Maša Žvelc

Working with Mistakes in Psychotherapy- A Relational Model

Abstract

In the article I deal with the question what is the meaning of mistakes, done by therapist in psychotherapy and how to work with mistakes. With the word mistakes I think of moment-to-moment mistakes, often very small and subtle, made by the therapist, which can lead to ruptures in the therapeutic relationship. I see repairing ruptures of the relationship as a very important way of establishing or solidifying good therapeutic alliance. In the article I present relational methods of integrative psychotherapy- inquiry, attunement and involvement (Erskine, Trautmann & Moursund, 1999) and Safran and Muran's (2000) model of negotiating therapeutic alliance, which both lead us how to work with the mistakes. In the second part of the article I analyze one session with the client in which I explore the practical use of the model for working with mistakes.

Introduction

In the article I won't speak about ethical mistakes but of moment-to-moment mistakes, often very small and subtle, made by the therapist, which can lead to ruptures in the therapeutic relationship. So basically, I will deal with the moments when the therapist is not adequately attuned to the client.

Personally speaking there were at least two reasons which motivated me for deeper exploration of the topic of therapeutic errors. These are my experiences as a therapist and my experience as a client.

As a therapist I used to have a 'Be perfect' driver (speaking in TA language). I was prone to criticizing myself for making a mistake. However, with the help of my training and reading the authors who I am going to cite in this paper, I was glad to *discover that*:

- mistakes in a therapeutic relationship are inevitable (Casement, 2002; Guistolise, 1996; Safran and Muran, 2000), and
- "anyone who is afraid of ever making mistakes may end up not making anything" (Casement, 2002, p. 17).

Because it is not possible for the therapist to avoid making mistakes, it is important that he provides the room for the client to correct the therapist (to say what he didn't like in the therapist's intervention, or facial expression, what he/she misses etc.). And for the therapist it is important to tolerate being corrected and to be able to make positive use of corrective efforts by the client (Casement, 1990). It is also important for the therapist to realize that he has made a mistake (not just waiting for the client to correct him) and then to do something about it.

…and I discovered even more:

Mistakes are not just inevitable - they are »necessary« in the therapeutic work. With the appropriate way of dealing with errors we can (Erskine, Moursund & Trautmann, 1999; Evans & Gilbert, 2005; Guistolise, 1996; Safran & Muran, 2000):

- Learn much more about the underlying relational process, about the client's and our own relational schemas, our relationship, including the relational unconscious,
- Reestablish or even improve the therapeutic alliance,
- Establish or deepen the client's internal and external contact (with the therapist and eventually after some time with other people), and
- Recover and integrate the split parts of self.

An essential premise of relational integrative therapy is that healing is in the relationship (Erskine etc., 1999, 2004; Evans and Gilbert, 2005). With an appropriate approach to mistakes, we deliver to our client different experiences than she/he used to have, we provide corrective emotional and relational experience. With the help of the corrective experiences a client gradually changes his/her dysfunctional relational schemas or script beliefs and deepens contact within him/herself and the outside world.

The second category of reasons why I wanted to learn more and talk about working with mistakes in therapy is my **personal experience as a client.**

In my therapy I have often felt missed, hurt and wounded. I often experienced my therapist as someone »who knows« and not someone who is discovering myself with me. I found that he

considered my emotions towards him (for example anger, disappointment, hurt) only as my transference to him and not reactions to his misattuned interventions; to his words, behaviour, emotions.

I believe that my experience of the therapeutic relationship was not only transference. There were elements of objective reality that functioned as triggers for transference. I think the therapist should take seriously what is happening in the here and now in the therapeutic relationship, while also bearing in mind the hypothesis about the historical aspects of transference. As Casement (1990) says, horizontal and vertical analysis is needed. I couldn't immediately move to historical analyzing because the therapist was influencing my experience too much. I think it is very important to admit one's mistakes as a therapist, to talk about the here and now, about our relationship and reestablishing the alliance. After my therapist listened to me, what I wanted to say about experiencing our relationship, our alliance got better and I could move into the past and come closer to my forgotten issues.

