

Original Contributions - Originalbeiträge

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Reconciliation of Time Perspectives as a Criterion for Therapy Completion

1. Introduction

Giancarlo Trombini, the main author of this article, has demonstrated in a series of empirical studies based on treatment examples from psychoanalytic psychotherapy that the development of relational dynamics in therapy can be assessed in an objectively verifiable way using a phenomenological criterion based on the narrative content of each session. This criterion is the comparison between the manifest dream and the subsequent associations (MDAC³; Trombini, 2010, 2014, 2015). This is a contribution to the reflexive pole of analytic psychotherapy, which is, after all, characterized by a constant oscillation between the pole of reflection and the pole of a “dreaming reception.” The present contribution continues this research with the treatment of the concluding phase of therapy, which is related to certain turning points in the processes of change in therapy (Di Chiara, 2003). As a complement to the MDAC criterion, another phenomenological criterion is presented here: that of the “concluding therapeutic turn” (CTT)⁴. This indicates that the patient⁵ is about to complete the therapy. At this turn, as explained in the following paragraphs, in a successful case, the reconciliation of the three temporal frames of reference (the psychological past, the psychological present, and the psychological future) can be observed in a single session. This shows that the patient is sufficiently aware of the changes which have occurred in her to be able

¹ This work is dedicated to the memory of our friends Anna Arfelli Galli and Giuseppe Galli. The principal author is especially grateful to them for encouraging him to supplement his medical training with one as a Gestalt psychologist and psychoanalyst.

² The major part of the text was originally written in Italian by the main author, Giancarlo Trombini, in cooperation with Elena Trombini. Some supplementary references to German-language literature and corresponding concepts of Gestalt theory and Gestalt Theoretical Psychotherapy (GTP) in the first chapters were added by Gerhard Stemberger at the invitation of the main author. Elena Trombini and Gerhard Stemberger provided the text for the present English-language version.

³ The abbreviation MDAC stands for “manifest dream/association comparison”, in Italian, the abbreviation is CSMA.

⁴ In Italian, the “snodo terapeutico conclusivo”, STC.

⁵ Since all the patients mentioned in this article are women and the analyst is a man, the corresponding gender designations are used. In the relevant statement, all genders are meant in each case.

to conclude the therapy soon—also in the knowledge of the associated separation from the therapist.

In the previous works, it was suggested to objectively check the progress of therapy based on MDAC criterion: the qualitative development of the relationships occurring in the dream narratives and the subsequent associations to the positive or negative, to higher or lower complexity makes the development of the relationship dynamics visible in a factually verifiable way. Following a suggestion by Stemberger⁶, the development of the patient's inner–personal relationship, that is, her relationship to herself, should now also be included by deploying the CTT criterion. We want to consider this inner–personal relationship of the patient based on her psychological time perspective, that is, her past, her present, and her future—not in the historical sense but in the psychological sense (cf. Lewin, 1951⁷). In the relation to her past, present, and future, the relation of a person to herself is shown quite emphatically. The CTT criterion must be seen together with the MDAC criterion, since the development of the relationship dynamic to other persons cannot be separated from the development of the relationship dynamic of the person to herself, as expressed in the frame of reference of the time perspective in the patient's life space. We assume that a development toward more positive and complex interpersonal relationships of the patient must go hand-in-hand with her “reconciliation” with her past, present, and future. In the successful case, this dynamic develops positively as a whole in the course of the therapeutic sessions.

Contemporary psychoanalysis assumes that the relational structures in the dream narrative reveal the structures of the person's “inner world” (Ogden, 2009; Blum, 2011). For psychoanalysis, changes in the manifest content of the dream are clear indications of transformations of object relations in the unconscious world (Leuzinger-Bohleber, 2018). Dream and associations are parts of a whole and the analytic session must be interpreted as a whole, in a sense like one big dream (Carloni, 1991).

The therapist explores, together with the suffering patient, her pain with the aim that through it she can regain the ability to overcome negative (destructive) relationships and to cultivate new positive (constructive) relationships that are

⁶ This suggestion was based on considerations by Mary Henle (1962), which are translated into a threefold relationship centering in Gestalt Theoretical Psychotherapy (GTP) (Stemberger, 2018): GTP focuses in a pendulum movement once on the interpersonal relationships of the patient in everyday life, then again on the therapeutic relationship with the therapist, but then also on the relationship of the patient to herself. It is assumed that there are dynamic interactions among these three relationship spheres that can be addressed therapeutically.

