

Interpersonal Defense Theory:

A Guide for Working with Difficult Psychotherapy Patients

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**Continuing Education Webinar Sponsored by the
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Introduction

- Interpersonal defense theory & working with some, not all difficult patients.
- Theory & clinical practice.
- Microanalysis & more familiar clinical concerns.
- Research-based, but research not today's focus.
- Structure of the webinar.
- A word about the test.

Basic Information about the Case Example

- Acknowledgement.
- The patient.
- The therapist.
- Treatment approach.
- Introducing the first transcript excerpt.
- What do you think about Paul's part of the exchange in the excerpt?

Excerpt 1

(1) Patient: ...but I also know that there's something keeping me from doing it [**said forcefully**]

(2) Therapist: (nods) right. And what's keeping you from doing it is actually, I mean to stay within what we're talking about here in the therapy//...

(3) Patient: // (interjects) um huh (yes)

(4) Therapist: ...Is um what's going on between you and the people in your life that's making you want to pull the covers up over your head and shut out the world

(5) Patient: well right now about the only people in my life – if there's anything going on between me and them are people I talk to on the telephone

(6) Therapist: okay. But look this this happened a couple weeks ago. Started a couple weeks ago

(7) Patient: yeah

(8) Therapist: right?

(9) Patient: well, maybe more than a couple

(10) Therapist: okay. But the there might have been things that were were contributing to it but the//...

(11) Patient: // (interjects) that go back further [**said insistently**] **(EXCERPT 1 CONTINUES ON NEXT SLIDE)**

Excerpt 1 (continued)

(12) Therapist: ...but the major thing//...

(13) Patient: // (interjects) um huh (yes)

(14) Therapist: ...lately has been getting um to be part of that series of performances and then finding out from the conductor that//...

(15) Patient: //(interjects) musical director. Go ahead.

(16) Therapist: ...sorry. That people in the ensemble//...

(17) Patient: // (interjects) didn't want to

(18) Therapist: ...didn't want to work with you

(19) Patient: yeah

(20) Therapist: okay. Now my sense is that that's what's still bothering you and that's what's making you want to pull the covers up over your head//

(21) Patient: // (interrupts) that's got something to do with it but also that's not what I'm conscious of. What I'm conscious of is doing a lot of thinking about everything that's happened that's been a problem for as far back as I can remember. **[said forcefully]**

Discussion

A Shift of Focus: Processes of Coordination

- Focusing on individual interpersonal behaviors vs. the organization of interaction over time.
- Patterns characterized by recurring failures of coordination.
- Paul's noncoordinating pattern:
 - ❖ Paul opens topics by forcefully and insistently expressing himself and disclosing at many *individual moments*, but then derails the exchanges he initiated with forceful/insistent shifts to new topics, and sometimes he “puts words into the other person's mouth” to redirect an exchange or (this aspect of his noncoordinating pattern is less clearly illustrated in excerpt 1) replies to other's responsive contributions in a limited, guarded manner, even though up until that point, the exchange had been about a topic he started.
- Coordination failures are powerful predictors of the outcome of therapy.

Excerpt 1 with Notations about Paul's Contributions

- (1) Patient: ...but I also know that there's something keeping me from doing it **[said forcefully] [noncoordinating]**
- (2) Therapist: (nods) right. And what's keeping you from doing it is actually, I mean to stay within what we're talking about here in the therapy//...
- (3) Patient: // (interjects) um huh (yes)
- (4) Therapist: ...Is um what's going on between you and the people in your life that's making you want to pull the covers up over your head and shut out the world
- (5) Patient: well right now about the only people in my life – if there's anything going on between me and them are people I talk to on the telephone **[noncoordinating with the therapist's turn 4 and *Paul's own turn 1* given what they had previously discussed about Paul's problem with the ensemble. Here Paul shifts time frame to the "immediate now" when therapist was not referring to that, and he derails the topic of his own turn 1]**
- (6) Therapist: okay. But look this this happened a couple weeks ago. Started a couple weeks ago
- (7) Patient: yeah
- (8) Therapist: right?
- (9) Patient: well, maybe more than a couple **[noncoordinating, negates his agreement in turn 7. Here, Paul tries to shift to an older time frame.]**
- (10) Therapist: okay. But the there might have been things that were were contributing to it but the//...
- (11) Patient: // (interjects) that go back further **[said insistently] [noncoordinating, providing an ending to the therapist's prior turn himself to redirect exchange to older time frame]**

(EXCERPT 1 CONTINUES ON NEXT SLIDE)

Excerpt 1 with Notations about Paul's Contributions (continued)

(12) Therapist: ...but the major thing//...

(13) Patient: // (interjects) um huh (yes)

(14) Therapist: ...lately has been getting um to be part of that series of performances and then finding out from the conductor that//...

(15) Patient: //(interjects) musical director. Go ahead.

(16) Therapist: ...sorry. That people in the ensemble//...

(17) Patient: // (interjects) didn't want to **[note that Paul appears to go along with therapist about the "major thing"]**

(18) Therapist: ...didn't want to work with you

(19) Patient: yeah **[note that Paul appears to agree about what the "major thing" is]**

(20) Therapist: okay. Now my sense is that that's what's still bothering you and that's what's making you want to pull the covers up over your head//

(21) Patient: // (interrupts) that's got something to do with it but also that's not what I'm conscious of. What I'm conscious of is doing a lot of thinking about everything that's happened that's been a problem for as far back as I can remember. **[said forcefully] [noncoordinating, negating his apparent agreement in 17 & 19 by shifting topic and time frame – note that Paul goes on after the excerpt to shift away from this new topic that he just initiated]**

Why does a person relate to others in this way?

