

## SUMMARIES IN ENGLISH

*Bo Møhl: Sexual acting out in the helping profession – about sexual relationships in the therapeutic setting.*

In the past 20 years a great tabu has been broken: sexual relationships among patients and the helping professionals. In the history of psychoanalysis we find a lot of examples of sexual relating in the therapeutic setting. Psychoanalysis has a tradition of reflecting upon the relationship between patient and therapist, and this might be the reason that sex in the analytic setting has been discussed so openly. In traditional medicine sex among doctors and patients has probably occurred frequently, but has not been discussed.

Surveys show that up to 10% of doctors have had sexual relationships with patients. In this article the reactions of the patients are discussed. The symptoms are much like PTSD-symptoms: ambivalence, guilt, lability of mood, shame, flashbacks, sexual dysfunctions, inability to trust, anxiety and anger. The psychodynamics of the offending therapist are discussed. Often sex in the therapeutic setting is an acting out of narcissistic and oedipal conflicts. Finally the principles of treatment are outlined.

*Dorthe Berntsen: Memory cannot be chained – On false recollections in psychotherapy*

Some therapists help their clients to recover repressed memories of child sexual abuse by means of specific therapeutic techniques, usually labelled Memory Work. Memory researchers, on the other hand, have strongly argued against the use of such techniques which they assume involve a considerable risk of generating false memories — that is, phantasies of sexual abuse which the client erroneously takes to refer to real episodes in the personal past. This article discusses the historical and theoretical background for this controversy. It is pointed out that diagnoses, such as Post-traumatic Stress Disorder (PTSD) and Multiple Personality Disorder (MDP), have authorised the idea that traumatic events are common etiological factors. This belief has invoked the use of so-called Memory Work techniques in psychotherapy to dig out traces of alleged dissociated sexual trauma. However, the use of such techniques conflict with a growing consensus among cognitive psychologists that autobiographical remembering is largely a reconstructive process rather than a reactivation of stored memory traces. Consistent with the constructivist view, this article suggests that fictitious traumatic experiences may become projected into a person's past in order to create landmark events of emotional and personal importance in an otherwise ambiguous life story.

*Birgitte Diderichsen. Can the therapist alter the patients psyche?*

The article discusses the psychoanalytic concept of resistance. Freud defined resistance as a clinical concept which is crucial in respect to the potential change of the patient's personality brought about by analytic treatment. Resistance is mobilized in the therapy because it has its origin in the same motives which created the patient's problems. In his last years Freud saw resistance as the patient's attempts to protect his weak ego. The article discusses this point of view from the perspective of Ferenczi's analysis of the so-called character disorders and in perspective of modern psychoanalysis it is discussed whether resistance must be understood as a phenomena, which is not only connected to the patient, but is created by the therapeutic relation and has to do with the therapist's attitude to the patient. A point of view, which has crucial consequences for the therapeutic technique.

*Asger Frost: Diplomacy for a Problem Child in Psychoanalysis*

Above all, the works of the psychoanalyst Michael Balint is viewed as a diplomacy and advocacy for Ferenczi's points of view; furthermore some atypical and critical comments on the education of psychoanalysts are stressed. With Ferenczi Balint also insists on the importance of the objects, especially regarding psychoanalysis of difficult cases, the patients suffering from a so called basic fault since those cases could be described and handled as regressions within the object relations. Firstly, the problems in this context are of a theoretical nature: In the early part of his authorship Balint makes a definite splitting of Freud's concept of the libido in a biological and a psychological dimension, respectively, by means of which essential aspects of the theory of the libido are lost, in particular regarding the dynamics between transference and resistance, and in the understanding of the etiology of the neuroses.

*Knud Hjulmand. Countertransference: The Cinderella of psychoanalysis*

The author reconsiders the various meanings and uses of the psychoanalytic concept of countertransference and questions both the classical negative version and the modern positive conception, as well as the narrative myth about the historical evolution of the concept itself. It is argued that rather than a choice, an oscillation between positions is recommended, and a narrowing of definition is desirable. The author calls for self-critical reflection on the part of the therapist and points to Ferenczi's description of elasticity in technique, as an inspiration in contrast to any particular dogmatism.

*Lars Thorgaard: The development of the psychotherapist through counter-transference*

Two new concepts are introduced and discussed: THE UNOBJECTIONABLE COUNTER-TRANSFERENCE and THE CREATIVE COUNTER-TRANSFERENCE. These concepts and tools for analysis are viewed in the light of a discussion of the concept of empathy, which are differentiated between EMPATHIC CAPACITY and EMPATHIC INSIGHT.

The unobjectionable counter-transference (unanstössige gegen-übertragung) is basis to the empathic capacity of the psychoanalytic psychotherapist and the decisive contribution of the therapist to the therapeutic alliance. the therapeutic love.

*Agnete Langagergaard: Qualitative Follow-up Study of Patients' View of Their Psychotherapy*

The aim of the present study is to gain more experience about essential factors that influence success or failure of psychoanalytically oriented psychotherapy of Patients with Borderline Personality Organization and Neurotic Personality Organization. The Study focuses on: 1. *Before Treatment*: Patients' expectations and motivation. 2. *Therapy*: Something especially efficacious – The worst in therapy – Something missing – Psychoanalytically oriented psychotherapy – Metaphors. 3. *Patient's contribution*: Motivation amended/modified/reversed during the therapeutic course – Cancellations – Frustrations (termination of therapy). 4. *The Therapist*: Specific factors versus non-specific factors. 5. *Effect*.