So my experiences as a client give me at least three major insights:

1. I know first hand how it is to be a client when a therapist makes a mistake. I know how it is to be hurt as a client. That helped me to be attuned, to respect and to understand my clients even more (for instance when they withdraw or »complain«).

2. Look always at what could be my (the therapist's) contribution to a client's behaviour and emotions in the therapy. I (the therapist) also influence the client's reactions. Also, be aware that my ideas about the client's relational patterns and unconscious dynamic are only hypotheses and not something which I know and is completely true.

3. Both the client and the therapist can learn from the mistakes and grow further. So it is very important what the therapist and client do after a rupture in the relationship has taken place.

4. When the client is feeling missed, something very important is happening… He is probably telling a very important story about himself and his (past, present) relationships.

Importance of the interactive repair

As many other authors (Erskine etc. 1999, 2004; Evans & Gilbert, 2005; Safran & Muran, 2000) I also emphasise, that therapeutic alliance is a very important, fundamental healing factor in psychotherapy. But we should raise the question- how to establish good therapeutic alliance? How to "maintain" it?

One of the ways of establishing, "maintaining" and solidifying good therapeutic alliance is through the appropriate work after or when the therapist makes mistake. After the mistake the repair in the relationship should take place.

Erskine and colleagues (1999) spoke about two separate, sequential traumas in the childhood, but we can generalize the idea to the adulthood and therapeutic situation, too. The first trauma involves some failure on the part of the parent to meet a basic need through empathy or attunement to the child. If the parent recognizes this error and responds to the child in a nurturing and appropriate manner, the child will experience the connection with the parent and his own experience. The second trauma occurs when the parent fails to respond to the emotional reaction of the child that is stimulated by the first failure. As a result of this second lapse, the child may begin to use ego defences as a means of protection from further errors in attunement.

Similarly to the relationship of parent and child, in psychotherapy successful reparation of relationship between client and therapist (after an error) is highly important. What matters as much as (if not more than) the capacity to be in contact is the capacity to repair out-of-attunement- states; to reestablish a good connection (Fosha, 2000). Gianino and Tronick (1988, cited in Fosha, 2000) name the process of moving from miscoordinated states to coordinated ones interactive repair. The experience of interactive reparation provides expectancy and hope that repair is possible (Beebe & Lachmann, 1994, cited in Fosha, 2000). Positive affects resulting from reparation further solidify the bond and deepen therapeutic work.

When the therapist fails to recognize and repair the first error, that can have a strong effect on the therapeutic alliance (Guistolise, 1996). What is more important than a mistake is to realize that a mistake has been made and to do something about it (Casement, 2002).

General methods of working with mistakes

Inquiry, attunement, involvement

Inquiry, attunement and involvement are the methods, developed in the field of integrative psychotherapy by Richard Erskine and his colleagues (Erskine et al., 1999, Erskine & Moursund, 2004). They call these methods relational methods because they focus on relationship; they create, maintain, and enhance a healing psychotherapeutic relationship, the relationship which provides both contact in relationship and internal contact - contact with oneself (Erskine et al., 1999).

Erskine (1999) emphasizes that therapeutic corrections after a mistake are possible only when there is contact in relationship. Only the therapist's ability to maintain full contact with both self and client can counteract the movement toward retraumatization. The therapist recognizes the enactment, interrupts the pattern verbally or nonverbally. The important fact is that something different must happen; the old, all-too-familiar routine of relationship disruption must be interrupted. With the help of inquiry, attunement and involvement a therapist co creates a relationship in which the client can maintain the process of exploration that feels contradictory to all the ways in which they have learned, over the years, to keep themselves safe.

