



# Discovery of Repetitive Incompatible Patterns in Young Individuals and Therapeutic Process Analysis of a Teenager within the Scope of Functioning Studies by Time-Limited Dynamic Psychotherapy (TLDP) Method

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## Abstract

The holistic approach is indispensable in every form of work that focuses on human. Human is a bio-psycho-socio-cultural entity. In addition to examining humans by separating them into basic fields such as body, soul and mind, the effort to understand them by separating them into periods of life such as childhood, youth and adulthood is an endless discovery. Youth is undoubtedly a very special period when it comes to the prospect of repairing the past and building the future safely, with a chance to live the moment. Young people are individuals who will make high gains in limited time when it comes to safety, health and welfare in the social field. Compliance is a key concept for these gains. However, young individuals with incompatible patterns, especially those with high levels of mental function and education, remain in society as individuals who are masked by fake self-image, waiting to be understood. These individuals, who cannot express themselves adequately, have important issues such as self-confidence, sociability, academic success, social roles, individual performance, job and spouse selection, and expectations for the future. Here comes forth a consultative approach that is collaborative, active, supportive, focused, and time-efficient. Time-limited dynamic psychotherapy is an interpersonal and time-sensitive approach for individuals with chronic, pervasive and dysfunctional forms of communication against the other. It aims to change the way a person communicates with himself/herself and others. The focus is not on reducing symptoms, but rather on changing the deep-rooted patterns of interpersonal intimacy or the personality.

**Keywords:** Young people, Compliance, Incompatible Patterns, SSDP.

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İNCELEME / ARAŞTIRMA

# Genç Bireylerde Tekrarlayan Uyumsuz Örüntülerin Keşfi ve Süresi Sınırlı Dinamik Psikoterapi (SSDP) Yöntemiyle İşlevsellik Çalışmaları Kapsamında Bir Gencin Terapötik Süreç Analizi

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## Öz

Bütüncül yaklaşım insanı odağa alan her çalışma biçiminde vazgeçilmezdir. İnsan biyo-psiko-sosyo-kültürel bir varlıktır. İnsanı beden, ruh, zihin gibi temel alanlara ayırarak irdeleme yanında çocukluk, gençlik, yetişkinlik gibi yaşam dönemlerine ayırarak anlama çabası bitmeyen bir keşiftir. Gençlik dönemi, anı yaşama şansıyla birlikte geçmişi onarma ve geleceği güvenle inşa etme beklentisi söz konusu olunca şüphesiz çok özel bir dönemdir. Gençler, toplumsal alanda güven, sağlık ve refah söz konusu olunca sınırlı zamanda yüksek kazanımlar sağlayacak bireylerdir. Bu kazanımlar için uyum çok önemli bir kavram olarak karşımıza çıkmaktadır. Oysa uyumsuz örüntülerle yaşamını sürdüren genç bireyler, özellikle de zihinsel işlevleri ve eğitim seviyesi yüksek olanlar, toplumda sahte kendiliklerle maskelenmiş, anlaşılmayı bekleyen bireyler olarak kalmaktadırlar. Kendini yeterince ifade edemeyen bu bireyler; özgüven, girişkenlik, akademik başarı, sosyal roller, bireysel performans, iş ve eş seçimi, geleceğe dair beklentiler gibi konularda önemli sorunlar yaşamaktadırlar. Burada; birlikte çözüm arayan, aktif, destekleyici, odaklanmış ve zamanı iyi kullanan bir danışmanlık yaklaşımı öne çıkmaktadır. Süresi Sınırlı Dinamik Psikoterapi (SSDP); ötekine karşı kronik, yaygın ve işlevsiz iletişim biçimlerine sahip bireyler için kişilerarası ve zamana duyarlı bir yaklaşımdır. Hedefi, bir kişinin kendisiyle ve başkalarıyla iletişim kurduğu biçimi değiştirmektir. Odak, semptomların azaltılması üzerine değil, daha ziyade kökleşmiş olan kişilerarası yakınlık örüntülerini veya kişilik biçimini değiştirmek üzerinedir.

**Anahtar Kelimeler:** Genç Bireyler, Uyum, Uyumsuz Örüntüler, İşlevsellik, SSDP.

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## Introduction

Time-Limited Dynamic Psychotherapy (TLDP) is an interpersonal and time-sensitive approach for individuals with chronic, diffuse and dysfunctional forms of communication to the other. Its goal is to change the way a person communicates with himself/herself and with others. The focus is not on decreasing symptoms, but rather on changing interpersonal patterns of affiliation or personality type (Levenson, 2011).

