

## SHORT PSYCHOTHERAPEUTIC ECLECTIC INTERVENTION FOR AMBIVALENCE: A CASE STUDY

**Tudor-Ștefan Rotaru \***

*Alexandru Ioan Cuza University of Iași, Romania*

### *Abstract*

*This article presents a case study on the psychotherapeutic intervention with a 27 year old female patient. The client complains about being blocked in her professional and personal life and about depressive moods. Three alternative conceptualizations (Ericksonian, systemic and motivational) show an inefficient problem formulation by the patient, ambivalence, unexposed guilt and a double messages as well as scapegoat' family pathology. By exploiting these conceptualizations, we describe eclectic interventions meant to clarify the motives, to redefine problems, to reframe family behaviors and to exonerate the blame. In 10 months after the last session, the client successfully initiated her change cycle and feels satisfied by her choices. More profound personality features still favor excessive emotional dependency.*

Keywords: clinical case study, ambivalence, dead end, double messages, eclectic intervention

The purpose of this case study is to describe the therapeutic interventions included in four therapy sessions that stimulated change in a young female with feelings of being blocked and ambivalent. The case is illustrative of how a limited number of exercises and explorations, concordant with several theoretical frames, can exonerate blame in a client, helping her to autonomously initiate the cycle of change.

---

Correspondence concerning this paper should be addressed to:

\* Ph.D., Alexandru Ioan Cuza University, Faculty of Psychology and Education Sciences, Department of Psychology, Toma Cozma Street, no. 3, Iași, 700554, Romania. E-mail: [t\\_rotaru@yahoo.com](mailto:t_rotaru@yahoo.com)

### **Main Complaints**

Elena is 27 years old and graduated Law School. At present she is unemployed. Her boyfriend for three years now, George, lives with her in an apartment belonging to his family. The client lives in another city from the therapist (2 hour ride). Elena uses the bus to get to the therapy sessions and travels back home the same day.

Elena contacted the therapist by phone. The problem she mentioned at the time was the compulsive behavior of scratching her face acne. She asked if this problem could be solved through hypnosis. From the very first meeting, Elena acknowledged that her acne problem was only a pretext and soon started talking about her true worries.

Elena complained that, since she finished Law School, she feels blocked professionally and personally. She says she decided to compete for a place in the National Actuary School in the Capital City. But, for approximately two years, she has procrastinated taking this exam. She doesn't feel ready to participate. Every time she decides to study, she feels "unsettled" and not able to focus. "*I'm disappointed in myself*" she says, and she sees in this a lack of advancement, proof of her worthlessness. Elena says: "*I feel I stagnate*" and, as time passes "*I become a mean person*". The client feels guilty, especially for her behavior towards same sex people in her family, noticeably her boyfriend's sister.

Other ambivalent feelings target the relationship she has towards her boyfriend. She acts towards him in an unexplained manner: "*George gets on my nerves. I am unsatisfied but without reason.*" About her relationship with him she says: "*I have no idea if I love him*". Although she sees George as detached, she feels guilty at the same time, saying: "*I wish I could do more for him*".

Besides inferiority feelings about her perceived professional failure, she has a strained relationship with her mother. Her mother emphasizes this precarious self-image Elena has. Her mother is described as a fighter, hardworking but cold. She often accuses Elena: "*You have no purpose in your life*". Elena sums it up: "*Mum never spares me*".

Transitory depressive moods with hopelessness and irascibility also belong to the complaints Elena brings in therapy. In addition, Elena describes checking compulsions and associated intrusive thoughts (when she leaves home

she worries all the time about having misplaced something and about an accident that might happen).

