BRIEF PSYCHOANALYTIC PSYCHOTHERAPY:
THE IMPACT OF ITS FUNDAMENTALS
ON THE THERAPEUTIC PROCESS

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ABSTRACT. By identifying the three fundamentals of brief psychoanalytic psychotherapy – (1) time limit, (2) therapeutic focus, (3) therapist’s activity – this type of therapy is established as a distinct therapeutic modality with distinct ‘active containing’. The way this ‘custom-tailored structure’ may be adapted to the patient and used to reflect and intensify dynamic aspects of the treatment’s focus is demonstrated through clinical material.

Introduction

This article attempts to assist in the bridging of the huge gap between the apparent interest, both in practice and in the literature, in models and applications of short-term psychoanalytic psychotherapy, and the scarce theorization in this field. The lack of sufficient conceptualization precludes the establishment of brief therapy as a distinct therapeutic modality and makes it difficult to explore its value, relevance or appropriateness in terms other than resources (patients’ or therapists’ time or money).

Many basic questions concerning therapeutic praxis are sharpened as a result of brief treatments: focus, time, the therapeutic stance allowing for therapeutic space, curative factors, etc. This paper addresses some of these issues.

Brief dynamic psychotherapy has accompanied psychoanalysis from its earliest beginnings, as can be seen in the writings of Freud (Breuer & Freud 1955; Jones 1955), Ferenczi (Ferenczi & Freud 1920a, 1920b; Ferenczi 1926), and Alexander (Alexander & French 1946). The concept of brief dynamic psychotherapy became a viable and living clinical entity with the works of Balint (Balint et al. 1972), Mann (1973), Malan (1963, 1976), Davanloo (1980) and Sifneos (1987). However, Malan’s fascinating and challenging question: ‘Why is it that the secret of brief psychotherapy keeps getting lost’ (Malan 1963) still stands. Gustafson (1995a) believes that the history of brief...
psychotherapy is repeated on a smaller scale by most of us who practise psychotherapy and that many therapists probably have at least some successful brief treatments. However, he also points out that ‘it is quite another thing to have a systematic method of brief therapy that is consistently reliable’.

Brief therapy, in fact, accommodates the entire range of psychodynamic approaches: existential philosophy, drive theory, object relations, self psychology, etc. (Mann 1973; Davanloo 1980; Malan 1963, 1976; Sifneos 1987; Balint et al. 1972; Scharff & Scharff 1988; Baker 1991; Seruya 1997).

Brief therapy models also include the entire range of techniques typically used in long-term treatments: interpretation, transference, dream work, etc. (Malan 1963; Balint, Ornstein et al. 1972; Mann 1973; Davanloo 1980; Sifneos 1987; Scharff & Scharff 1988; Wiztum & Chen 1989; Laor & Granek 1997; Binder & Strupp 1991). What qualities, then, can be said to be unique to brief therapy?

Wolberg (Mann 1973) maintains that the brief methodologies described in the literature are not uniquely attributable to brief therapy; rather, they are techniques found to be effective in long-term therapy which have been applied, mutatis mutandis, to brief treatments. Even today, although several characteristics of brief psychotherapy are described in the literature, little effort is made to identify the fundamentals of this type of treatment (Sifneos 1987; Scharff & Scharff 1988; Binder & Strupp 1991; Gustafson 1995a, b; Magnavita 1997; McCullough 1997).

Groves (1996) suggests four characteristics of brief psychotherapy: time limit, therapeutic focus, therapist’s activity, screening of patients. However, he does not attempt to link them to the therapeutic process itself. His main contribution in this respect is his suggestion of criteria which are both necessary and sufficient for the definition of brief psychotherapy. Professional literature, as well as this author’s clinical experience, indicate that only three of Groves’s criteria, elaborated below, are indeed necessary and sufficient.