Inquiry

Inquiry is the phenomenological process in which the therapist invites the client to explore his subjective experiencing, his inner world. The therapist is interested in the inner world of the client. He is asking the client about his experiences, but not just with questions or statements, also with the tone of voice, gestures…The therapist inquires about every aspect of the client's growing awareness. The relationship of the client with the therapist is also a subject of inquiry. By doing so, s/he conveys to the client that it is good to talk, good to explore, that no part of one's experience is forbidden, or unacceptable, or too threatening to be tolerated. With this kind of stance he supports the client to talk also about disagreements, anger, disappointment and other feelings which clients sometimes have towards the therapist or therapy. In other words, the client is supported to talk about mistakes in therapy and to discover the underlying feelings connected to this mistakes.

Attunement

In the process of inquiry the therapist should be attuned to the client's experience in order to monitor and regulate the progress of exploration (Erskine et al., 1999). It can be maintained only if the therapist is fully present, aware of his internal process as well as that of the client and involved in the relationship, open to being moved and affected by it.

If the therapist is accordingly attuned, the client gets the feeling that he is truly and deeply understood.

Another characteristic of attunement is taking responsibility, owning one's contributions to therapeutic failures. This conveys respect and helps the client to stop blaming him/herself (or believing that the therapist blames him/her). It also provides a powerful contrast to previous experiences of relationship failure in which the client was blamed and the other person did not take responsibility. So attuning to a client's response to us allows us to notice when we get off track, own up to the miss and explore its consequences.

Involvement

Being therapeutically involved means being fully present, fully contactful. Each therapist is an ordinary person with needs and blemishes and all the other baggage that comes with being real, while still being a therapist who is with and for the client (Buber, 1958, cited in Erskine et al., 1999). Involvement means that the therapist is willing to be affected by what happens in the relationship with a client. The therapist notices and resonates with the client response. The manifestations and the goals of involvement are acknowledgment, validation, normalization and presence.

Metacommunication

Therapeutic mistakes occur when the therapist gets embedded in the transference process, when enactment occurs (through the process of projective identification). For Safran and Muran (2000), metacommunication is one of the key principles of how to step out of the relational cycle that is currently being enacted. It should be done in the form of collaborative exploration - communicating about the transactions or implicit communication that is taking place (Safran et al., 2000). Safran and Muran name this mindfulness in action.

Safran and Muran (2000) elaborate many principles how to metacommunicate. I chose some of them which I think are very important while working with ruptures in the alliance. These are:

- Explore with skillful tentativeness.
- Establish a sense of »we-ness«.
- Do not (automatically) assume a parallel with other relationships.
- Emphasize one's own subjectivity (of the perception)
- Emphasize awareness rather than change.
- Accept responsibility for one's own contribution to the interaction
- Focus on here and now
- Focus on the concrete and specific
- Gauge intuitive sense of relatedness.

Specific model for working with mistakes

A model of resolution for working with ruptures which I present comes from Safran and Muran's model of negotiating therapeutic alliance (Safran & Muran, 2000, Safran, 2003). In writings of other authors I also found ideas, which correspond with Safran and Muran's model (Casement, 1990, 2002; Erskine, 1997; Erskine etc. 1999, 2004; Evans & Gilbert, 2005; Guistolise, 1996).

With the word rupture Safran and Muran (2000) mean the state of the therapeutic alliance being disturbed because of the therapist's mistake.

We can explain the techniques and suggestions for working with ruptures in five major steps (I slightly modify and make shorter the model of Safran and Muran, 2000):

1. Recognizing the sign of the rupture
2. Examine the meaning and function of the client response
3. Reflection of the process, disembedding of the process
4. Inquiry of the underlying experience
5. Emerging of basic relational need(s).

These steps are not necessarily linear; some appear simultaneously, and sometimes we go back and forth between them.

Recognizing the sign of the rupture

It is important that the therapist recognizes when an error has been made. The therapist's task is to pay close attention to the client and to notice that there has been a disruption of the contact (intrapsychic and/or interpersonal). He should be attentive not just to content (what the client is saying) but to the process, too. It is important to be sensitive to the client's reactions (also very subtle ones) to our interventions.