### Personal and social history of the patient

Elena comes from a family of three children (she is the middle child). Her home town has few professional opportunities, a precarious economy and no University. Her older sister, Simona (31 years old), works in Europe. There, she espoused a man her age. At the moment of therapy her sister was in a divorce procedure. Elena's relationship with her sister is close. They call each other very often and share various thoughts. Elena says about her sister: "*She is the strong type*". Also, Elena has a little brother, Bogdan (23 years old). He is a college student in the Capital City. He contracted HIV after birth from uncontrolled medical procedures. Her mother (51 years old) has been permanently preoccupied by her son's health and is centered on him. Her father (55 years old) is described as a cushy, detached person. A family genogram can be observed in Figure 1.

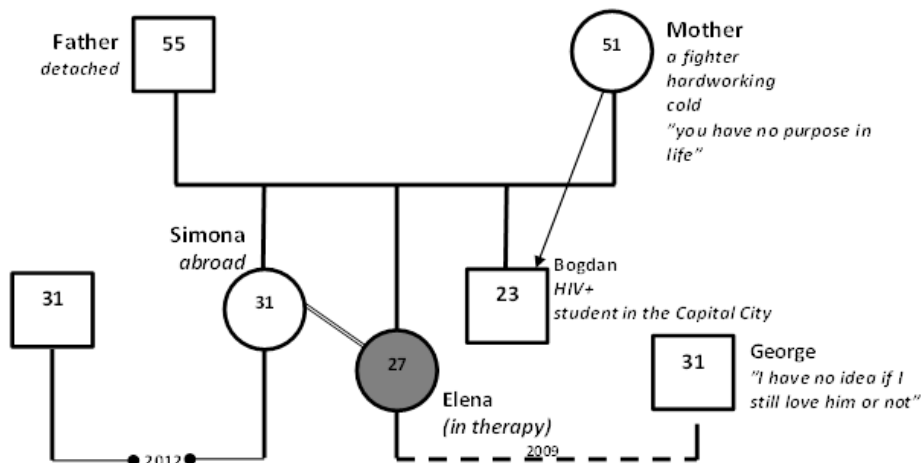


Figure 1. Elena's family genogram

Elena says that, beginning at age 17, she had a long term relationship (8 years) with a man who repeatedly told her: “*You’re not capable*”. She decided to leave. This relationship made her suffer and deteriorate her self-image. Her second relationship went better. She has been together with George for three years now. However, she is displeased by the fact that he has changed many workplaces.

Elena went to the Law School as well as received a Master’s Degree in Law in the city where the therapy takes place. During her law studies, she described herself as a hard working student with top grades and a scholarship. This is one of the reasons she doesn’t understand the professional setback that preceded her decision to come to therapy. After returning to her hometown, Elena got a legal adviser job in a law firm. Although her merits have been acknowledged, after a while she gave up that job because of the small salary and strains with her boss.

### **Elements of clinical evaluation**

From a psychological point of view, Elena appears open, anxious but voluble. In therapy she jumps easily from one subject to another; she wants to get explanations and feels guilty about all sorts of things. She has sound logic. In her rapport with the therapist, she has proven to be a person with respect for boundaries. For example, she calls the therapist to announce small schedule modifications, worries about surpassing the session time and is open to discussions about how much the therapy will cost and will last. She is groomed, without excessive attention-drawing elements.

Towards therapy, she appears motivated and committed: she respects the exact schedule, passes over the dead hours between sessions and the bus travel. Some obsessive attitudes seldom appear in her interaction with the therapist. For instance, she feels very uncomfortable when the therapist announces a one day delay modification of the schedule. She states: “*I wish we had precise one week intervals*”.

She is sociable, intelligent with a sense of humor, appearing rather agitated than apathetic. She describes herself as active, though she feels guilty about behaving like a difficult person with those close to her. In therapy she is

polite, asks frequently reassuring questions. For the cost of the therapy sessions, she is partially assisted by her older sister.