The time dimension ‘Brief’ psychotherapies may range from a very small number of sessions (Mann 1973; Scharff & Scharff 1988) to a process lasting even a whole year or more (Malan 1963, 1976; Davanloo 1980; McCullough 1997). Some advocate a clear time limit (Mann 1973; Malan 1976) or a prefixed number of sessions (Mann 1973), whereas others do not readily commit to any treatment duration (Davanloo 1980; Sifneos 1987; Magnavita 1997). However, it would seem that, across the different approaches, what is most characteristic of brief psychotherapy is that the end of the treatment is a clearly present and significant factor from the beginning.

Therapeutic focus Every brief treatment is a focused treatment. This requirement assumes that both patient and therapist are capable of choosing a focus which will serve as axis for the treatment. The assumption of a focus in brief psychotherapy inevitably entails that other issues will not be
addressed. *Focus refers to the therapist’s fast psychodynamic understanding of the patient as early as in the beginning of the treatment.* Naturally, different approaches may bring about different psychodynamic understandings of the focus that needs to be selected.

**The therapist’s activity** This is an extremely ambiguous term which has very often remained undefined (Crits-Christoph & Barber 1991; Groves 1996). In some cases the difference is unclear between a therapist’s ‘activity’ and ‘directive attitude’; in other cases this concept seems to signify an acceleration of the treatment’s pace; and sometimes it seems to refer merely, in general terms, to the modality of brief psychotherapy. This notion relies on Ferenczi’s thinking and on his dialogue with Freud about changes in the analytical technique.

Ferenczi (Ferenczi & Freud 1920a, 1920b; Ferenczi 1926) maintained that, very often, the therapist is required to become more active in order to facilitate the analytical process. He reiterated that he did not see this idea as an attempt to alter the basic rule of free association but, on the contrary, to facilitate it, by using the active technique when the patient uses free association as a type of resistance. Ferenczi used a wide range of active methods, such as asking patients to complete a sentence they had side-tracked from, thus allowing for repressed material to be exposed, or telling a patient to stop some pleasurable behaviour of which he was not aware, to allow for the action-directed energy to be redirected to raising relevant therapeutic material. To the best of my understanding, Ferenczi’s concept of ‘activity’ does not so much refer to any specific behaviour as to a therapeutic stance of activity on the part of the therapist, designed to promote the therapeutic process. Ferenczi himself eventually withdrew some of his initial suggestions for activity (Ferenczi & Freud 1920a, 1920b; Ferenczi 1926), and other suggestions were considered thought-provoking, if not downright controversial, but he nevertheless represents a therapeutic approach according to which even interpretation alone should be seen as therapeutic ‘activity’, affecting free association.

The concept of activity is of the highest relevance to brief therapy; it is used to indicate a therapeutic stance which is necessary in order for brief therapy to take place. *This therapeutic stance is active in that it requires the therapist, throughout such treatments, to keep the therapeutic focus and treatment duration continually in mind and to use his technique (interpretation, clarification, etc.) accordingly.*

Groves’s fourth criterion is *selection of patients.* The question of patient aptitude for brief treatment has been discussed by many authors (Malan 1963, 1976; Mann 1973; Davanloo 1980; Magnavita 1997; McCullough 1997). The more relevant question with regard to patient aptitude for brief therapy is not *who* but *when;* this point is further developed in the discussion.

The fundamentals of brief therapy must be clearly defined in order for us to be able to further our understanding of their relation to the therapeutic
process. I shall refer to these three fundamentals: time, focus and therapist’s
activity as the bases of a ‘structure’. The first, time, has to do with the setting;
the other two parts of the structure have to do with the therapeutic stance.
All three bases greatly affect not only the therapeutic process itself but also
its potential amplification.

The analytic setting, according to Etchegoyen (1991), is the Rorschach
card in which the patient sees things that are indicative of himself. He
emphasizes that the archaic part of the personality, which parallels the pre-
verbal period of the first few months of life and relates to the psychotic parts
of the personality, is expressed by nonverbal communication channels and
may be seen, most particularly, in the patient’s relation to the setting.
Instrumentally, he says, the setting provides the best conditions for the
analytic work; and, strangely enough, a large part of the analytic work has
do with deciphering the meaning of the setting for the patient.

