

**SECTION: THEORETICAL AND METHODOLOGICAL PROBLEMS OF PSYCHOLOGICAL
ADVICE AND PSYCHOTHERAPY**

**РОЗДІЛ: ТЕОРЕТИЧНІ ТА МЕТОДОЛОГІЧНІ ПРОБЛЕМИ ПСИХОЛОГІЧНОГО
КОНСУЛЬТУВАННЯ ТА ПСИХОТЕРАПІЇ**

УДК: 159.98;615.851DOI

DOI: 10.26565/2410-1249-2018-10-01

TECHNIQUE OF DENOMINALIZATION IN CLIENT-CENTRED PSYCHOTHERAPY

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The problem of the quality of the flow of the psychotherapeutic process at different levels of the client's mental organization is examined in this article. It is shown that the client's experiences with a low level of mental organization become incomprehensible to the psychotherapist, and the client becomes inaccessible. There is a tendency for the psychotherapist to avoid direct contact with the client's experiences, replacing emotional empathy with "knowledge" - "empathic knowledge", "knowledgeable understanding", and "sympathetic knowledge". Such intellectual representation of the psychotherapist in contact can be useful both for the psychotherapist and for the client. At the same time, it results in the avoidance of direct emotional contact, which leads away from understanding the psychotherapeutic contact by C. Rogers. The denomination technique allows to clear the experience from the intellectual "husk" and get a pure living experience. This can happen in "body-experience-memory" space. The place the denominationalization should be started depends on the characteristics of the organization of the client's psyche. Activation of one component of the specified space eventually leads to activation of the other. These components are the elements of the "emotional scheme." Three variants of denomination are described: 1) instructing - carrying a client into depth of experiences; 2) focusing - helping a client to enter the closed experiences; 3) support. The latter option is more specific for lower organized structures of the psyche. An important condition for the work of the psychotherapist against client's protective function of intellectualization is actualization of the organismic tendency, otherwise the likelihood of retraumatization of the client is high.

KEY WORDS: psyche organization levels, client-centered therapy, empathy, focusing, contact in psychotherapy

ТЕХНІКА ДЕНОМІНАЛІЗАЦІЇ У КЛІЄНТ-ЦЕНТРОВАНОЇ ПСИХОТЕРАПІЇ

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У статті розглянута проблема якості протікання психотерапевтичного процесу при різних рівнях психічної організації клієнта. Показано, що переживання клієнта з низьким рівнем психічної організації стають незрозумілими для психотерапевта, а клієнт стає малодоступним. Існує тенденція психотерапевта відхилитися від прямого контакту з переживаннями клієнта, замінивши емоційну емпатію "знанням" - "емпатичним знанням", "знаючим розумінням", "співчутливим знанням". Така інтелектуальна представленість психотерапевта в контакті може бути корисною як для психотерапевта, так й для клієнта. В той же час, вона призводить до відходу від безпосереднього емоційного контакту, що не в повній мірі співпадає з розумінням психотерапевтичного контакту К. Роджерса. Техніка деноміналізації дозволяє очистити переживання від інтелектуального "лушпиння" і отримати чисте живе переживання. Це може статися в просторі "тіло-переживання-спогад". Те, з якого місця слід починати деноміналізацію залежить від особливостей організації психіки клієнта. Активізація одного компонента вказаного простору врешті-решт приводить до активізації іншого. Ці компоненти є елементами "емоційної схеми". Описано три варіанти деноміналізації: 1) інструктаж - проведення клієнта у глибину переживань; 2) фокусування - допомога клієнтові у входженні у закриті переживання; 3) супровід. Останній варіант більше специфічний для низько організованих структур

психіки. Важливою умовою роботи психотерапевта проти захисної функції інтелектуалізації у клієнта є актуалізація організмичної тенденції, інакше висока вірогідність ретравматизації клієнта.