Besides using our senses of seeing and hearing the client, we should be attentive to our countertransferential experiences as well (to sensations in our body, emotions, thoughts, images, fantasies or memories).

Safran and Muran (1999) talk about two general subtypes of mistakes made by the therapist: withdrawal and confrontation. In a withdrawal rupture the client withdraws or partially disengages from the therapist, his or her own emotion, or some aspect of the therapeutic process. In confrontational ruptures the client directly expresses anger, resentment, or dissatisfaction with the therapist, or some aspect of the therapy.

Examine the meaning and f unction of the client response

Reflection of the process, disembedding of the process

After we recognize the disturbance in the therapeutic alliance we start to use our metacognition and think about what happened a minute, two minutes, ten or more minutes ago, or even in previous session(s). We internally reflect - what is happening and what kind of enactment has taken place. We are curious about what have we done (or failed to do) that made the client respond like that. Is the past being repeated and in what way? When we recognize this, we disengage (step out) from a dysfunctional relational pattern. We can do this implicitly or explicitly, by metacommunication.

Inquiry into the underlying experience

With metacommunication and other types of inquiry questions the client, with the support of the therapist, explores the underlying experience.

As we saw earlier, in a withdrawal rupture the client is dissatisfied with the therapist, therapy or relationship with the therapist, but withdraws from this feeling. With the help of gentle exploration and sensitive attunement of the therapist, the client becomes more assertive. For instance he

can say that intervention hurt him or what he doesn't like in therapy. Often it is too threatening for the client to assert him/herself so s/he doesn't say anything or tries to minimize the response. Often the process of avoidance occurs when for instance s/he starts to blame him/herself or starts to talk about other things.

Emerging of basic relational need(s)

With empathic attunement and inquiry, basic feelings and relational needs start to emerge. In the withdrawal rupture, very often the underlying need is need to individuate (Safran and Muran, 2000). I would like to add that beside the need to individuate is the need to be accepted in the attempt to individuate. In the confrontational ruptures, Safran and Muran say that the underlying experience is vulnerability and need for nurturance.

The case of Petra

I would like to introduce one therapy session with Petra, in which we can explore how I use some of the principles for working with mistakes.

Petra is a 25-years-old woman. She is an intelligent, good-looking woman. She is a student and lives with her boyfriend, who seems to be very supportive. As a child Petra was abused. The abuse was ongoing.

She often experiences strong anxiety or panic attacks, nightmares, flash backs and other forms of dissociation (for instance- not knowing what she was doing for an hour in the meantime). She has problems with time and money management. She has mood swings, fears of being in a crowd, a big need to control things and a big need for constancy. Some days or weeks she has difficulties with eating and sleeping. She is highly self-critical.

The therapy session takes place when she had been in therapy for 5 and a half months. In the session she was afraid of opening up new things and wanted to rest a little from the therapy (taking a 3 week break).

The therapy session

Petra started the session by talking about how tired she was, couldn't concentrate and hadn't slept well.

Listening to her I was thinking about the underlying meaning of these words. In the way she was talking (not in contact with me) I asked myself: is she withdrawing? Can this be the sign of the rupture? Looking at the model, I was at Step 1 (see Specific model for working with mistakes)- recognizing the sign of the rupture.

Therapist: What would you like your therapy to be like today?

Petra: Easier.

Therapist: What do you mean by easier?

Petra: silence…… .

> I still don't have the money. I haven't paid you for three sessions …
>
> I would like to stop for three weeks. I can't manage any more. I need a little break. To think. To look back. I don't take enough time to think properly … My immunity has dropped. I can't sleep because I am without money.

Therapist: If you don't come into therapy for three weeks, what will happen?

I examine the meaning and function of Petra's response (step 2)

Petra: I wouldn't open up new things. It won't be anything else but everyday life. I have the feeling that many things have been opened up, but not closed: relationship with my parents, at work, problems with eating, not being structured... So much has piled up on me.

She started with: I wouldn't open new things. We can ask ourselves which issue she is afraid to open up. But in the session, this question didn't come to my mind. I was more attuned to her experience in the therapy.