Paraphrasing Etchegoyen, the therapeutic structure (and not only the
setting) is the Rorschach card onto which the patient projects his inner
world, and in which we may see reflections of the patient. Just as Rorschach
cards elicit different responses, so different therapeutic modalities – psycho-
analysis, long-term psychotherapy, brief psychotherapy – elicit different
processes.

The therapeutic structure is more than just a passive Rorschach card. In
order to clarify this idea, I shall apply to brief therapy the concept of active
container, used by Quinodoz with reference to the analytic setting.

Quinodoz (1992) maintains that the analytic setting is the expression of
the containing function. She sees it as an active vessel that both influences
and is influenced by the therapeutic contents. By using the concept of ‘active
containing’ Quinodoz draws our attention to the difference between a con-
tainer as an inert object, that is, not in any interaction with its contents, and
an active container that dynamically interacts with its contents, so that each
is vital to the other’s existence. The example brought by Quinodoz is that of
a jug of milk and a breast. A jug, unlike the breast, is a ‘container-as-thing’
which can contain milk without acting on it and without being modified by
it. By contrast, the breast is a container which is essential to the production
of the milk that it contains, and the contained milk exerts an action on the
breast. An active container is essential, submits Quinodoz, to the analyst for
the creation of his interpretative function and for setting in motion his
‘capacity for reverie’ (Bion 1962). The active container is also essential for
the patient, as it allows him to access a new interpersonal world in which
unconscious mental mechanisms are beginning to emerge and inner psychic
reality is as real as external reality.

Paraphrasing Etchegoyen and Quinodoz, the therapeutic structure is not
only a Rorschach card or a jug, but is a vessel of active containing, and, just
as different Rorschach cards may evoke different responses and processes,
so different therapeutic structures can have different influences on the
therapist’s containing function. Short-term psychotherapy facilitates unique active containing.

I wish to emphasize that:

1. Brief psychoanalytic psychotherapy is not theory-dependent, nor does it necessitate different techniques. That is, it is possible to use focused and brief processes in any and every theoretical approach, applying the entire range of techniques relevant to psychoanalytic psychotherapy.

2. The structure of brief therapy (focus, time limit and therapist’s activity) influences the contents raised in the treatment, fosters an amplification of conflicts and inner material, and allows for their intensive working through.

3. The use made of the structure and its impact on contents allow for unique active containing.

I shall now present a time-limited and focused treatment and show how the interaction between the structure and the selected therapeutic focus allowed for active containing.

Clinical Example

Yossi

Yossi, aged 24, sought therapy following the sudden death of his elder brother. During the ‘Shiva’, the Jewish ritual seven-day mourning period, a girl of Yossi’s age who was once a patient of mine came to visit the family. She saw his seclusion, withdrawal, his difficulty in talking. She felt that he was losing his way in the family’s mourning process and persuaded him to seek therapy. He said that she told him I was a therapist who ‘was not afraid of asking questions’, and that he liked that.

Yossi’s mother called me during the mourning period. She sounded concerned. Yossi had always been withdrawn but had now become worse. She thought it was very hard for him. During the ‘Shiva’, she said, everybody keeps praising the dead brother who was a very special and unique child of outstanding achievements, whereas Yossi was a nice and normal boy. She wanted to fix with me the date and time for the beginning of the sessions. Knowing that Yossi was probably in his twenties, I wondered why he did not come to the phone to make these technical arrangements himself. I asked the mother if Yossi wanted to come to therapy sessions at all: ‘But, of course’, she said.

Yossi was on time for his first session. I saw a young man who looked diffident, embarrassed. He looked as though he couldn’t find a place for himself and apologized for it. I also noted a pleasant face and quite a likeable young man.