КЛЮЧОВІ СЛОВА: рівні організації психіки, клієнт-центрована терапія, емпатія, фокусування, контакт у психотерапії

ТЕХНИКА ДЕНОМИНАЛИЗАЦИИ В КЛИЕНТ-ЦЕНТРИРОВАННОЙ ПСИХОТЕРАПИИ

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В статье рассмотрена проблема качества протекания психотерапевтического процесса при разных уровнях психической организации клиента. Показано, что переживания клиента с низким уровнем психической организации становятся непонятными для психотерапевта, а клиент становится малодоступным. Существует тенденция психотерапевта уклониться от прямого контакта с переживаниями клиента, заменив эмоциональную эмпатию «знанием» - «эмпатическим знанием», «знающим пониманием», «сочувственным знанием». Такая интеллектуальная представленность психотерапевта в контакте может быть полезной как для психотерапевта, так и для клиента. Вместе с тем, она приводит к отходу от непосредственного эмоционального контакта, что уводит от понимания психотерапевтического контакта К. Роджерсом. Техника деноминализации позволяет очистить переживание от интеллектуальной «шелухи» и получить чистое живое переживание. Это может случиться в пространстве «тело-переживание-воспоминание». То, с какого места следует начинать деноминализацию зависит от особенностей организации психики клиента. Активизация одного компонента указанного пространства в конце концов приводит к активизации другого. Эти компоненты являются элементами «эмоциональной схемы». Описаны три варианта деноминализации: 1) инструктирование - проведение клиента в глубину переживаний; 2) фокусирование – помощь клиенту во вхождение в закрытые переживания; 3) сопровождение. Последний вариант более специфичен для более низко организованных структур психики. Важным условием работы психотерапевта против защитной функции интеллектуализации у клиента является актуализации организмической тенденции, иначе высока вероятность ретравматизации клиента.

КЛЮЧЕВЫЕ СЛОВА: уровни организации психики, клиент-центрированной терапии, эмпатия, фокусирование, контакт в психотерапии

In the article (Kocharyan, 2018) we discussed the issue of specific features of psyche organization, significantly determining the nature of the psychotherapeutic process and modifying the psychotherapeutic strategy itself. This does not negate Rogers hypothesis ("if ..., then ...), which means if you create the necessary and sufficient conditions for the client, the client will have a strong chance to change. In particular, this hypothesis was confirmed by the material of work with psychotics (patients with schizophrenia in the period of exacerbation) (Rogers, 1967), in whom the structural organization of the psyche is significantly impaired. However reflective technique alone does not guarantee success. As Eugene T. Jendlin (1988) noted, this technique was so simplified in teaching a large number of people that it became "to be a literal repetition of the client's words, rather than empathy in every moment". As noted by the abovementioned author (Jendlin, 1988), as a result, "the credibility of the method was undermined". Understanding of "empathy" remains insufficiently articulated, especially since it is rather difficult to get into the spirit of a broken psyche. As O.R. Bondarenko noted (2012, p.102), "empathic understanding can be limited by the strangeness and obscureness of the forms of experience of customer behavior." Hence the transfer of emphasis by the psychotherapist from emotional (which is understandable when the client's mind is normal) to cognitive structures, when the client is at a lower level of mental organization (borderline and psychotic) - "we will not get into the spirit, we will understand." Various forms of understanding (cognitions) arise, replacing empathy itself: "empathic knowledge", "knowing understanding", "sympathetic knowledge" (W.W.Keil, B. Reisel, J. Eckert - quoted in (Bondarenko, 2012). As O.R. Bondarenko noted (2012, p.103), the goal of such understanding/knowledge is "the development of approaches to initially incomprehensible forms of experience" when "the world of client experiences is not sufficiently accessible to direct perception ...". Ronald Laing (1995) wrote about the productivity of such an understanding of the client's psyche, which is inaccessible to direct empathy. Schizophrenics should be approached with the standards of their other world. V.P. Rudnev (2006) provides with E. Kraepelin's description of a completely incomprehensible psychiatric patient, who is in constant aimless movement: she takes steps forward and back, braids and immediately unwinds her spit, while attempting to stop her, she dodges and continues meaningless movements, if she is

restrained she frantically cries, she strongly holds a piece of bread in her left hand, if someone sticks a needle into her forehead, she continues to move senselessly, as if the needle does not disturb her.” R. Laing (1995) commented on the patient's behavior from her phenomenological perspective, in which her behavior becomes reasonable and logical, and the psychiatrist becomes sick: it is obvious that if you stop the patient, pull out bread from her, stick a needle in her forehead, then she behaves logically as she does.

The inclusion of cognitive schemes of “correct” understanding of the client without direct perception can be useful, however, it complicates the process of direct perception by the psychotherapist of the client and being close to the client.

