УДК 159.942.5:615.851

N. N. Tereshchenko

PSYCHOTHERAPY OF "EMOTIONAL COLDNESS" SYNDROME IN A PERSON-CENTERED APPROACH

Стаття присвячена синдрому «емоційного холоду», який унеможливлює встановлення стосунків психологічної інтимності в міжособистісних взаєминах. Приведено аналіз синдрому «емоційного холоду» в контексті клієнт-центрованного підходу. Розкрито основні фактори поведінки, що допомагає, описані в клієнт-центрованій психотерапії, які дозволяють подолати такі особливості синдрому «емоційного холоду», як недовіра до власних почуттів, створення стосунків за певним сценарієм, страх психологічної близькості та ін. Наведено випадки з психотерапевтичної практики.

Ключові слова: синдром «емоційного холоду», психотерапія, клієнт-центрований підхід, поведінка, що допомагає, емпатія, конгруентність.

The paper deals with syndrome of "emotional coldness" which hinders the establishment of relations of psychological intimacy in interpersonal relationships. An analysis syndrome "emotional coldness" in the context of person-centered approach. We describe the main factors helping to conduct in person-centered psychotherapy, that overcome such features syndrome "emotional coldness" as distrust of their own feelings, networking relations for a particular scenario, fear of psychological proximity, etc. There are cases of psychological practice

Key words: syndrome "emotional coldness", psychotherapy, person-centered approach, empathy, congruent.

Статья посвящена синдрому «эмоционального холода», который затрудняет установление отношений психологической интимности в межличностных отношениях. Приведен анализ синдрома «эмоционального холода» в контексте клиент-центрированного подхода. Описаны основные факторы помогающего поведения в клиент-центрированной психотерапии, которые позволяют преодолеть такие особенности синдрома «эмоционального холода» как недоверие к собственным чувствам, выстраивание отношений по определенному сценарию, страх психологической близости и др. Приведены случаи из психотерапевтической практики

Ключевые слова: синдром «эмоционального холода», психотерапия, клиентцентрированный подход, помогающее поведение, эмпатия, конгруэнтность.

Relevance. The problem of establishing close and trusting relationshipss of confidence in interpersonal communication, is one of the themes developed in the works of Carl Rogers [1, 2, and others.], who called the restoration of communication disorders asin the general task of psychotherapy. Over the last 20–30 years, thisit not only has not lost its relevance, but rather deepened and became, perhaps, the main psychological problem of modern man, having secured

140

life, the relative intellectual and sexual freedom, and a huge shortage of warm, emotionally filled relationships.

It was promoted by a number of socio-cultural factors [3, 4 et al.], aAmong which are individualistic values that areare thoroughly entrenched in modern culture individualistic values. Those values, which set aside the joy of human intercourse itself far behind the career and material achievements. Another factor is the development of information technology, which which translate transfers interpersonal communication into the virtual plane., Oon the one hand that creates an undeniable convenience and advantage, and on the other – to avoid hand creates a void of real contact between people [5, 6]. You can extend the list of these factors, however, in our opinion, they are all only potentiating (revealing) the deformation of the emotional sphere of personality, unable to create a relationship of psychological closeness.

Objective: To analyze the possibilities and limitations of psychotherapeutic work with the syndrome of "emotional coldness" in a person-centered approach.

State of the problem. It was we suggested the concept of the syndrome of "emotional coldness" in interpersonal relations (A. Kocharyan, Tereshchenko N.N., Aslanian T.S., Gurtovaya I.V. [7]). Syndrome "emotional coldness" includes all a wide variety of phenomena of emotional coldness that emphasizes different aspects of the emotional "damage." This concept is, in our opinion, more accurately reproduces describes the phenomenon of violation of intimate personal sphere than codependency, fear of intimacy, loneliness, narcissistic character and other concepts dos. This concept is a style characteristic determining stable neurotic patterns of marital interaction and adaptation processes, the choice of a marriage partner, marital satisfaction, self-esteem, subjective life satisfaction, etc.

One of the most important characteristics of the syndrome of "emotional coldness" is to avoid (absence) of emotions and feelings, which in the C. Rogers's terminology are called genuine, sincere feelings. People with the syndrome of "emotional coldness" lives behind the facade that can look either like pseudoindependence, self-sufficiency, no need to absence of need in warm relations, pragmatisms in emotional and sexual relationships, or, conversely, likeas a dependent codependence on another person, his or her warm relationship, the need for extreme, "rolls overover-the-top" emotions, love, which sweeps away all obstacles, sacrifice in love and friendship etc. But in this and in another casein both of these cases, hidden behind the facade façade, is the disbelief in people, disbelief believing in yourself, feeling of uselessness, badness, unworthiness, etc.