Yossi told me, with great hesitation, that he came to therapy because his brother had passed away. He asked me to help him remember his brother:
he knows himself, he said, and knows that he tends to look for things which
make him happy, and he is afraid that, because of this tendency, he might
avoid thinking of his brother. He fears that every time he remembers a sad
memory he would think of something else or engage in some activity that
would require his full and undivided attention. This would help his sadness,
maybe, but he would lose his brother’s memory. I noted the way Yossi copes
with pain: avoidance and manic defences. I was very impressed with his clear
intelligence but also noted his discomfort, and I found myself preoccupied
with the discrepancy between the way he had been described to me by his
mother and my own impression. I was not sure why this difference troubled
me so. Yossi was planning to go on a one-year trip abroad four months later,
and I thought that he was interested in brief therapy until the time came for
him to go away on his trip. But, to my surprise, I found out that what he had
in mind was maybe four or five sessions. I interpreted the very short time
span he spoke of, based on the personal dynamics he described to me: on the
one hand he seeks some framework that would help him remember his
brother even if it hurts, I said, but on the other hand he wants the process to
be extremely short, that is, to hurt only a little. Yossi smiled and seemed to
enjoy the way I provided him with this interpretation of himself. I said that
it would be best to go on with the treatment until he went away, that is to
say, during four or five months, and then we could be certain that, even if it
hurt, he would be able to deal with the pain. Yossi agreed.

I asked him to tell me about himself and about his family. He said that his
parents are highly appreciated by others, that they work hard and are very
successful and invest a great deal in their children. Yossi has two younger
siblings – a brother and a sister. His elder brother had always been out-
standing, always very busy and active. Yossi said that now he feared that
things will not be as they used to be. His parents are very sad and he is afraid
that the family would break apart. He does not share his concerns with them
because he fears for them and does not want to put extra weight on their
minds. I noted Yossi’s deep anxiety and his equation of sadness and destruc-
tive weakness. I could sense his inner turmoil concerning the act of taking
his dead brother’s place: would he be able to satisfy his parents as his brother
had done, does he feel guilty because of his lethal victory in the competition
with his brother? I also thought of questions related to the oedipal conflict
in Yossi’s relationship with his so highly venerated and appreciated father.

Although I suspected that the brother’s death touched upon the contents
already described – and possibly also issues related to separation and indi-
viduation – I wondered whether we could focus the treatment on the con-
flctual strength–weakness axis, because this focus seemed close to Yossi’s
experience of himself and would allow him to explore the meaning of strong
and weak to him; how this experience came to be; and how this dialogue
between weakness and strength was related to the introjected figure of his
dead brother.
In the second session Yossi kept talking about his parents and his concern for them. I interpreted the link he made between sadness, pain and weakness, and saw that he responded to this interpretation. I therefore decided to focus the treatment along this axis.

At the beginning of each session Yossi wanted me to ask him questions, as he did not know what to say. This is how he was with his friends, too, he said, having difficulties in starting up. I said that maybe he was not sure that he was an interesting person, which is why he needed them to ask the questions. Yossi smiled and seemed to enjoy the fact that he had been understood. Again I thought of the gap between his intelligence and sensitivity and, on the other hand, his diffidence and apparent embarrassment. I felt myself revolting against the definition given by Yossi’s mother that he was a normal, regular child, and simultaneously felt uneasy with my own reaction. I was afraid to mess things up. The family was in a state of distress, and I wondered how much liberty Yossi and I had within the constraint of this distress. I thought of the need to be considerate, not to make things more difficult, not to question family myths. How much more could Yossi and his family bear, in addition to the disaster that had already occurred.

Yossi told me about his elder brother. He was extremely talented and excelled in everything he did, and Yossi was very proud of that. He knew that his brother loved him dearly, even if they had such different areas of interest. His brother had always been interested in business and money and was very successful from the start.