⁷ “The totality of the individual's views of his psychological future and his psychological past existing at a given time may be called “time perspective (L.K. Frank, 1939)”, (Lewin, 1951, 75). For further research on the psychological implications of time perspective, see Nuttin & Lens (1985) and Stolarski, Fieulaine, & van Beek (2015).

accessible to her. In the successful case, she should be enabled again to realize in her relationships those forms of with-human interaction that Giuseppe Galli calls “social virtues” (Galli, 2005). For this purpose, the analyst offers the patient the possibility to unfold her transference process, without encountering a counter-transference that hinders her instead of supporting her in her search for the truth (Di Chiara, 2003).⁸

To assess the transformative relational dynamics which are reflected in the content of a session’s narratives (which, of course, cannot be separated from the relational dynamics between patient and therapist), the MDAC criterion considers two categories:

The basic category is that of *positivity/negativity of the relationships* the narratives are about and their development from the dream narrative to the subsequent associations. This category is considered to be an indicator of progressive, regressive, or stagnant development in therapy. One compares the relational structures of the characters that appear in the manifest (phenomenal) content of the dream narrative in the particular session (as an expression of an intrapsychic experience that becomes an interpersonal one) with the relational structures of the characters that appear in the subsequent associations. These associations shed light on the emotional-dreamlike atmosphere of the moment (Bezoari & Ferro, 1992). Comparing the dream narrative with the subsequent associations, one thus follows the developmental trajectory of the relational dynamics that emerge in the particular session.

The second category of the MDAC criterion is that of *relational complexity*; this is inextricably linked to the category of positivity. In fact, a relationship dynamic that develops in the direction of increased complexity (such as the transition from a dyadic to a triadic relationship) can only be considered positive if the session itself comes to a positive conclusion. The idea of relational dynamics moving toward increased complexity is inherent in the developmental notion of the therapeutic model of psychoanalysis (Falci, 2005; De Toffoli, 2008; Trombini, 2014) as well as in the Prägnanz principle of Gestalt psychology (Rausch, 1966) and the Gestalt Theoretical Psychotherapy that builds on that principle. A clear and concise account of the category of relational dynamics in psychotherapy was recently presented by Stemberger (2018).

The MDAC criterion can be used to identify the progressive or regressive tendency of a session’s relationship dynamics or its tendency to stagnate. The results of the different sessions can also be compared in this respect. Thus, it is possible to assess what happens in the different stages (initial, intermediate, and final) of

⁸ For the specific understanding of transference and countertransference in Gestalt Theoretical Psychotherapy, refer (Kästl, 2007).

the therapy. Clinical examples have already been used to highlight the concrete signs of change in the relationship dynamics between the beginning of therapy and the completion stage of therapy (Trombini, 2014, 2015). This change, as has been shown, is accompanied by symptomatic improvement and by the observable acquisition of analytic competencies by the patient (in the sense of Bolognini, 2008). Thus, the MDAC criterion is essentially an instrument for the assessment of progress in the development of the psychotherapeutic field (for a review, see Trombini, Corazza, & Stemberger, 2019).

Thus, paying attention to changes in the relational constellations in the manifest narratives in therapy deepens the awareness of the progress of the therapeutic process, which in the analyst is fed by the sources of evenly suspended attention, empathy, countertransference, and the widest possible grasp of all connections.

2. Research Hypotheses

The research that initially led to the development of the MDAC criterion is now continuing.

The therapeutic process, starting from the present of the therapeutic relationship, grasps the whole time perspective, breaks free from fruitless repetitions, encompasses aspects pertaining to the future, and can accept the past (Balsamo, 2019). The time perspective places every relational event in therapy in a temporal frame of reference (past, present, and future). When the patient has reconciled with her psychological present and psychological past, and thus transformed them as well, a hopeful view of the future is also possible.

Such a happening, as we can observe in the concluding phases of therapies, is manifested in what we call the CTT of the transformation process. At this turning point, the patient is already aware of the path which she has taken, to such an extent that she can think of concluding the therapy. Retrospection and transformation now distinguish who she was then from who she is now (Di Chiara, 2003). The patient prepares herself for separation, for the conclusion of the analysis, is able to let go, and is ready to be let go (Bigi, 2004).

According to Metzger (1945/2001), the person with all her relationships can only be understood in each case from her relationship to a frame of reference, "as the area in which he or she is located and moves, in which he or she has his or her place, direction, and measure" (cf. on this Metz-Göckel, 2014; Sternek, 2020). The frame of reference can express itself in different settings and can itself undergo changes, which in turn bring about changes in the experience and behavior of the person concerned. In this context, Metzger also refers to the importance of embedding life in the passage of time. Accordingly, in the present work, we turn to the temporal frames of reference of the past, present, and future.

Some time ago, we presented a clinical case in which the time perspective was interpreted as a frame of reference in psychotherapy (Galli & Trombini, 2013). From the continuation of the related considerations grew the idea that this could be a possible criterion for whether the patient has already become sufficiently aware of the path of change she has embarked upon. Once this awareness is developed, it can result in a session that already carries the therapy conclusion within itself, even if such conclusion is not yet explicitly agreed upon at that time. This is then a session of the CTT. Such a session is characterized by the accomplishment of a reconciliation of the temporal frames of reference (psychological past, present, and future) in the contents of the dream narrative and the subsequent associations, while simultaneously maintaining favorable relational dynamics in the sense of the MDAC criterion.

