Short-term dynamic psychotherapy – indications and contraindications based on the case study "Lonely by choice"

Krótkoterminowa terapia psychodynamiczna – wskazania i przeciwwskazania oparte na analizie przypadku „Samotna z wyboru"

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Abstract

Recently, Short-Term Dynamic Psychotherapy (STDP) has been one of the most frequently chosen forms of therapy. "Insight", that is becoming aware of secret motives, desires and mechanisms underlying patient's problems, is regarded as the basic therapeutic factor, whereas the objective is accomplishment of deep and permanent changes in the structure of personality.

This study is to show its possible uses in treatment of one of an increasingly widespread problems reported by young people, namely the so called loneliness by choice ("singlism") as well as the need to identify indications and contraindications to the application of STDP in working with this age group.

Key words: short-term dynamic psychotherapy, time-limited dynamic psychotherapy, loneliness by choice

Streszczenie

Krótkoterminowa terapia psychodynamiczna jest obecnie jedną z najczęściej wybieranych form pracy terapeutycznej. Za podstawowy czynnik leczący uważa się "wgląd" czyli uświadomienie ukrytych motywów, pragnień oraz mechanizmów będących przyczyną problemów pacjenta, zaś cel - uzyskanie głębokich i trwałych zmian struktury osobowości.

Niniejsze opracowanie ma na celu ukazanie możliwości zastosowania jej w jednym z powszechniej obecnie zgłaszanych przez młodzież problemów, a mianowicie tzw. samotności z wyboru (singlism), a także konieczności identyfikacji wskazań i przeciwwskazań w zastosowaniu Krótkoterminowej Terapii Psychodynamicznej w tej grupie wiekowej pacjentów.

Słowa kluczowe: krótkoterminowa terapia psychodynamiczna, psychoterapia krótkoterminowa, samotność z wyboru

Introduction and aim

The main aim of the paper is to introduce major assumptions and theoretical constructs of presented therapeutic approach – *short term dynamic psychotherapy* and to show its possible uses in treatment of one of an increasingly widespread problems reported by young people, namely the so called loneliness by choice [1, 2]. as Also, there is a need to identify indications and contraindications to the application of *Short-Term Dynamic Psychotherapy* in working with this age group (STDP).

Short-term dynamic psychotherapy, or more properly *Time-limited dynamic psychotherapy* or *Dynamic psychotherapy* with clearly determined conclusion has been the most frequently and most effectively used form of dynamic psychotherapy. Its founding fathers and contemporary representatives include Freud, Alexander, Ferenczi, and more recently Balint, Malan, Davanloo and Sifneos [3, 4, 5, 6, 7, 8].

Major assumptions of this approach are largely based on theoretical constructs of dynamic (psychoanalytic) psychotherapy. The approach emphasizes the role of the unconscious and early life experiences in emergence of current problems. Insight, that is becoming aware of secret motives, desires and mechanisms underlying patient's problems, is regarded as the basic therapeutic factor. Psychodynamic psychotherapy has the purpose of accomplishing deep and permanent changes in the structure of personality. The therapy makes it possible to resume the broken maturity and personality integration process and understand oneself and anything that underlies the symptoms. The main tool is the transference and countertransference dynamics, focusing on fundamental interactions between two participants of a therapeutic relation. In this relation, it is both the client and the therapist who experience fear, defence and resistance, and the relation will mainly consist in careful dealing with those difficulties.

Basic assumptions of short-term dynamic psychotherapy should be treated as prerequisites increasing its efficacy [9, 10]. It appears necessary to consider

them also in work with specific age groups (authors have considered them in the study). They include:

1. use of interpretation and working through transference in the therapeutic process, and resignation from therapeutic passivity, unspecified time limits and holistic patient's change, keeping borders and maintenance of therapeutic alliance,
2. clear focusing of the work (clear, specific and/or easy to name phenomena are the easiest to analyze),
3. paying attention to "time" as a curative factor; precise time dimension of the therapy is about to motivate to work, build space for introducing changes, divide a more extensive behavioural map of a patient into pieces,
4. exclusive patient selection techniques (appropriately, i.e. consciously and purposefully selected individuals, may benefit from therapeutic offers in a more efficient manner) – required features include motivation and readiness to work, openness, high personality integration; it is easier for such individuals to start an alliance with the therapist which enables insight and task-based work and not only work through transference; also, they better handle frustration and tension,
5. exclusive matching of problems with the work – in this approach, the highest efficacy is achieved by working on clearly defined problems; these may include emergency situations, clearly tiring symptoms, severe stress,
6. use of techniques other than dynamic psychotherapy – hypnosis, homework, acting roles in order to achieve quick symptom relief,
7. "skilful use of a moment" this therapy requires considerable attention and involvement of the therapist as well as of the awareness that it "lasts" also after conclusion of the therapy, as permanent change may occur only after its conclusion [6].