- Interpersonal defenses.
- Sources of interpersonal defense theory.
- Key difference between interpersonal defense theory and psychoanalytic/psychodynamic perspectives:
 - ❖ Whereas psychoanalytic/psychodynamic perspectives primarily view defenses as intrapsychic mechanisms aimed at modulating internal experiences of anxiety, guilt, and self-esteem, interpersonal defense theory views defenses primarily as complex, noncoordinating interpersonal action patterns aimed at influencing interpersonal relationship events.

In What Ways Do Interpersonal Defenses Aim to Influence Relationship Events?

- Interpersonal defenses attempt to negotiate conflicts between a wish and a fear.
- Wishes and fears, what?
 - Interpersonal
 - Not primarily intrapsychic *about* self and others.
 - Focus is on a person's *central* wish and *central* fear.
 - Sequences including patient's part and other's response.
- Developmental account.
 - On many occasions, a child acts a certain way to get a particular response and other responds instead in a dreaded manner.
- Conflict, what?
 - Central interpersonal wish: Patient pursues key wished-for response – other responds in key wished for manner.
 - Central interpersonal fear: Patient pursues the same key wished-for response – other responds in key feared manner.
- Interpersonal defenses attempt to do two ultimately incompatible things at the same time: Pursue key wished-for response and make key feared response impossible.

What Was Paul Trying to Do by Acting Defensively?

- Interpersonal defense theory is an idiographic approach. What can we say about Paul's case?
- Paul's central wish: If he clearly expressed himself and openly disclosed, revealed things about himself, significant others in his life would respond by showing empathic understanding and listening to him in a friendly manner.
- Paul's central fear: If he clearly expressed himself and openly disclosed, revealed things about himself (i.e., pursued his wish), others would respond by attacking him.
- Basis for formulations of wish and fear.
 - Early history & more recent relationships and observations of how Paul related to his therapist.
- Paul tried to negotiate this conflict by relating to others with the defensive, noncoordinating interpersonal action pattern we saw in Excerpt 1.
 - How Paul attempted to pursue the wish. Note: Interpersonal defenses are not only about avoiding the fear.
 - How Paul attempted to avoid the fear.

Discussion

SASB Model

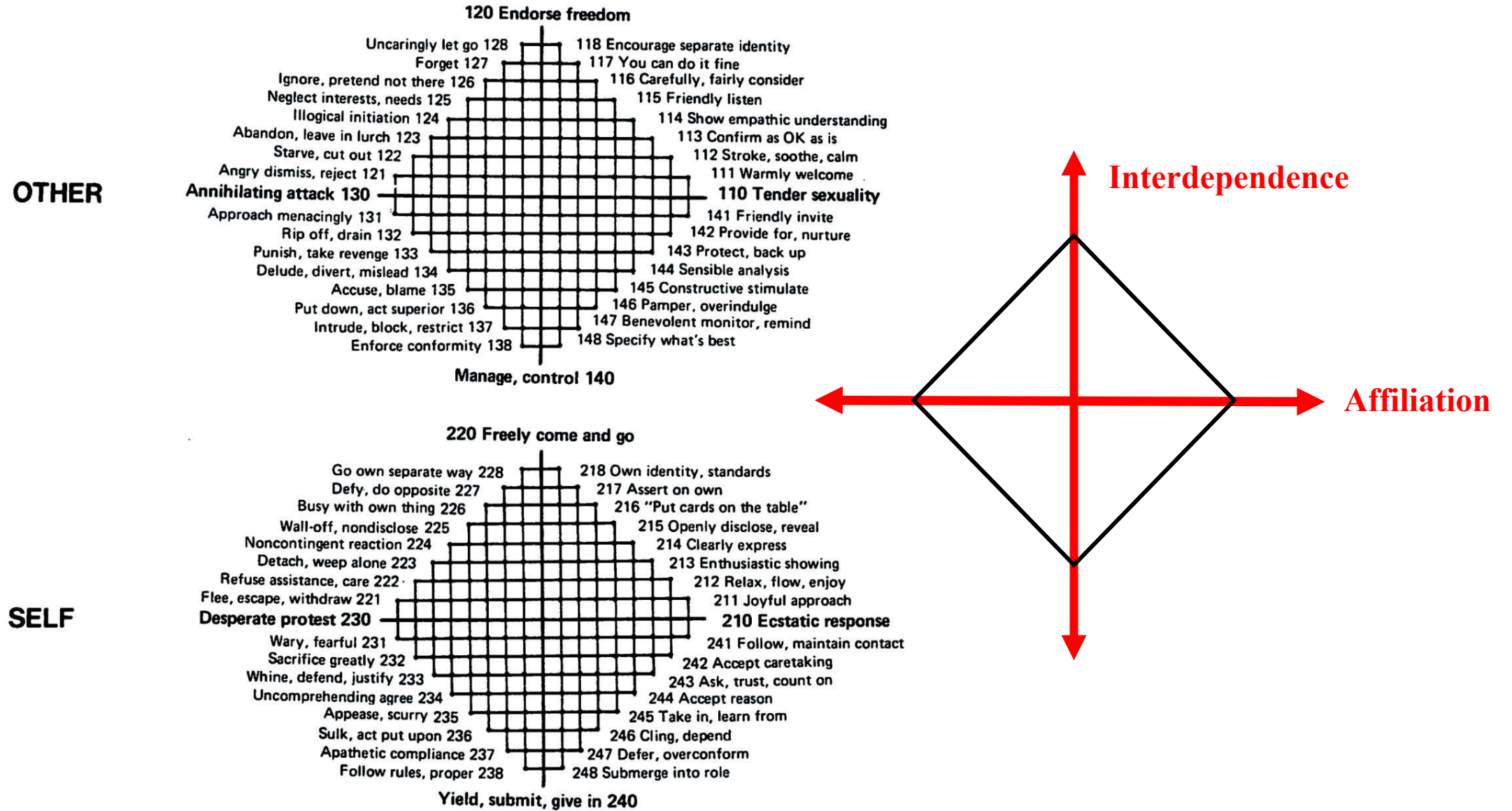
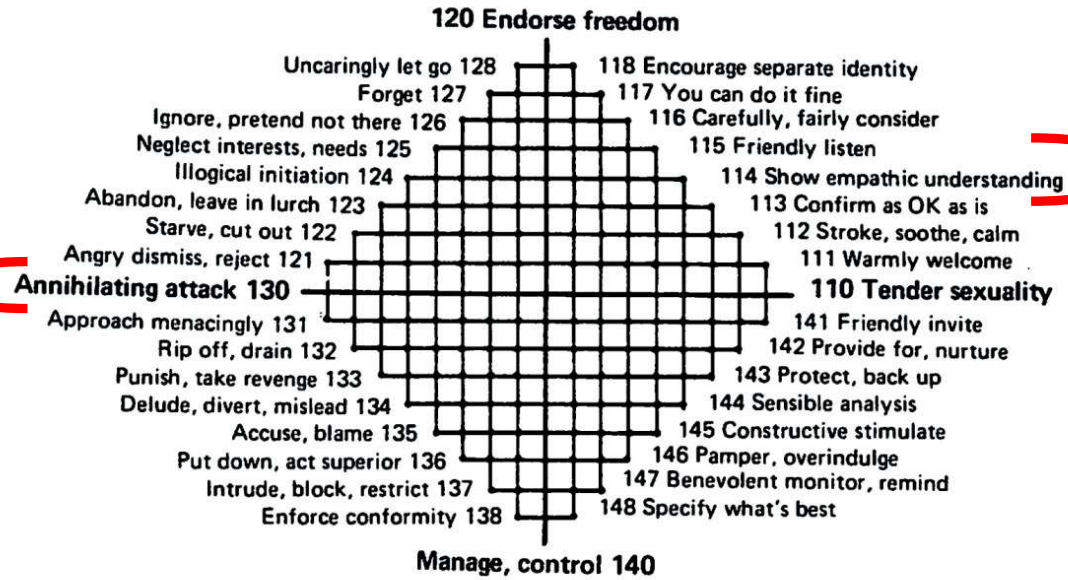