Carl Rogers wrote that the basis of violations of communicating with others is a violation of intrapersonal communication, the person is not in contact with those parts of the personality, emotions, feelings, desires, etc., which do not fit into his "facadefront" image of himself. Therefore, the relationships with the outside world are based on fakeunreal feelings, value judgments, attemptstrying to keep themselves within the social desirability, fear of rejection and condemnation. This person falls into the "vicious circle": on the one hand, he cannot be intimate close with others, because heit is not in contact with a present self, and on the other hand, he — rejects histheir true feelings due to the fact that because he was is afraid that they those feelings might alienate himpush away his partner. Client who turns to a psychologist about the difficulties in communication, almost always has a negative experience associated with the open expression of feelings, and as a result, the fear and the inability to express them.

People with the syndrome of "emotional coldness" is havinghave difficulty establishing a relationships of psychological intimacy with other people who are that is most apparent in dealing with the opposite sex. In this case, the client who, to seeks psychological help, will not always formulates his its own problem in such a way. The primary complaint in most cases hasis, if I may say so, a "facade" origin. A young man afterin a month of family life is drawn to theseeks advice about his fears that his wife lost interest in him. Or a young the girl says that she is so successful in life and, in a career that is there are no more around men around, who "reach" to her level, etc. Interventions aimed at the rapid destruction of this personal "facade" areis unacceptable for people with the syndrome of "emotional coldness", because such interferences in their internal world confirms their deep conviction of insecurity of close contacts. Much more important is the construction of such a therapeutic relationship that gradually, step by step, will allow the person giving to give up protective barriers, to do two opposite formal, but essentially the same things: to diggo deep inside yourself and to develop a deeper understanding of the other person.

The basic principles of person-centered psychotherapy, necessary and sufficient conditions of psychotherapeutic change formulated by Carl Rogers, fully reflect the key aspects of working with people with the syndrome of "emotional coldness".

So, the first condition or characteristic relationships in the system between the therapist and the client in a person-centered approach is sincerity, authenticity, and transparency of the relationships. Rogers [1] believed that only through the establishment of such authentic relationships, a person can become authentic and real a real and present. For the client experiencing difficulties in establishing emotional and l, psychological intimacy, buildingto build relationships inon accordance with a particular scenario, in which there is no place forto a particular feeling, one way or another part of the personality, it becomes extremely important sincere reaction therapist becomes extremely important. The therapist's, his joy, aagitationnger, and warmth, which, as it confirms or gives the right to life depressed suppressed and, hidden feelings of the client. These revived feelings begin to come live, will become apparent to the client. He tries to experiment with these feelings and, to show them. RAnd relying on the honesty and openness of the relationship, trying the client tries to talk about them. For example, a woman after one of the bottlenecks in thewith a bottleneck situation at work, bursts into tears, talking about his fearing that the therapist will beis "disappointed or, reject" her if she told the therapist about hertheir failures and, herthe inability to solve the problem, and therefore avoids the painful for a themetopic and, immersion in embracing the feelingsa sense. C Pop up childhood memories come up. Those memories are associated with the fact that sheit was always meant to be a "good, smart girl", the girl which in any case was not towho could never disappoint heris father. IFor it is very important that the space created by the psychotherapeutic relationship she allowed herself to become aware of these feelings and shared share them with the otheranother person. Fear that in a close dialogue relationship partner can give up and quitbe disappointed and break up with her, does not allow her to be herself in a relationship, and to defend themselves against forces to rejectof intimacy and openness.

Furthermore, the openness of emotional responses of the therapist plays an important role for the following reason. People with the syndrome of "emotional coldness" are often inclined to enter into a relationship of interpersonal codependence, including included in the framework of the therapeutic relationship. In this case, the therapist's statements about what he feels in this contact,

helps to delineate the identity of the client and at the same time preserves the personal identity of the therapist. The same is true for cases where the client is trying to build contra-addictive relationships, which are essentially a form of interpersonal codependency.

The second characteristic of helpinging behavior according to Carl Rogers iscalls "the adoption of each changing particle of changing the inner world of another person, which creates for a feeling of warmth and security in the relationship with the therapist.," For a person with the syndrome of "emotional coldness" such a relationships, at first, are both attractiveng and frightening. Often, it will take some time before the client will be able to believe in a warm affection of for him a therapist for him. Experimenting and showing histheir feelings, the client may consciously or unconsciously expect negative evaluation or reaction fromon the part of the therapist, the one that is known fromof his life experience. "Why should you love me? It's not real, it's a game. I do not believe" – the client is saying, and these words are, by and large, directed not only atto the therapist, but also atto the other people who are in real life are psychologically too close in real life. Thanks to the non-judgmental, unconditional acceptance from on the part of the therapist, the mechanism of emotional recapitulation turns on, in which the person receives the same Rogerian "the experience of being loved", based on which you can try to build an open and warm relations with other people.

