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Special Article Of God and Psychotherapy

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Psychotherapy is an instrument for remediation of psychological deficits and conflict resolution, as well as an instrument for growth and self-cultivation. In fact, psychotherapy is the finest form of life education. All of this is done without psychotherapists' playing a teacher, a minister, a priest, a rabbi, an imam, or a Buddhist monk, but by being familiar with what they know and more.

That "more" is about understanding "the attributes" of gods and religions as they serve the all-too-human needs of believing and belonging. It is about the distillation of common psychological, sociological, moral, and philosophical attributes of religions, and the recognition that the attributes themselves are faith and God. Attributes that serve the affiliative needs define faith, for example, compassion is God.

Those who have recovered from their primitive innocence need to formulate their ideas of God and religion, regardless of their affiliation with a religious community. One may need to resonate emotionally with the God of his or her religion, but intellectually need to transcend all its dogma and cultivate a personal concept of divinity free from any theological structure. Such an enlightened person achieves enduring equanimity by striving to own the attributes of Gods-to be godly. This is equally true for psychotherapists as it is for their patients.

Original Article

Abnormal Grief: Should We Consider a More Patient-Centered Approach?

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Grief, the psychological reaction to the loss of a significant other, varies complexly in its cause, experience, evolution, and prognosis. Although most bereaved individuals experience a normal grieving process, some develop complicated grief (CG) or major depressive disorder (MDD). The DSM-5, which controversially altered the nosology, recognizes grief-related major depression (GRMD) as a diagnostic subtype if a patient meets MDD criteria two weeks post bereavement. The (DSM-5) tries to distinguish between grief and MDD, but remains a symptom-based, centered approach to grief that is not patient centered. This article reviews grief in its normal and abnormal dimensions. Using an illustrative clinical case in which interpersonal psychotherapy (IPT) was employed, we discuss the need for a more patient-centered approach to treating abnormal grief, considering the patient's personal history, perceptions, experiences of bereavement, and interpersonal environment. Clinical studies need to better identify subgroups of individuals susceptible to abnormal grief and to evaluate their response to early interventions.

Original Article

Patients' Self-presentational Tactics as Predictors of the Early Therapeutic Alliance

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Objectives: *The early therapeutic alliance is an important predictor for therapy outcome. However, knowledge about predictors of the therapeutic alliance is still limited. We examined if patients' self-presentational behaviors can predict the early therapeutic alliance.*

Method: *Videotaped intake interviews of 60 randomly selected patients were coded for patients' self-presentational tactics. The therapeutic alliance was coded for patients' self-presentational tactics. The therapeutic alliance was measured with the Bern Post-Session Report.*

Results: *From the therapists' perspective, Agenda setting and Self-promotion were positively related and supplication was negatively related to the therapeutic alliance. From the patients' perspective, Agenda setting was negatively related and Self-promotion was positively related to the therapeutic alliance. Provoking a response from the therapist was unrelated to the therapeutic alliance as judged from both therapist and patient perspectives. Correlations were of small-to-moderate size. These findings have important implications for building a constructive therapeutic alliance and identifying patients' needs.*

Conclusions: *Patients' self-presentational behavior is a promising predictor of the early therapeutic alliance.*

Original Article

Examining Our Tears: Therapists' Accounts of Crying in Therapy

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Objectives: *The majority of psychologists experience therapist crying in therapy (TCIT). This study aimed to determine typical clinical contexts for, and psychologists' experiences of, TCIT.*

Method: *Data was examined from 411 psychologists' and psychology trainees' accounts of their most recent TCIT experience.*

Results: *TCIT occurred with a diverse group of clients and happened throughout treatment. In 55% of accounts, therapists believed that their client was aware of TCIT. In 73%, the client was crying during TCIT. The most common emotion felt by the therapist was sadness. The most common session content for TCIT was grief. Data regarding therapists' experience of their tears and how they handled TCIT are presented.*

Conclusions: *Therapists who discuss their TCIT with clients tended to report improvement in rapport. Suggestions are offered for clinicians regarding how to work with TCIT in therapy sessions.*

Original Article

The Major Mobilization of the Unconscious and the Total Removal of Resistance in Davanloo's Intensive Short-term Dynamic Psychotherapy – Part I: An Introduction

Catherine Hickey, M.D., MEd., FRCPC, ABPN

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Davanloo's Intensive Short-term Dynamic Psychotherapy has been the subject of various reviews. Davanloo has published extensively on his early work, but there have been no publications on his most recent work- most notably his Montreal Closed-circuit training program. This program focuses on his most recent discoveries and techniques and is a unique, videotaped supervisory program. It focuses on self-assessment and peer assessment. It is also a unique format in which to review Davanloo's theoretical conceptions of resistance and the transference component of the resistance. This paper will review the early work of Davanloo as well as his most recent research findings. A case from the Montreal Closed-circuit training program will be reviewed in detail to highlight these findings.

Original Article

The Major Mobilization of the Unconscious and the Total Removal of Resistance in Davanloo's Intensive Short-term Dynamic Psychotherapy – Part II: Treating the Transference Neurosis

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Davanloo's Intensive Short-term Dynamic Psychotherapy has been the subject of various reviews. The first article in this series focused on a review of Davanloo's early work as well as a discussion of some of his most recent research findings. A case from the Montreal closed circuit training program was reviewed. This second article will focus on Davanloo's views on the transference neurosis and how its development should be avoided at all costs. There will be further exploration of this case presented in in Part I from the Montreal closed circuit training program. There will also be a special focus on detecting the transference neurosis when present and the technical interventions needed to lay the foundations for removing it.