What sort of child were you, I asked, and he said: normal. What does normal mean to you, I insisted, and Yossi replied that he did not stand out in anything. Suddenly he remembered how his teachers used to be surprised by his exam results. I thought of how he managed to surprise me, too, in the way he understood my interpretations.

Yossi was very punctual. In the sessions he spoke and talked, but the same pattern remained, that is, the session always began with Yossi waiting for me to ask him questions. He seemed to be certain that I would always know exactly what to ask. When I reflected this back to him, he said that this was the way he saw my role in the sessions. For a moment he was afraid of the possibility that this might not be the case.

Before the fifth session, Yossi left me a message on my answerphone, saying that he was ‘a little ill’ and would not come. I felt doubts – maybe Yossi really was weaker than I had imagined? Maybe I identified with the child who had to stay in his parents’ home and excessively evacuate his rebellious parts, that is, those parts which Yossi had entrusted with me, and possibly still wanted to leave in my possession?

In the next session – which was the sixth session – I interpreted his ‘a little ill’ as a wish not to come to the session. Maybe he felt that dealing with things was difficult for him and that he wished to return to his familiar coping strategy, which was to avoid painful things. Maybe he was also frightened of
the possibility that I might not know all the right questions, and he was no longer certain about me nor the route we had chosen together. I reminded him that his initial wish was a four or five-session treatment, and that maybe that, too, was a return to his familiar coping strategies of feeling weak and avoiding. ‘That’s very possible,’ he said, embarrassed, as if caught red-handed. But he was also smiling, a big smile, as if he was enjoying the experience of having been understood.

To the next, seventh session, Yossi came with a smile on his face. He did not wait for my questions but said: ‘I have a dream’. Yossi dreamt that, in the National Geographic magazine, there was a story about people who think they are God, and about an English king who is highly respected and venerated. He said that he could not see how everything was related, nor what the National Geographic magazine had to do with it all. But he was also enchanted by the appearance of his dream. Yossi told me about his brother who was very highly respected and considered an achiever. He told me about his brother’s need always to be the best and the winner. When he lost at anything, he always made sure he would study the subject so that he would win next time. Yossi remembered that he only ever won in gambling games. The English king was related to Yossi’s wish to go to law-school and become a famous judge. I said that maybe he wanted to make things right and just for himself, and that underneath the ‘normal child’ there was another child who wanted to be allowed to surface. Suddenly, as if having unveiled himself, Yossi said that the strong spotlight which had always seemed to be directed at and reflected from his brother had put his own competitiveness in the shade, and that now he could come into the limelight. I was amazed at Yossi’s ability to be in touch with himself, and I also feared that the competition with his brother, which had now been revealed so explicitly, might be too hard for him to bear and that he might close down in our therapeutic relationship.

Yossi was on time for our next session. He kept drawing parallels between himself and his brother. He spoke of his dream again and we tried to see what the National Geographic magazine meant to him. Yossi told me that he liked hiking and going off the beaten track, which was why he liked reading the National Geographic magazine. He recalled a poem by Frost he had learned at school, about paths splitting in the woods, from which one had to choose in order to go on.

I interpreted the different ways he and his brother had used to run their lives. I also added that the dream may have been related to us and to our therapeutic relationship. I said that the dream appeared after the period of time he had initially allotted to the treatment had elapsed, and that this might be expressive of his acceptance of the therapeutic structure I had suggested. Initially, he may have agreed to my suggestion about the duration of the treatment because he felt that I was the God-like expert, and that he was too weak to know any better, but now he was in fact telling me that he was willing to go off the beaten tracks of the inner world, which could contain
pain and dangers, but also new experiences. Yossi was moved. After a while he said he knew that he was not self confident enough, but he was gradually feeling that he was getting stronger.

I felt that the shadow of the big brother was dissipating. I found myself wondering whether his mother’s perception of him as weak was somehow related to her need to keep him close to her, as opposed to her elder son who became independent at a very young age. I chose to say nothing for the moment. I felt that I could make room, together with Yossi, for the stress in which his brother had lived and his inability to let go of anything. Yossi sadly said that it was inevitable for his brother to be like that: ‘He just couldn’t be stopped, and therefore it’s a good thing that he at least had the time to accomplish a lot’. Pain and sadness were heavy in the room and the session ended after a few moments of silence.

