

Full Length Research Paper

A process of short-term dynamics oriented and individual counseling: A case of stuttering

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The process of psychological counseling is expected to start with a client's consciousness of his/her need for something. When the client appeals for help, he/she is hoping to get rid of the problem. From this moment on, the specialist has a more complicated job. He/she must decide on what the problem is or is not, the functions of the ego that are the cause of the problem, whether or not the problem can be solved within its boundaries and which techniques and methods can be used if the problem is to be used. This decision must then be put into practice and following the practice, the entire process must be evaluated in terms of how successful it has been. All these proceedings require detailed and dynamic processes. The study is a descriptive analysis of these dynamic processes. In the study, the definition and evaluation of the problem, the application of the selected method and the evaluation of the effects of the process are presented through a case. Through the study, the nature of psychotherapeutic processes and relationships are analyzed in general. In particular, the study analyzes the effectiveness of the method of dynamic oriented and individual-centered counseling on the problem of stuttering and high level of anxiety that appears due to individual dissonance. The study was carried out on a 22-year-old female university student. The quantitative and qualitative findings are also discussed. At the end of the report, an emphasis has been made on the scientific and artistic sides of the psychological counseling process.

Key words: Brief-intensive and emergency psychotherapy, personal adjustment, social adjustment, individual counseling, stuttering, case study.

INTRODUCTION

Short Term Dynamics Oriented Psychotherapy arose from certain needs. Socio-economic problems, the desire and obligation to serve a higher number of individuals, difficulties of an up-to-date quantitative assessment (Ardali and Erten, 1996; Rogers, 1994), the necessity to provide therapeutical support to veterans and patients returning from the World War (Bellak and Siegel, 1983) are some these needs. Especially after 1960s, some psychoanalysts in the USA and other countries formed dynamics oriented and time-limited psychotherapy methods. Among these methods are intensive brief psychotherapy by David Malan, short-term anxiety-

provoking psychotherapy by Peter Sifneos, broadly focused short-term dynamic psychotherapy by Habib Davanloo, time-limited psychotherapy by James Mann, the core conflictual relationship theme method by Lester Luborsky, time-limited dynamic psychotherapy by Hans Strupp and Hanna Levenson, short-term interpersonal psychotherapy by Gerald Klerman and Myrna Weissman'in (Sommers-Flanagan and sommers-Flanagan, 2004) and intensive brief and emergency psychotherapy by Lepold Bellak (Rogers, 1994). Among these dynamic approaches, the one with the shortest period is intensive brief and emergency psychotherapy by

Bellak. Bellak and Siegel (1983) explain this method in the following way: by integrating the ego psychology theory based on psychoanalysis, the theory of object relations, the theory of general systems, and the learning theory, it is composed of the functional integration and pragmatic use of these theories. During the therapy, after the client's complaints are interrogated within the context of individual psychological story and familial psychological story, the therapist develops a dynamic formulation. While doing this, the symptoms of the client are analysed and associated within the scope of defence mechanisms, learning, object relations and ego development. Understanding the situations distorted under the influence of the past and the development of current situations, the therapist guides the client in his/her understanding. Especially during the stage of "in-depth analysis," a more intensive effort is put for the client's understanding and internalization. During successful sessions, the dynamic formulation is revealed. In the last session, the therapist discusses with the client about his/her gains and awareness from the process by assessing the whole period. Following this last session, a monitoring session is carried out with the client. In this session, the quality of therapeutic gains is controlled. If not very necessary, they do not focus on negative feelings. Through positive transference, the therapist separates from the client. This method can be successively used for acute emotional problems such as mourning, depression, anxiety disorder, trauma and loss of functionality, primary, secondary and tertiary prevention and problems from a wide spectrum.

Short-term dynamic psychotherapies are very effective on the elimination of symptoms, development of interpersonal relations, improvement of self-respect, insight, awareness, ability to solve problems and sense of achievement (Budman, 1981 as cited in Seligman, 1990).

Then, how does the client bring forth his/her problem during the process of counseling? How is the source of the problem questioned? What kind of a relationship is a dynamic-oriented relationship? What is experienced during the process? Is it effective in increasing the client's level of compatibility? What does the client think about the therapy? This study is expected to provide answers for the questions above.

Actually, process of psychological counseling is the process of understanding the client and helping him/her make life meaningful. This process is expected to start with an awareness of a need by the client. For example, an individual may seek psychological counseling because he/she stutters or cannot speak in the company of other people. In the DSM-IV (2004), stuttering, which is regarded as one of the disorders identified first in infancy and later in childhood and adolescence, is defined as a disorder during which the individual has problems with natural fluency and the timing of his/her speech. Stuttering is a multidimensional speech disorder that has physiological and psychological aspects. Embarrassment and shyness are among the frequently observed

behaviors (Ginzberg, 2000). Taking this example into consideration, the client knows what he/she wants when he/she decides on seeking help. He/she is expecting or planning to rid themselves of the symptom. At this stage, the counselor who will provide help has a more complicated job. He/she must decide on what the problem is or is not, the functions of the ego that are the cause of the problem, whether or not the problem can be solved within its boundaries and which techniques and methods can be used if the problem is to be solved. All these proceedings require detailed and dynamic processes.