### **DSM-IV diagnosis**

1. *Axis I (clinical disorders)*: the patient shows a sign of subclinical depression, sometimes cries when thinking about her professional and personal failure, often blames herself without meeting the criteria of an affective disorder. Some checking compulsions appear during stress periods, but no strong dysfunction is present.
2. *Axis II (personality disorders)*: there are no significant elements of a personality disorder, although the patient has complained about a certain dependency toward significant others. Her personal autonomy is confirmed by the subsequent evolution of Elena and by the time she spent in Law School, far from home.
3. *Axis III (general medical conditions)*: no significant element.
4. *Axis IV (psychosocial and environmental factors contributing to the disorder)*: relational problem with her partner, professional issues, life phase problem, unemployment.
5. *Axis V: (Global Assessment of Functioning)*: GAF = 70 – Several light symptoms or some issues in social, professional functioning but, in general, good functioning ability with several interpersonal significant relationships.

### **Case conceptualizations**

#### **Motivational conceptualization**

From a motivational interviewing perspective, Elena's feelings of being blocked are related to her incapacity to notice various motives that characterize her situation. More specifically, the patient is in a double approach-avoidance (Miller & Rollnick, 1991). Elena is caught between two alternatives which combine the sentimental aspect and the professional one, both presenting positive and negative sides. On the one hand there is a partially secured context, in her hometown, close to her lover that provides relative emotional and financial comfort but with a status that is disadvantageous for her self esteem and aspirations. On the other hand, studying in the Capital City, and working to

pay for these studies and living there could mean getting out of her dead end situation, the confirmation of her own competence and autonomy, getting closer to a career ideal. As Elena approaches one of the alternatives, its disadvantages become more obvious and the advantages of the alternative more attractive. When going in the opposite direction, a similar pattern appears.

This ambivalence is complicated because it brings together two pairs of contraries: to stay or not with George, her partner, and to remain or not in her hometown (with the professional options that are derived from it). From a motivational perspective, the dead end, experienced for so long by Elena, is understandable: she isn't totally aware of her ambivalence, doesn't manifestly respect the motives of all the options she has, which make her unconsciously sabotage her exam studies. Her studies have represented not only getting closer to the alternative of leaving but also getting closer to the alternative of being separated from George.

So, from a motivational perspective, we observed two pairs of strong motives behind the dead end experienced by Elena. The client and therapist built together a drawing which clarifies the combination of these two motives in four distinct options (see Figure 2). Through this drawing the discrepancies become more obvious between behaviors and personal values.

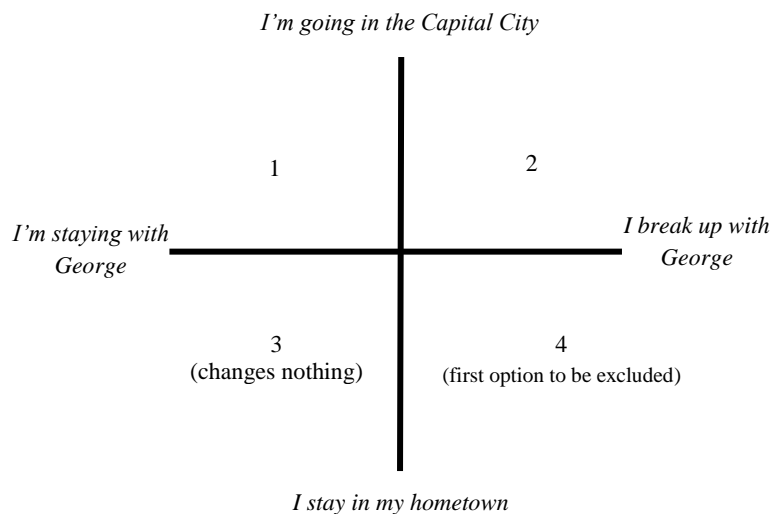


Figure 2. The system of patient's two ambivalences

In virtue of this conceptualization, discovering and understanding Elena's motives have become the center of clinical attention and the most important step for therapeutic change. We emphasized the respect deserved by each motive associated with all options, including the benefits of the status-quo. From a motivational point of view, the discussions she has had with her mother only strengthen the ambivalence, since Elena is not the one to argue one option or the other. The risk to be avoided in therapy is that the therapist himself brings arguments for change or not, strengthening the correction reflex specific to the ambivalence (Miller & Rollnick, 1991). Elena's case shows that motivation is often an interpersonal process: she is caught in a system of relationships with her mother (as an accuser), her sister (as supporter) and her boyfriend (as a secure base).