The basic purpose of work with the use of this approach is to support the patient in experiencing and realizing his/her self-destructive (dysfunctional) patterns (behaviours and thoughts) and let him/her feel that other types of reactions are possible, and most importantly - give the patient an opportunity to check new, more functional behavioural patterns. This therapy is not aimed at reconstruction of personality; it is intended to eliminate symptoms, bring relief in suffering, improve functioning and restore mental balance (which means that it is aimed at achieving patient's readiness to make changes independently) and, just as in case of an emergency – bring higher efficacy and improved well-being of the patient.

Criticism of the presented method is generally based on its comparison with emergency intervention; listed factors decreasing work efficacy include compromise, practicality, shortened work time. An important, yet also criticized factor appears to be the economic factor and wider availability of the therapist to the patients (quick patient rotation, shorter working time with a single patient, etc.).

Method

General description of the patient

The patient is a female student in the last year of upper secondary school (18 years old). She looks younger than her age; she wears subdued and non-aggressive colours. She speaks to the point, putting forward logical arguments; she tends to analyze facts and theoretical considerations. She hardy ever reveals her emotions at the sessions. She is always very watchful and distrustful ("everything is suspicious even when it seems not to").

She is the only child; she lives in a small town. Her family may be referred to as a long-distance family (visit-based) where members of the husband-wife dyad stay apart over long periods of time, and their meetings are short and rather occasional [11, 12]. Her father is a doctor and he is very high-principled and meticulous (scrupulous), usually criticizing any signs of emotions (especially displayed by women). For many years now, the patient's mother has travelled to work abroad, she comes back home occasionally; the house is taken care of by the grandmother, mother of the patient's father, who is very critical of her daughter-in-law. The family gives the patient a lot of freedom and independence – the patient is practically excluded from any family decisions or problems, only education and fulfilment of school tasks constitutes an important area for family interactions.

The patient has very little contact with her peers. In what she says, she signals that nobody understands her or wishes to make friends with her at school, and in the place she lives "all people are addicted to alcohol or they are my father's patients". She has one trusted friend. She has good material status, e.g. she has a car at her disposal but she hardy ever uses it. She is planning to study in the Faculty of Mathematics. She does not enjoy the vision of living on her own. She does not remember any significant traumas and other experiences that could considerably affect her way of functioning. Also, the patient had no previous therapeutic experiences.

Reason for reporting

During her second year at school, the patient realized that she fell in love with her class tutor (PE teacher). She thought that this feeling would fade away during summer holidays, however it began to grow and

worry her. She believes that it is rather normal that schoolgirls fall in love with their teachers, however she thought that in her case it was taking too long, claiming: "I should get over him by now", "it's tormenting", "I want to end up with it but I can't". The patient has had very detailed information about the teacher, his private life and his current partner. Recently, she has had obsessive and haunting thoughts about the tutor and his partner. The patient stopped attending PE classes and she avoids any direct contact with the tutor, however she often follows him at school and after lessons. She reported fear and recurring anxiety regarding the prom, where she will meet the tutor and his partner.

During the first meeting, she also mentioned another problem: her father 'arranged' a friend to go with her to the prom, and she treats him as a friend but the boy is becoming increasingly involved in this relation (he calls her, texts her, wants to meet her). She does not know what to do because she does not like him as a guy: "it won't work, he didn't catch my fancy". I know it for sure" but she does not want to hurt him. This is the first real relation with a man of her age.

Grounds for therapeutic contract

The *therapy was aimed* at analyzing the presented situation and the unpleasant symptoms related therewith and consequently, at reducing their arduousness and talking about other focus topics related to the main subject. In this case, the *setting* model was suggested – short-term therapy limited in time, with meetings arranged once a week, lasting 60 minutes; 12 sessions + 2 counselling meetings, with possible arrangement of subsequent series of meetings; free of charge sessions conducted in the counselling centre. *Suggested working methods* included possible introduction of home tasks and inclusion of dreams, fantasies, considerations to the topic of the conversation.

Results

Diagnosis

Analysis of all collected material allows making a diagnosis that the patient displays *dysfunctional pattern of interpersonal behaviours*. Therefore, the case was referred to as "*loneliness by choice*". Choosing such pattern of functioning clearly allows the patient to explain the lack of willingness to establish and maintain any close relations. She is lonely, however, there is an advantage of her choice, namely she does not have to show her feelings, take care of other people, and most importantly – nobody will reject her or hurt her. Therefore, she does not have to connect with her feelings and wants. She confuses feelings with thinking, needs with intellectual interest [13]. She put all emotions that are "irrational and not needed by anyone" in the feeling of love to her teacher. She experiences fear and anxiety related with perspective of finishing this relation (leaving school) and losing the object, which despite its arduousness, in her opinion makes her, to some extent, unique and one-of-the-kind.