Although the framework of TLDP is psychodynamic, it also includes current developments in theories of interpersonal, object relations and self-psychology as well as in cognitive-behavioral and system approaches (Eells, 2009). Deep in the roots of the TLDP, there are experimental studies focusing on the participation of the counselor in the therapy process (Levenson, 2011).

### The TLDP Model has seven assumptions:

1. The client needs interpersonal therapy for problems resulting from impaired interpersonal relationships.
2. Non-functional styles have been learned in the past.
3. Non-functional styles are protected today.
4. The client once again has an interpersonal problem with the counselor.
5. The counselor is a participant observer.
6. The counselor tends to revitalize the difficulties with the client.
7. There is a definable and problematic relationship pattern (Levenson, 2011).

### TLDP Principles

1. People have innate motivations to try to be in contact with other people and maintain this state of relationship (Levenson, 2013).
2. Maladaptive/incompatible relationship patterns are acquired in the first years of life, become a schema and underlie most of the current complaints (Levenson, 2013).
3. Such patterns are continuous because they are maintained in current relations (cyclic causality) (Eells, 2009).
4. In the TLDP, clients are considered to be stuck people, not as clients (Eells, 2009).
5. The focus in the TLDP is to alter the maladaptive/incompatible relationship patterns and the accompanying emotions.
6. TLDP is interested in an interactive process rather than specific content.

7. TLDP focuses on the main problematic relationship pattern.
8. The client is both an observer and a participant.
9. The change will continue after the end of the therapy process (Levenson, 2013).

### **Cyclic Maladaptive Patterns (CMPs):**

**Self-actions:** It includes thoughts, emotions, motives, perceptions, and behaviors regarding an interpersonal nature.

**Expectations about the reactions of others:** It is about all expressions regarding the client imagining how others will respond to him/her as a reaction to a number of interpersonal behaviors (self-action).

**The actions of others against the self:** They include the real reactions of other people as observed (or assumed) and interpreted by the client.

**The actions of the self against the self:** When the object of the interpersonal pattern is the self, all of the behaviors and attitudes of the client towards himself/herself belong to this section. How does the client treat himself/herself?

Using the CMP formulation provides a systematized framework that makes a large collection of information understandable and leads to efficient hypotheses. A successful TLDP formulation is expected to provide a detailed plan for the entire therapy. The CMP also describes the nature of the problem, leads to the description of the goals, serves as a guide for interventions, allows the client to predict the reenactments in the context of the therapeutic interaction, and provides a map to evaluate whether the therapy is on the right path. However, the CMP is a flexible study formulation that is planned to be reviewed as therapy progresses. The focus provided by the CMP allows the client to intervene in the most probable forms of being therapeutic. Thus, therapy can be shorter and more effective at the same time. The prominent problem is the life-long repetition of non-functional/maladaptive patterns. Time-Limited Dynamic Psychotherapy (TLDP) can be applied successfully in the interpersonal field as a therapy model that can both return to the past and identify the source of the problem and find solutions to the problem with the now and here approach. Deep in the roots of TLDP, there are experimental studies focusing on the involvement of the client in the treatment process (Levenson, 2011). So far, some important information about TLDP is presented. In this study, which is developed based on research, it is predicted that analyzing the working process with qualitative data analysis method will be quite significant and useful.

### **Method**

**Purpose of the Study:** This study aims to determine the therapeutic themes that are prominent in the qualitative analysis method through the “therapeutic process of a young person” within the scope of the discovery of recurrent incompetent patterns in young

individuals and the functionality studies with TLDP (Time-Limited Dynamic Psychotherapy) method.

### **Research Hypotheses:**

1. The young person needs help with the problems that arise from the interpersonal relationships in which he/she has problems.
2. Non-functional attitudes were learned in the past and continue at the present time.
3. Non-functional attitudes can be changed.
4. The counselor is a participant observer in the process.
5. Time is needed for this change and the change will continue after the therapy process has ended.