### **Ericksonian perspective**

From an Ericksonian perspective, Elena already knows what she must do to be professionally successful. "*The patient is the expert, and his/her truth is the only one that counts*" (Dafinoiu & Vargha, 2003, p. 131). She used these abilities when she had excellent results in Law School, when she managed by herself in the University City, when she found a job in her hometown, when she broke off her relationship which, however long, was harmful to her. However, this constructive history is dormant inside Elena. She must allow these abilities to come out again. From an Ericksonian point of view, it's possible that Elena didn't correctly formulate the problem (which she draws as an internal inability and blame towards George or her mother). She became the prisoner of only one representation about the solution (her incapacity to study for the National Actuary School is due to laziness and bad character).

Elena sees the problems she brings in therapy as an expression of an unexplained general state and not the result of a process in smaller steps. For instance, the feeling of being professionally blocked is favored by the idea that a professional opportunity, which includes all solutions, may appear just suddenly and spontaneously, by chance, without analyzing, in smaller steps, the aspects that influence such a change. These could be relocation, a change of profession, costs, opportunity analysis etc.).

Last but not least, the procrastination can be, from an Ericksonian point of view, an answer to an objective Elena's subconscious brings up. Elena's state, together with feelings of inadequacy and dead end, may be in fact

unconscious solutions through which she remains faithful to a certain family context. For instance, the symptom may be a message towards her mother “*I would like you to be pleased with me before I grow up!*”

In conclusion, from an Ericksonian point of view, the dead end Elena feels can be conceptualized like a limitation of the first unconscious phase, responsible for automatisms, beliefs, values and unrevealed decisions. The solution it calls for can be the use of the second unconscious phase, the bearer of profound wisdom (Dafinoiu, 2001).

### **The systemic perspective**

From a systemic perspective, Elena, although the middle sister is the last child to remain in her hometown, close to her parents, before the empty nest that awaits the parents. Although she doesn't live with them anymore, the older sister is abroad and the brother is in the Capital City. One might suspect unconscious forces that keep Elena close to her parents' home. Considering this, her mother's message has become an ambivalent one: “*change, but stay the same.*” This conceptualization could explain the reason why some unrevealed forces have discouraged Elena from becoming autonomous, including financially. Considering the money aspect, her older sister sends money to Elena, her mother helps from time to time, and her boyfriend is the only one currently employed.

From the point of view of family structure, one of the reasons for leaving for the Capital City could be the unconscious desire to offer her little brother, chronically ill, a closer maternal substitute. Her behavior would be meant to reduce the family stress caused by the son's health issues. This step would mean, simultaneously, becoming mature and autonomous but keeping the fidelity feeling for her family. A conceptualization of this type would reveal pathology of cross-generational alliances. Elena's mother, who is focused on her little son, accuses the middle daughter and, through this, makes her into a scapegoat (Mitrofan & Vasile, 2001). The scapegoat is meant to relieve the tensions, the eventual feelings of blame connected to the HIV+ infection of Bogdan etc.

Elena can be, as well, the child onto which the problems between husband and wife are projected, while her father distances himself and shows patterns of avoidance. This conceptualization could explain the perceived vulnerabilities Elena brings to her therapy sessions.



### **Therapy's objective**

The therapy's objective is to help Elena make a decision concerning professional and personal changes. She wants to get a job in the Capital City and make up her mind concerning her boyfriend. Secondly, we proposed that she make depressive moments appear more rarely.

