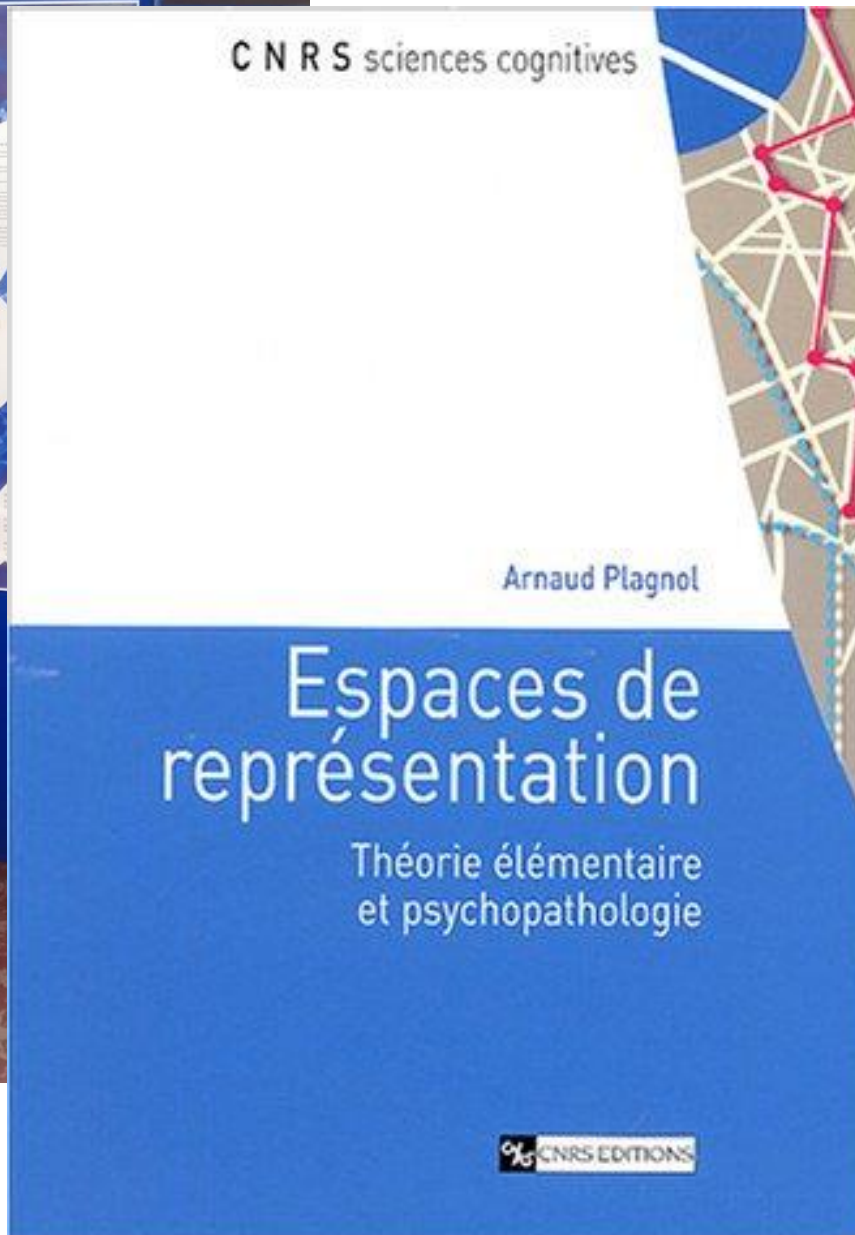
Abstract

This article provides an overview of the emerging field of research on clients' stories about their experiences in psychotherapy. The theory of narrative identity suggests that individuals construct stories about their lives in order to provide the self with a sense of purpose and unity. Psychotherapy stories serve both psychological functions. Focusing on the theme of agency as a vehicle for operationalizing purpose and coherence as a way of operationalizing unity, this article will describe the existing scholarship connecting psychotherapy stories to clients' psychological well-being. Results from cross-sectional qualitative and quantitative studies as well as longitudinal research indicate a connection between the stories clients tell about therapy and their psychological well-being, both over the course of treatment and after it is over. In addition, a preliminary analysis of therapists' stories about their clients' treatment is presented. These analyses reveal that the way therapists recount a particular client's therapy does not impact the relationships between clients' narratives and their improvement. The article concludes with a discussion of how this body of scholarship might be fruitfully applied in the realm of clinical practice.