### **Methodological Approach:**

Since qualitative research has no predetermined exact rules and standard approaches applicable to different environments and groups, each research requires a unique research design and data analysis strategy. Therefore, each qualitative research has its own characteristics (Yıldırım & Şimşek, 2011). In-depth interviews in the process of psychotherapy are based on a specific theoretical background. Time-Limited Dynamic Psychotherapy (TLDP) uses an interview technique that creates a unique road map and continuously updates it in the process. On the other hand, the content of the sessions is continually regenerated according to the subject or subjects that the client chooses to present. In this respect, it can be considered as the semi-structured interview technique used in qualitative research techniques. The semi-structured interview technique gives a more appropriate technical view due to the fact that it has a certain level of standardization and at the same time flexibility (Patton, 2014; Yıldırım and Şimşek, 2013).

### **Analysis of the Qualitative Data:**

“The main feature of qualitative research is that they reveal the points of view of research subjects, their worlds of meaning and see the world with their eyes. In addition, in a qualitative interview, the researcher is not a neutral, distant person or one who hides his/her emotions. He/she establishes a relationship with the interviewee. The researcher's empathy, sensitivity, humor, and sincerity are important for research. The interview is influenced by the researcher's selfhood, interests, experiences, and judgments. How the investigator asks questions depends on the subject or his/her feelings towards the interviewee. What the researcher will hear from the answer depends on his/her mental state and previous experience” (Kuş, 2009). As can be seen, qualitative data analysis is the appropriate option or even perhaps the most appropriate option for the analysis of deep and intensive data obtained by the TLDP method. The records were transferred to the Nvivo 10.0

qualitative data analysis program, where the research data were evaluated. Nvivo is a software program used in the process of storing and analyzing data in qualitative and mixed pattern researches.

**The Text of the Interview:** The utmost care was given to ethical principles regarding the conduct of interviews and the storage of data. In the informed consent form given to the participants, there are other important information during the session as well as the option to allow audio recording, to allow image recording, and not to allow any recording. Among the participants who did not allow any recording in the first session, some of them allowed recording starting from the second session, and there were participants who preferred not to be recorded in one session or a few sessions in a period of 16-25 sessions. The process continued by convincing or recording in such a way that does not ruin the therapeutic process. In this example, due to the binding conditions of the client, who did not want any recording initially and then allowed audio recording later (exam schedule, semester holiday, end of the lessons and going to the hometown or home country), we completed the process in nineteen sessions, which had been initially planned as twenty sessions, there are records of fifteen sessions and the client did not want to be recorded by any devices therefore the therapist took his/her own private notes in detail. The target is thought to be reached in the fifteenth session. The data of the last four sessions, which were recorded as one-to-one voice recordings and not deciphered, were included in this analysis. The recorded data was converted to text as raw data by Microsoft Word Processor. This process took 4.5-5 hours for each session. Everything that was said was written exactly as it came out of the mouth, and body language and countertransference notes were added. Approximately 200 pages of data were obtained for each session text in a total of 8-15 pages. Special readings were made before and after each session for at least two to three hours from the sources determined as a supervisor proposal for the goals of focused work, providing and maintaining the therapeutic alliance.

**Triangulation:** The triangulation strategy has a very important place in data analysis due to enabling the same phenomenon in different ways and its ability to reinforce the trust in the results and to contribute to credibility. Four types of triangulation are used to confirm the accuracy and authenticity of qualitative analyses. In this study, almost all of these triangulation types were utilized.

Method triangulation includes control of the consistency of the findings generated by different data collection methods, triangulation of resources, control of the consistency of different data sources within the same method, analyst triangulation, the use of multiple analysts reviewing findings, theory/perspective triangulation and different point of view or theory usage in data interpretation.

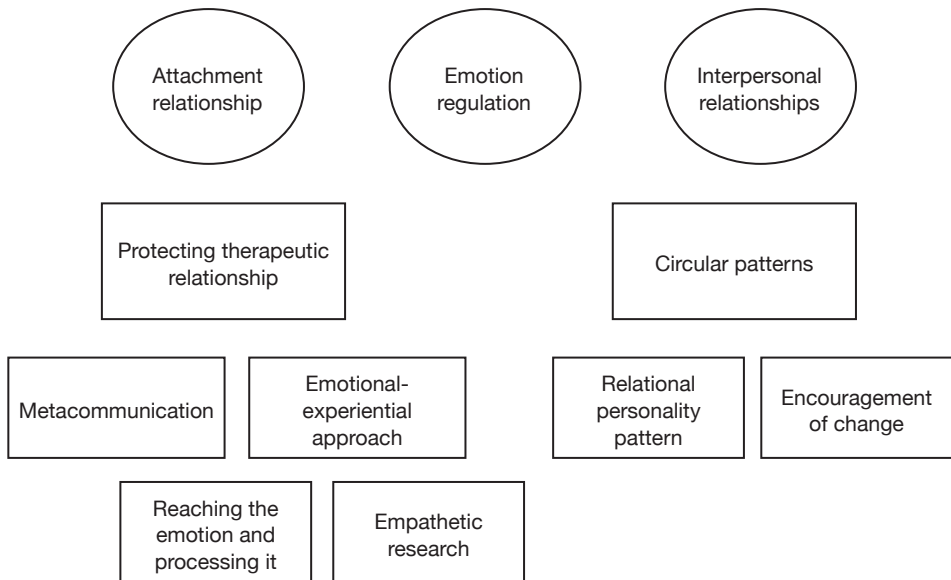
**Coding Data:** The transcripts, which are the data dump without data being encoded, were read line by line. However, important dimensions determined in TLDP formulation