The goal of this study is to define and evaluate the problem of the client who wants to get rid of its symptoms, to choose the method of treatment, the definition and evaluation of the problem, the application of the selected method and the evaluation of the effects of the process and to present these stages through a case. Through the study, the nature of psychotherapeutic processes and relationships are analyzed in general. In particular, the study analyzes the effectiveness of the method of dynamic oriented and individual-centered counseling on the problem of stuttering and the high level of anxiety that appears due to individual dissonance. The case study commenced in January 2008, and finished in January 2009.

MATERIALS AND METHODS

Research design

This study, which is the description of a short-term and dynamic-oriented psychological counseling process carried out with one client, the case presentation method is used.

In studies on case presentations, the researcher analyzes a special case or the efficiency of a treatment method through a case. He/she evaluates all the records and forms compiled from the client of the study. He/she summarizes the information included in the individual case report. An extensive study of a case presentation can take months and even years to complete (Zgourides, 2000).

This study is based on a mixed method in which both qualitative and quantitative designs are employed together (Figure 1.). Particularly, it was conducted according to the concurrent triangulation design as defined by Creswell (2009), which requires the researcher to collect quantitative and qualitative data concurrently and then to compare them.

The qualitative part specifically was designed as a single case study because it best fits for studying the particularity and complexity of the case investigated in this research (Stake, 1995 as cited in Patton, 2002). Case studies require exploring one or more cases (one individual in the present study) within its bounded systems (i.e. setting, context) over time, through detailed, in-depth data collection procedures like observations, interviews, audiovisual material, documents and reports etc. (Creswell, 2007).

As for the quantitative part of the research, experimental single-subject research design in which the effect of short-term dynamics-oriented and individual counseling was tested through pre-, post- and retention tests. Experimental single-subject design "involves the intensive study of a single individual (or sometimes a single group) over time... when studying individuals with special characteristics by means of direct observation" (Fraenkel et al., 2012).

Mixed method based on Concurrent Triangulation Design (Creswell, 2009)

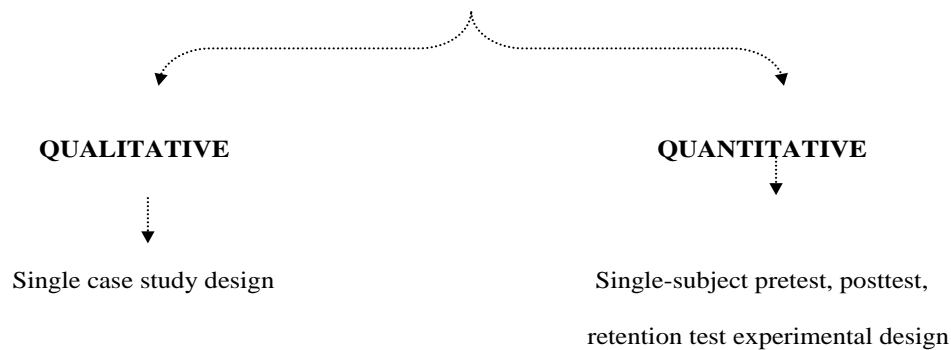


Figure 1. Visualization of study design and data collection instruments.

Mixed method based on concurrent triangulation design (Creswell, 2009)

Data collection

1. Interviews (in 12 sessions for 13 hs)
2. Hacettepe Personality Inventory (Özgülven, 1992)
3. Observations during counseling
4. Counselor journals
5. Counselee journals

In this study, five of the methods required to provide credibility in a qualitative research are fulfilled (Creswell, 1998); these are;

1. Prolonged engagement and persistent observation in the field including building trust with the participants, learning the culture, and checking for misinformation that stems from distortions introduced by the researcher: The study which started in January 2008 was completed in January 2009. During this process, the client was contacted with theareapathic intensive communication method 12 times.
2. In trangulation, researchers make use of multiple and different sources, methods, investigators, and theories to provide corroborating evidence: The multiple sources of data for this study were composed of meeting, observation during the session with the client, the diary kept by the client, the decipherment of session records, notes by the therapist about the session with the client and the repetitive test filled by the client.
3. Clarifying researcher bias from the outset of the study is important so that the reader can understand the researcher's position and any biases or assumptions that impact the injury: The researcher frequently thought that the symptom could not be eliminated due to the obvious and intensive stuttering/disruption in the client's speech and tried to control himself/herself not to reflect his/her thought to the client during the therapeutic process.
4. In member checking, the researcher solicits participants' view of the credibility of the findings and interpretations: In this study, the client was made to read an outline of the article and to note the process was "the same" in order to ensure that the thoughts of the client are correctly represented.
5. Rich and thick description allows readers to make decisions regarding transferability: The study process is written by rich and thick description in order to let the reader have access to the context of the study.