### **Steps in therapy**

Although, initially, we made no prediction concerning the therapy's duration, the therapeutic team worked together over a period of four meetings. These proved sufficient, from the patient's point of view, in attaining the therapeutic goal.

#### *First session (12<sup>th</sup> of April 2012)*

The client began her first session with general complaints: "*I feel I stagnate*". Trying to get details about this feeling, Elena complained that she had become an envious person. She felt guilty about her boyfriend that she treats, she says, with no respect at all. Furthermore, she seemed to be aggressive towards George's sister, although she did not explain the reactions she had. Elena talked about indefinitely delaying an exam in the National Actuary School. She put in antithesis what was happening now with the fact that in Law School she studied very hard, had a scholarship. Now, she has no idea what's going on: she is unemployed, doesn't stick to a study program, isn't satisfied with her relationship without really knowing the reason. "*I'm disappointed in me*" she concluded. After presenting her family, Elena admitted she was not certain she wanted to work as an actuary. She explained her hesitations by the fact that her last relationship had proven to be very toxic.

To elaborate on Elena's expectations, I used the technique of the wonder question, adapted in order to match the life Elena wants (Dafinoiu & Vargha, 2005). Elena describes the ideal day by waking up in a big bedroom, with a double bed, next to a man "*with status*", a business man. This man is not George. Elena describes that, in her room, there are white towels and a mirror with cosmetics where she grooms herself. The two make breakfast, then Elena drives a fancy car to work. She is a judge there. In this description there are no children. Coming back from work, she and her partner spend time together

making all sorts of plans, then they make dinner together. She describes the state before falling asleep with the word *harmony*.

The therapist gave no homework that would, naturally, follow this exercise. The presented aspect didn't depend on the client. Cooking together with a special someone was not readily available; *some* objectives like being a judge were, in the long run, cosmetics were already present in her life. On the other hand, Elena committed to some classical homework: to write three of her qualities and, for each, three situations that manifested themselves.

The first meeting drew clinical attention on the ambivalent relationship with her partner, on her relationship with her mother and on her alarm state. We normalized this preoccupation of Elena. In such economically hard times, a lot of people are hesitant concerning professional choices they must make. We also reframed her attitude towards George. We concluded that, despite some problems, she wants to be fair to him. That's why she is in therapy.

*The 2<sup>nd</sup> session (19<sup>th</sup> of April 2012)*

In the second meeting, the client came with a visibly calmer mood. She read her homework and showed she was *ambitious* by the fact that in the 11<sup>th</sup> grade she succeeded in losing some weight. She got a top grade in physics during high school and also, got the highest grades in her master studies. Elena considers herself someone who openly speaks her mind, by giving some examples in her entourage. A third strong point is Elena's *good memory*, by easily remembering faces, birthdays and phone numbers. Furthermore, Elena shows she is a person that respects people, a good housekeeper and fair cook. Her friends consider her decisive, realistic, intelligent, goodhearted and honest. For this last quality, Elena specified: "*I've always had a guilty feeling when I don't tell the truth*". This statement supports the presence of an individual with moral character but also some tendencies of compulsive perfectionism. We normalized the small everyday lies, by explaining that people are not always ready to hear all the truths. We agreed a lie is a constitutive part of social life, as long as it doesn't intentionally harm someone.

In this session we systematized the motives for living or not living in the Capital City and for going or not going to the National Actuary School. In this phase, the client hadn't yet explored the fact that her motives about her relationship intersected with motives about leaving for the Capital City. Although it was difficult to enlist the motives for which she would stay in her

hometown, she presented some advantages. Currently, it's securing to have family close as well as a partner who is faithful and quite submissive. Another argument for staying is that a job can be found in her hometown, if she really wants to stay. Among the motives for leaving are the chance to have a career as a magistrate, the chance of meeting a new, more involved and more mature partner.