Figure 1. Structural Analysis of Social Behavior (SASB). The figure omits the introject surface and includes only the two interpersonal foci of the SASB model. From Benjamin, L.S. (1979). Structural analysis of differentiation failure. *Psychiatry: Journal for the Study of Interpersonal Processes*, 42, 1-23.

Paul's Wish and Fear on SASB Model

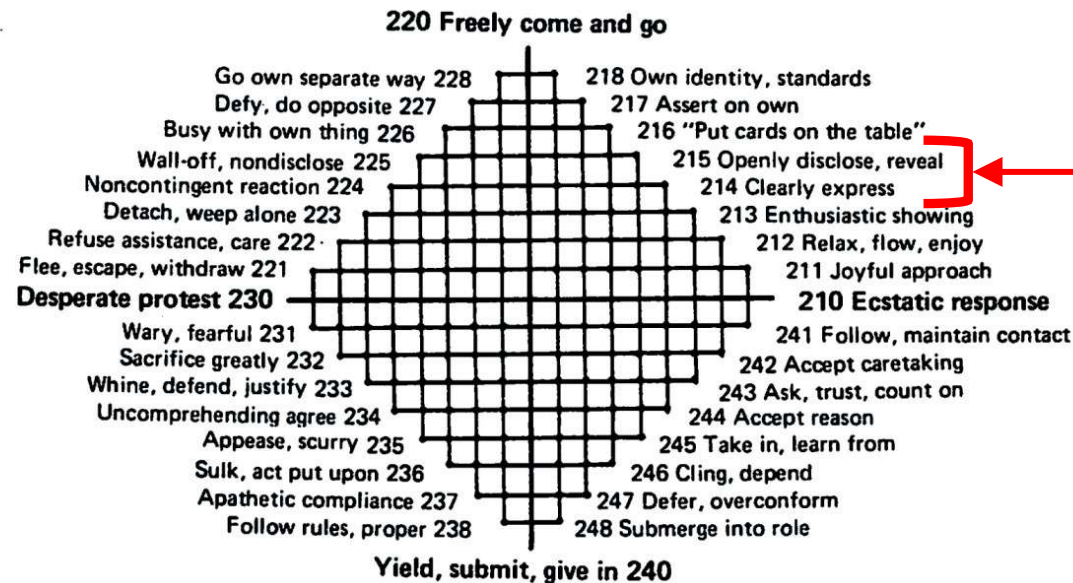
Paul's feared response

OTHER



Paul's wished-for responses

SELF



Paul's part of wish and fear

Discussion

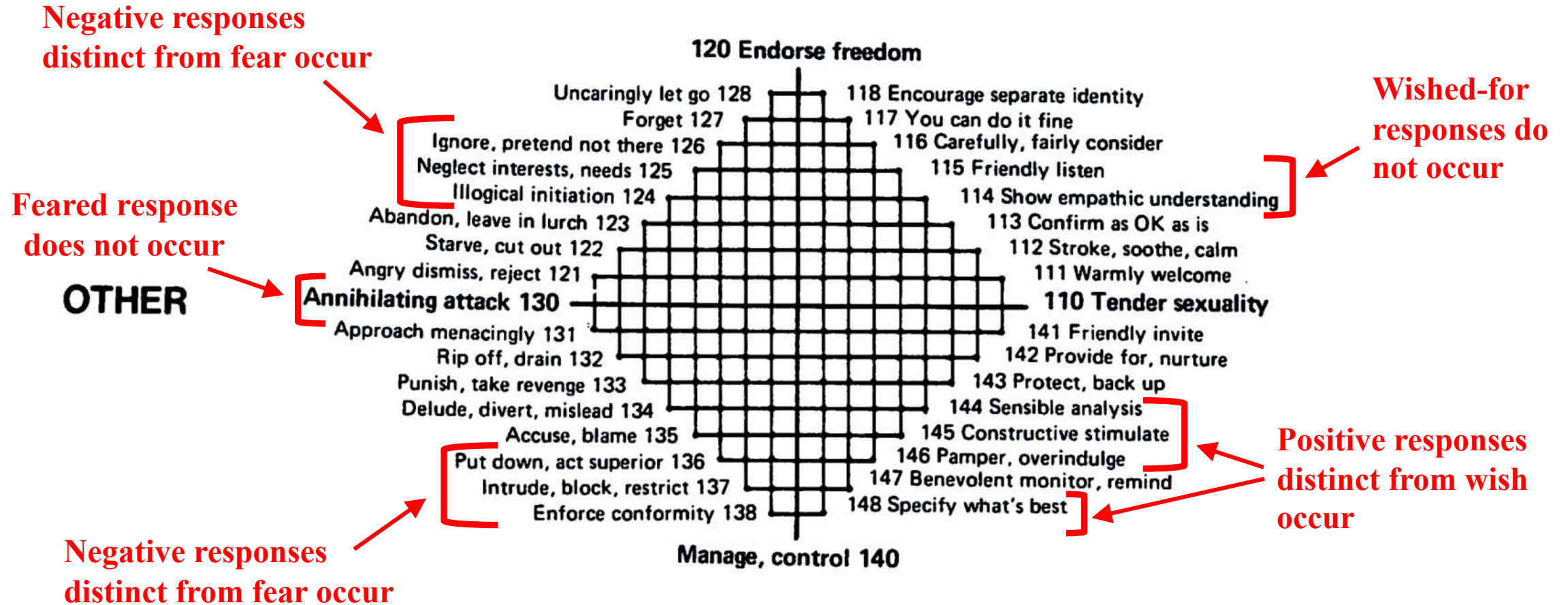
How Do Interpersonal Defenses Actually Affect Interpersonal Relationship Events?

- Interpersonal defenses succeed at avoiding the fear.
- This point contrasts with the notion of a self-fulfilling prophecy.
- Interpersonal defenses make it very unlikely that person's wished-for response will occur.
- Noncoordinating patterns “cancel out” momentary attempts to pursue the wish in a sense, but the elements aimed at avoiding the fear cannot make it be the case that those attempts never occurred. As a result, interpersonal defenses promote two kinds of responses.
- Negative responses distinct from the feared response.
- Positive responses distinct from the wished-for response.
- Hence, according to interpersonal defense theory, the “feedforward effects” of interpersonal defenses include successfully avoiding the central fear, working against the central wish occurring, promoting negative responses distinct from the feared response, and promoting positive responses distinct from the wished-for response.

How Did Paul's Defensive, Noncoordinating Pattern Affect Relationship Events?

- Paul successfully avoided his central feared response (attack).
- Paul's central wished-for responses did not occur (show empathic understanding, friendly listen).
- Negative responses distinct from Paul's feared response (ignore; neglecting his interests and needs; illogical initiation; put down; intrude, block, and restrict; enforcing conformity).
- Positive responses distinct from Paul's wished-for response (constructively stimulate; sensible analysis; specify what's best; pamper, overindulge).

Feedforward Effects of Paul's Defensive Pattern on SASB Model



Excerpt 1