The client

The client is a 22-year-old woman who is the eldest of a family of

five children. She has spent most of her life in a small city in the Eastern Anatolia. Her father is a civil servant while her mother is a housewife. She studies in the fourth grade at the Faculty of Education. She notes that she started to suffer from stuttering 15 years ago. The first people who noticed her stuttering were her primary school teacher and family. She defines herself as an unhappy, lonely person who reads a lot and has lots of dreams. Before she started stuttering, she used to speak fluently and never hesitated in her speech. When she started to suffer from this problem, she says she started to avoid speaking. For the diagnosis and treatment of the problem, she was taken to the hospital. After some examinations, it was concluded that the problem did not arise from an organic or physiological reason (mouth, tongue, teeth, ear, nose or throat) but had psychogenic causes. Following this, the client got support from rehabilitation centers for speech disorders twice. In these centers, the client was provided with individual and group training. During this training, she experienced breathing exercises, diction training, reading a book and a poem in front of a group, telling stories, hypnosis and dreaming. The client who receives no benefit from those practices does not generally experience recovery. Despite her problem, the client studied hard for her classes and was considered to be a successful student by others. Now, she is worried because she is a final year student in a faculty of education. She is obliged to attend some training programmes. She has to teach a class under the surveillance of an experienced teacher during these internship processes. Due to her problem, she thinks that she cannot carry out these practices or become a teacher even if she graduates from her department.

The counsellor

The person who carried out the study studied Brief Intensive Emergency Psychotherapy and applied this method in his PhD thesis project. The researcher has worked as a lecturer at Inönü University since 2007. He has been conducting individual and group counseling practices and teaches students at both undergraduate and graduate level.

The method of brief intensive emergency psychotherapy used in the study

Brief Intensive Emergency Psychotherapy is an intensive method of psychotherapy developed by Leopold Bellak, who made use of Psychoanalytic Oriented, Object Relations, Learning Theory and General System Methods (Bellak and Siegel, 1983; Rogers, 1994).

Bellak explains the frame and application of the method through the following principles: Brief Intensive Emergency Psychotherapy focuses on the most important features and source of the disorder an individual suffers from. The goal of the therapy is to fill in the disconnections between unconsciousness and consciousness, sleeping and waking thoughts, childhood and adulthood. The therapist directs the client to his/her own resources to manage that. The theory deals with the symptoms brought forth by the client not as being the real problem but as secondary situations formed in order to solve the problem. In that sense, all psychotherapy is viewed as a form of learning or relearning. Brief Intensive Emergency Psychotherapy is based on the assumption that the client can go through a psychodynamic chained reaction and all of the client's adaptive structures can be changed as a result of the right attempts within a short time (and through the selection of the disorder rather than the patient, the positivization of the transference, the formation of therapeutic engagement, the use of therapeutic contract and the formulation and the application of the therapeutic process). Brief-intensive and emergency psychotherapy is systematic. This method can be employed for a wide range of problems. Guidance and supervision are the two inseparable parts of the therapeutic process. During psychotherapy, the specialist is active. He/she manipulates the client to enable him/her to have an insight of himself/herself and to prevent him/her from trivializing himself/herself when he/she thinks it is necessary.

Data collection tools

The qualitative data of this study were collected from the content of the therapeutic interviews of 12 sessions; observations were carried out during psychological guidance sessions, client diaries, and therapist diaries. The quantitative data of the study were collected through Hacettepe Personality Inventory. Information about the Hacettepe Personality Inventory is provided as follows.

The Hacettepe Personality Inventory (Özgülven, 1992) was developed as a personality inventory of multi-dimensional personality that can display the individually and socially positive and negative qualities of an individual. In the inventory, high rates are a sign of a "healthy-compatible" mood while low rates are a sign of an "unhealthy-incompatible" mood. This assessment instrument, which possesses a high level of validity and reliability, is used in scientific studies because it establishes compatibility with its social and individual dimensions, is economical for individual and group practices and suitable for Turkish culture. The inventory is composed of eight sub-scales, four for "Personal Compatibility" and four for "Social Compatibility". Therefore, the scale provides the rates of individual compatibility, social compatibility and total general compatibility. In each of the sub-scales, there are 20 articles and eight articles have been used to set the rate of validity.

The inventory is made of subscales of Personal Compatibility and Social Compatibility. The subscale of Personal Compatibility: 1. Self-Realization (high scores from this subscale show that the individual has self-confidence, is aware of his/her abilities, can make her/his own decisions, and is able to express himself/herself correctly), 2. Emotional Determination (high scores from this subscale show that the individual is self-confident, does not feel sorry frequently, is not emotionally fragile, and can behave effectively in emergent situations), 3. Neurotic tendencies (high scores from this subscale show that such psychosomatic problems as chronic fatigue, headache, sleeplessness, visual impairment, loss of appetite do not pose problems, the individual accepts her/his personality as it is, is open to criticism), 4. Psychotic Symptoms (high scores from this subscale show that the individual has a high rate of concentration on one single point, can get socialized with other people, in compatible with social life and can differentiate between imagination and reality).

Social Compatibility subscale: 1. Family relations (high scores

from this inventory show that the person has friendly and healthy relations with family members), 2. Social Relations (high scores from this subscale show that the individual is compatible in terms of his/her social maturity. These individuals feel comfortable in friends' and adult communities. They like speaking and being with other people), 3. Social Norms (high scores from this subscale show that the individual has respect for legal rules to be obeyed, social values and other people's rights, complies his/her desires and needs with those of the society and is able to meet them to a certain extent), 4. Antisocial tendencies (high scores from this subscale show that the individual does not have antisocial tendencies such as revenge, anger, aggression, desire to injure or harm, use of force, and conscious disobedience to social norms). The totality of the Individual and Social Compatibility scores shows the score of General Compatibility.