In a concise way, this criterion of the CTT is fulfilled when a progressive relational dynamic is embedded in the patient's temporal frames of reference in such a way that there is a transition from understanding the past (represented in the dream narrative as a conflictual underlying problem) to a positive experience of the present that has made peace with the past and is open to a hopeful view of the future.

Starting with the "sample case" for this research hypothesis, already published in Galli & Trombini (2013) and in Galli (2017), four clinical case studies are presented to allow an assessment of the fertility of the new proposal.

3. Four Clinical Case Studies

3.1. First case

At the age of 40, the patient asked for psychological help as she was troubled by the exacerbation of a psychosomatic disorder (a rosaceous erythema) localized to the face, which sometimes would cause her an unbearable burning sensation. She also felt desperate: a state that had progressively worsened 1 year after the death of her mother. At the beginning of the analysis, she revealed her desperate sense of isolation with a dream: "I am locked up motionless in a coffin underground." In the dream, her depressive condition is expressed by the coffin that suffocates her vitality.

She felt a sense of inner emptiness, as disclosed by a dream in which a blue strand came out of her open body, devoid of internal organs, which for the therapist was a clear reference to the "Telefono Azzurro" (Blue Phone children's helpline), an Italian association which acts to tackle the problem of maltreatment and abuse of children. She could no longer bear her husband, whom for a long time she had found selfish and insensitive, unlike the first period of their relationship, but whom she did not leave for the love of her daughter.

She had established an idealized relationship with her mother, since the age of three and a half. In fact, her father had been admitted to a psychiatric hospital, where he remained for the rest of his life since, following a psychotic crisis, he threatened to stab his wife, his daughter, and his 1-year-old son. This is a tragic event that will be painfully printed on her face, together with the erythema; hers is a face that requires gentle caresses. From 6 to 14 years, her mother had entrusted her to a college run by nuns for the school periods and to family relatives for most of the holidays.

Now we observe a session of the last phase of the psychotherapy.

The patient tells a dream: "I am in a convent of nuns. At the windows there are metal grills. In that convent there are the novices that will then go as missionaries. A nun approaches and gives me a blank booklet". The patient says that the booklet given by the nun is like the one she received for her first communion and confirmation. It is the pleasant memory of an initiation ceremony in which the bishop gives her the chrism: Occurrence in which she received the booklet. She says that the convent with the metal grills reminds her of a prison and of a psychiatric hospital. For her father, the psychiatric hospital became a prison for life.

The therapist has here the opportunity to tell her that her relationship with him in his maternal function, represented by the nun, is integrated with that of his paternal function, always expressed by him and represented by the bishop, thereby ensuring that she can go out into the world and not remain imprisoned in the therapy, which appears to have transformed into a convent-prison-psychiatric hospital. The session ends with her saying:

"it's a pity the booklet they gave me is blank, nothing is written on it".
The patient is here attempting a depressive reaction.

The therapist says: "Everything has yet to be written."

The patient: "I had not thought about it (an expression that is the "yes" of the unconscious). This is beautiful."

With the expression "this is beautiful," she shows her disposition to overcome her actual problem, which is represented by the conflict between remaining protected in the convent-psychotherapy or leaving this situation, attracted by a condition of autonomy and by recognizing her capacity to implement the separation and reach a position of separateness. The patient's sufficient awareness of the transformative path taken is a prelude to her imminent and adequate request to conclude the therapy, with which she had overcome the problem of facial burning, the sense of despair, and developed a sense of meaningfulness of her own experience (her "mission").

We can now consider the last phase of the psychotherapy in the light of the temporal frames of reference, bearing in mind its location, its changes, and the relationships that arise from it.

The booklet, which the therapist-nun gives to the patient, can contain everything that has been thought and written by the couple patient–therapist during their many therapeutic sessions. This booklet represents the result of the work done in the past, until today. It is the history of the therapy seen in the frame of reference of the past.

Then, the frame of reference undergoes a change. The patient has become a novice who will go into the world (a world that offers her a reconciled relationship with her husband and in which she can find comfort through the love for her daughter). The booklet is presented in the frame of reference of the presence as a passport to leave the convent, thereby ensuring that it does not turn into a prisonmental hospital. In the frame of reference of the past, the patient participated in an initiation rite together with the therapist-bishop, as witnessed by the booklet. It is for her the confirmation of the possible transition to autonomy. In the frame of reference of the present, she has a booklet with which she can get started in life. She will have to enter a “new world” and now consults her booklet as a possible guide. Unfortunately, she finds out that nothing is written there. It is blank and this depresses her. Here, the therapist offers a different frame of reference which is pointed toward the future. In this frame of reference, the booklet has yet to be written. The patient accepts with pleasure the frame of reference proposed by the therapist. She has gained confidence in herself and in others and feels hopeful for the life that awaits her.

