



Psychodynamic psychotherapy's repair process

Yuanwei Li

State Grid Technology College
500 Erhuan South Road, Jinan city, Shandong Province, China

Email: 15216441008@163.com

Abstract. Freud once described resistance in "The Dynamics of transference"^[1], arguing that resistance comes with therapy. Every association and every behavior of the patient in therapy needs to be considered in the context of resistance, they also represent a compromise between the power of the self striving to recover and the power of the opposition. This is precisely the paradox of psychotherapy: on the one hand, the patient is suffering and wants help to take control of his or her life. But at the same time, they resist change. They unconsciously resist and fight against the change that is taking place. They are afraid to leave a lifestyle that has brought a degree of peace or balance. Thus, resistance continues throughout the therapy. Therefore, as the therapist helps the patient to let go of resistance and opens them to new possibilities, the process of repairing is the process that must accompany the emergence of resistance. Of course there will inevitably be pain in the process of repair and change, but this is the process of the therapeutic cycle.

Keywords: Psychodynamic; psychotherapy; resistance; repair

1 Introduction

This paper delves into the process of repair in psychodynamic psychotherapy, emphasizing the role of resistance and defense mechanisms. In the field of psychotherapy, psychodynamic approaches are widely employed to help individuals address emotional and psychological issues. However, the therapeutic journey often accompanies patients' resistance and defense mechanisms, which add complexity and challenge to the process. This paper aims to explore the intricacies of the repair process within psychodynamic psychotherapy, highlighting the significance of resistance and defense mechanisms. We will delve into how therapists identify, comprehend, and address patients' habitual psychological patterns during therapy, as well as how therapists assist patients in recognizing that these patterns contribute to their distress. Furthermore, we will discuss the therapist's use of empathy to understand patients' internal object relationships and how to navigate the potential resistance and defense mechanisms that may emerge [2].

2 Resistance and defense mechanisms

The focus of psychotherapy is on clarifying, faceting and ultimately interpreting the relationship at different levels: the therapist tries to find the habitual patterns of the patient during the psychological treatment process and pays attention to the similarities that occur at these levels, that is, the process of discovering the compulsive repetition of the patient ^[3]. The starting point of the work is of course usually the therapist's experience of the patient in the therapeutic relationship: that is, the process of transference and counter-transference through which the therapist can identify the habitual pattern of the patient and can try to understand the purpose of the pattern and thus help the patient to realize that the pattern does not work. Instead, it increases the pain and suffering suffered by the individual, and resistance certainly arises.

Therefore the first session becomes especially important, because the patient is the presentation of his model without resistance. During the first session, it is important to note that the symptoms, personality traits, and ways of organizing personality that the therapist discovers and senses are ways for the individual to alleviate psychological suffering, and they are ways to resolve conflicts and deficits. Therefore, in the face of change in the psychological treatment process, the patient may think, "I don't know what will happen, and things may get worse. Therefore, even if change is possible, it is more reliable for me to stick to my old solutions." And the drive is conservative, i.e., "My usual way of getting satisfaction is the best" and change may make things worse and increase suffering. Thus, therapist interventions - even appropriate ones - do not lead to immediate therapeutic change.

This is the effect of resistance, that is, change may not happen or the process of development advances very slowly; we have to repeat our interventions over and over again. And because of the resistance, the patient's anxiety about change happens gradually, and precisely so, as it happens, a revision can take place.

3 Repairing the pass

Repairing is a psychological work that allows the subject to accept specific repressed elements and to free himself from the grasp of repetitive mechanisms. Although it is a constant element in therapy, it plays a more pronounced role at specific stages of treatment - when therapy is at an impasse or stagnant, or when resistance persists even after being interpreted. Often, the retreat begins with acceptance on a rational level, and then gradually becomes a living experience. The patient begins to be able to observe it and try to understand it. For all of us, this is a process that lasts a lifetime ^[4].

For example, the patient's perception of the therapist as a brand new object makes it possible to become aware of repetitive patterns in the relationship with the therapist. In the beginning, repetition is a given: the anxiety and drive for change is conservative in nature, causing the patient to repeat old patterns, i.e., compulsive repetition.

However, the therapist must empathize to understand the patient's perspective. And in the way the patient himself experiences the relationship, i.e., the first-person perspective. In this process, the therapist can gradually introduce an external perspective:

for example, "We can now see that what you did to me is the same as what you say you had to do to your mother". Gradually, the patient is able to see himself through the therapist's eyes, and at the same time, the patient experiences that the therapist's mind is committed to understanding him; this is the process of mentalization.