The inclusion of cognitive schemes of “correct” understanding of the client without direct empathy can be useful, however, it complicates the process of direct empathy by the psychotherapist of the client and the ability to be close to the client. This is to a certain extent a “crutch” that helps the therapist to understand the “incomprehensible” client and to be with him as a therapist (this is not face to face). K. Rogers (1986, p. 199) wrote (italics of the author A.K.): “I find that when I am *closest* to my inner, *intuitive self*, when I am somehow in touch with the unknown in me, when perhaps I am in a slightly altered state of consciousness in the relationship, then whatever I do seems to be full of healing. Then simply my presence is releasing and helpful. There is nothing I can do to force this experience, but when I can relax and be close to the transcendental core of me, then I may behave in strange and impulsive ways in the relationship, ways which *I cannot justify rationally, which have nothing to do with my thought processes*. But these strange behaviors turn out to be right, in some odd way. At those moments it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes a part of something larger. Profound growth and healing and energy are present”.

Therefore, the attraction of intellectual schemes for the empathic understanding of a client does not quite fit into the understanding of C. Rogers. At the same time, according to a number of authors, empathic understanding is a psychotherapist's resource to be close to the “destroyed” client (borderline and, above all, psychotic client). However, the psychotic experience is pre-symbolic, “pre-speech” (Bondarenko, 2012), and therefore it should be touched by direct empathy, which is uneasy. The use of cognitive structures can be useful for a psychotherapist, firstly, due to the fact that he or she will be able to avoid direct painful emotional contact (metaphor: to touch an electrical wire not directly, but through a braid), and, secondly, to get an access tool to pre-symbolic experiences (metaphor: to find a handle for a suitcase). The benefit for the client will be that he or she will have an opportunity to introduce the experience into a mature speech context (the verbal label of the experience suggested by the therapist and the experience itself will not necessarily coincide). In addition, it is an avoidance of direct non-intelligent contact.

The difficulty of a psychotherapist's empathy in a client appears in: 1) the numerous phenomenology of the difficulties in the psychotherapeutic process development (Kocharyan, 2018): reduction of the “energy” flow, the formation of “traps”, the loss of some components of the emotional scheme, the difficulty of a client's entering their traumatic zone and the subsequent difficulty of getting out of it, as well as in 2) distorted forms of customer experiences (Bondarenko, 2012, p.103-104), which impede psychotherapist's access to them (direct empathy): psychotic or “pre-speech” experience, rigidity of emotional patterns, incomprehensibility of client motives and impulses, generalized (large-scale) negative emotional schemes, dysfunctional interaction patterns, fragile processes of experiences .

A solution to the empathy problem. Technically, the solution to the problem of empathy in a client is to use the *technique of denominization*, to clear out a feeling from a word. When a psyche is neurotically organized, the client is invited to “leave” the word, see what lies beneath it - *what kind of experience, memory or body sensation*. The client is offered a metaphor of a candy in a wrapper: a candy may be wrapped in an inappropriate wrapper, for example, the “Red Poppy” candy is in the “Duchess pear” candy wrapper. An anecdote comes out – a man says: "I was in Kharkiv, I was swimming in the sea." He receives a reasonable response: "There is no sea in Kharkiv, isn't there?!". The man exclaims: "I am such an idiot – I did not know

and I did take a swim." We bathe not in reality, but in doubled verbal reality, in fantasy all the time. A word always "saves", however it does not always reflect the reality. Noam Chomsky suggested a phrase that has become a model of meaninglessness - "colorless green ideas are furiously sleeping." However, as the linguist Hilary Patnem writes, it turns out that it can also set a rather meaningful reality: ideas can be blank ("colorless"), immature ("green"), they can be ineffective ("sleep") (Rudnev, 2006 p. 101). Thus, the purpose of denominalization technique is to get rid of words. A neurotically organized person easily goes beyond words. This can happen in the "body-experience-memory" space. The place, from which the denominalization should be started depends on the specifics of psyche organization - for someone "entry" is easily carried out through the body, for someone - through emotions directly, for someone - through memories. Activation of one component of the specified space eventually leads to activation of the other. These components are the elements of the "emotional scheme", the concept of which was developed in emotionally focused therapy (Elliott, 2003; Greenberg, 1989). The scheme contains the following elements: experience; a system of early memories, the core of which is experience; bodily manifestations; cognitive interpretations; motivation. Client's experience in a pure form is rarely presented: either it is generally blocked for the client, who, as a result, cannot feel it, or it is distorted. One type of distortion is an intellectualization of an experience in which it is placed in an intellectual shell, like paper in a file. As a result, painful emotions become less traumatic: one thing is to have the concept of one's own loneliness and uselessness, and the other is to experience these feelings in a pure form. This variant of the denominalization is indicated as instruction.