It takes 35-40 min to answer the inventory. The Hacettepe Personality Inventory can be used in all institutions providing Psychological counselling service to collect data for clinical diagnosis of individual, social and general compatibility of people. The inventory is developed through an empirical method that can differentiate "compatible" and "incompatible" areas.

The operation process

The operation process of this study consists of the following four stages:

- i. Diagnosis of the Disorder (First Meetings),
- ii. Selection of the Assessment and Intervention Method,
- iii. Application of the Selected Intervention Method,
- iv. Following the Recovery of the Client, an Evaluation of the Influence of the Process

Diagnosis of the disorder (first two meetings)

The personal information of the client, the reasons why he/she has resorted to counseling, the story of her/his experience, the efficiency of the attempts made so far to solve the problem and information about the insights of the client for himself/herself were investigated.

She gave the following reply to the question "What are the reasons that made you look for help?": "My problem is that I have difficulty speaking to people who I do not know or have an intimate relationship with. This problem becomes worse especially when I speak to people with a high status or my classmates. I am always faced with the fear that I will stutter again. The problem appears while talking on the phone, telling people my name or when I am asked a question suddenly. Before saying something, I repeat what I will say many times. While talking, I cannot relate them. In other situations, such as when I am alone, I can speak fluently. My family took me to the hospital three times because of this problem and they said it had psychological reasons." The client noted that her family and teacher first noticed the problem when she started primary school and they resorted to contacting a professional three times but they had no remedy. At this stage, she replied to the questions "What do you think are the reasons why professional help was not influential? What was deficient or unnecessary during these processes?" as such: "They did not understand me well enough? We had activities such as reading a book, breathing exercises and dreaming. They did not work." The client answered the question "Please think about this question before you answer. What kind of changes do you need in your life so that you are happy and content at the end of our study?" in the following way: "I want to express myself without so much difficulty. If I can speak fluently, my heart does not beat fast or my hands do not sweat... Also, I am going to be a teacher and I would not want my students or colleagues making fun of me. I need to make effective use of

Table 1. The results of the Hacettepe personality inventory as the pretest, posttest and follow-up test .

	HKE compatibility	Pretest	Posttest	Follow-up test
Individual compatibility	Self-realization	9	14	17
	Emotional determination	4	12	15
	Neurotic tendencies	6	14	15
	Psychotic symptoms	7	14	18
Social Compatibility	Family relations	10	16	19
	Social relations	10	12	20
	Standard norms	15	18	17
	Anti-social tendencies	13	20	20
	General compatibility	74	120	141

language, which is the basic component of my profession. If I cannot manage this, I will not become a teacher at all. I want to be confident in myself and comfortable. I cannot even go to the dining hall or the canteen with my friends." There are reasons for this detailed questioning. First of all, the behavioral aims need to be clarified. Then, the way to understand how to achieve these aims will be set. An important point is that it is a significant therapeutic step to clarify the behavioral aim(s) and the way to achieve these aims before starting the process of psychological counseling. To Sue and Sue (2008) and Conte (2009), the specification of behavioral aims and the clarification of how to attain these aims are the initial steps of the therapeutic process.

During the second interview, the content of the first interview was summarized for the client, and she was invited to add anything she wanted. Then, the Hacettepe Personality Inventory was administered to her. When she filled in the test, she was informed that they would have an hour's break. During this break, the test was evaluated.

At this stage, in accordance with the information collected, the method of intervention was selected in the second session. The client was informed of the method. On the basis of the client's content, she was informed of the process of the study. The personal information of the client was recorded and kept on record and a contract was made on the basis that it could be used for educational and publishing purposes.

Selection of assessment and intervention method

There are reasons why the Hacettepe Personality Inventory and Dynamic-Oriented Psychotherapy Method were selected in the study conducted with the client. As a result of the analyses carried out, it was established that the speaking disorder put forward as a symptom by the client did not have any physiological or organic causes. In the selection of the inventory, the assumption that the client could define all of his individual and social qualities to determine the sources of her disorder was an important factor. In addition, as has been noted before, the scale is practical for the cultural features of the application. As a result of the assessment of this scale, it was determined that the client had rates that signaled incompatibility from all of the "personal compatibility" sub-scales (self-realization, emotional determination, neurotic tendencies and psychotic symptoms) (Table 1). The administrator did not relate the low level of the client's personal compatibility to the symptom. On the contrary, he considered it as the source of the symptom. The client had received support from rehabilitation centers beforehand. In these centers, methods such as muscle relaxation, breathing exercises, diction training, reading a book, a story and a poem in front of an audience, hypnosis, positive suggestion and dreaming

practices had already been applied to the client. These measures provided no benefit. Moreover, the administrator was experienced in Short-Intensive Emergent Psychotherapy. What specifies the content of the study is not the symptom itself, but the source that makes it visible. When all of these points were taken into consideration by the administrator, it was decided that the client would be treated with dynamic-oriented individual psychological counseling.

Application of the selected intervention method

The content of the Brief Intensive and Emergency Psychotherapy Method is summarized below. In the presentation of session content, it has been benefited from the dialogues between the therapist and the client, diaries and notes.

First session (31 January, 2008): In this session, the systematic anamnesis required by the Brief Intensive Emergency Psychotherapy was recorded. The transference relationship was controlled and the therapeutic connection was strengthened.