Therapist: .. you wish to rest a little…

Petra: Yes. At this time, therapy is very tiring for me.

Therapist: What is tiring, Petra?

Petra: Confronting things. Last month… I opened something up but I did not resolve it. I can't put it together, see…. As if we've opened up a lot of things but haven't not resolved them.

I could again explore more concretely - which things? As we see, I stayed attuned with her experiencing the therapy. I wanted to be with her, to understand how she was feeling, and gave her the feeling that I am interested, wanted to understand and wanted to do something about it.

Therapist: Like chaos…

Petra nods. Silence…

Therapist: What would you like to be different in the therapy? What is it in my way of working that could influence these feelings?

This question invites step 3: Reflection of the process, disembedding of the process.

I wanted to know how I could contribute to this state and also showed her my point of view, that I contribute, too and am taking responsibility for this.

Petra: "The problem is in me".

Like a child, the client very often blames himself for mistake (of the other). In order to hold up a good image of the therapist (mother), she (the child) swallows (introjects) the bad part of the therapist (mother).

Therapist: What would you like that we do differently in the therapy?

I gave another invitation to her to say what she wants, deliberately using the word 'we'.

Petra: I would like us to analyse where I was for each problem that was exposed; and plan how to deal with it further. And I would like you to stop me, put the brakes on ….

To stop what? Or who? The reliving of pain? The abuser in her head? Does she need me to regulate her?

...but... but no matter how I look on it, I realize that I am the one who must change.

Qualified assertion again - she started to say what she would like to be different, but soon withdrew. And she decided again, like many times before, that she has to do it on her own. That is her life script. There was no one in her childhood to take care of her emotional needs and basic safety and boundaries…She should take care of herself. And soon she took care for her brother, and mother, separating many times from her father...

She is biting her lips. *Sign of retroflection. I realize very much how difficult it was for her to say what she would like to be different in our therapy and relationship. She had a very good reason in her past to bite her tongue and say nothing - no rebellion, no complaints.*

At that point I could go in many directions:

a) I could inquire more about stopping her, putting the brakes. Stopping her from doing what? What is she afraid of?

b) I could turn the attention to her body. The lip biting… Help her to verbalize the feeling…

Or to say…that she had a good reason (in her past) to bite her tongue, lips and say nothing.

Influenced by the literature about mistakes in therapy, I thought and felt that going into the past, or into her intrapsychic experience or to the body would be too soon in the very moment. First we should deal with the rupture in the alliance. When repair is done, when the client feels safe again, then she could explore more; the meaning of her body language, intrapsychic events or the past. I decided I would stay here and now with our relationship. I felt it was important to metacommunicate about us and the therapy.

Therapist: How are you feeling now when we are talking about this?

Inquiry of the underlying experience (Step 4) by initiating metacommunication.

Petra: Be careful not to say something, not to say something wrong.

She described very well the process of the inner shutting down, of avoidance, withdrawal, disruption of the contact. It was very good that she could stay with that, be mindful and metacommunicate about her inner voice. This was probably the voice of her introject or "internal saboteur".

Therapist: What do you think would happen if you said something wrong?

Inquiry of underlying emotions, thoughts, fantasies (Step 4).

Petra: You could think badly of me. That I am stupid.

I was raised in the way that the relationships have to be perfect on the outside, but that there is something wrong with saying what is not O.K. … *On her own initiative, she connected the experience in the therapy room with other relationships.*

I was thinking that this therapy doesn't suit me. But it is not that. It suits me the most of all the therapies I've had. I have never persisted so long. Maybe a little more cooperation is missing.

Therapist: Cooperation?

Petra: I don't know where the line is. I would like to have plan of the month; you did this and that… And in the session: 10 minutes for the current week, 10 minutes according to the plan and last 10 minutes about where we are and how to work further. I need a system and order. In the beginning of the therapy I managed this. Now every time I come, there is something new. I would like to learn to set priorities. These days, whatever I feel, it just swallows me...I don't know how to use the time…

Trauma is the experience of something completely beyond our control. She is afraid of that. She wants to have control. And she feels she has less and less control of something? What? What kind of struggles are going on inside her?