The second variant of denomination is focusing by the psychotherapist of the client's hidden experiences, and the client's attention to them. There is a difference between empathy and focusing. Empathy is a verbalization by the psychotherapist of client's current experiences, there is no rushing ahead. Empathy reflects the therapeutic "half a step behind" strategy, the strategy of following. Focusing reflects the "half a step ahead" strategy, the leadership strategy (guiding), albeit within the client's process. The psychotherapist looks ahead, however within the framework of the client's movement. Focusing is a communication to the client of not actual emotions, but of those who are slightly away from him, within the framework of the "zone of proximal development".

The third variant of denomination is that the psychotherapist enters into the inner world of the client due to therapeutic resonance, and communicates with the client on the basis of these resonant experiences (accompaniment). What the client does not know and does not feel, is represented by the psychotherapist, being his dissociated part. In fact, the client meets his inner world through the psychotherapist. This is quite a difficult task for the psychotherapist who must "give up" thoughts about the client and gradually translate all types of resonance (physical, emotional) into purely emotional ones. At this level, there is a possibility of an emotional "breakthrough" in the relationship. If an emotional resonance is not reached, then very often the psychotherapist performs the purificatory role (releases the energy component of the client's experiences) - the client feels the release by reducing the "charge" of pathogenic emotions, but nothing happens psychotherapeutically.

An actualization of the organismic tendency is an important condition for the work of a psychotherapist against the protective function of a client, otherwise the probability of retraumatization is high.

CONCLUSIONS

- 1) low levels of mental organization lead to difficulties in the flow of the psychotherapeutic process, to the fact that client's experiences become incomprehensible to a psychotherapist, and the client becomes inaccessible;
 - 2) there is a tendency of a psychotherapist to avoid direct contact with the client's experiences, replacing emotional empathy with "knowledge" - "empathic knowledge", "knowledgeable understanding", "sympathetic knowledge";
 - 3) such intellectual representation of a psychotherapist in contact can be useful both for the
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psychotherapist and for the client. However, it leads to a avoidance of direct emotional contact;

4) the technique of denominalization allows to clear the experience from the intellectual "husk" and get a pure living experience Three variants of this technique are described.

REFERENCES

- Kocharyan, A.S. (2018). Протекание процесса в клиент-центрированной психотерапии [Process in the client-centered psychotherapy]. *Psychological counseling and psychotherapy*, 9, 16-22. (in Russian)
- Rogers, C.R. (Ed.), Gendlin, E.T., Kiesler, D.J. & Truax, G.B. (1967). The therapeutic relationship and its impact: A study of psychotherapy with schizophrenics. Madison, Wisc.: University of Wisconsin Press.
- Gendlin, E.T. (1988). Obituary: Carl Rogers (1902–1987). *American Psychologist*, 43(2), 127-128. <http://dx.doi.org/10.1037/h0091937>
- Bondarenko, O.R. (2012). Этиология психических нарушений в клиент-центрированной терапии [Etiology of mental disorders in client-centered therapy]. *Журнал практического психолога*. 1, 102 – 119. (in Russian)
- Laing, R. (1995). *Расколотое Я [Splitted "I"]*. Saint Petersburg: White Rabbit. (in Russian)
- Rudnev, V.P., (2006). Миф психотерапии [The Myth of Psychotherapy]. *Psychology. Journal of the Higher School of Economics*, 3(1), 97-102. (in Russian)
- Rogers, C. (1986). Client-centered/Person-centered Approach to Therapy. In Kutash I., & Wolf A. (Eds.). *Psychotherapist's Casebook*. (p. 197-208). San Francisco: Jossey-Bass Publishers.
- Elliott, R. (2003). Emotion-focused therapy. In P. Sanders (ed.). *The tribes of the person-centred nation*. (103-130). N.Y.
- Greenberg, L., Safran, J. (1989). Emotion in Psychotherapy. *American Psychologist*. 44(1), 19-29.
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