When starting the study, the following reconstruction was done in the first session:

"Today, I will ask you many questions. You are expected to answer my questions openly. Our aim is not to find the false or true things. We will try to establish what has been experienced and what has not been experienced, what is difficult to state and what is easy to denote. While telling me, you will have told yourself, as well. Therefore, today and in the coming days, your job will be easier than mine. I will tell you what you need to talk about. Our goal is not to relax you, but to make you analyze your abilities to solve problems. While we will work on this problem, you will work from yourself more than from me."

Anamnesis concerning the personal information, complaints, insights, psycho-social development, personal background and family history of the client was recorded. Within this scope, the client was asked the following questions: Can you tell me about yourself? What kind of a person are you in the eyes of other people? How would they describe you? What would people who love or do not love you say about you? Do you ever speak about your future? Do you have goals that you want to realize in the near future? Do you dream about anything? Can you tell me three things that you can dream about freely and that would only serve for your pleasure? What do things that you possess mean to you? How would having less or more influence your life? How would having more or less influence your life? When do you generally sleep? Do you have a habit that makes you sleep more easily? When do you generally go to bed? Is your sleep disturbed at nights? Do you remember the dream you had last night? How do you get up in the

morning? Do you have a style of sleeping that some other people know about you although you do not know? How is your appetite? Are you choosy in eating? At the end of the study, the client was informed that the rest of the study would be conducted in this format.

Second session: In this session, the systematic anamnesis was recorded again. In this part, the developmental periods of the client before and after birth, her psychosocial development and personal background, school life and family background were analyzed in detail. In this session, the client's reply to the question about her development before and after birth was "I don't know." The client, who was confused and questioned herself about why she had no idea about such matters, was asked who could know the answer to these questions. She said that it was her mother and she was assigned with the task of seeking the answers for these questions. The reason why this assignment was given can be explained as such: To Bellak and Siegel (1983), the goal of Brief Intensive Emergency Psychotherapy is to fill in the gaps between sleeping and waking ideas, the childhood and adulthood, the consciousness and the unconsciousness, to make a connection between these, and to understand the relationship between the biological, social, familial and physical components and the influence of these factors on the client. In dynamic psychotherapies, the specialist tries to find the connections between important behaviors now and in the past. While trying to make the connections between causation and permanency, psychotherapy tries to build a relationship between the past and now.

When the client was asked how she felt at the end of the session, she replied "It was like refreshing and cleaning the wool in pillows when the spring comes." Here, the client referred to an activity performed during springtime in the region where she lives.

Third session: From the end to the beginning, the connection between sessions was made through a summary of the previous sessions. The client was asked about her perception or opinion of the statement "Complete if there is something missing or correct if there is something wrong." The client started this session saying "I have brought the missing parts about the periods before and after my birth." To the counselor's reaction "I am ready to listen," she noted: "I talked to my mother. I went home at the weekend. We talked for hours about me and the things that happened before I was born. We cried and laughed together. It was as if my life restarted in a film." She told of their discussion about the years before her birth, about how her mother and father met and got married. At this stage, the counselor maintained the dialogue through such techniques as minimum level of encouragement, open invitation to speaking, asking open-ended and close-ended questions and reflecting content and emotions. Later, the client noted that she had kept a diary since her childhood and had maintained a new diary since the day she started this study. The client said "When I leave here, I go to my dormitory and write everything we talk about here and everything I feel." To the question of what she had concluded from the things that she had written that far, she said "I have a miserable life." At this stage, the psychological counselor used the technique of universalization by saying,

"Your life is similar to most of ours" and made a cognitive manipulation by asking the question "What will you do to change this?" The client answered this question by saying "I don't know. I am trying to graduate from university. I am coming here. I have been more relaxed since I started to come here. I am hopeful and I wrote about this in my diary last night. I wrote I am so happy to be going for counseling. I wish I could speak fluently and I would become a good teacher."

An important point to put forth is that each of the following sessions

was carried out by combining it with the accumulated ground that had been covered in the previous session(s). In other words, when starting the second session, it was combined with the first session while the third session is combined and connected to the second and first sessions. This was to maintain mental continuity. This continuity makes it easy for the client to understand how what happened that day concerns the present and days in the future. Moreover, it provides an opportunity to maintain the trace of the changes that occurred between each session. In this way, the notion of the function of the ego being to integrate things is supported (Yildirim, 2006).

Fourth session: After the summarization of the things from the end to the beginning, this session dealt with the client's dream that she had had the previous night. In this session, the client was made to speak to herself in front of a mirror after she had a general insight of herself.