- (1) Patient: ...but I also know that there's something keeping me from doing it [**said forcefully**] [**noncoordinating**]
- (2) Therapist: (nods) right. And what's keeping you from doing it is actually, I mean to stay within what we're talking about here in the therapy//...[**POS RESPONSE DISTINCT FROM WISH, sensible analysis**]
- (3) Patient: // (interjects) um huh (yes)
- (4) Therapist: ...Is um what's going on between you and the people in your life that's making you want to pull the covers up over your head and shut out the world [**POS RESPONSE DISTINCT FROM WISH, sensible analysis**]
- (5) Patient: well right now about the only people in my life – if there's anything going on between me and them are people I talk to on the telephone [**noncoordinating with the therapist's turn 4 and Paul's turn 1 given what they had previously discussed about Paul's problem with the ensemble. Here Paul shifts time frame to the "immediate now" when therapist was not referring to that and he derails the topic of his own turn 1**]
- (6) Therapist: okay. But look this this happened a couple weeks ago. Started a couple weeks ago [**POS RESPONSE DISTINCT FROM WISH, sensible analysis**]
- (7) Patient: yeah
- (8) Therapist: right? [**NEG RESPONSE DISTINCT FROM FEAR, enforcing conformity**]
- (9) Patient: well, maybe more than a couple [**noncoordinating, negates his agreement in turn 7. Here, Paul tries to shift to an older time frame.**]
- (10) Therapist: okay. But the there might have been things that were were contributing to it but the// [**NEG RESPONSE DISTINCT FROM FEAR, blocking**]
- (11) Patient: // (interjects) that go back further [**said insistently**] [**noncoordinating, providing an ending to the therapist's prior turn himself to redirect exchange to older time frame**]

(EXCERPT 1 CONTINUES ON NEXT SLIDE)

Excerpt 1 (continued)

(12) Therapist: ...but the major thing// **[NEG RESPONSE DISTINCT FROM FEAR, ignores]**

(13) Patient: // (interjects) um huh (yes)

(14) Therapist: ...lately has been getting um to be part of that series of performances and then finding out from the conductor that//
[POS RESPONSE DISTINCT FROM WISH, sensible analysis]

(15) Patient: //(interjects) musical director. Go ahead.