Keywords: narrative, psychotherapy, agency, coherence, identity

Findings:

Agency and coherence increase across therapy, and are associated with positive outcomes.



Group exercise – looking at some vignettes which illustrate how the internal world can be a useful way of thinking about clients issues.

conceptual frameworks for psychotherapy integration

Carl Rogers (1951) :

encounter the inner world of the client

---> representational space :

construction of the inner world that can be displayed from memory

---> an unifying perspective to *integrate* (or *not* in some pathological case)
meaningful events in memory

Principles of representational spaces (Plagnol, 2004)

two types of representations:

- **situational, analogical** (image-like), implicit
- **verbal, symbolic**, explicit, conscious

→ integration of the situation : transition from an analogical to a verbal format

- analogical situations underly any representation (*grounded cognition*)
- analogical situations are coded and unified by a *web* of symbols
---> (mental space // world wide web from a representational point of view)

mental work (« elaboration »)

----> personal story :

millions of fragments of representation integrated in *one* inner world

intuition: anticipation of the future, horizon, walk of life, project

====> opening of the inner world (<---> locking/closure)
possible (mental) paths (<---> no way out)

----> incongruence: **tension** on a representational space
roughly inverse function of the coherence of the inner world

principle of coherence/unification :

natural tendency to a decrease of tension
by unified integration of any event to the representational space

(e.g., surprisal: peak of tension before process of unification)

A traumatic event (« too suprising ») is in contradiction with
other memories so the tension increase :

---> defenses processes are stirred up (--> symbolic prematured inhibition)
---> the event stays active in an analogical format

(Brewin *et al.*, 1996, 2010 / PTSD)

effect of an event depends on the specific resonances
of the situational circumstances with the personal story
as it has formatted the inner world

mood: basic emotional tone

---> degree of congruence self/(inner)world

conflict: incongruence between fragments of the active space

example: bereavement

loss <----> memory of a loved one

---> defenses processes are stirred up
protection but closing, trap

« web tearing » / *wrench* : intuition of an *irreversible* conflict

no possible congruence on the horizon (non-unification)

loss is irreversible but a wrench can be integrated
in the representational space

grieving process (Freud)

if loss is *central* in the inner world (memory associations +++):

severe wrench

every event recall the loss (mourning of *the* loved one)

--> wave of pain

defensive *shrinkage* of the representational space:

withdraval

no way out, every path is closed

no future world

inner world \approx *well*



if the subject try to get out: wave of pain (revival of the conflict loss/memory)

===> relapse

at the bottom of a well: darkening of the inner world
no bottom: melancholia

collapse of self-esteem?

unexplained by apparent loss (Freud)

==> resonance through the inner world with unconscious loss

loss of the fundamental Ideal// positive Self

= « **home** intuition »: basic organization of familial and professional life
image of happiness

depressive core in resistant depression

to explain the wrench of the whole representational space

==> flaw in a founding space (key for a unified inner world)
basis of the self-esteem
home in childhood, parent figures



ancient **split** of the inner world to protect home against first loss

bad self (guilty of the loss)

<---> good (**heroic**) self to control the loss and overcome the pain

Mme T

(Plagnol & Mirabel-Sarron, 2004; Ward & Plagnol, 2015)

51 years old, 3 sons (10, 17, 11 years)

- recurrent depression since ten years + agoraphobia + panick attacks
work stoppage (her husband's assistant)
- triggering factor: sibling conlict/father's heritage
- unsuccessful medication and psychodynamic psychotherapy

referred for cognitive therapy with schema focused approach

- hypercontrol schema
- functional analysis: - duty schema,
 - recognition schema (other's people « eyes »)
 - vulnerability schema