The client said: "Last night, I had a dream about our interviews here. I was in our house in our hometown. My mother, our neighbors and some relatives were at home and gossiping. For a while, I listened to their discussion. Then, I could not stand it and interrupted. However, I would never interrupt people. I cannot relate my opinions in such situations. I told them that they could speak about better things. Then, my uncle came. We were talking and I was so surprised that I could speak so fluently. Then, I gazed at the clock. I was going to be late. I had just 20 mins to the interview with you. When I woke up, I was in my bed in the university dormitory and it was just getting light. I was relaxed." "What should be concluded from your dream?" asked the counselor. She replied "I feel I need to speak more and should listen to myself rather than children." At this stage, the counselor put a 45 cm long and 25 cm wide mirror with a decorated frame in front of the client. He asked the client: "Speak and tell yourself what you have said or have not been able to tell yourself so far. I also want to hear them. You need to have a different discussion with yourself." Upon this open invitation, she looked at herself without speaking any words for a while. She was observed to have difficulty starting to speak for five minutes and, when she started, her voice was trembling. She said that she had never had a boyfriend and her family would never allow this. If she attempted at such a thing, her family would punish and even kill her. She noted that her mother and father did not allow her to wear trousers and she was not allowed to wear a short dress, either. She did not have the opportunities that most of the university students had. The client was seen to cry while talking angrily about her father, her mother who always supported her father and her friends. During this interview, the client was given reactions of minimum level encouragement (Go on. Well done. Do not stop, go on") so that she maintained her speech. At the end of the study, the client, who felt very tired, was told that this was what was expected from her and that she worked hard and had done a good job for that session. She was advised to do something that pleased her after such a tiring session.

Fifth session (working-through): At the beginning of the study, the client said that she brought what she had written in her diary after the previous session. When she was asked what she had in mind, she started to read saying "Perhaps, we will talk about this today." She added: "Today, I did something that I could never do after leaving you. I was alone under the pavilion (one of the cafes in the campus). Before, I would beg my friends to come here with me. Now, I feel very relaxed. I do not feel that people are looking at me. Previously, I used to feel as if everybody was looking at me while I was sitting alone. I would like to thank you. I feel, thanks to you, that I am recovering slowly." During the next few minutes of the session, she expressed that the problem was not about her way of speaking but her feeling incompetent and wrong and that she was tired of people who always tried to direct her. At this point, the client was told "You are suffocated. Because you have difficulty in

knowing how and what to say to those people, the pauses and repetitions take place in your speech, and you call this stuttering." After saying that she found this comment so meaningful, she was silent for a long time. When asked whether or not she was aware of what she was thinking about, she said that "I think I was seven. It was the day when my father cut my hair against my will. It was so short that I cried for a long time. I was always envious of girls with long hair. Therefore, I sometimes have dreams where my hair is cut. Also, I remember the day when I went to the dentist for the first time. They gave me an injection into my tooth. It was numb and my father was talking to one of our relatives. When he took me back to the doctor, the feeling of numbness was gone. Therefore, I am scared of two things, my hair being cut and going to a dentist." In this part, the counselor suggested to the client a technique called "Private Journey." The client closed her eyes and was asked to relate what she saw when a movie scene was described to her. "A train compartment pulled by a special locomotive...Perfectly prepared. You are the traveller. On a spring day, you set off on a journey. Now could you tell me what you have seen and how you feel?" After a few minutes, she started talking. "Everything is beautiful. The weather is nice outside. I am going very fast as if I am flying. We are passing through a forest-like place. The vehicle gets slower and slower. I can see three horses. The tail of the white and little horse has been squashed between the fences of the field, and the other horses are waiting painfully." The client was asked "What are you thinking of doing?" She answered "I want to help it." She was told to stop the train, get off and go to help them. The client said "I am beside the horses, but the little horse is really afraid. I am also afraid." The counselor said, with an open, clear and harsh tone, "I know you are afraid, but take a deep breath and do what you need to do. First, control your fear and slowly without scaring it, go and approach it and help it." After taking a deep breath, the client said "I am ready. I could help it. I took its tail out from between the fences. It is looking at me and getting closer. It touches me and thanks me. Then, all three of the horses run healthily talk. They go on their way and turn back and look at me." The client was commanded "Now, be proud of what you have done and turn back to the locomotive and go on with your journey." The client added "Yes, I am passing through magnificent, historical, woody and modern places; so beautiful. People are saluting me. They are waving their hands at me."

An important point here is that in all dynamic psychotherapies, childhood experiences have an important influence on the shape of motives and behaviors. Emotional problems are related to the memories and fantasies of childhood (especially those experienced in the family). The psychotherapist and the client study this emotional background to determine the reason behind these symptoms. However, as in short-term dynamic-oriented therapies, this study is carried out very quickly and dynamically, contrary to the slow pace of psychoanalysis (Evans et al., 2002; Rogers, 1994). Therefore, at this stage of the study, the researcher made use of the technique called "Private Journey" that is also used in individual and group psychological counseling. The reason for this is the assumption a story fictionalized and a theme formed at the right time gives important insights about the inner world of a person. Through the technique called Private Journey, the theme formed by the client has been interpreted in the following way: The entrapment of the white, little horse's tail between the fences and other horses waiting for it anxiously becomes a sign of the client's Oedipal triangle. When she talks about her fictional story, the client used animals (horses) instead of human beings. This can be an unconscious selection to make in order to relate something difficult more easily. In order to get rid of her feelings of guiltiness, the client, who was could not realize Oedipal separation and was stuck in the Oedipal phase, did not liberate herself from her father and mother and this was represented by the little horse's tail being entrapped between fences. The immobility of the horse after it was liberated from the fences (the speech disorder of the client) leads to

the anxious waiting of her father and mother beside their child.