were established and what each dimension means was tried to be determined. The words and concepts expressed by the participant in the coding were used as much as possible in the coding. In the coding of the data, line by line analysis approach, which was expressed by Patton (2014), was used. A word, phrases or a sentence formed a unit for analyzing data. Open, axial and selective coding techniques were used together in the coding process.

**Interpretation Techniques:** Inductive descriptive analysis, content analysis, and constant comparison technique were used in the interpretation process of the interview data (Marshall and Rossman, 2011; Miles and Huberman, 1994). In the descriptive analysis, direct quotations were frequently included to conspicuously reflect the views of the interviewed individuals. In the content analysis, on the other hand, the data were first divided into sections and these sections were analyzed and compared. Later on, the codes that create meaningful concepts from these sections and recall the same concepts were combined under the common category. In the last stage, the meaning unity was obtained from the themes that came out of the data.

## Findings

The findings obtained from the analysis of the data are summarized in the following model.



Model 1: Themes

Attachment relationship, emotion regulation, and interpersonal relations are determined as the three main themes/categories. The discussion section includes explanations of the main themes. Protecting the therapeutic relationship and circular patterns are the two sub-themes. Under the theme of maintaining the therapeutic relationship, there are sub-themes of metacommunication and emotional experiential approach. Findings under the theme of emotional-experiential approach, in other words, codes can be discussed under the headings of “reaching and processing emotion” and “empathetic research”. The codes under the theme of circular patterns are presented under the headings of “relational personality pattern” and “encouragement of change”. On the other hand, it should be noted that all these themes are intertwined.

In this study, disambiguation, confrontation (confrontation by mirroring), interpreting, focusing and vivification are the important strategies that are the main approaches to establish and maintain the therapeutic relationship during the process. They meet the dynamic aspect of TLDP.

Metacommunication can be defined as “a method of speaking about things transferred between the client and the counselor in verbal and non-verbal forms” (Levenson, 2013).

To exemplify, real quotations are presented below.

**Quotation 1:**

*“Therapist: This is one of the things that pass through my mind at the moment and that I think that I understand you the best: somehow you worry that I will misunderstand you or I will misjudge you. We do not discuss a plan, we do not set a specific agenda. For example, how we experienced silence and emptiness in the last session together, why we are bothered when we do not fill it with something, how we feel in those moments; that are the things we looked at... As far as I’m concerned, the things that bothered you the most are the search for your fraud, to be misunderstood, and the fear that the information you give and what you say contradict.*

A: Yes (with a clear voice)” (7<sup>th</sup> session, 1<sup>st</sup> source)

**Quotation 2:**

*“Therapist: Is there such a reason that you sit with your hands under the armpits when you talk to me?” (the client sits like this right now) (9<sup>th</sup> session, 2<sup>nd</sup> source)*

**Quotation 3:**

*“Therapist: What’s important is what’s going on between us here, what I’m feeling about you ... you want to control; the times that I take the control is a problem for you.*

A: A face that confirms and expresses that he/she is fully understood” (A always has a blunt expression) (12<sup>th</sup> session, 1<sup>st</sup> source)



*In this study, “reaching and processing the emotion” is discussed under the theme of the emotional-experiential approach which has emerged as one of the most important elements of the therapeutic process. In this study, reaching and processing emotion was the most coded area in the whole process. At the same time, it is not wrong to indicate that there has been progressing throughout the process, although initial attempts failed.*

**Quotation 4:**

*“Therapist: It seems as if we are expecting something and expecting something bad. It makes even me feel a bit nervous; what does experiencing something like that make you feel?”*