(16) Therapist: ...sorry. That people in the ensemble// **[POS RESPONSE DISTINCT FROM WISH, sensible analysis]**

(17) Patient: // (interjects) didn't want to

(18) Therapist: ...didn't want to work with you **[POS RESPONSE DISTINCT FROM WISH, sensible analysis]**

(19) Patient: yeah **[note that Paul appears to agree about what the "major thing" is]**

(20) Therapist: okay. Now my sense is that that's what's still bothering you and that's what's making you want to pull the covers up over your head// **[POS RESPONSE DISTINCT FROM WISH, sensible analysis]**

(21) Patient: // (interrupts) that's got something to do with it but also that's not what I'm conscious of. What I'm conscious of is doing a lot of thinking about everything that's happened that's been a problem for as far back as I can remember. **[said forcefully]**

[noncoordinating, negating his apparent agreement in 19 by shifting topic and time frame – note that Paul goes on after the excerpt to shift away from this new topic too]

Case Formulations Based on Interpersonal Defense Theory

- Components of a formulation:
 - ❖ Central interpersonal wish, including patient's part and wished-for response
 - ❖ Central interpersonal fear, including patient's part and feared response
 - ❖ Defensive, noncoordinating interpersonal action pattern
 - ❖ Negative responses distinct from fear
 - ❖ Positive responses distinct from wish
- Idiographic – formulations are the same across individuals in the sense that they have these 5 components, but the specific, concrete nature of the components differ from person to person.
- According to interpersonal defense theory, the formulation for each person characterizes how that individual relates to most significant others.

Case Formulation for Paul

- Central interpersonal wish: Paul clearly expresses himself and openly discloses, reveals things about himself, and other person responds by showing empathic understanding and listening to him in a friendly manner.
- Central interpersonal fear: Paul clearly expresses himself and openly discloses, reveals things about himself, and other person responds by attacking him.
- Defensive, noncoordinating interpersonal action pattern: Paul initiates topics by forcefully and insistently expressing himself and disclosing at many *individual moments*, but then derails the exchanges he initiated with forceful/insistent shifts to new topics, and sometimes “puts words into the other person’s mouth” to redirect an exchange or replies to other’s responsive contributions in a limited, guarded manner, even though up until that point, the exchange had been about a topic he started.
- Negative responses distinct from fear: People sometimes avoid Paul him by ignoring him and neglecting his interests and needs, or they surprise him with something they do or say (illogical initiation) because they had kept him in the dark about what was going on. At other times, people put him down, intrude, block, and restrict him, and enforce conformity.
- Positive responses distinct from wish: Sometimes, other people offer Paul guidance with constructive stimulation and sensible analysis, or by advising him about what he should do (specify what’s best). In addition, people sometimes just go along with Paul or try to make things easy for him (pamper, overindulge).

Why Do People Persist in Relating to Others in Defensive Ways?

- As Paul Wachtel said, in order to help people change, we need to understand why they have been remaining the same.
- The feedforward effects of defensive patterns make it likely that the person will continue to interact with others defensively because:
 - ❖ The person can repeatedly *attempt to* pursue the central wish at individual moments while successfully avoiding the central fear.
 - ❖ Although defensive patterns work against realizing the wish, they do lead to positive outcomes distinct from the wish.
 - ❖ Even though defensive patterns lead to negative outcomes distinct from the fear, those are less salient than the central fear.

Discussion

Treatment Implications of Interpersonal Defense Theory

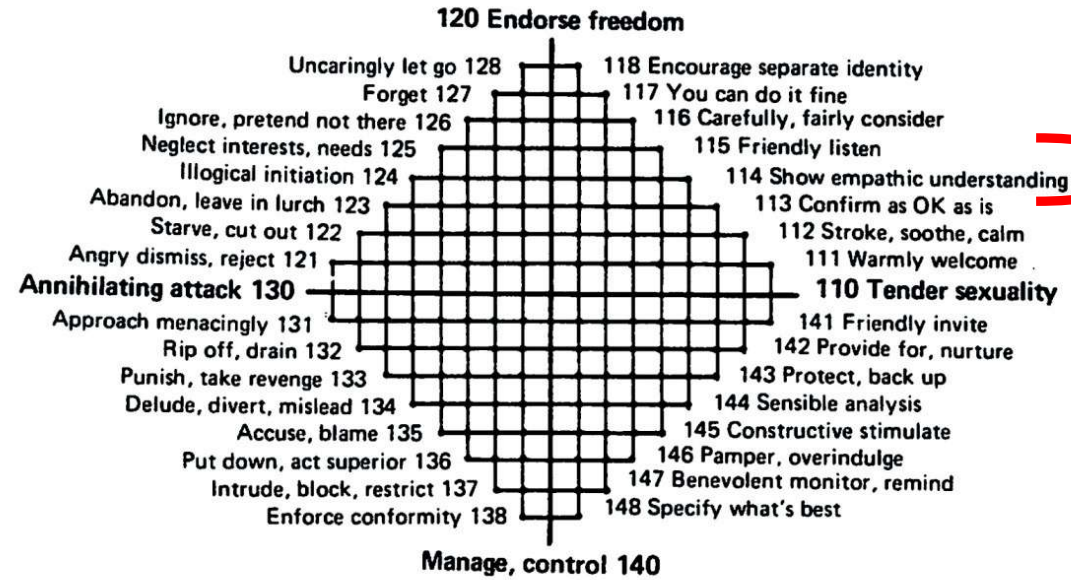
- A key goal of psychotherapy is helping people move from defensive to nondefensive ways of negotiating interpersonal wish-fear conflicts.
- Change of this kind can lead to improved relationships and positive changes in symptoms.
- Interpersonal defense theory is not a therapy approach. It is transtheoretical, providing a way to understand defensive interpersonal processes that has implications for a wide variety of therapy approaches.
- Limits to the guidance interpersonal defense theory can provide.