*The 3<sup>rd</sup> session (25<sup>th</sup> of April 2012)*

Elena began her third session with complaints about George. She had reactions but was unable to explain why she gets angry at him. She feels he doesn't truly listen to her. Elena concluded: *"I'm dependent on George. If I'm not with him, I think about what he's doing. I think he's better without me. I belabor him"*.

From her last session, Elena received news about a job in the Capital city as a receptionist, but she was ambivalent about such a decision. Analyzing the way this event affects her relationship with George, she concluded: *"I've decided to go to the Capital without saying anything to George. I've already informed myself about this opportunity"*.

In this session, the therapist-client team realized the schema presented in Figure 2, especially exploiting the motivational conceptualization. Elena confirmed that the axis system does, in fact, represent her dilemma. She rejected the 4<sup>th</sup> option from the very beginning: to stay in her hometown and, at the same time, break-up with George. She showed that the 3<sup>rd</sup> option is, in fact, the present situation, which is disadvantageous for her.

Elena suddenly confirmed her desire to leave for the Capital, irrespective of her relationship with George. The small steps' approach of the problem was stimulated by the detailed analysis of her options and of the steps necessary in solving each one of them. We, therefore, used the Ericksonian conceptualization of the re-formulation problem.

We specified the motives of staying in her relationship with George but also the motives of leaving him. The first category belongs to the relative feeling of safety, not being alone, the comfort of being with a man who has a place to live, the fact that he loves her and tolerates her moods. Among the other type of motives is the desire to evolve professionally and leave a man with little or no ambition, the desire to have more opportunities, the ideal of a higher status partner.

We used the empty chair technique through which Elena socialized the two parts of her newly understood ambivalence, the 1<sup>st</sup> and 2<sup>nd</sup> options. Elena invested a great deal of emotion in this exercise, arguing strongly for each of the two parts. The therapist encouraged this emotional expression: [indicates the place where client sits] “*Here is Elena who wants to stay with George. In front of you, on this chair [he points the empty chair] is Elena who wants to break-up. Convince her to stay with George! Explain to her why is it right to keep this relationship going!*” After this stage we switched places. We gave a parallel task: “*Explain to her why is it alright to break-up this relationship!*” During the exercise, irrespectively of the part being played, the client was encouraged: “*Tell her how you feel for her.... You must confront her...!*”

*The 4<sup>th</sup> session (17<sup>th</sup> of May)*

In the 4<sup>th</sup> session, Elena talked about the positive and negative events from our last meeting. On one hand she spoke about having prayed more but also about having had more social contacts. On the other hand, she said: “*One evening, I told George I don’t want to be with him anymore; we both cried.*” After this moment, Elena began to spontaneously give the reasons George is not a suitable partner for her, the fact he has no professional aspirations. These statements are accompanied by guilt: “*I cannot forgive myself easily [...] Am I the type who tries to please others?*” Although she does seem close to a decision, Elena is still ambivalent, and interprets her indecision: “*Maybe my unrest has something to do with the fact that, if I leave, his sister would move in, and this idea disturbs me.*” The spontaneous discourse of Elena is encouraging: “*I feel I must mobilize myself to overcome my anxieties*”.

The fact that Elena gets closer to solving her ambivalence is supported by a better feeling of self-efficacy: “*the study got a little better,*” although she continued to talk more and more about George. From a motivational point of view, we understood this stage like a preparation for change. It’s a moment when Elena found reasons for which the option she would give up is a less attractive one.

From an Ericksonian point of view, in the 4<sup>th</sup> session Elena asked permission to put in place a decision she already made. She actualizes her resources and her self-confidence, by wanting to „mobilize” herself. She empowers herself to ease her anxieties. The problem has been reformulated, not

as being bad or lazy but as a desire to match her family's attitudes and her partner's.