In the next session, the ninth, Yossi simply did not show up, without any prior notification.

He started the next session, the tenth, by saying that the treatment was finished. He said that he had reached all his goals more fully than he had expected, and that he had even decided to go on his trip sooner than planned. Yossi said that he was no longer afraid that he would forget his brother; he remembered him often and even talked about him with his friends, he said, which he did not do before. Besides, he felt much better and more confident. And the last thing, he said, ‘is thanks to you – I always thought that psychological treatment was only for people with problems, but now I understand that it’s good for anyone who experiences difficulties.’

I asked him about the last session, to which he did not come. Yossi frankly admitted that he wanted to take the time and make a decision on his own, did not want me to help him and was sure that it would be okay by me. I saw Yossi’s ability to be in touch with his feelings and with me. He felt that he could deposit his anxieties with me and did not worry about me, as opposed to his concern about putting extra weight on his family’s minds. I also reflected to him his need to beat me, to have the upper hand. I had suggested four months of treatment and there he was, saying that he knows best what suits him. Yossi admitted to a slight feeling of victory, ‘but it’s definitely thanks to you’. A long handshake and he left.

Clearly, there are many things Yossi could work through and elaborate in a long-term treatment. His decision to terminate the treatment when he did may be seen as his avoidance of continued contact with material that started to appear. However, I wish to show a different possible perspective, not of resistance but of accomplishments. Undeniably, Yossi managed to do a great deal in a short time in the elaboration of his experience of inner weakness, which had been exacerbated by his brother’s demise. He is no longer haunted by the figure of a dead brother nor by the potency that his brother symbolized. He can remember his brother with envy and longing but not be afraid that he would be unable to withstand the affective difficulties related to such
reminiscences. At the end of the treatment Yossi touched upon depressive parts in his inner world. The brother’s figure, which had been persecutory, and had to be fled and avoided, has now become a more integral part of his world. It seems that his experience of himself as weak is related to his difficulty to express his emotions effectively: I feel weak therefore I am weak. But Yossi ends this treatment with a different sensation: I can feel strong even if I am sad and even if I need others. And I can also be helped.

Discussion

His brother’s death has led Yossi to seek therapy. His willingness to seek treatment with a therapist who was described to him as ‘not being afraid of asking questions’, as opposed to one who might have all the answers, is expressive of his wish to find a space (Winnicott 1971) where he could play, and thus understand himself in the context of his brother’s death:

It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self [. . .] Psychotherapy is done in the overlap of the two play areas, that of the patient and that of the therapist. (Winnicott 1971, p. 54)

No ‘play’ was possible in Yossi’s home during the mourning period and probably also before that. It is possible that Yossi felt an inner interdiction to be himself, since the entire space had been filled by the image of his dead brother and the myths associated with him. Yossi uses the treatment to build his own private playground for himself, in which he could remember his brother not only as his deceased and venerated brother, but also as a person, remembering the contacts they had. He would thus be able to identify himself in these contacts and also differentiate himself from the myths created about himself, by himself and by his family.

Yossi came to the treatment when his defences no longer served him in an adaptive manner. But the collapse of these defences turned into an experience of victory. His brother’s death allowed him not only to mourn his brother but also to start his separation from his own inner image as weak. This was the beginning of his own self-given permission to meet his strong inner brother, to compete and to achieve. Akhtar (2000) reviews the defensive operations designed to reduce and control inner pain. Unlike Joffe (Joffe & Sandler 1995), who divided these defences into healthy (accelerated individuation) and pathological (helplessness), Akhtar maintains that, phenomenologically, the division is not so clear cut, and that any defence can be effective or pathological. He discusses four defence operations designed to deal with psychic pain, each of which may be adaptive or non-adaptive, according to whether they ultimately permit mourning to take place or not. These operations are (1) psychic retreat, (2) manic defences and denial, (3) induction of pain into others, and (4) changing the form and function of pain.