Therefore, in one single session, the patient undergoes various temporal transitions with connected transformations of her emotional state. She overcomes the feeling of despair of the frame of reference of the past and in the frame of reference of the present, the booklet appears as a symbol of openness to her actual life. In the frame of reference of the future, the booklet transforms into a symbol of hope and trust, which is shared with her therapist. The booklet can be read as the “other self” with whom the patient finds herself in a dynamic relationship that evokes the history of the therapeutic couple. At the same time, the booklet announces the internal dialog that, in the endeavor to accomplish her life’s “mission,” she will continue with the introjected figure of her therapist. In conclusion, the interpretation of the temporal perspective as a frame of reference during the psychoanalytic treatment allows us to highlight that the ability to make a transition from the understanding of the past, to the open present, to a hopeful future in the same session is the concluding turn of the analysis. Our observation so far on the simultaneous transit of the three temporal frames of reference is in agreement with their dynamic relationship. At first, in her dream, we see a dyadic relationship

structure (the patient and the nun) that is, however, of an undefined quality. This relationship acquires a positive quality in those associations where the positive relationship with the bishop also appears. A triadic relationship (positive and complex) is, therefore, organized: the patient with the nun and the bishop who gave her the booklet. Finally, the associations end with a positive monadic position of openness to a trustful future. The therapeutic process is close to completion.

3.2. Second case

The patient, in her 20s, asked for a psychoanalytic treatment because she suffered from compulsive bulimic attacks. She criticized her mother for over-feeding all family members: her, her younger brother (the parent's favorite), and even her husband. The father, obese, carried out his flourishing working activity with intelligence and business sense while lying in bed. During the analysis, the patient normalizes her eating behavior by reaching and maintaining an adequate weight. However, she laments that she is assailed by a sense of emptiness, a depressing difficulty in facing sacrifices, and the inability to make the decision to live alone. During the therapy, reflecting on her ambivalent desire for separation, she questions her filial attitudes and her inexhaustible demands. Over time, she manages to gradually separate from her family. At first, she carves out a personal area in her father's house where she can live. Later, she moves in her own apartment, but her mother keeps on supplying and filling her with food. She complains of psychosomatic pains in various parts of her body, especially in her legs, for which she consults a physiotherapist. It gives her anxiety to walk on her feet on her own path. For this reason, she spends a lot of time at home, in bed. Finally, she builds a relationship with a stable partner. The psychosomatic pains reduce until they disappear.

We now present some aspects of the final period of the analysis. She informs the analyst that she carried out several tasks during the week: she accompanied her father to a medical checkup, on her own initiative; she helped the maid with housework; she offered herself to occasionally look after her brother's son, the willingness to do which never arose in her earlier.

Next, this session takes place.

Patient: "What a change after all these years! For the first time I organized a birthday party for my partner, inviting people at home. I cooked by myself without using mum's cooked food. So far, I had always warmed her food up. I have seen mum doing things and now I have become quite capable. In the past I valued just the appearance of things; now, I am more interested in the substance, the internal aspect. How much importance I once gave to an extra kilo of weight!"

She relates dream: I went to the church of S. Luca, what a nice place! (the church of S. Luca is on the hill above Bologna. In this church there is the effigy of the Virgin, much venerated in the city and a destination for pilgrims). Now, passing various obstacles I have to enter the city. I take several busses. I pass through beautiful roads that I do not know. I start walking again as though I were encountering reality. What a joy to be able to walk: it means standing alone. San Luca: I was helped by the Virgin!

She comments: “the Virgin is a mother. Psychoanalysis is, too. I got stuck in my life and I could not walk. I was so dependent on my mother! I did not want to lose her. Now I am quite successful in doing so by myself.

Therapist: “it is a good starter dream”

Patient: “I hope so, but there is also the fear of not making it alone. But I think I will keep with me the bond with you, who have changed me with affection.”

In the manifest material of both the dream and the associations, the patient has achieved a personal positive state. She has learned to making it alone and to manage living with her partner. She is close to the end of the treatment. She is confident that she will be able to treasure inside herself an affectionate couple-relationship with her therapist, and to maintain a position of potential closeness in the future separation.

We can see that the patient can now summarize with understanding how she was in the temporal frame of reference of the past and how old events affect the present. The frame of reference of the present shows us how the patient is now: she has improved her sense of self-esteem. Thus, she opens up to the frame of reference of the future in the confident hope of knowing how to manage it personally and with autonomy.