*A: I always think he/she is doing something behind my back”. (4<sup>th</sup> session, 1<sup>st</sup> source)*

**Quotation 5:**

*“Therapist: Hmm, something like this attracted my attention: we’ve experienced this before with you; whenever we start to talk about your emotions or we start to try to talk about your emotions, the subject shifts to the subjects that we know more, that are more easily talkable, that contain such information more and more logical topics to discuss about (taking advantage of silence, I am trying to deepen it by saying “more like this, more like that” and I try to catch one of the rare moments of introversion of the client).*

*A: Is it happening?” (The client seems to feel tiny guilt; it seems like there is breaking), (6<sup>th</sup> session, 1<sup>st</sup> source)*

**Quotation 6:**

*A: “What does it make me feel? The question ‘what does it make me feel?’ is a very difficult question!!” (6<sup>th</sup> session, 2<sup>nd</sup> source)*

**Quotation 7:**

*“Therapist: By saying that it wasn’t emotional... When you mention something about emotion... Tension and anxiety...*

*A: It is normal that this happens this way; no one has ever asked me my feeling so far, you know. I was a bit of a... When I was a little child, I used to wet my bed, then I used to wake up and cry. I wish they asked what happened so that I could tell that I did it unconsciously and involuntarily. Of course, they used to come to my voice and my father used to yell at me because I woke them up. Then I used to go back to bed” (6<sup>th</sup> session, 2<sup>nd</sup> source).*

**Quotation 8:**

*“Therapist: Spend some time on it; get a little deeper. It is not something you need to answer immediately. You seem to feel like that sometimes.*

*A: Yes, replying instantly...*

Therapist: Hmm hmm... It is not such a thing; it is somewhere deep in you...” (7<sup>th</sup> session, 1<sup>st</sup> source).

**Quotation 9:**

“A...Pure feeling... Come on A, you seem to have caught it partially. You are moving away from there again. You are talking about being embarrassed. That is a very sensitive matter. Would you return there a little more?”

A: I mean I am ashamed.

Therapist: Being ashamed.

A: Yes, I am ashamed because... (The tone of voice is gradually dropping) From the other party... If anything negative comes from the other party, I will fall into disgrace. I don't know what happens if something positive happens. I cannot estimate such a thing” (7<sup>th</sup> session, 5<sup>th</sup> source).

**Quotation 10:**

“Therapist: Hmm hmm (turning to my notes): How sincere is the expression ‘because I was embarrassed to say that I missed my family, I tried to make them feel this with the gifts that I bought. And I was successful in this’? Though we had a hard time getting there; we dug many wells.

A: Yes, I was claiming that I didn't miss them” (a happy facial expression) (9<sup>th</sup> session, 2<sup>nd</sup> source).

In this study, the empathic approach is dominant from beginning to end. As with any therapist working with TLDP, the therapist is also a researcher; conducts empathic research throughout the process, collects data to find incompatible cycles, and benefits from every moment to restructure it together. The empathic approach satisfies the emotion-oriented aspect of the work process. Empathic understanding, empathic validation, empathic examination, empathic association, empathic assumption, empathic interpretation, and empathic focusing/re-framing have been actualized as specific strategies. Some real examples are presented below.

**Quotation 11:**

“Therapist: It must be very difficult for you to deal with these ambivalent behaviors

A: What happens mostly is that you don't know how to approach in a sensitive situation” (10<sup>th</sup> session, 2<sup>nd</sup> source) (empathetic examination)

**Quotation 12:**

“Therapist: That's what I did not fully understand; is this trying to approach you by guessing what you think emotionally?” (10<sup>th</sup> session, 2<sup>nd</sup> source) (Empathetic re-framing)

**Quotation 13:**

*“Therapist: But what great success is that you get angry, you worry but you are at your place right on time”. (12<sup>th</sup> session, 1<sup>st</sup> source) (Ego support, empathetic verification)*

**Quotation 14:**

*“Therapist: To think about these relieves you (empathetic understanding) but you can’t work because you are relieved by thinking about them, you are stressing out that you can’t work, you are looking for something to hold on to and you are thinking about these again (Empathetic interpretation).*

*A: Vicious cycle.*

*Therapist: Hmm, vicious cycle” (8<sup>th</sup> session, 1<sup>st</sup> source) (empathetic verification).*

**Quotation 15:**

*“Therapist: But you stayed, you fought, you said, “I want to look inside me although it is difficult”. You said, “it is worth trying; we can’t ignore all of this”. (11<sup>th</sup> session, 4<sup>th</sup> source) (Ego support, empathetic understanding)*