While analyzing the developmental stage, closer attention should be paid to *developmental asynchrony*, that is lack of interest in establishing relations with one's peers, as well as gaining independence and becoming self-reliant. The former area is concerned with dysfunctional patterns of interpersonal relations, the latter results from difficulties with becoming separated from the family despite clear patient's individuation. The patient has a lot of freedom and opportunities for being independent, but she is not willing to use them; most likely, she still needs family support and leaving the family might weaken their authority and confront the patient with her image of herself and other people.

Dynamic psychotherapy diagnosis: presented behaviours and the manner of describing (understanding) interpersonal relations, as well as the type and character of reported symptoms, point to *obsessive-compulsive personality disorder*. This indirectly stems from "community-based inability to optimally satisfy needs of an individual and their exposure to proper existential frustration" and adoption of obsessive-compulsive behaviours as the "strategy of controlling numerous non-acceptable feelings" [14]. The patient is likely to have introjected and identified with her parents and with parental standards and values in her childhood; she tried to measure up to those acquired and quite high standards, and live up to those rigid and child restricting values. This could, on the one hand, block the original forms of expression and inhibit development of the real self (establishment of false self).

The patient is very principled and serious, she suppresses any "childish" emotions; in the field of cognition, she presents ambivalent beliefs regarding her authorities and contradictory reacting tendencies, whereas in the emotional field, she is usually concentrated on peripheral problems and abstract questions. In many situations, fear of losing control, feeling of emptiness as well as stubbornness, obstinacy and rigidity, push their way through rationalization and negativistic approach to the world.

Focus topics in short-term work

Due to the type of reported problem and limited readiness of the patient to deal with other significant issues, therapeutic work was narrowed down to interpersonal areas with direction towards analysis of the patient's "here and now". It concentrated on 3 major focus topics:

1. the feeling for the teacher and disturbing symptoms related to this situation,
2. difficulties in relations with men and women,
3. interpersonal difficulties in relations with her peers.

Course of therapy

Eleven meetings (including two counselling meetings) took place, the patient did not miss any meeting, one meeting was cancelled by the therapist. The therapy was concluded on a planned date; the patient did not want to have the 12th session as it fell in February and the work has been scheduled to complete by the end of January. The patient had other activities planned as from beginning in February.

Conclusions

Assessment of therapy efficacy

Objectives, accomplished and not accomplished in the course of the therapy, are collected in the Table.1.

Table 1. Objectives in the course of therapy

Objectives accomplished in the course of therapy	Objectives not accomplished in the course of therapy
Reduced intensity of symptoms – haunting thoughts subsided, smaller focus on the feeling for the tutor; Better understanding and acceptance of the feeling for the tutor; it was possible to interrelate these emotions with blocked emotions in other areas and gain deeper insight in the reasons for emergence and maintenance of this feeling; Recognizing difficulties in relations with the peers as a significant problem affecting overall functioning – previously, this was a flatly rejected diagnosis; Gaining deeper insight and better understanding of family relations; Identification of destructive methods of functioning in the world, their connection with fear of establishing and maintaining satisfactory relations with peers and partners.	Poor identification of emotions appearing in a therapeutic relation; Superficial insight into methods and quality of patient's relations established with men; Continuous fear of experiencing emotions, loss of control and fear of experiencing joy and satisfaction;

Indications and contraindications for applying Short-Term Dynamic Psychotherapy

A definite indication to apply this type of therapy in the presented case is *age of the patient***.** In-depth analysis or long-term dynamic psychotherapy in case of adolescents is excessive and too binding. Short-term form allows for broader support, more extensive work and possibility of faster accomplishment of a specific change. Such intervention may often suffice to assume less destructive forms of behaviour and self-reliant healthy functioning by the adolescent patient; this of course, depends on the degree and type of reported disorder or problem.

In addition, *lack of previous therapeutic experiences* is encouraging to suggest a short-term therapy in the beginning, in order to familiarize the patient with this type of support. Sometimes this may be treated as an introduction to a longer relationship. A patient may directly experience the idea of a therapeutic relation, get familiar with the therapist and forms of his/her work; the patient may also gain deeper insight and take further steps more consciously.

Another indication to short-term therapy is the *type of problem reported* by the patient. A transparent problem with easily described behavioural pattern and rapid course (as it was the case in the presented case study), enables easy definition of a focus topic and combining it during work with other significant topics. Patient's motivation, more distinct than in case of other problems, may also be of help.