In the next sessions she told me - that she was afraid of remembering, reliving the abuse.

I have the feeling that I must defend myself for telling you this.

Therapist: What would happen if I thought badly of you?

Petra: My self image would get even worse. I am afraid of being judged, I am terrified of this.

She pointed out that thinking something bad of her- which means not being accepted, would lower her self esteem, which is already fragile and low. To assert herself, to self-define, individuate – say what she wants and needs was not accepted by her parents. I knew from previous sessions that her assertiveness even in these days, when she is an adult, could be followed by psychological and physical aggression. Telling me what she needs is taking a new step. It is a brave act, as she is very vulnerable at this point. She is terrified of being neglected again, hurt and feeling ashamed.

Then she talked about her schoolmate. She was about seven and she liked him very much. She was showing him that she liked him (for instance he had to hold her hand). For the boy her behaviour was too intruding. He distanced from her. He didn't accept her signs of affection. She felt very badly because of that. She wanted the earth to swallow her.

She talked about shame, even though she didn't directly mention it.

We could draw a parallel to the therapeutic situation. She said earlier about me: "you could think badly of me…", then about an injunction from her parents -not to say what you don't like in a relationship, and then about affection to the boy and how she was rejected and ashamed when she showed him her feelings. I could inquire about the feelings of shame and affection in the therapy. But I didn't see a possible connection then.

Towards the end of the session Petra says: I am afraid that I've gone too far, that I'm interfering with your work, that I've done something that is not my business.

Therapist (gently): You can check.

Petra: What do you mean? That I check what you think about what I have said?

Therapist: Yes.

Petra: Oh, no, no. That is the hardest. If I don't check, then at least I don't know that I've done something very wrong... But at home I know I will think about this and I will torture myself … *Silence…*

So I will ask: What do you think about what I have said about you and therapy, did I go to far? *She has a very frightened look, looking up at me.*

A difficult and courageous step for her and also a new behaviour for her.

Therapist: I am glad and I appreciate that you have said this. I think we feel closer now. I will think about what you've said you would like to be different in therapy and we can talk about it next time. This is a precious experience for me.

I genuinely felt the feeling of appreciation. I could see her eyes - they were a little wet after my response and I felt it was a special moment for her, too. It was a moment of full contact between us. This kind of experience reminds me of Evan's (Evans & Gilbert, 2005, p. 131) description of the moment after repair: «...special moment in the work when the mutuality of contact was of an intense and reciprocal human encounter characterized by honesty, vulnerability and courage on both sides… such human contact at its most poignant moment can be a meeting of souls«.

…

Later Petra said: I feel so small. I still don't believe it…. What if I eventually have said something wrong?

At the very fist moment I thought:" Oh, no…, why…, she must have felt that I was honest saying how I experienced her words." In the next moment I realized that she is in juxtaposition. Juxtaposition occurs when there is, for the client, a marked contrast between what is provided in the therapeutic relationship and what was needed and

longed for but not provided in previous relationships (Erskine etc., 1999). It can stimulate in the client emotional memories of what it was like when she behaved like this and those needs were not responded to. Those memories are often very painful. Petra couldn't believe that it is O.K. to say what she thinks, she started to criticize herself. She interrupted internal and external contact.

On the one hand I think we made a good step. Petra spoke openly; there was a moment of full contact. But on the other hand, it was very hard for her. In her history she didn't just miss the support of her parents and close ones, she was abused and terrified by them. Changing her patterns of behavior, exposing herself (telling the therapist what she misses, doesn't like) did not just evoke a fear of losing the attention, and by this loosing her self-esteem. I think it also provokes terror, the fear of not surviving itself. In our therapy we have built a good enough alliance that she could practice a little…

In the next session she pointed out that the most meaningful moment of the previous session for her was asking me for feedback. Without asking for feedback she stays with criticizing herself, and if she asks, she can surprisingly see that another person doesn't criticize her as she does herself. She transferred the experience from the therapy to her job situation. She asked for feedback on a project which she initiated, and she got good responses.