**Quotation 16:**

*“Therapist: Yes, you live those moments; it is important for you to turn into you and to talk sincerely. It is natural to think about the possibility of something bad from your mouth while you are angry and you can limit it, that’s not a problem, you have the control”. (11<sup>th</sup> session, 2<sup>nd</sup> source) (Ego support, re-framing)*

**Quotation 17:**

*“Therapist: Him hmm. These are difficult memories; when we look back at the past, perhaps painful memories come to the mind faster. The things that break people’s hearts, hurt them and embarrass them come with much more weight, unfortunately” (12<sup>th</sup> session, 4<sup>th</sup> source) (empathic hypothesis).*

*Emotional awareness, emotional intelligence, emotionally reprocessing and being emotionally regulated are the recent prominent indicators of mental health (Levenson, 2013). Real quotations are provided here for the emotion regulation theme.*

**Quotation 18:**

*“A: I am waiting for something; it will happen. So be it as soon as possible and let me go my way. I don’t know whether there will be a break or not. Is a rupture going to happen? Some things will happen. There will be a war and I will win it.*

*Therapist: This is a very heavy feeling”. (12<sup>th</sup> session, 8<sup>th</sup> source)*

**Quotation 19:**

*“Therapist: You want to look deep into your own experiences, and you have the ability to do that. Perhaps this is not something everyone can do; it requires to be mentally enduring and it is scary for many people. To go back to the past, to face the pain, and to know what hurts... These also mean that some of the weaknesses emerge and this is fearful”. (12<sup>th</sup> session, 7<sup>th</sup> source) (Working on feelings, emotion regulation)*

**Quotation 20:**

*A tells an issue about which he is very angry, and he pulls the therapist to reply with anger. The therapist cancels all the client’s moves, remains calm and gives him/her another perspective. Then there is a short but deep silence. Then;*

*“Therapist: What happened at the moment A? I think I have let you down and you have cut off communication with me.*

*A: No, it’s something else. (He lifts his hand parallel to the level of the forehead, slowly lowering it to the chin; this is the client’s first gesture). You have regulated it again!*

*Therapist:*

*We have regulated it again. It’s very important. When we get angry, we can’t see other things by being dwelled on some things. Yes, sometimes we all do it”. (One of the most special moments during the process)*

*In fact, real quotations are indispensable for both the value of evidence and the enjoyment of the process. On the other hand, the page limit cannot be ignored. Real examples are presented below from the coding under the title of relational personality pattern.*

**Quotation 21:**

*“Therapist: Do you often feel this? ...that people listen to you but don’t understand?*

*A: From time to time”. (11<sup>th</sup> session, 1<sup>st</sup> source)*

**Quotation 22:**

*A: What kind of pressure is it? Dictation of thoughts or, I don’t know, like, disliking my thoughts, trying to change them; I mean, this pressure doesn’t have to have anything to do with thoughts, it can be anything, and if it happens, I draw away.*

*Therapist: What does it feel like when you feel that feeling?*

*A: What does it feel like? It seems to me that that feeling will use me like a robot*

*Therapist: Hmm... To be used as a robot...” (12<sup>th</sup> session, 1<sup>st</sup> source)*

**Quotation 23:**

...

*“A: Yes, being used as a robot means losing one’s human feeling.*

*Therapist: Hmm... losing one’s human feeling”. (12<sup>th</sup> session, 3<sup>rd</sup> source)*

**Quotation 24:**

*“Therapist: Losing one’s human feeling... What is it like?*

*A: Not being able to dominate their thoughts, not to express their thoughts, being the prisoner of their thoughts...” (12<sup>th</sup> session, 4<sup>th</sup> source)*

**Quotation 25:**

*“A: Because nonsense (!) things cross my mind – even if they are real – who knows what crosses the minds of other people. Maybe if I had the power, I’d like to use it. I would read people’s thoughts if they were put in a book.*

*Therapist: Um, do you have the feeling that your brain is being read by the other party?*

*A: I think it’s very difficult. I think that generally, I would not make them feel that way (the client didn’t expect this; this question pushed the limits of the client; there is something here). I mean .. I throw a curve. What crosses my mind and what I say...” (12<sup>th</sup> session, 9<sup>th</sup> source)*

**Quotation 26:**

*“A: Yes, but there is something like this; my sharp tongue is mixed with jokes and it is natural and original. People around me like it.*