In the 4<sup>th</sup> session we also talked about her mother's attitude. Not being able to work with the entire family in therapy, we realized a reframing of parental attitudes. Therapist explained that her mother, unconsciously, might convince herself and others that Elena is not ready to be truly on her own. Her mother's signal is ambivalent. The therapist explained, as well, that Elena has signs of what could be a preoccupied attachment: her trying to please people around her is due to a lack of secure childhood feelings concerning how others (especially her mother) might react. She was less sure that her mother would offer comfort and support when in need.

After ten months since the therapy ended, in a follow-up phone conversation with the client open discussion with the therapist, she spontaneously brought up this intervention: "*What helped a lot in therapy is understanding that I was trying to please my mother when we argued; since you told me that this comes from my childhood, I am still waiting for someone to tell me, at least once, «Well done! », I have let her say what she wants. I knew anger would pass and nothing really serious was going to happen.*" From a systemic point of view, the double message her mother sends was uncovered. This helped Elena make a decision. She understood what her mother told her: "*leave but stay; be a grown up but remain a child; do something with your life but stay dependent on me and your hometown*".

From the point of view of systemic conceptualization, I helped Elena get rid of some of her guilt and to reframe her mother's behavior. The therapist explained the interpretation of the scapegoat by wrapping it in the statement: "*Your mother wants to reassure herself she did all that was possible for your brother.*" Elena understood that her mother herself is caught by unconscious forces that don't cancel her love for Elena. The tough observations coming from her mother became an expression of her incapacity to cope with the stress related to Bogdan's disease, her father's detachment and whole family's feelings of guilt.

Even if a next session was scheduled, Elena called to cancel it, for financial reasons. She stated that the therapy had helped her very much. From an Ericksonian perspective, the therapist saw this decision as a sign that Elena was preparing herself for a final decision and to continue the process of change. Therapy took the role of unblocking a series of resources that were covered by

several factors: double messages in the family system, opposing motives and the adoption of a depreciative self-image.

### **Client's post-therapy evolution and follow-up**

The client was contacted by phone ten months after the last session. She left for the Capital two months after she ended therapy, to a debt recovery job. At the time of this article's writing, she was still working there. For the moment, she has declared herself professionally satisfied: "*Therapy was my savior: if I hadn't left, I think I would've grown insane in my hometown.*" However, she feels something is "*unfinished*" concerning the studies she intended to do. Without declaring herself sure of it, she believes that sometime in the future she will study to become an actuary or magistrate. She feels satisfied with the decision she made and has no desire of returning. She doesn't believe the relationship with George was beneficial to her. Elena feels more confident in herself and her decision as well as being satisfied with the changes she initiated. Some tendency to become emotionally dependent on a man is still present though.

Personally, Elena ended her relationship with George five months from the last therapy session, exactly at her 28<sup>th</sup> birthday. There was a tentative plan of George following her in the Capital, but Elena considers he would have never decided to do that. Presently, Elena is having an affair with a married man that holds an important managerial position. She feels threatened by the presence of other women around him and doesn't want to lose this connection, although she is not fully satisfied with it.

Elena's relationship with her mother has remained distant. The two rarely talk over the phone. The conversations are short, because, if longer, they tend to grow tense. Elena continues to consider her sister "*an arbiter between the two of us*". The brother is getting closer to finishing his University studies and mother is pushing him to come back home instead of looking for work in the Capital. Among the arguments she uses are the fact that the young man would lose his invalidity pension once hired, and that it is better for him to stay with his mother who will look after him. Elena feels it's her duty to help her little brother financially, although they don't see each other too often.

## **Conclusions**

The purpose of this study is to analyze the case of a 27 year old client who came to therapy complaining about feeling blocked professionally and personally. During four sessions of therapy, we revealed aspects that explain her inability to initiate change: ambivalence between contradictory and superposed motives, an incorrect problem definition and family system pathology. The interventions included a systematization of contradictory motives, the empty chair technique, the reframing of motives, alternative interpretation of family's reactions, empathic listening and the rediscovery of the client's strong points.