We know that the concluding phase of the analysis can disclose itself with dreams of crossing borders, of concluding travels, of acquiring spaces, and, as in the pre-set case, of entering the city (Masciangelo, 1987; Di Chiara, 2003). The session became a CTT.

3.3. Third case

The patient, being close to 40 years, asked for an analysis as she was suffering from several somatization problems (headache, irritable bowel syndrome, fibromyalgia, and palpitation). She had a hypochondriac attitude, sometimes culminating in intense death anxieties that began shortly after marriage. These symptoms seriously worsen after the loss of her mother, a person of very poor health, which is the reason why in her family she had always felt an anguished expectation of death.

She felt like an unwanted daughter as the mother got pregnant after having believed that she was sterile. The mother, without any passion, agreed to marry the cousin of the man she loved in vain. The patient had no memories of loving moments with her mother. Since it was necessary to save money, given the uncertain health of her mother, she was often forced to play only with her father's work tools (the activity of playing was done at home) that were given to her instead of the desired toys. She disdained her father and called him stingy in attitudes and feelings. Her husband, in her opinion, had always been faithful to her. However, unlike what happened in the premarital period, she rarely indulged with her husband during the marriage and when she did it was usually without pleasure. She complained that her husband was "really present" and "caring" only when she was ill (as was often the case) and accompanied her to medical examinations. Instead, she described as optimal the relationship with her daughter.

In the first phase of the analysis, she spends most of her time describing her symptoms, as typical of psychosomatic patients, considered to be signs of scaring deadly illnesses. Lately she develops curiosity for symbolic aspects as she can feel that her body is seen and imagined by her analyst. Signs of psychological developments appear. The patient starts to integrate in a useful way the experiences of exclusion and jealousy. This is associated with the clear psychic ability to express herself in a more vivid way and in knowing how to nurture the hope of future pleasant moments. The psychosomatic symptoms and the death anxiety disappear. The patient finds the internal strength to resume her work. Unfortunately, this development is interrupted: she misses an opportunity for an important job. It is a bitter failure that tremendously upsets her and provokes significant changes in her behavior. She gets rid of her usual social relationships and isolates herself as much as possible from her husband and her daughter. This behavior leads to her husband's angry outburst and to the gradual estrangement of her daughter. Later, she develops new relationships that lead her to suddenly take distance from her family and from the analysis. She promises to return but does not.

This behavior elicits my disappointment, anger, and the fantasy that she will interrupt the analysis. The analyst's capacity to survive and communicate is severely put to the test. Reflected in the transference and countertransference, the feeling of not existing for the other (experienced by the patient in her life and by the analyst now) provides clear evidence of its presence. This helps the analyst to rediscover the necessary affection toward this person so devastated by the contingences of her life. Gradually, the compulsion to stay away from the meetings dissipates. At the same time, her daughter prematurely found work in a distant location. The anxiety of losing her strengthens. The sweet memories of them having breakfast at the bar return. She plans to contact her daughter and she is warmly supported by

her husband in this, with whom she has now rediscovered the intimacy that they had during the premarital period.

On the occasion of her daughter's return home, she tidies her toys up in her room and decorates the windows with colorful butterflies, but she then fears the daughter might not appreciate it. Thus, she opens the following session.

Dream: "I was in my daughter's room, but the window was no longer colored. Black shadows were visible. So sad! I get closer: They are swallows".
Then, she complains: "What a bad dream I had! I am lonely and sad."

This is the feeling of loneliness that characterized her life from childhood onward. The joy of seeing her daughter again and being together pleasantly (golden butterflies) disappears at the thought of the emptiness that she will see in her room after her departure. The analyst thinks the patient wonders when she will see her daughter again: perhaps it will be a long, undefined, sad wait.

Suddenly the analyst recalls a good memory of the time when the patient was talking about her summers at the beach with her baby daughter. Punctually, with pleasure, she saw the swallows reappear every year. It also happened that one day one of them made a nest under their veranda. It seems appropriate to the analyst to intervene.

Analyst: "the swallows return in spring".

Patient: "spring... the return... I had not thought about it. This is beautiful. Even children are swallows when they feel the desire to be together with their parents".

Analyst: "it is a flowering that reappears every year".

Patient: "it can be counted on to happen... My daughter is back, she was satisfied with the way I had arranged her room... She thanked me with a smile".

On that occasion, the patient was able to pleasantly chat, together with her husband, with her daughter about her future work and love projects: She savored feeling herself being part of the familiar *We*. The analyst feels they are approaching the concluding part of the treatment.