What are the Treatment Implications for the Therapy Approach Used in Paul's Case?

- The treatment employed in Paul's case was a short-term dynamic psychotherapy approach.
- Therapists work to help patients gain insight and persistently interpret transference phenomena in the patient-therapist relationship.
- Hence, the treatment implications *for this approach* concern the level of relationship processes in patient-therapist interaction and efforts at interpretive work.
- Implications for interventions at the level of therapy relationship processes:
 - Therapists should limit the extent to which they contribute to therapeutic exchanges with positive responses distinct from the patient's wish or negative responses distinct from the patient's fear.
 - Therapists should respond to their patients in ways that realize patients' wished-for outcomes.
- Implications for insight-oriented interventions:
 - Most importantly, help patients identify and understand their central interpersonal wish.
 - Also, help patients understand how their defensive patterns work against wished-for responses.
- These implications emphasize patients' wishes.

Treatment Implications at Level of Therapy Relationship Processes in Paul's Case on SASB Model

OTHER

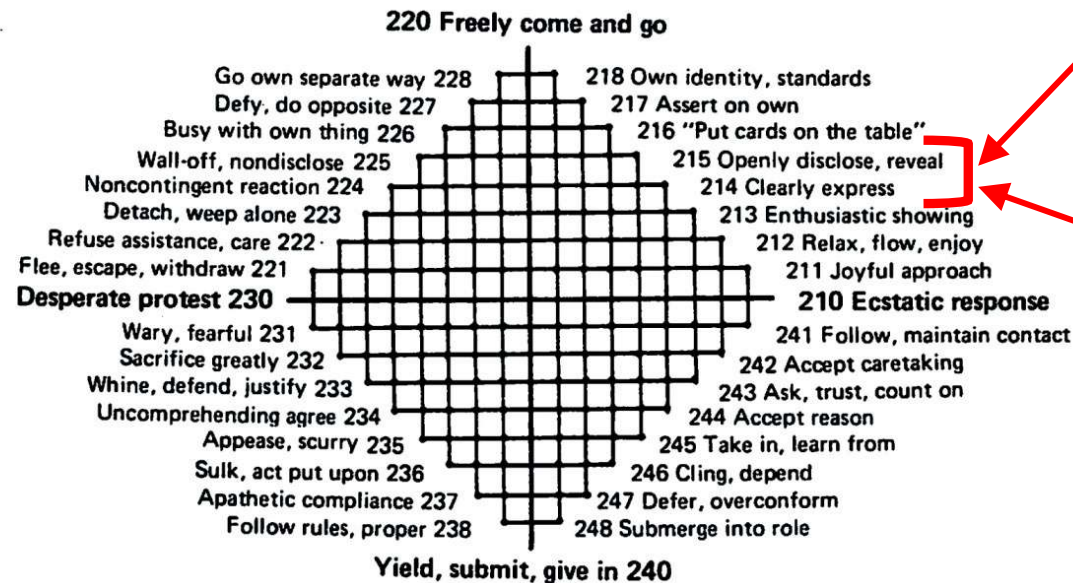


Therapist should respond in this way when Paul acts this way,

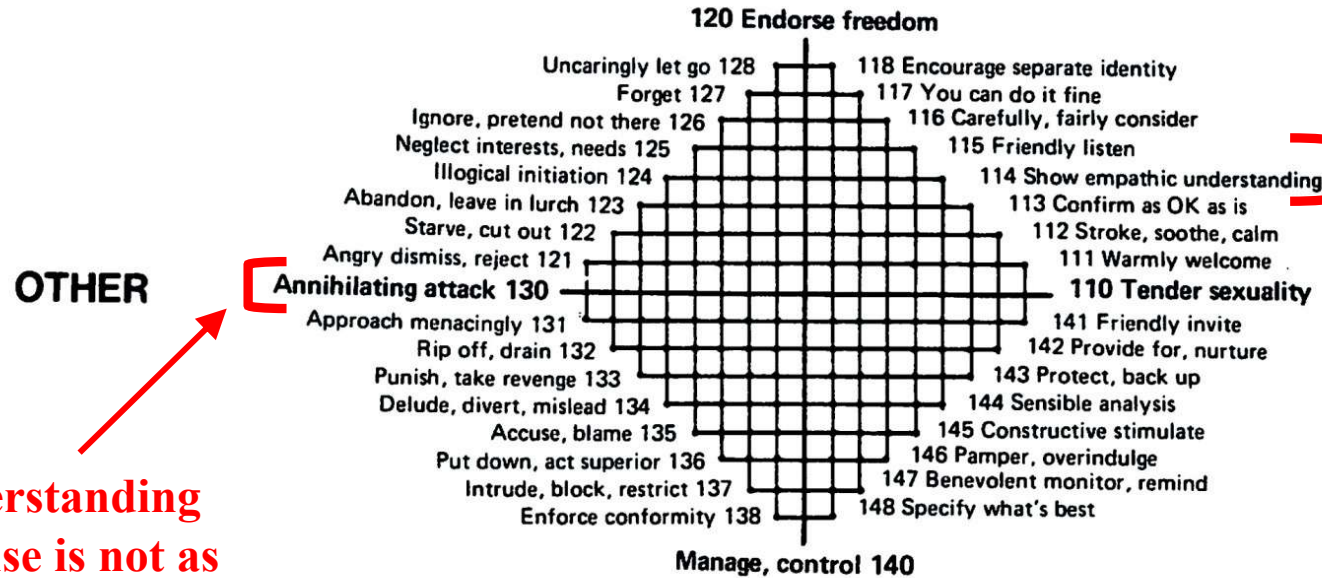
or

in response to the part of Paul's pattern that does this

SELF

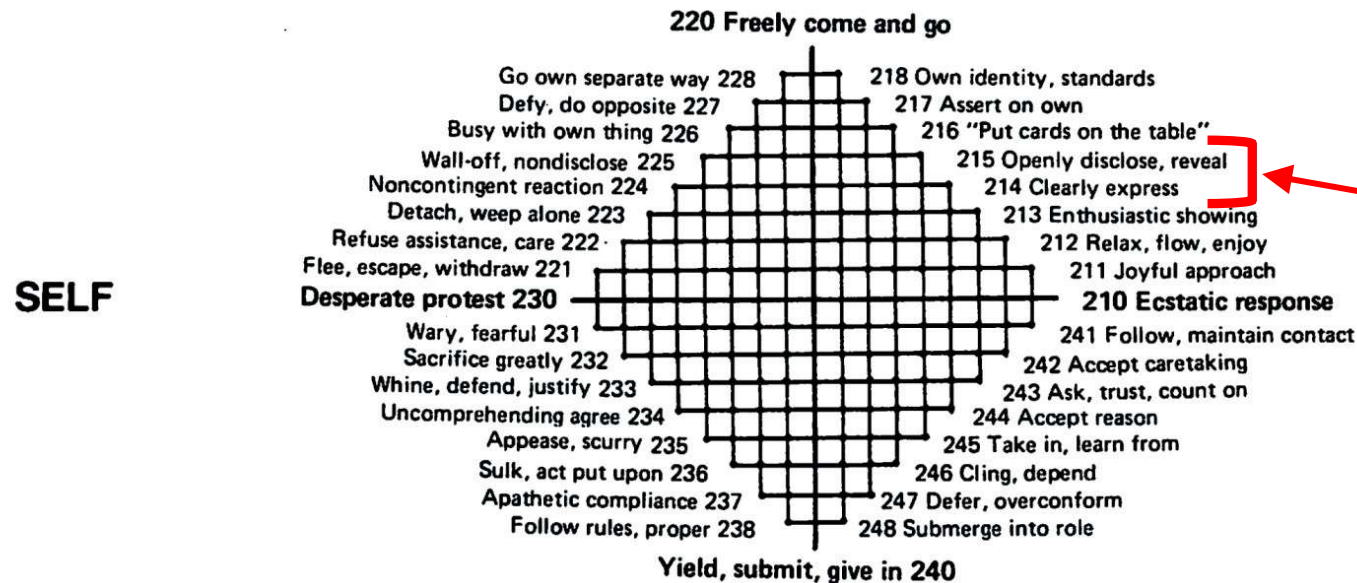


Treatment Implications for Insight-Oriented Work in Paul's Case on SASB Model



Help Paul gain understanding about his wished-for responses

Helping Paul gain understanding about his feared response is not as important as insight about his wish



Help Paul gain understanding about his own part of his wish

Excerpt 2 (from Session 24)

(1) Patient: and one of the things that's been a big surprise is that um a lot of these people say they really appreciate...not only are they not put off or made uncomfortable or angry at me for talking to them, but they really appreciate and feel like they're lucky that I talk to them

(2) Therapist: (nodding)

(3) Patient: and so the more I've done that...I mean, you know, I've sort of said to myself "Well I need to talk to somebody. Who do I want to talk to?" Some of them are people I've talked to a lot before

(4) Therapist: (nodding as backchannel)

(5) Patient: and some of them are people that I didn't know them...I mean I wasn't necessarily close close with them before but for whatever reason I felt they were somebody that I could reach out to.

(6) Therapist: Why do you think they feel privileged//

(7) Patient: //(interjects) I [stops immediately]

(8) Therapist: when you do that?