Mme T

classical cognitive work about automatic thoughts

hypercontrol ---> Mme T retrieves her place in her house

duty schema ---> resumption of professional activity

way out of the depressive well but healing seems fragile to the therapist

therapeutic blockage // husband idealization
idolized parental figures

---> inner world perspective / work on the whole subjective story – life events

similarities between husband and father:

- extended absence from home for professional reasons
- « home tyrant »
- very demanding on familial and religious traditions

Mme T

break of the inner world when Mme T was 17 years old

secret disclosure: first marriage and divorce of her father

contradiction with official attitude, loved father's image

---> unblocking therapy: « memory release »

link with the story with the grandfather who had a mistress

probable sense of vulnerability in early years / family felt incongruences

flaw in a bonding space: **depressive core**

---> fear of the parental divorce, fear that her mother would die

heroic sacrifice to protect her mother:

---> Mme T own marriage: save the child home

Mme T

save the child's home ---> **split** of the inner world



the bad part of the world was confined to a repressed part of the self schema

----> *undermining* of adult home

----> father's death with sibling conflict: ruin of the child's home

resonance with a **central loss**

severe wrench of the whole representational space

defensive shrinkage, well, withdrawal to the material home

Benefits of the representational spaces framework in resistant depressions

- better understanding of experienced life and pathological processes
 - (e.g., description of the inner world as a « dark well »)
 - . powerful metaphors (« home ») to become aware of the foundations of his/her own inner world and its fissures / cracks / flaws
 - . understand the shrinkage of the whole representational space
severe wrench / central loss
- implications for therapy:
 - . overcome therapeutic blockages
 - . specificity of mental restructuring required to re-organize the inner world and recreate a coherent narrative of life with and open future

Mr A. R.

- how to qualify the inner world of Mr A. R.?
- what is the incongruence between the doubt of her wife before the last suicide attempt and his inner world?
- how explain the prior difficulties of treatment?
- what are the signs of an « adult home » split?
- why the whole inner world seems to be so dark?
- what traumatic factors can be identified in adulthood?
- what loss of ideal in adulthood?
- what hypothesis about a central loss?
- how to characterize the « child home »?
- what are the signs of an ancient split?
- what emotional moves are felt by the therapist?
- how is his/her own inner world affected?
- is there an incongruence between the death wish of Mr A. R. and the failures of his suicide attempts?
- how to help Mr A.R. to re-open a life horizon?

10 points to assess with clinical vignettes

1. Explicit some spatial metaphors from the vignettes

(« way out », « split », « home », « fissures », « cracks », « undermine ...)

. take also into account the metaphors about *light* and *course of life*

. note also such metaphors for the therapeutic encounter

2. What do these metaphors mirror of an inner world?

3. Which traumatic factors (event or situation) can be noticed?

4. What are the effects of the traumatic factors on the inner world?

Are these effects still active?

Are there some resonances with past events?

points to assess with clinical vignettes (II)

5. What are the effects of a consecutive mental disorder like depression on the inner world?

6. How the client may describe the changes in his/her inner world?

How help him/her to such a task? What precautions to take?

What are the links with his/her environment (« external » space and world)?

7. What moves or points of blocking his /her emotions suggest?

8. How the client feels the therapeutic space between his/her own inner world and the external world?

Is he/she in a safe place?

points to assess with clinical vignettes (III)

9. What emotional moves are felt by the therapist?

How is his/her own inner world affected?

How can the inner world of the therapist mirror the inner world of the client?

What are the limits of such a mirroring?

(e.g., « dark areas », unspeakable painful bodily or mental experiences, gender or age or social gaps...)

10. What « openings » can be glimpsed? What « windows » could be opened?

What « horizons » can be set up?

How such proposals can be taken into account within the inner world of the client?

What precautions to take? How overcome the points of blocking?

Psychodynamics and Cognition

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