*Carsten René Jørgensen: The Therapeutic Alliance*

The historical development of the psychoanalytic conception of the therapeutic alliance is outlined – including important critique of the concept. The alliance is defined against related concepts like transference and the real relationship. There is given an account of the commonly used operationalizations of the therapeutic alliance and the major findings of the empirical exploration of the alliance is presented. It is discussed how the empirical results can be applied in clinical practice.

*Esben Hougaard: What makes a good psychotherapist »good« Perspectives from empirical research*

This paper attempts to answer the question, which characteristics contribute to make a good therapist »good«, from an empirical point of view. At first, the magnitude of the »therapist factor« in psychotherapy is estimated from quantitative research reviews (so called »meta-analyses«) and compared with other psychotherapeutic variables. Then, research on therapist variables, and on effective versus less effective therapists is reviewed. Finally, some studies are examined which try more precisely to establish the respective contributions of therapist relational and technical skills to processes and outcomes of psychotherapy. It is concluded that therapist relational skills generally play the most important role in psychotherapy. However, scientifically based treatment programs achieve the best results for some symptomatic disorders. Results from psychotherapy research raise doubts on the value of some aspects of traditional psychotherapeutic education.

*Karen Vibeke Mortensen: How to train a good-enough psychotherapist?*

The article deals with training of psychotherapists in a psychoanalytic frame of reference. Two questions are raised: 1) What are the characteristics of a good-enough psychotherapist? and 2) How can they be taught? In the answer to the first question, Greenson's description of the desirable personal qualities and abilities of the analyst is taken as the starting-point. The author supplies with examples of some professional abilities she has found important through her own work as a supervisor and teacher of psychotherapy. They are: a thorough knowledge of official treatment systems, psychotherapeutic experience with children, skills in evaluation, and consciousness of the frames and structures around psychotherapy. In the answer to the second question, the usual structuring of psychotherapy-training into theory, personal therapy and supervision is followed. The importance of knowledge of newer developmental theories is stressed in the learning of theory. Concerning personal therapy, selection of candidates is mentioned, and it is discussed whether psychoanalysis or psychotherapy is the better background for the psychotherapist. In regard to supervision, the tension between the learning of specific methods and the personal development of the trainee is particularly stressed. As an example different attitudes to the teaching of empathy is used. The concept of expertise is applied to the field of psychotherapy. At last the necessity of maintenance of training and competence is emphasized.

*Elsass, P.: Psychosocial work with survivors of violence. A challenge for the traditional role of the therapist.*

Examples are given from Colombia and Peru on how the political and cultural context gives different forms for psychosocial work with the survivors of state organized violence. In Colombia the people are very interested in psychotherapy, whereas people in Peru do have an almost opposite attitude. The PTSD-diagnose, concepts of violence and cultural development are given along with concrete examples from the Latinamerican Violencia studies. Only by relating the PTSD-diagnosis and the crisis-intervention treatment with an analysing of the historical and actual context in an linguistic reference, it can be understood why different roles for the psychologist are given and thereby different ways of reconciliation.

*Else Munck: Vision of Life and Ethics in Psychotherapy*

Ethics deals with the way human beings behave to each other – or how to take responsibility for the the inevitable power one person has of his or her fellow beings. Formulating an ethic about psychotherapy implies a comprehension of the mutual relation between the psychotherapist and the client. You may describe it as a psychodynamic interaction between two persons or as a human mutual relationship taking place under specific conditions. These two different views imply separate rules for the mutual relationship – rules for the proper way of doing therapy and rules for ordinary responsible behavior respectively. The underlying philosophical anthropology is different as well. In the first case it is based on an empirical ontology, in the second case on the hypothesis of certain fundamental human conditions of life involving mutual power and responsibility. The psychotherapeutic therapist-client relation include both dimensions, and this has consequences for both psychotherapeutic practice and theory. Ethical psychotherapeutic practice must operate with a broad vision of life drawing on both aspects of the therapist-client relation. And from a theoretical point of view understanding the effect of psychotherapy implies a self-conception in psychotherapy which is broader than that afforded by an empirical scientific psychology, i.e. psychotherapy must define itself as concurrently being an empirical and a humanistic activity.

*Olav Storm Jensen: The Authenticity of the Psychotherapist – the Critical Element of Psychotherapy. – On taking ‘taking the client seriously’ seriously enough.*

The article argues the point that the primary professional skill in psychotherapy is a personal one. The practical therapeutic value of the therapist’s theoretical and technical competence is dependent on the therapist having sufficient ability to be present in the contact with the client in the therapeutically relevant way. That it is considered personal, does not mean that this ability is a more or less undefinable trait that cannot be learned, but that it is learned through a process of personal development, where the primary teaching method is the therapist’s own therapeutic process. Therapeutically relevant presence is seen as an absolute orientation towards the client’s true interests, with two critical dimensions – one, awareness-related, and the other, ethical – in the service of this orientation. The awareness-related dimension deals with total personal presence; the ethical dimension with human authenticity. It is argued that authenticity is of critical therapeutic significance because the core problem behind the issues that psychotherapy can deal with, is negative identity development during childhood socialisation, caused by inauthentic identity-mirroring by the child’s key adults. The lack of authenticity in the adults’ mirroring undermines the child’s confidence in his or her ability to differentiate between false and genuine human contact. The reintegration of the client’s confidence in this ability, which is seen as the central objective of therapy, can only occur within a relationship based on authentic mirroring.