(9) Patient: (pause) umm (pause) I guess it makes them feel...I don't know if the word is "important" but I'll use that one for now, that I would trust them and say to them "you're somebody I feel could help me by talking to me."

(10) Therapist: (nodding) Yeah, that you choose them//

(11) Patient: //(interjects) out of all people

(12) Therapist: out of all the others to get close to (nods).

(13) Patient: Yeah (pause)

(14) Therapist: In effect you allow them to be close to you by telling them what you're feeling, what's going on...all the things that you would for so many years have liked to be able to tell your mother about and and been afraid to.

(15) Patient: (pause) (nods) Yeah and ah (pause) I guess that makes so much sense when I hear you say it that I don't know why it surprises me. It just does.

Excerpt 2, Including Notations about How the Therapist Related to Paul

- (1) Patient: and one of the things that's been a big surprise is that um a lot of these people say they really appreciate...not only are they not put off or made uncomfortable or angry at me for talking to them, but they really appreciate and feel like they're lucky that I talk to them
- (2) Therapist: (nodding) [**wished-for response: friendly listen**]
- (3) Patient: and so the more I've done that...I mean, you know, I've sort of said to myself "Well I need to talk to somebody. Who do I want to talk to?" Some of them are people I've talked to a lot before
- (4) Therapist: (nodding as backchannel)
- (5) Patient: and some of them are people that I didn't know them...I mean I wasn't necessarily close close with them before but for whatever reason I felt they were somebody that I could reach out to.
- (6) Therapist: Why do you think they feel privileged//
- (7) Patient: //(interjects) I [stops immediately]
- (8) Therapist: when you do that? [**turn 6 & 8, PRDW: constructive stimulation**]
- (9) Patient: (pause) umm (pause) I guess it makes them feel...I don't know if the word is "important" but I'll use that one for now, that I would trust them and say to them "you're somebody I feel could help me by talking to me."
- (10) Therapist: (nodding) Yeah, that you choose them//
- (11) Patient: //(interjects) out of all people
- (12) Therapist: out of all the others to get close to (nods). [**10 & 12, wished-for response: friendly listen, empathic understanding**]
- (13) Patient: Yeah (pause)
- (14) Therapist: In effect you allow them to be close to you by telling them what you're feeling, what's going on [**wished-for response: empathic understanding**]...all the things that you would for so many years have liked to be able to tell your mother about and and been afraid to. [**wished-for response: empathic understanding & PRDW: sensible analysis, constructive stimulation**]
- (15) Patient: (pause) (nods) Yeah and ah (pause) I guess that makes so much sense when I hear you say it that I don't know why it surprises me. It just does.