Sixth session (The session during which the client's fluent speech was recorded): Through the detailed summarization of the fourth and fifth session, a connection was woven between the sessions. At the beginning of this session, the client was asked what she had to study for that session. The client was observed to speak fluently and she was asked how she could manage that. The client was surprised by this question and was again asked "You are speaking fluently without stuttering. Why? What has changed?" The client, who replied that she did not know the reason, started smiling "You can do the thing that you could do alone when you are with other people now. It is no longer your secret." The client, who said she was very happy, was told: "Tell me about one of your experiences that you feel content, peaceful and happy when you think about. Be careful that this is one of the most private and extraordinary ones that you have had. It does not matter how old you were. Tell me in detail. Let me experience that moment as if I am watching a movie scene." The client said: "I was in my first year at high school. I wrote a poem on teachers. That day, they were going to announce the result of the competition. I was hopeless. When my literature teacher called me, I was so excited. I don't remember how I went downstairs. It was shining. It was teachers' day. Our award was going to be given by the Directorate of National Education. They took us to there by car. When we entered the hall, they had us sit in the front line. My mother, father and our downstairs neighbor were there, as well. I was going to get my award from the governor. There were cameras and journalists. They called me. I nearly died because of my excitement. I got my award and sat down. I was still trembling. Everybody congratulated me. My father said he was proud of me. Everybody was very happy. Perhaps, that was the only moment I was proud of myself. Since that day, I have always wanted to be a good writer. My teacher read my poem on behalf of me. I had written it." She related her happiest moment in this way. The reason why the client was asked to talk about this experience was that she could intensify her feeling of self-confidence by relating her best memories with fluency. In this way, she was meant to gain awareness of the change she had undergone in this session.

Seventh session: In this session, the client's insights were studied in detail. Because the counseling process was approaching an end, the client was asked whether she felt worried. The client was asked to make an assessing summary of all the sessions. In this session, the client said: "On Friday, I had a training course. It was my worst nightmare because my lecturer at university would come and evaluate my performance. Both he and the teacher in the primary school were going to listen to me together with the students. I was well prepared. I taught very well. I made small mistakes, but they arose from my inexperience. After all, my goal was to speak fluently. My hands were trembling, but I did not stutter a lot. I am very happy and grateful to you. I thought I would have 9 problems, but I had 4 problems. Moreover, I can channel the negative things in my life into positive ones within a shorter period."

Eight session: In this session, the positive changes in the client's life were underlined and the study was ended. The client's positive assessment of the process was as it follows: "It was a very different day for me today. In the dormitory, I encountered a girl that had counseling from you. What she told was similar to my experiences. We talked about you. I am happy that I could express myself, which is an improvement for me. I can notice that many things have changed. I am learning to be strong. If I were the same person that I was in the past, I would have thought of dying many times. Now, I can say that there are many things to do. From time to time, I have negative thoughts, but I can pull myself together within a short time".

Ninth session (24 May 2008): This session consisted of an

evaluation of therapeutic acquisitions and a determination of whether or not a longer counseling process is required.

On the 21st of January, 2008, the Hacettepe Personality Inventory given as a pretest was administered as a posttest. Through positive transference, the separation from the client took place.

Observation of the client's acquisitions and the influence of the process

Follow-Up session (13 January 2009): In contrast to the previous sessions, this session was regulated by an equal relationship between the client and the counselor. The changes in the client's life formed the basis of the speaking session. The client passed the exam postgraduate study and gained the position of research assistant at a university in the West (this was explained before). When she was asked how the exam was, she replied: "It was only three months ago. I had an interview at a meeting hall in the Faculty of Education at X University. It was nine o'clock in the morning. I could have gone crazy due to my excitement while waiting. It was my turn. They called me in. When I went into the room, there were three people there. I was standing just opposite them. They asked me my name. I was so afraid of stuttering while telling them my name. Then, I ended up saying that I was named after a flower. Then, I told the jury that I could stutter anytime because of my excitement. I got support due to my speech disorder. If I had not got that support, I would have preferred to suffer my disorder rather than standing there. I asked them to please let me improve myself. They asked me around eight questions. They were impressed by me. When they announced the results, I learnt that I came first in the interviews although I was the fifth in the order. It was incredible. But, it became real." At the end of the session, the client was administered with the Hacettepe Personality Inventory once again. The client, who is working as an academician at the moment, noted that she was happy with her personal, social and academic achievements.

The client was given the empty last sheet (on which was written RESULT) of the file in which the records of the whole process were kept. She was told to write the result herself. The notes by the client are given below.

RESULT

I was in such a pessimistic mood when I first came here. I had difficulty speaking. No matter what I did, I could not solve the problem. I was stuttering while speaking. My inner world was so chaotic. After working on the problem with you, I had a feeling of alleviation and recovery. After certain sessions, I felt as light as a feather while after some others, I felt as heavy as a rocky stone. I became a part of life flowing. I was not an outsider to active living. I got rid of the borders that separated my inner and external world. My tongue, heart and mind were untied. When I have a look at my past, I see that there is distance of kilometres. Now, I can speak comfortably. I can cope up with problems in my life. I am confident of myself. You took me to the end of that road and now I am progressing. The result is successful.

At the end of the process, the client was told "You should not ignore what you have learnt here from now on. Now, I have to leave you with all your achievements and say my farewells to you."