In the dream and in the subsequent associations, the patient is in a monadic negative state. However, later, through the associative exchange between the analyst and the patient, the relational dynamic develops positively. In the psychoanalytic field, a satisfying dyadic relationship comes into shape and transforms into a pleasant triadic relationship. Therefore, in the material of the session, a progressive relational dynamic, according to the categories of positivity and degree of complexity, is perceived. The transformations of the meaning of the

swallows in the dream are also grasped in the light of the temporal collocation. When they are black shadow, in the frame of reference of the past, they can be a symbol of the depression that characterized the patient's history. When they are shadow-shallows, in the frame of reference of the present, they become a symbol of the return of her daughter. Finally, the swallows evoke the spring that will always return. It is the frame of reference toward the future in confident expectation. The patient is now aware of her acquired capacity to be left and let go her daughter and her husband when necessary. The CTT took place. The patient experiences the transit that occurs in the temporal perspective passing from the memory of the past to the perception of the present and then to the hope in the future as a coherent unit, a harmonious whole. In fact, she will soon finish the therapy with satisfaction.

3.4. Fourth case

The patient, 20 years old, a graduate nurse, asked for an analysis because she could not find the courage to begin a hospital attendance. She defined herself as introvert and fearful in social relationships. For a long time, this was also the case in the therapeutic relationship. The description of her life and the expression of her feelings required a lot of clinical patience from the therapist.

Along with her brother, 2 years younger than her, she was raised with love by the paternal grandmother, who was rather apprehensive about their health. Meanwhile, their parents completed their university studies in another city. The patient, in the initial school life, describes herself as a child who was "petrified" while she saw the other children move with ease. By the end of high school, she had talked only to half of the class. She describes the relationship with her mother as symbiotic so that "everything that was outside of that small area with mum was terrifying." After high school, with "difficulty," she enrolled in the nursing school of her town: "the spirit of the Red Cross nurse prevailed in me."

The mother thought she should go the University and then move away from her hometown like her parents had done. She became angry with her husband for not guiding their daughter in the best possible way. The mother had been inhibited by her father from gaining experience abroad and she often complained about this to her daughter. The patient said: "I have her experiences within me as if they were mine, because she repeated them to me countless times."

After a long initial period of analysis, the patient was finally able to undertake her nursing activity at a hospice for elderly women (the grandmothers). Later, she managed to move away from the hospice and decided to attend the hospital emergency room, where she was later hired. There, she met an elderly colleague (a paternal substitute) who helped her a lot and with whom she lived for several years.

Gradually, during her analysis, she understood her “unexploded anger” toward her parents and the mental confusion that often dominated her and that she expressed through obsessive-phobic symptoms. She became an appreciated nurse, and her psychic symptoms began to lessen. She progressively implemented various separations. At first, she left her partner, who would have liked to continue living with her. Thereafter, she ensured that she maintained a sufficient distance from her parents, who were constantly seeking her presence. She understood that moving away from them did not mean abandoning them: A daughter is not obliged to give back to her parents all the time they have dedicated to her.

The father began, more and more often, to ask her for health advice for her mother, who was really sick, but then, he did not accept her suggestions. He rejected the advice saying: “mom is not that bad.” This defense of the father, in not wanting to admit that his wife’s health was deteriorating, was not perceived by the daughter, who, on the contrary, felt unappreciated for her medical competence.

The progress of the analysis allowed the growth of a creative aspect of her: writing fairy tales accompanied by images with watercolors that she herself created. This creativity signaled the beginning of the conclusion of the analysis. In this final stage, the patient opens the session with a dream:

“I am with you (the therapist) at the bar, sitting at a small table. I speak to you, who are a notary. I tell you that we have already seen this, that, and the other. At one point I tell you that we have talked enough. I get up and walk away. I approach a hairdresser, who is there at the bar, and start asking him questions”. She comments: “It is strange that I ask questions to the hairdresser. It’s a sad dream, but in the dream I was not sad.”

The analyst thinks that the notary-therapist certifies the list of separations that have taken place and those to be completed. The meeting with the hairdresser, who styles and embellishes what is on the surface of the head, documents the acquired ability to handle what is visible, the conscious emerged from the depth. This is what the analyst tells her.

The patient agrees and then goes on to talk about her great need for sweets, and the excessive number of people at the bar. She complains about her father: “He seems to ask but then he wants to decide by himself what to do for mum. I eat too much even though I am not hungry, because of the frustration of my father that gets on my nerves.” Therefore, at this point, she accepts the therapist’s comment about her father: “he does not want to see his wife’s physical decay worsen.” She also adds, “Dad gives now great proof of his love for mum.” Finally, she concludes the session by informing the therapist that she has started a new tale about the sea: It talks about the relationship between a child and his mother.

Patient: "it is astonishing how much writing captivates me! Perhaps it is a continuation of the analysis. I am really fond of these little creatures (the characters from the fairy tales)"

Therapist: "these are the characters you have inside"

Patient: "yes, they have something magical. However, why do I eat so much?"

Therapist: "You wait to be fed by the characters of the fantasy. Everyone must find his own way to continue the analysis."