It is important to note the paradox that there is a part of the patient that wants help and wants to change, but at the same time there is another part of the patient - a part that does not want to come to therapy, a part that may find change too painful or too afraid of change. For example, a person who is so afraid of being dominated that he may try to pick on the therapist from the beginning to "get the upper hand". This is a pattern that exists in all his relationships: I can't be weak, I have to be strong and dominant, dominant all the time. So he may do everything he can to hide the part of himself that is seeking help. As a result, the patient may develop empathic resistance.

Empathic resistance is the resistance to therapy based on specific fantasies about the way the therapist sees the patient, such as the patient who just "wants to dominate me". Or not telling the therapist the secret they are most ashamed of, because they are sure the therapist will shame and criticize them for it.

The patient's resistance is likely to be a reconstruction (repetition) of a past relationship. resistance is not just a barrier that needs to be removed from therapy, but also reveals an extremely important internal object relationship - one that has been relocated from the patient's past to the present moment with the therapist. We must therefore aim to use empathic resistance for therapeutic purposes.

4 Therapeutic cycle

Resistance appears at every stage. It is not enough just to allow the patient's conflict and resistance to enter the level of consciousness; this process must be repeated again and again. And repairing the passage is difficult in situations where the original defenses are at play: for example: projective identification - splitting.

The analytical approach moves along a dialectical cycle. The three steps of the therapist's work are: listening - understanding - intervention. Change is painful, in the process of changing from a paranoid-divided mind position to a depressed mind position, for the patient the paranoid-divided mind position is self-sufficient and free of guilt; but when developing a depressed mind position, the change means being able to be aware of the other person's pain, as well as feeling guilty for having caused harm.

Moreover, the depressive state of mind may include fears about causing harm to the object, thoughts of responsibility, remorse and guilt, and a desire to repair the object. It is not only a feeling of repair that accompanies the depressive state of mind, but also the psychological pain associated with repair. Caring and concern for others can also cause pain, a pain of feeling that one may be the "culprit" in causing the pain of others.

Of course, the process of repair means giving up a "safe" position and accepting the care, concern and guilt of others. Acceptance of this change is the process of mourning, which is the path to a depressed state of mind. Mourning is the occurrence of the old and the new. The old way of facing the world is re-experienced and examined. The patient's subconscious has already prepared the old way of coping to be shelved.

Klein believes that depression means mourning and is the state produced by the individual in the transition from the paranoid-schizoid state to the depressed state. It seems that the patient will feel worse than before, but in fact he is getting better step by step. The past way of facing the world becomes the past tense, experienced as an object that has passed away, knowing with certainty that it will not return; Reality requires a different way of coping, even if it cannot be done temporarily, even if it is temporarily in the helpless emotional experience of unfamiliar environment and unfamiliar challenges, but the new situation has been perceived and prepared for accepting the reality.

The grief and pain of mourning lasts for a long time, and the mourner has to restore the connection with the outside world that has not worked, to bid farewell to the resulting loss and disintegration, and at the same time to experience the pain of rebuilding a new connection. Just as an infant experiencing depression must subconsciously struggle with the process of saying goodbye to the good mother, integrating the good mother and the bad mother, and establishing a complete image of the mother, the mourner must also go through the pain of saying goodbye, integrating and rebuilding the inner world.

The mourning process is painful, but it is essential and significant in psychological treatment. To complete the mourning process means to mend. The role of the therapist is to create the conditions for exploring self representation as well as the representation of the object of attachment. The purpose of this work mechanism is to the "treatment in the relationship (for) the new experience", on the basis of rebuilding the internal working model, the internal working model of dysfunctional awareness and introspection, and need treatment technology in this working model is yes, consultants, as a new object, into the emotional interaction with patients.

In the therapeutic relationship, the therapist needs to realize that all therapy requires patience and time; to have the ability to accept and embrace whatever arises; to try to be accepting of all types of feelings: difficult feelings, negative feelings, passionate/enthusiastic feelings, etc. And to be able to tolerate temporary confusion or overwhelm; to learn to pay attention to our feelings and reactions and how they affect us; to be open to the role we play in the interaction.^[4]

5 Clinical Case Study

5.1 First consultation

During the first session, the patient took out a piece of paper and listed many issues she wanted to discuss, including her relationship with her parents, her family of origin, her attitude toward money, her attitude toward herself, and many other aspects.

In fact, it can be seen that behind the patient's life is an extremely strong sense of control and overdevelopment of the mind, a phenomenon of the pseudo-self, where the individual will consider the environment unreliable, so she can only detect and take care of the environment through herself, which leads to the patient's painful uneasiness, and behind this seemingly good intelligence is a certain degree of deprivation.