Level of organization and readiness for therapeutic work are of high importance as well. In case of the discussed patient, it was high and it provided for possible development of a fast and positive therapeutic alliance. The patient tolerated frustration; she displayed positive responses to intervention and interpretation attempts.

Possible use of different forms of work **–** change was possible to achieve, owing to possible use of various cognitive techniques [15, 16] and reinforcement of the strategy of coping through strengthening the power of ego [17, 18]. Tools useful in therapeutic work included:

- *classification of conflict threads* – this allowed to systematize and interrelate many behaviours and consequently, it provided for a certain coherent pattern and understanding how reported problems emerged and maintained. This, among other things, was the reason why the patient accepted the previously rejected diagnosis of interpersonal problems,
- *reinforcing values of getting familiar with and learning of a new outlook on the world* – espe-

cially in case of individuals with obsessive-compulsive defence mechanisms and in case of adolescents, it is worth to point to positive value of deeper insight and a new way of experiencing oneself and the surrounding world. To that end, in relation with the patient, the therapist very often referred to "here and now" emotions and the analysis of therapeutic relation. This helped encourage the patient to identify and analyse experienced feelings and emotions, and it showed rigidity and restricted character of patterns of functioning used to date. The patient was surprised when patterns she used to date did not match the current situation. Also, it was important that she was encouraged to express her feelings, which evoked a similar open ended attitude on the part of the therapist. Consequently, the patient was able to see that experiencing emotions "is nothing dreadful".

- *use of patient's positive resources* – due to the fact, that the patient is a rational person who puts forward logical arguments regarding her behaviour, it was relatively easy to show her the "clearly" positive resources and her inappropriate assessment thereof. On the one hand, the patient found it hard to reject logical arguments, on the other hand, she could deeply experience an emotional distortion of assessment of her own resources. This fact was especially revealed in the context of the approaching school-leaving exam (*matura*) and patient's fear of exam failure, although she was the best student in her class and the leading pupil at school in major subjects. Owing to the analysis of "illogical fear", the patient realized how important the social opinion and other people are for her and that she has a very negative opinion of herself. This, of course, has not changed her way of thinking completely, however it enabled her to gain a deeper insight and confront it with her previous way of thinking,
- *cognitive analysis of thinking patterns and ways of describing the surrounding world* – in this case, it was particularly important to pay attention to and analyse generalisations used by the patient when describing people and relations she has been surrounded by. She very often used expressions such as "people", "they", "all of this", "these problems", "this feeling". Analysing the meaning of specific expressions and moments at which she was using them most often, allowed, to a considerable extent, to understand her defences and mechanisms of her functioning.
- *paradoxical interventions* – use of this type of intervention in key moments of the therapy allows to disclose dysfunctional thinking patterns and avoid recurrence of destructive behaviour patterns. In one instance, it consisted in showing benefits of the paralyzing fear of the exam – therefore the patient's attention was drawn to the fact that owing to this, she has no time to think about her obsessive love for the tutor. In another, when after a few sessions of analysing her negativistic approach to people and the world, the therapist finally "surrendered to her arguments", asking what would happen if the patient managed to convince her, the patient brightened up and presented her own concept of looking for a friend – "it would be a person who will feel, just as I do, that this is hopeless and only then we would be able to find a solution together". Consequently, this allowed her to see one-sidedness and limited scope of such a way of thinking.

It should be stressed however, that there are also contraindications for use of short-term therapy [19]. By identifying the patient as a person with obsessive-compulsive defence mechanisms, we should consider problems, which may be evoked by a short-term nature of a therapeutic relation. In comparison to long-term therapy, short-term therapy offers more systematized therapeutic relation, more clearly determined goals to accomplish and it enables to use a variety of techniques. This may create an impression that the relation is task-based and due to a clearly defined time of conclusion, it may be safer for individuals having problems with establishing relations. In case of a person with obsessive-compulsive disorder, short-term relation may reinforce a conservative manner of reacting and restrict the effect of a therapeutic relation as a curative factor. This type of patients may use nature of the relation to escape and apply the well-known defence mechanisms. Early identification and consideration of such kind of problems, may improve efficacy of the applied method. However, it should be acknowledged, that in case of individuals with obsessive-compulsive disorder, short-term therapy is not the most recommended method and it should be chosen only in the event of co-occurrence of other factors presented above. Also, it should be noted, that in case of the patient in question, adoption of a short-term perspective appears to be the most helpful and justified, as the curative factor providing for corrective dimension of the therapy has become the "here and now" relation with the therapist. Therapy based on object relations theory (nature of the relation and suggested interpretations), forced the patient to confront her biggest problems and it enabled her to gain deeper insight into her behavioural and functioning mechanisms.

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