It might be enlightening to report some concluding passages from the fairy tale that the patient told the therapist a year earlier. The patient is now trying to get this fairy tale published by a publishing house.

This child, Isaac, an orphan who was raised by monks, sets out on a journey. He meets many friends and each of them gives him a souvenir stone. He is accompanied by an ibex, which suggests that when he reaches the sea, he should throw all the stones into it. Isaac, with regret, agrees. However, immediately after he has complied with the suggestion, he joyfully sees reflected in the water a beautiful colored mosaic of his figure, created by all the colorful stones. The ibex tells him: "do you understand what the secret of our journey is?"; "I think so," Isaac answered smiling.

"Every person we meet on our way" continued the ibex, "teaches us and gives us something. He or she gives us what is likely to be a precious stone. If we know how to notice and keep these gifts in our hearts, we will become a small piece of who we met on the journey and who we met will become a very small piece of us. This is the secret!"

"Yes, that's right!" says Isaac smiling. "I will always remember the friends I met on this trip even if I won't see them again". It is an implicit reference to the meeting with the therapist.

Returning now to the dream, we see that the patient is paired with the analyst-notary, who summarizes the various segments of the experiences of separation that occurred in the temporal frame of reference of the past. There is also another possible coupling with the hairdresser, who can allow the development of a conscious dialog on the separateness to be conquered. In the associations, there is first an attitude of frustration (later corrected) for the father's attitude that affects her impulsive oral behavior.

Finally, the associations end positively with an attitude of passionate dedication to the construction of the fairy tale. It is the expression of the temporary frame of reference of the present. It is precisely in this creativity that the patient captures the attitude of hope in continuing the self-analysis relating to the temporal frame of reference of the future. A progressive evolution emerged in the light of

the MDAC criterion. A concluding therapeutic session was held. As in the other cases, the end of the analysis follows shortly.

4. Conclusions

In our opinion, the presented clinical cases prove that the proposed phenomenological criterion of the CTT is suitable for the purpose it pursues—to ascertain whether the patient has already achieved sufficient awareness of the path of change she has chosen. In the cases discussed, the patients showed that they could integrate their memories and emotions about significant problems of their past with a positive, constructive view of the present, and a hopeful view of the future.

Etchegoyen, in a 1986 paper, reported very clearly on the various clinical signs that indicate the imminence of the completion of an analysis. He believed that the whole process needs a lot of time. The patient needs this time to arrive at an adequate mental representation of the hidden pathogenic text that she did not have before. Certainly, Etchegoyen correctly points out that a single indicator is not sufficient to complete the analysis. However, if there are several such indicators and this in different contexts, it makes us think with confidence that we are on the right track.

On the problem of the conclusion of an analytic therapy, De Simone (1994) pointed out a crucial turning point for it, where the pending separation of the patient from her therapist is combined with the awareness of temporality, with a spotlight on the reality of temporal processes and the resulting reordering of psychic reality.

We think that the clinical understanding of therapy progressions can be expanded by adding to the various indicators already elaborated the criterion of the CTT presented in the present work. This is characterized by the connection and reconciliation with the three temporal reference systems while maintaining positive relational dynamics. Such a turn has for the patient all the characteristics of a psychic event that is new for her. Recognizing this is important not only for the patient, who is thus shown her therapeutic progress, but also for the analyst, in order to make this progress of his patient clearly visible to him.

We have seen that it is important to keep in mind both criteria, that is, the MDAC criterion as well as the CTT criterion, in the session in order not to run the risk of drawing wrong conclusions. Here is an example of such a wrong conclusion:

A lady already advanced in her therapy related to her therapist a dream in which she was to marry a friend from her music choir, a “choir in which one walks in harmony.” The friend is a determined person who takes many initiatives: it is an aspect that the patient would like to integrate harmoniously into her own personality, to overcome her own lack of initiative, from which she has always suffered.

Initially, I (GT) thought it was a dream that connected the temporal frame of reference of the past with that of the present in relation to the patient's fundamental problem of making decisions. I had also noticed that in the temporal frame of reference of the present, to her own amazement, the patient had begun to take some initiatives in working with her husband. Thus, I was pleased and interested in the possibility that the session would be one of CTT. Unfortunately, this was not the case, as was shown in the associations toward the end of this session in the light of the MDAC criterion: this conclusion was negative, in that it expressed an account of a recent example of her inability to bring to her husband's attention a cultural project that she wanted to carry out independently. It was not, therefore, a session of CTT as discussed here. This was confirmed by the fact that the patient opened the next session with the words: "I dreamed of my other half. This is my cousin, a person crushed by her duties, knocking on my door,"—the patient clearly expresses her conflict: the turning point still has to be reached.