Without pretending to come up with a full solution of all the problematic aspects, the case shows how short and targeted interventions can help a client initiate the cycle of changes. The strong point of this case resides in the therapist's adaptation to more than one theory frame. This confirms the necessity that some approaches in therapy should be, by excellence, eclectic. The resulted interventions simultaneously give an answer to more than one aspect that put the client under motivational and relational stress. Like in so many other cases, the systemic frame where client's story unfolds cannot be ignored. Moreover, the play of unconscious loyalties and the tendency to family system homeostasis can represent motives that superpose with the conscious reasons connected to profession and self-realization. From an Ericksonian point of view, the cycle of change belongs primarily to the unconscious as a tank of adaptive resources. Therapy only plays the role of minor kinetic energy that allows the client to mobilize his/her forces.

### ***Limits***

This present case study describes a series of conceptualizations and eclectic interventions. The strategy belongs to more than one alternative conceptualization. The extent in which all the presented interventions are responsible for change is uncertain. Moreover, the illustrative and exploratory value of this case study doesn't allow for generalizations, like in the case of a quantitative systematic research. The purpose is to deductively reflect over the various explicative models used in conceptualizing this case, so they serve as a source for new hypothesis and alternative conceptualizations, to offer insights on the efficiency or inefficiency of certain techniques and to draw from some of

the fine and idiosyncratic nuances that are particular to psychotherapy (Sava, 2003). Last but not least, the case can serve as didactical support for a therapist in training, in order to confirm or challenge presented ideas. Alternative conceptualizations, better explanations and intervention ideas can be proposed on this case and can be used in similar situations in psychotherapy.

Systematic future research can separate the various pairs of conceptualization-intervention with the purpose of testing the efficiency and reliability of the therapeutic process. Moreover, controlled clinical trials can test not only the isolated efficiency of an intervention, like motivational or solution-centered. They can also study the added effect that another conceptualization, like the systemic one as well as the associated intervention; these can be brought in for the benefit of the client.

### ***Ethical aspects***

All the names used in this study are fictitious and client's identity is protected. The ex-patient read the final variant of this article and gave her consent on the published information and on the scientific use of the case. The client has been informed about the destination publication, the potential readers, the purpose of the article and how the information within can circulate.

### **References**

- Dafinoiu, I. (2001). *Elemente de psihoterapie integrativă* [Elements of integrative psychotherapy]. Iași, Romania: Polirom.
- Dafinoiu, I., & Vargha, J.-L. (2003). *Hipnoza clinică: tehnici de inducție, strategii terapeutice* [Clinical hypnosis: induction techniques, therapeutic strategies]. Iași, Romania: Polirom.
- Dafinoiu, I., & Vargha, J.-L. (2005). *Psihoterapii scurte* [Short psychotherapies]. Iași, Romania: Polirom.
- David, D. (2006). *Tratat de psihoterapii cognitive si comportamentale* [Treaty of cognitive and behavioral psychotherapies]. Iași, Romania: Polirom.
- Kónya, Z., & Kónya, A. (2012). *Terapie familială sistemică* [Systemic family therapy]. Iași, Romania: Polirom.



- Miller, W. R., & Rollnick, S. (1991). *Interviul Motivațional: pregătirea pentru schimbare, ediția a II-a* [Motivational Interviewing: Preparing People to Change: 2<sup>nd</sup> Edition]. București, Romania: Agenția Națională Antidrog.
- Mitrofan, I., & Vasile, D. (2001). *Terapii de familie* [Family therapies]. București, Romania: SPER.
- Sava, F. A. (2013). *Psihologia validată științific: Ghid practic de cercetare în psihologie*. [Evidence-based psychology: practical guide for research in psychology]. Iași, Romania: Polirom.

Received April 24, 2013  
Revision received May 15, 2013  
Accepted May 27, 2013