

IMP

Yr 2 Day 1 Mod 4 A4



Yr 2 Mod 4 Day 1 02/02/2024

What do we understand about T/CT

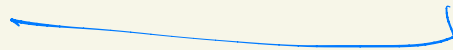
1) Standard idea of people / Relationship —

Assumptions -

"Making Z incompatible"

Positive Transference — modelling relationships
Regular turnings

Interactivity → What can you
- make?



CT all your experience in response to your client.

Makes / is
an intro →

Pics on →
wall / ladder
Not good enough,
empty etc.

JUNG →

→

CLIENT TRANSFERENCE

1. Enactments of Key relationships
2. Environments / Settings
3. Disowned aspects of Self
Projection of internal objects
4. Cultural & Archetypal pre-conceptions
& images
5. Countertransference
to Therapist's Transference ↔

THERAPIST COUNTERTRANSFERENCE

1. Reactive (to Client)
 - (a) Complementary (1)
(Parent to Client's Child)
 - (b) Complementary (2)
(Child to Client's Parent)
 - (c) Concordant
(Projective Identification)
(Child to Child)
2. Proactive
(Therapist's stuff
- Transferences, Projections)

Ashwin - Beige
Wall.



Timing is critical.

Most powerful T/CT is out of awareness
→ explore.

- Making sense of the present in the light of the past.

Superior
→ facilitates learning.

Frend initially saw T as a barrier, but eventually realised it was key to the work.
Hymen (Paula) did the same for CT

Developmentally needed relationship.

- Clients pulling you into a role.

Challenging clients,
Mum

[Concordant → projective identification]
(eg child to child)]

• Projective CT → therapist's of stuff in relation to client.



Client may have CT to our T!

Day 2

What are the challenges at PT working in T/CT
relationship + Clark's other relationships style
+ compare with other modalities

No aware of it happening → falling into dynamics
where patterns emerge
that don't serve you or client.

Who am I →

Reactivity

What is going on intersubjectively.

Subtle - not obvious.

Curious

≡

Establishing new ways of attaching.

Clients boundary slipping → who do people see you as.

When is it appropriate to use trc T/CT?

Replying what happens in our therapy.

Being aware $\rightarrow$ to avoid / explore

Twisting the relationship

Power dynamics $\rightarrow$ Successful diet

Projection of clients idea of a diet.

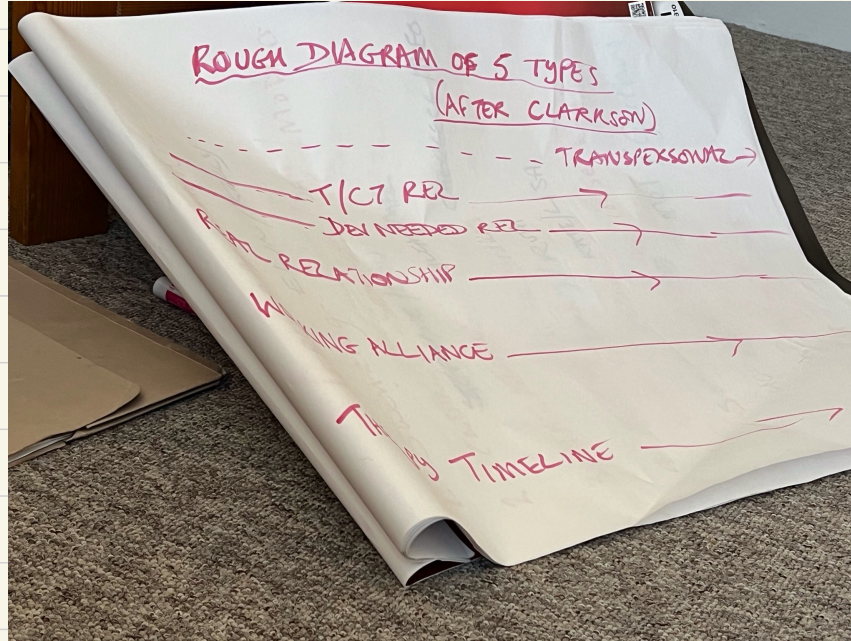
Inter-subjective experience.

Don't contaminate each / influence

Examine the Work between you & the client.

"If someone can take advice they don't need therapy." Katie.

• Lanyis.



A4 Day 3

4-2-24

Transference - In Practice.

Who do I rep for client
Who do they rep for me?

<u>CLIENT TRANSFERENCE</u>	<u>THERAPIST COUNTERTRANSFERENCE</u>
1. Enactments of key relationships	1. Reactive (to Client)
2. Environments/Settings	(a) Complementary (1) (Parent to Client's child)
3. Disowned aspects of Self Projection of internal objects	(b) Complementary (2) (Child to Client's Parent)
4. Cultural & Archetypal pre-conceptions & images	(c) Concordant (Projective Identification) (Child to Child)
5. Countertransference to Therapist's Transference	2. Proactive (Therapist's stuff - Transference, Projection)

How do you feel after a session?

Walking in joy $\xrightarrow{\text{paranoid -}}$ schizophrenic?
Feel unable to be productive?

Different reality.

Another diet - cluttered up to 20's. - feelings of frustration
 $\rightarrow$ parallel
 $\rightarrow$ how are feelings influenced by

view of own experience
Living up to expectations of diet

Good enough chart - am I good enough for the therapist?

Actions → lists.

↳ was off things that doesn't need doing

Check - pulled out of wedding 4 weeks ago oL.

↳ 2-timing b/f.

Can I get over this?

- compensation for confusion

I write to say what it was like to share
(inviting transience)

In the absence of signals - transference takes over.

I

Q

1<