It seems that Yossi had been experiencing himself as being weak for a
very long time, either as a result of his introjection of his mother’s attitude towards him, as a result of his own difficulty to compete with significant male figures (his dead brother, his admired father) or due to his inability to express his own aggression about his reduced place in his family. The defences which were activated in Yossi following his brother’s death exacerbated his inner experience: he found it difficult to communicate (psychic retreat), used manic defences (omnipotent control and denial of harsh emotions), and the induction of pain into others (his mother who, at the beginning of the treatment, carried his experience of weakness). These defences carried a heavy price tag with them: they left him weaker, and could have made him forget his brother.

When Yossi ended the treatment, he was aware of his inner experience as weak, felt strengthened by his ability to be in touch with his memories and to speak about them to his friends. He ended the treatment feeling that he had exceeded his own expectations. It is possible that, at the end of the treatment, manic defences manifested again, but at that stage they were clearly adaptive – for Yossi felt stronger and more potent.

Yossi chose a treatment which was clearly limited in scope as well as in time. It is this limitation which allowed him to play and be creative. Another type of treatment, which would initially seem less limited, less focused and less predefined, would not have allowed Yossi to reach the same result.

I wish to show in what way it was the structure of this treatment that allowed for this seemingly paradoxical point.

The therapeutic material in Yossi’s treatment was related to his split experience of strength and weakness and a dialogue was established between the therapeutic contents and the treatment’s structure, which allowed for unique active containing.

Through his attempt to control the duration and contents of the treatment, Yossi started the strong–weak negotiation by trying to establish himself as strong. I interpreted for him the short period he had allotted for the treatment, four to five sessions, as an attempt to maintain his defence, and suggested a longer period: four months or so. As for the therapeutic focus he came with – to keep the memory of his brother – I had to be more delicate. I did not explicitly stress Yossi’s self experience as weak, but allowed it to surface through the active work which was the focusing of the treatment along that axis. At the beginning of the treatment, Yossi felt that I was the strong one, who controlled the structure, i.e. the contents and duration of the treatment. Later in the treatment, it was precisely this structure with which he began his dialogue with his strong–weak conflict. In my refusal to comply with the time framework and focus he suggested, I therefore accentuated the strong–weak conflict in a way which was expressed not only in the contents but also in the treatment’s structure.

The seventh session – in which Yossi reported his dream – is a good example of active containing. This session took place after the end of the
initial period Yossi had planned for the treatment. Was continuing the treatment from this point a sign of weakness and surrender to me, or, rather, a sign of strength indicating his willingness to try to lead his emotional life differently?

Yossi’s dream represented a significant entrance into a world where unconscious psychic mechanisms are beginning to be born. The simplistic equation of ‘being insistent equals being strong’ and ‘being sad means being weak’ was no more. Yossi let go of his attempts to gain control. He came to the session after the end of the period he had allotted to the treatment, but he did not come weak and surrendering: on the contrary, he was able to make room for his experienced weakness and touch upon issues such as envy, competition and otherness. He now felt strong because he had allowed himself to experience a broader diapason of emotions. He could now feel strong because he had chosen to go off the beaten track, and he no longer needed avoidance or control as symbols of power, nor did he need my priming questions.

The interpretation I gave was related to both contents and structure. I said that the dream came after the period of time that he had initially allotted to the treatment had elapsed, and that this might be expressive of his acceptance of the therapeutic structure I had suggested. Initially, he may have agreed to my suggestion about the treatment duration because he felt that I was the God-like expert and that he was too weak to know any better, but now he was telling me that he was willing to go off the beaten track and into his inner world, which could contain pain and dangers but also new experiences.

Yossi’s not coming to the ninth session was experienced by him as a sign of strength.