5.2 The process of patient's retrieval in psychological treatment.

The patient was very emotionally restrained during the first thirty sessions, rarely able to express emotion, and occasionally wanted to cry, but would contain the tears before they came out. The therapist often has counter-transference at this stage: whenever the therapist tries to empathize with the patient, the patient denies it, so the therapist has a very strong sense of frustration.

Later on, the patient starts to be able to gradually have emotional catharsis and, after 50 sessions, expresses very emotionally charged feelings of hatred, anger and repression towards the parents. The ability to fully express resentment toward the parents stems from the fact that the patient can try to live vividly, can feel herself, and so can accept all her negative emotions, not only mechanical reactions to stimuli.

This kind of catharsis is a process of gradual repair, where the patient can have the courage to face her past life and start a new one, as she said, "It was unfortunate to grow up in a family like mine, but I also gained some qualities that others did not have."

During the consultation, she went through the process of preparing for her wedding and getting married. In the early stage, she was very "repulsed" by spending her parents' money, and the gifts her parents prepared for her made her feel very angry, as she felt they were a waste of money and meaningless. The patient also told a detail that she did not like dumplings, but her boyfriend's family would eat dumplings whenever something good happened, so every time she went to her boyfriend's house, his mother prepared dumplings for the patient. Once her boyfriend told her parents directly that she didn't like dumplings, and the patient was so disgusted and embarrassed that she never even wanted to eat dumplings that much.

However, the relationship with her parents gradually improved, and she was able to go to the mall with her family, which was a very cozy scene. She could sit in the living room with her father the night before the wedding and talk about things from her childhood. It is also possible to control one's emotions before lashing out at mom.

She was afraid of being seen by others, so that she would need to give in return. She was afraid to relate to people and things, so she had no friends and average relationship with colleagues, all because of the poor environment in which the patient grew up, and there was no stable external object that could be used by the patient for a long time. However, during the psychological treatment process, the patient completed the repair of her past traumatic experiences with resistance and defense, which led to a significant improvement in her current living environment and a significant improvement in her relationship with her family.

5.3 resistance and defense mechanisms of patients in psychological treatment.

She was very punctual in every consultation before the patient, but she was 20 minutes late for the 26th consultation. The objective reason was that the leader of the patient temporarily talked to her, but the patient showed great remorse and guilt about this matter, and kept apologizing. The therapist gave feedback that it was not your problem and the consultation was extended by 10 minutes, but the patient still felt very sorry. At this point, the therapist's counter-transference is guilt.

It was later discovered that her common interpersonal strategy was such that the patient often used this guilt to express her inner guilt and deeply destructive power. But in previous family and interpersonal relationships, parents and other significant others, did not survive the patient's destructive nature, which led the patient to become more isolated and unsupported, and to perceive her environment as unsafe, but the therapist gradually survived the patient's attacks, allowing the patient to relate to the outside world in a new way and to begin to trust the therapist.

The process of transformation is spiraling rather than happening overnight, and the entire transformation of the patient is accompanied by pain. She is uncertain and fearful about the upcoming changes, and this loss of control raises the patient's higher defenses. What the therapist can do is to provide a corrective emotional experience with an attitude of tolerance and acceptance. These positive and supportive techniques can help the patient to have the strength to come through a painful change. Of course, the therapist also needs to be able to withstand and survive the attacks and projections of the patient in the process, and then the process of repair will be a natural one, and both the therapist and the patient will "come alive" at the same time.

6 Conclusions

In conclusion, this paper has examined the intricate process of repair within the context of psychodynamic psychotherapy, shedding light on the pervasive role of resistance and defense mechanisms. Throughout the course of psychotherapy, it becomes evident that resistance is not an aberration but an inherent aspect of the therapeutic journey.

Resistance, appears at every stage of therapy, requiring a continuous effort to bring it into consciousness. Repairing the passage is particularly challenging when entrenched defense mechanisms are at play ^[5]. However, this paper emphasizes that change, while painful, is an essential component of the therapeutic journey. The process of mourning, as described, involves relinquishing familiar coping mechanisms and accepting responsibility for one's actions. This painful yet transformative process ultimately paves the way for repair and growth. Through the lens of a clinical case study, we have witnessed how these theoretical concepts manifest in real-world therapeutic contexts. The patient's gradual transformation and emotional catharsis underscore the potential for healing within the therapeutic relationship ^[6].

In summary, psychodynamic psychotherapy is a profound and nuanced endeavor, where the therapist's empathy, patience, and ability to withstand resistance play a pivotal role in guiding patients toward repair and growth. It is a therapeutic journey marked by complexity and challenge, but one that offers the promise of profound psychological transformation and personal healing.

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