Excerpt 2, Including Notations about How Paul Related to the Therapist

- (1) Patient: and one of the things that's been a big surprise is that um a lot of these people say they really appreciate...not only are they not put off or made uncomfortable or angry at me for talking to them, but they really appreciate and feel like they're lucky that I talk to them **[coordinating with prior turns, PW – expressing, disclosing]**
- (2) Therapist: (nodding) **[wished-for response: friendly listen]**
- (3) Patient: and so the more I've done that...I mean, you know, I've sort of said to myself “Well I need to talk to somebody. Who do I want to talk to?” Some of them are people I've talked to a lot before
- (4) Therapist: (nodding as backchannel)
- (5) Patient: and some of them are people that I didn't know them...I mean I wasn't necessarily close close with them before but for whatever reason I felt they were somebody that I could reach out to. **[turn 3 & 5: coordinating, PW – expressing, disclosing]**
- (6) Therapist: Why do you think they feel privileged//
- (7) Patient: //(interjects) I [stops immediately] **[Note: Paul starts to, but refrains from, interrupting]**
- (8) Therapist: when you do that? **[turn 6 & 8: PRDW – constructive stimulation]**
- (9) Patient: (pause) umm (pause) I guess it makes them feel...I don't know if the word is “important” but I'll use that one for now, that I would trust them and say to them “you're somebody I feel could help me by talking to me.” **[coordinating, PW – expressing]**
- (10) Therapist: (nodding) Yeah, that you choose them//
- (11) Patient: //(interjects) out of all people **[coordinating, interjects in way that fits rather than redirects]**
- (12) Therapist: out of all the others to get close to (nods). **[turn 10 & 12 PW: friendly listen, empathic understanding]**
- (13) Patient: Yeah (pause) **[coordinating]**
- (14) Therapist: In effect you allow them to be close to you by telling them what you're feeling, what's going on **[Paul's wished-for response – empathic understanding]**...all the things that you would for so many years have liked to be able to tell your mother about and and been afraid to. **[PRDW – sensible analysis, constructive stimulation]**
- (15) Patient: (pause) (nods) Yeah and ah (pause) I guess that makes so much sense when I hear you say it that I don't know why it surprises me. It just does. **[coordinating, PW – expressing, disclosing]**

Insight-Oriented Work in Session 24

- Insight-oriented work was mostly on-target in session 24.
- Mainly focused on Paul's central interpersonal wish, including his part of his wish and his wished-for response.
- Both the therapist and Paul contributed to the insight-oriented efforts and the therapist as well as Paul gained better understanding of Paul.
- Please consider Excerpt 2 again (see next slide).

Excerpt 2 (from Session 24)

(1) Patient: and one of the things that's been a big surprise is that um a lot of these people say they really appreciate...not only are they not put off or made uncomfortable or angry at me for talking to them, but they really appreciate and feel like they're lucky that I talk to them

(2) Therapist: (nodding)

(3) Patient: and so the more I've done that...I mean, you know, I've sort of said to myself "Well I need to talk to somebody. Who do I want to talk to?" Some of them are people I've talked to a lot before

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(15) Patient: (pause) (nods) Yeah and ah (pause) I guess that makes so much sense when I hear you say it that I don't know why it surprises me. It just does.

Some Comments about Insight-Oriented Work in Excerpt 2

- Turns 1, 3, and 5. Paul shows understanding of his part of his wish (turns 3 and 5) and his wished-for response (turn 1) in a way that moves insight-oriented work forward.
- Turns 6 – first part of turn 14. The therapist picks up on Paul's prior comment that others appreciate his talking to them (in turn 1) in a way that helps Paul understand why others might want to respond to him with his wished-for response.
- Second part of turn 14 – turn 15. The therapist connects by contrast what they have been saying to Paul's part of wish in his relationship with his mother and the fear that kept him from acting that way with her. Paul makes clear that the therapist's comment helped him gain a new insight.

Which Came First, the Chicken (Tx Relationship Processes) or the Egg (Insight)? A Tentative Suggestion

- What were these processes like in an earlier session (session 16)?
- What about within session 24?
- Tentative suggestion.

Placing Paul's Case in Its Research Context

- Good outcome.
- Provides support for the treatment implications of interpersonal defense theory.
- Comparing Paul's case with the others in a multiple case study.

Some Ideas that You Might Want to Try Incorporating in Your Own Work

- Try putting more emphasis on patients' wishes.
- Think about a patient's wish as well as fear when making molar interventions (e.g., homework assignments).
- Consider the possibility that the negative events that often occur in a patient's life and the positive events that transpire are *not* the patient's key fears or wishes.
- Think about how you engage with the patient and how the patient engages with you at the level of therapy relationship processes and try to do that keeping interpersonal defense theory in mind.
- Consider whether a patient a patient is relating to you in a recurring noncoordinating manner.
- Try to relate to a patient in that patient's central wished-for manner.

Discussion

Selected References

[These articles are available on ResearchGate, if you have access. You can get access if you have an email address ending in “.edu”. Or send an email to me to request a copy. The last entry on this list is open access.]

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Thank you for your attention.

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