Empathy is, the next factor that characterizes the helping relationshipp help. The therapist's empathic responses are for the client with the syndrome "emotional coldness" a kind of touch to his inner world, carefully concealed from others, for the client with the syndrome "emotional coldness". Empathy simultaneously performs two functions simultaneously: on the one hand it gives the customer client a feeling of being understood, and on the other hand it is an indisputable proof that it actually takethe client is indeed accepted. Voiced the Vocalized feelings of the client create an atmosphere of intimacy and, closeness in which he does not have to pretend, and in which he isyou understoodand without words, and accepted you as you are, as you arefor who he is. Perhaps empathic responses – this is the only case in whichwhere the therapist cannot afford to be a halfstep ahead of the client, saying that and say what the client is already feeling, yet but cannot yet say out aloud. A young girl lookings quite restrained and impartially tells thathow, while still ina high school student, she went to study in a the big city. Parents were against her decision to leave and limited herits financial support. She was forced to go to school and to work in order to pay for a safe placerent and othertheir living expenses. She independently chose asen university and was acceptedentered into it. In this case, the client's emotionless speech was accompanied by bodily posture, which was reminiscent of the pose of a frightened child: tension in the body, head, and pulled into the neck, feet and, toes twisted inward. Empathic response of the therapist: "This kind of independence and dedication is a rare quality for such a young girl. But I feel like you how lonely and scared you are in this big strange city, in fact you need support and encouragement". The client responded is very emotionally said that she really does deserves respect and that it is very hard to be always be the same, and and as that she was is tired of all to prove everyone that she can achieve somethingwhat she can accomplish in life.

We can say that empathy almost as if confirms "normality", authenticitynaturalness value of feelings and attitudes adequacy of the clients feelings and relationships. Wrote Carl Rogers wrote: "Only when II understand the feelings and thoughts that seem so awful, so stupid, so sentimental, or

eccentric, but and when I see them as much as you do, and I accept them as much as you do – only thenif you really feel that you have the freedom to explore all the hidden deep crevices and nooks of your inner experience. This freedom is- a necessary condition for relationships" [1, p. 76].

It is the lack of the freedom that which characterizes the syndrome of "emotional coldness", in which the lack of emotional contact is a way to overcome the anxiety associated with the proximity.

In conclusion I would like to emphasize that the nature of the therapeutic relationship may allow the customer to first contact within psychotherapy to overcome the "emotional coldness" to build a model of a certain subjective "good contact", and then to transfer the lessons learned toin real life. Of course, person-centered approach places high demands on the individual therapist and his ability to be in touch with the feelings and emotions of the client, which imposes certain restrictions. However, it is apparently, this approach that has the greatest potential when applied tousing the syndrome "emotional coldness", because not without given clear guidelines, not plunging into the intelligent interpretations of anecdotal and not adjusting to the template technique, a person learns to love and be loved, to bebeing in in a very close, trusting relationships, called psychotherapy

Conclusions:

- 1 Factors helping behavior described in the person-centered psychotherapy factors helping behavior are adequate to work with people with the syndrome of "emotional coldness" because they contribute to the "immersion" of the client in the world of emotions and learn teach to rely on their his own feelings and emotions in interpersonal communication.
- 2 The main limitation ofin person-centered psychotherapy syndrome "emotional coldness" is theare increased demands on the individual psychotherapist.

Literatura

- 1. Rodzhers K. R. Vzgljad na psihoterapiju. Stanovlenie cheloveka: Per. s angl. / Obshh. red. i predisl. Iseninoj E. I. M. : Izdatel'skaja gruppa «Progress», «Univers», 1994. 480 s.
- 2. Rodzhers K. R. Klient-centrirovannaja psihoterapija / K. R. Rodzhers // Teorija, sovremennaja praktika i primenenie. Serija Psihologicheskaja kollekcija. M. : JeKSMO-Press. 2002g. 508 s.
- 3. Lubenec N. V. Problema odinochestva i krizis chelovecheskoj sub#ektivnosti. Dissertacija na soick. uchen. stepeni k. filos. n. / N. V. Lubenec. Har'kov, 2005 183 s.
- 4. Chuhlib E. Vnebrachnyj period. /E. Chuhlib // Korrespondent. 2007. № 34(237), 8 sentjabrja. S. 44–48.
- 5. Morahan-Martin J., Schumacher Ph. Loneliness and social uses of the Internet Computers in Human Behavior . Volume 19. Issue 6. November 2003. P. 659–671
- 6. Widyanto L., & Griffiths M. D. "Internet addiction": A critical review. International Journal of Mental Health & Addiction. -4(1). -2006. -R. 31-51.
- 7. Kocharjan A. S., Tereshhenko N. N., Aslanjan T. S., Gurtovaja I. V. Sindrom "jemocional'nogo holoda" v mezhlichnostnyh otnoshenijah: addiktivnyj kontekst // Visnik Harkivs'kogo universitetu. Ser. Psihologija. H.: Vid-vo HNU, 2007. №771. S. 115–119.