*Therapist: Hmm, so this has at least two advantages for you. One, you can misdirect people so that you can prevent them from keeping the track of your thoughts; two, they find it sympathetic, it’s funny, it’s nice to be sympathetic for a man with a lot of young ladies around him”. (10<sup>th</sup> session, 1<sup>st</sup> source)*

*Finally, the discussion section will be given after giving a few examples about the promotion of change which is another important theme in the process.*

**Quotation 27:**

*“A: I do not want much; why do they try not to do it?*

*Therapist: They may not understand you. A, you may be more direct in communicating with people. (4<sup>th</sup> session, 1<sup>st</sup> source)*

**Quotation 28:**

*“Therapist: Well A., on the one hand, you want to change.*

*A: On the other hand, I am resistant to change.*

*Therapist: You find yourself doing things that make change difficult”. (6<sup>th</sup> session, 1<sup>st</sup> source)*

**Quotation 29:**

*“Therapist: So, is it the truth of the society or the reality of A?*

*A: I think I'm trying to create this... I don't know if I'm trying to say something like “I'm actually a sensitive person; just ignore the fact that I'm a macho guy”.*

*Therapist: Would everything be easier if you were as you were? (Paradoxical interpretation, reference to the future)*

*A: It is possible”. (Deep inside) (13<sup>th</sup> session, 1<sup>st</sup> source)*

**Quotation 30:**

*“Therapist: Actually, what you think you expect exists every day in your life”. (Paradoxical interpretation, reference to the future) (13<sup>th</sup> session, 4<sup>th</sup> source)*

**Discussion**

Sources related to the attachment process acknowledge that the foundations of the interpersonal relations of the individual are laid in the first relationship with the caregiver in infancy. The attachment relationship the individual establishes with his/her mother in early life is argued to determine the quality of the relationships with people and his/her expectations from people in adult life (Bowlby, 2012-1; Bretherton, 1992; Schore, 2013).

The concept, known as mental models or internal working models, is one of the most fundamental concepts of Bowlby's attachment theory. According to the theory, each individual creates internal working models about the world and his/her place in the world by making predictions for the future according to the way he/she perceives events and by making plans accordingly (Bowlby, 2012-1). According to Bowlby, securely attached children are the ones who are responded in unity and in a helpful and loving way by caregivers when they are distressed or pleased. Such children achieve the expectation that the self has no unrecognizable, unresponsive or insuperable aspect. However, children who are not able to attach securely are the ones who are responded inadequately, irregularly and improperly. They do not expect others to keep them safe when they are under threat (Levenson, 2013). One of the important principles of attachment theory is

the fact that attachment relationships continue considerably for a lifetime (Bartholomew and Horowitz, 1991; Bowlby, 2012-2; 2012-3). Although attachment research focuses in particular on infants and mother-infant relationship, the “attachment” approach involves all stages of development. It includes therapeutic studies with adults as well as children (Wachtel, 2013). All this information clarifies that the attachment relationship constitutes one of the basic categories in our study.

Our second category is emotion regulation. Allan N. Shore, the leading scientist in this field, states that “Bowlby sees the future” (Shore, 2012). Operative information includes security-based strategies of affect regulation and also a set of concrete rules defined by Waters et al. (1998). These rules are called “secure base scripts”. These secure base scripts unite around three main coping strategies, namely (1) the admittance and expression of life difficulty or anxiety (2) the search for support (3) an effective problem-solving initiative. In a study examining related research in the context of attachment and neurobiology (Özbaran and Bildik, 2006), the researchers indicate that attachment and attachment disorders are important in terms of protective mental health in children, adolescents, and adults. With these aspects, “emotion regulation” is an important framework that covers the themes that are prominent in our study.

People exist in relationships. These relationships can be with other people they communicate with during the life of people, as well as with images of important people in the past, cultural traditions, values, and identifications. The personal history of the individual and the relational, social and cultural contexts in which this personal history manifests itself are inseparable and mutually determined (Wachtel, 2013). The first relational structure, which is the hallmark of the attachment relationship, is the basis of the development of the personality system and prepares criteria for the subsequent relations. In other words, “who are the individuals?” and “how do they become individuals?” stem from their attachment relationships (Magnavita, 2013). Hartman emphasizes the concept of “accommodation” and emphasizes that the individual’s relationship with his/her environment must be destroyed and rebalanced any moment. Hartman makes sense of accommodation in a broad sense as a “survival value” determined by the relations between both environmental relations and spiritual structures (Hartman, 2011). In the light of this important information, it is possible to observe that “interpersonal relations” is a category that is in the same context as “attachment” and “emotion regulation” but is a separate category that is not suitable for examination under these subjects.