The tenth session started with Yossi saying that the treatment was finished, that he had reached all his goals more fully than he had expected and that he wanted to take the time and make a decision on his own and did not want me to help him. His not coming to this session was very different from his not coming to the fifth session, when he said that he was ‘a little ill’ and therefore could not come to the session.

It could have been possible not to fix a time frame, in which case it is likely that the drama related to the question of who decides about the framework would not have had such an echo. Yossi’s not coming to the fifth session, his dream in the seventh session which appeared after the time he had originally allotted to the treatment, his need to terminate the treatment before the set date, the transferential role he gave to me as the one who knows best and decides what is best for him, as opposed to the one he can face and counter, are all dramas which might not have become so central had the treatment’s duration not been pre-fixed. The therapeutic focus, too, might have been phrased more explicitly from the start. If this were the case, I assume that Yossi would have started the treatment feeling even smaller and weaker than
he actually did and as one who could not know what’s best for him. This probably would have caused him to remain ‘shrunk’ in the treatment.

I wonder what would have happened in a treatment that was not short-term and focused. A framework which would be unlimited in terms of time and contents would have sharpened Yossi’s self-experience of being weak and possibly also threatened to send him into helplessness and sadness; he would not have been able to benefit from such a position at that stage in his life.

What facilitated the therapeutic work was not the therapeutic content nor the treatment’s structure but the interplay, the ongoing dialogue between contents and structure. Focus, time and activity aroused contents, dream and acting. As in active containing, these in turn affected my own feelings, mode of presence and interpretations.

In this short paper on brief psychotherapy I have tried to show its unique characteristics, or fundamentals. I have intentionally underlined the full half. Others may prefer to look at the empty half – what was not achieved in this treatment, the multiple instances of acting out as expressing difficulty and not dialogue, and, generally, all that must be relinquished in brief psychotherapy.

However, I wish to emphasize that, as partial as Yossi’s elaboration of the themes and emotions raised in his treatment may have been, it was nonetheless highly significant. A long-term process was not an option in Yossi’s case, but the brief option and the way it was implemented – clearly defined focus, limited duration and therapist’s activity – contributed to the significant achievements Yossi managed to reach in the short span of 10 sessions.

Winnicott (1962) writes about the contribution of the mother, who is the actual environment in the development of the infant’s ego integration. Her ability to meet the actual dependence of the actual baby is what allows for the development of an adult ego. The baby keeps facing unthinkable anxieties. A mother who can put herself in the baby’s place and know what he/she needs in terms of management of body and psyche thus creates an actual environment that facilitates ego integration.

The therapeutic structure of brief therapy, which focused on Yossi’s feeling of weakness, made an ‘actual’ contribution to Yossi’s achievement in the treatment and allowed contents and behaviour to be amplified and worked through. He in fact managed to choose what was really his best option, there and then.

Understanding the characteristics of this container, their reflection in the patient’s and therapist’s inner worlds and the way they facilitate unique active containing allows therapists to decide about the suitability of this mode of therapy. I have written elsewhere (Laor 1999) about the different ways in which the three fundamentals of brief therapy – focus, time limit and therapist’s activity – may be configured. I also suggested that this variety of
possibilities should be noted when considering the relevance or appropriateness of brief therapy.

There is one major conclusion stemming from these ideas. The question of whether a patient is ‘fit’ for brief therapy, or, reversely, whether brief therapy befits this or that patient, is not a clear-cut dichotomy with a stable-over-time answer. Firstly, ‘brief therapy’ may apply to many different settings. A brief process of few sessions is significantly different from a brief process that lasts an entire year. Secondly, this decision is mainly one related to timing. The question is not which psychopathology is a possible candidate for brief psychotherapy, but when would a brief and highly time-limited process be relevant. It was relevant to Yossi when he came to seek therapy. Should he return for more, which modality would be best suited to him? Brief therapy with a different focus? Long-term therapy? Maybe group therapy? Only time will tell.

References


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