Consideration of both the MDAC and CTT criteria can give the practitioner critical confidence in the maturation process of the therapeutic enterprise. In the therapeutic turn addressed here, there may also be agreement between the patient and the therapist about the termination of therapy. The CTT criterion helps the therapist to recognize the right time to conclude the analysis. Recognizing this therapeutic turn also helps the analyst to confront his patient's fear of living her new life without the support of the therapy sessions, as well as her sadness about the upcoming separation. The therapist knows at this point that the patient has developed sufficient awareness of her change. He can rightly comfort her in the hope that with the separation, she will take another step toward solidifying her own identity.

Summary

Giancarlo Trombini presents the continuation of his research on the question of which criteria can be used to assess the progress of therapy in an objectively verifiable way and to make the decision on the completion of therapy. In the first phase of his research, the phenomenological criterion of a qualitative change in the patient's relations toward the positive and higher complexity was proposed for this purpose. In terms of the working method in analytic therapy, this meant concretely: attention should be paid to what development is shown in the comparison of the relationships that occur in the dream narrative and in the subsequent associations. This criterion was therefore given the name manifest dream/association comparison (MDAC)—comparison between the manifest dream and the subsequent associations. The idea can easily be transferred to those therapy methods, which do not primarily work with reports of dream memories and subsequent associations—also, in other ways of working, it is possible to pay attention, in the way suggested by Trombini, to the qualitative development of the relationships which are thematized by the clients in the course of an hour.

To this first criterion, another phenomenological criterion is now added in the present article: that of the "concluding therapeutic turn" (CTT). If the patient's development

reaches this turn in the course of the therapy in one session, this indicates, according to Trombini, that the therapy can soon be concluded. The fulfillment of this criterion can be recognized by the fact that in the sequence of dream narration and subsequent associations in a session, a relational dynamic toward the positive and higher complexity becomes recognizable and that is, at the same time, connected with a reconciliation of the three temporal reference systems (past, present, and future). The achievement of this CTT indicates that the patient is aware of the changes made in therapy and makes it evident to the therapist that the therapy is nearing completion.

Keywords: psychotherapy process theory; frame of reference; time perspective; psychoanalysis and Gestalt psychology

Vergangenheit-Gegenwart-Zukunft als Bezugssystem

Die Versöhnung der Zeitperspektiven als Kriterium für den Therapie-Abschluss

Zusammenfassung

Giancarlo Trombini stellt die Fortführung seiner Forschungen zur Frage vor, mit Hilfe welcher Kriterien man den Therapiefortschritt sachlich überprüfbar einschätzen und die Entscheidung über den Therapie-Abschluss treffen kann. In der ersten Phase seiner Forschungen wurde dazu das phänomenologische Kriterium einer qualitativen Veränderung der Beziehungen der Patientin hin zum Positiven und zu höherer Komplexität vorgeschlagen. Auf die Arbeitsweise in der analytischen Therapie bezogen hieß das konkret: Es sollte darauf geachtet werden, welche Entwicklung sich im Vergleich der Beziehungen zeigt, die in der Traumerzählung und in den nachfolgenden Assoziationen vorkommen. Dieses Kriterium erhielt daher die Bezeichnung VMTA – Vergleich zwischen dem manifesten Traum und den anschließenden Assoziationen. Der Gedanke lässt sich unschwer auch auf solche Therapiemethoden übertragen, die nicht primär mit Berichten über Traumerinnerungen und daran anschließenden Assoziationen arbeiten – auch bei anderen Arbeitsweisen ist es möglich, in der von Trombini angeregten Weise auf die qualitative Entwicklung der Beziehungen zu achten, die von den KlientInnen im Laufe einer Stunde thematisiert werden.

Diesem ersten Kriterium wird nun im vorliegenden Beitrag ein weiteres phänomenologisches Kriterium hinzugefügt: das der “abschließenden therapeutischen Wende” (ATW). Erreicht die Entwicklung der Patientin im Laufe der Therapie in einer Sitzung diese Wende, zeigt das nach Auffassung Trombinis an, dass die Therapie bald abgeschlossen werden kann. Die Erfüllung dieses Kriteriums ist daran zu erkennen, dass in der Abfolge von Traumerzählung und anschließenden Assoziationen in einer Sitzung eine Beziehungsdynamik hin zum Positiven und zu höherer Komplexität erkennbar wird und das zugleich mit einer Versöhnung der drei zeitlichen Bezugssysteme (Vergangenheit, Gegenwart, Zukunft) verbunden ist. Das Erreichen dieser “abschließenden therapeutischen Wende” zeigt an, dass die Patientin sich der in der Therapie vollzogenen Veränderungen bewusst ist, und verdeutlicht zugleich dem Therapeuten, dass die Therapie vor dem Abschluss steht.

Schlüsselworte: Psychotherapie-Prozesstheorie; Bezugssystem; Zeitperspektive; Psychoanalyse und Gestaltpsychologie

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