In this study, A. begins his story by referring to the fact that he was an unwanted baby. He was born despite his mother’s efforts to have a miscarriage and is seeking (desires) indications that her parents regret not wanting him. He uses this against them for a long time.

“... He wants to be understood and he experiences severe anger when he feels that he is not understood. He wants to be the one who is preferred. He wants to be supported by the father and other important people in his life. He wants clarity and consistency in his relationships. He is having trouble expressing anger. He is making plans for a more severe retaliation to hurt people when he is hurt by them. He overstates some relational situations. It is painful and difficult for him to deal with himself. He feels like a renegade because of ambivalent emotions. He feels guilty because of ambivalent emotions. He feels embarrassed to express love and attention to the important other. He cannot trust in his interpersonal relationships and doubt takes an important place in his life. He expects that others will not understand him, his loved ones will not show enough love to him, he will not be able to meet their expectations if he shows his weaknesses and will fall into disfavor if he shares what he thinks. The others do not spend enough time with him, care for him properly, they approach him by estimating his feelings and thoughts (being dominated), they give him orders or instructions sometimes, they do not treat him consistently, and they use his sensitive feelings” (being exploited)”. (The text is taken from A’s midterm story that the researcher created with consultants).

It is important to see that A has an insecure attachment relationship. According to Levenson, three main problems arise in children who are insecurely attached: 1. Their models of themselves and/or others are negative. 2- They have difficulty in correcting these internalized harmful models by themselves because they are being cognitively and emotionally challenged to perceive that external information lets these models down. 3- These children remain at the mercy of works models or templates as they exist outside the awareness of these children (Levenson, 2013). Wachtel (2011) mentions a fourth point where insecurely attached children are affected. According to him, internal works models continue partially because interactions with people who cause these experiences continue. He exemplifies the fact that mothers and fathers who got tough with their children when they were babies continue to do so when they start to walk and when they become adolescents and this seems to be a plausible interpretation.

While describing maladaptive primary feelings, Greenberg stated that a touchy client might have learned about the abuse that occurred after affiliation, so that the client would perceive the affiliation as a potential violation and respond automatically with anger and/ or rejection. This situation forms the basis of incompatible cycles in our example.

In order to change the incompatible cyclic patterns of the individual, it is necessary to activate his/her emotional structure (Levenson, 2013). As Greenberg states, “it is necessary to get a place before leaving it”. Reaching emotions is not easy in individuals with intense painful experiences, strong defenses and deeply insecure attachment relationships as in the case in our study. Throughout the process, A. and the therapist



followed a trace on fragile ice. Moreover, reaching the feeling is not enough. As Levenson (2013) points out, it is necessary to strive for reaching, experiencing and deepening of the attachment-oriented emotions associated with particularly incompatible cyclic patterns.

Throughout this study process, the comprehensive infrastructure that Bowlby provided regarding the internally functioning models in his theory of attachment and the meaning of the intensity of emotion in interactions with others, in other words in interpersonal relations (emotional-experiential theory) were tried to be discussed in an integrative context.

## Conclusion and Recommendations

In this study, attachment relationship, emotion regulation, and interpersonal relationships were determined as three main themes based on the findings obtained from the process analysis. "Circular patterns", "preserving therapeutic relationship", "metacommunication", "emotional-experiential approach", "reaching and processing emotion", "empathic research", "relational personality pattern" and "encouragement of change" are other important therapeutic themes. The TLDP method for the discovery of recurrent incompatible patterns in young individuals and for making life more functional and the qualitative data analysis method for the scientific analysis of the process are considered to be quite appropriate and useful.

This study is the first study conducted in Turkey in this context. The evaluation of psychotherapy processes with qualitative data analysis method is quite long and laborious. On the other hand, the recognition of the scientific method, especially in Turkey, is only in the beginning phase. There is a need for studies that can add the ends of the bell curve to the evaluation and offer a selective but deep perspective rather than a superficial validation because this approach does not only identify the problem or reveal the situation, it also contains the solution suggestions in a live form. Designing similar studies, increasing the quantity of the high-quality studies in which psychotherapy processes are exhibited with qualitative data analysis and taking part in the international field in this context are our suggestions and expectations for the future.

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