Emerging of basic relational need(s) (step 5)

I think Petra has an underlying need to be accepted while she is self-defining, individuating (saying and doing what she wants and what she doesn't want.). This session happened while Petra had been in therapy for 5 and a half months. It is interesting that Mahler (Mahler, Pine & Bergman, 1976) says that after symbiosis, the process of individuation (with its first stage of differentiation) in the child begins when the child is about half year old.

At the same time I think there is a need for nurturance. Ssaying to the therapist: "Step on the brakes." Does it mean: "Protect me, regulate my sensations and feelings…"? I think she avoids being in contact with this need. I think it is very hard and painful for her to ask and accept the nurturance when she really needs it. And I think she made a very good step forward in this session.

Conclusion

Psychotherapy in the way I described it requires carriage of the client and carriage of the therapist, too. In the process of metacommunication, the therapist is more involved, takes a lot of responsibility and makes steps towards deeper contact with himself and with the client. I see it as a step further from the safety of the snail shell, which a therapist often carries.

There are, however, still some questions on my mind: Is enactment necessary in psychotherapy and to which extant?

On the one hand I see it as useful in the therapy process because the patterns from the past are repeated and relived with the therapist - we can see them more clearly now, understand better and with the help of relationship repair (which represents a new emotional and relational experience) work through, change the relational patterns and schemas (on the cognitive, emotional and behavioural level). But - to which extent does enactment have to happen? I think it is enough just as a flavour. Where is the line between functional enactment and retraumatization? Isn't there a thin line between the two of them?

I think the model I represented in this paper enables the therapist to recognize the enactment soon and steer the therapy in a functional way.

Another thing which I would like to stress is that we should be careful and well attuned in the process of repair. For instance with the inner pressure that we should do the repair or metacommunicate and find underlying feelings and needs, we could push the client and make another mistake.

We can't expect, of course, that change in relational schemas and change in behaviour will occur following just one repair. It can take many new and good experiences in psychotherapy, and working through, and mourning process for not having experiences like this in the past.

Literature

Casement, P. (1990). Further Learning from the Patient. The Analytic Space and Process. Brunner-Routledge. Taylor & Francis Group.

Casement, P. (2002). Learning from our Mistakes. Beyond Dogma in Psychoanalysis and Psychotherapy. Brunner-Routledge. Taylor & Francis Group.

Erskine, R. (1997). Theories and Methods of an Integrative Transactional Analysis. A Volume of Selected Articles. San Francisco: TA Press.

Erskine, R., Moursund, J.P. and Trautmann, R.I. (1999). Beyond Emphaty. A Therapy of Contact-

in-Relationship. Brunner/ Mazel. Taylor & Francis Group.

Erskine, R. & Moursund, J.P. (2004). Integrative psychotherapy. The Art and Science of Relationship. Thomson. Brooks/Cole.

Evans, K. R. & Gilbert, M. C. (2005). An Introduction to Integrative Psychotherapy. Palgrave Macmillan.

Guistolise, P.G. (1996). Failures in the Therapeutic Relationship: Inevitable and necessary? Transactional Analysis Journal, 26, 4, 294- 288.

Fosha, D. (2000). The Transforming Power of Affect. A Model for Accelerated Change. Basic Books.

Mahler, M. S., Pine, F., & Bergman, A. (1975). The Psychological Birth of the Human Infant. London: Hutchinson & Co.

Safran, J. D. & Muran, J. K. (2000). Negotiating the Therapeutic Alliance. New York: The Guilford Press.

Safran, J. D. (2003). The Relational Turn, the Therapeutic Alliance and Psychotherapy Research. Strange Bedfellows or Postmodern Marriage? Contemporary Psychoanalysis, vol. 39, no. 3, 449-474.