When Table 1 is analyzed, the client's rate of "self-realization", which was one of the sub-scales of individual compatibility, increased from 9 (50%) in the pretest to 14 (above 75%) in the posttest and to 17 (above 75%) in the follow-up test. The rate of "emotional determination" increased from 4 (25%) in the pretest to 12 (above 75%) in the posttest and to 15 (above 75%) in the follow-up test. The rate of "neurotic tendencies" increased from 6 (25%) in the pretest to 14 (above 75%) in the posttest and to 15 (above 75%) in the follow-up test. The rate of "psychotic symptoms" increased from 7 (25%) in the pretest to 14 (above 75%) in the posttest and to 18 (above 75%) in the follow-up test.

When we have a look at the rates of post-test and follow-up test of the client who had problems in the pretest of Hacettepe Personality Inventory, it can be said that there is an increase in self-respect and awareness of self-capacity, and the client had an improvement in the feeling of social acceptance and self-importance (which was measured by the sub-scale of self-realization), non-susceptibility, calmness and peacefulness, self-confidence and courage in case of new situations (which was measured by the subscale of emotional determination), being open to criticism, verbalization of emotional conflicts instead of physical manifestation, acceptance of the self as it is (which was measured by the subscale of neurotic tendencies), being together with other people, taking care of oneself as well as other people, association between imagination and reality (which was measured by the subscale of psychotic tendencies).

When Table 1 is analyzed, apart from the increase in the client's rates of individual compatibility, an increase was observed in the rates of her social compatibility. The client's rate of "family relations", which was one of sub-scales of social compatibility, increased from 10 (50%) in the pretest to 16 (above 75%) in the posttest and to 19 (above 75%) in the follow-up test. The rate of "social relations" increased from 10 (50%) in the pretest to 12 (above 75%) in the posttest and to 20 (above 75%) in the follow-up test. The rate of "standard norms" increased from 15 (75%) in the pretest to 18 (above 75%) in the posttest and to 17 (above 75%) in the follow-up test. The rate of "anti-social tendencies" increased from 13 (75%) in the pretest to 20 (above 75%) in the posttest and to 20 (above 75%) in the follow-up test. The client's rate of general compatibility increased from 74 in the pretest to 120 in the posttest and to 141 in the follow-up test.

When we have a look at the rate of the client in the pretest, post-test and follow-up test in the Social Compatibility Subscale of Hacettepe Personality Inventory, it can be said that the client had an improvement in having friendly and healthy relationship with parents, siblings, friends and other adult groups (which was measured in the subscale of family relations), having a positive and comfortable appearance in a community (which was measured by the subscale of social relations), having respect for the rights of other people and being able to realize one's own desires and meet one's own needs

(which were measured by the subscale of Social Norms) and being restful, peaceful, flexible and respectful (which was measured by the subscale of antisocial tendencies).

In summary, as a result of the therapeutic intervention employed on the client, the client has gone through a meaningful improvement in her personal and social compatibility. In addition, through the measurements made in order to control the permanence of influence of the study on the client after the therapy was terminated, it was seen that the gains and benefits of the therapy were well preserved.

DISCUSSION

Stuttering is a speech disorder, the etiology of which is not known and which has various causes. In such cases, 70% of stuttering symptoms can become extinct in the early years of adolescence. However, some sufferers feel afraid to interact with people around them. They avoid making the sounds they need to make (Zibelman, 1982).

In his study, Zibelman (1982) aimed to increase his clients' self-respect by administering Avoiding-Decreasing Therapy and at decreasing the rate of stuttering. At the end of the study, this assumption was verified. In his study, Koç (2010) revealed that Cognitive-Behaviorist oriented treatment method increased stuttering through his experimental studies.

This study investigated how the sources that cause stuttering could be established. As was emphasized before, studying with sources that cause the symptom is the basis of the dynamic psychotherapy method. In that sense, increasing the client's compatibility can not only eradicate the problem but also cause the symptoms to eradicate themselves without any intervention.

Considering some studies that analyze the competency of dynamic psychotherapies to increase compatibility and to heal the disorder (Bond and Perry, 2004; Crits-Christoph, 1992; Crits-Christoph, 2005; Gallagher-Thompson and Steffen, 1994; Goisman, Warshaw and Keller, 1999; Kramer, et al., 2010; Lemma et al., 2011; Svartberg et al., 2004; Vinnars et al., 1993), they have been observed to be effective.

In this study, a short-term, dynamic oriented psychological counseling process was applied on a university student who resorted psychological counseling due to her stuttering disorder and whose individual compatibility was found to be low in the assessments made. In the assessment made, the qualitative data and the results of the pretest, posttest and follow-up tests were analyzed and it was established that social compatibility had increased. Moreover, after the follow-up study, the client was observed to maintain the acquisitions that she had attained during the psychological counseling process. When the qualitative side of this study is analyzed, the change of the client can be interpreted in two ways: The reason why the client applied for the psychotherapeutic

process was not to change her personal or social features but to solve her speech disorder which she defined as stuttering. She needed to get rid of this problem because she is a final year student at the Faculty of Education. The client thinks that she has to overcome this problem to become a teacher. For this purpose, the researcher made a therapeutic alliance and contract suitable for Brief-Intensive Emergency Psychotherapy and had collaboration and mental intensity with the client who was volunteering and motivated to partake in the therapy. Because of the motivating and directive nature of Brief-Intensive Emergency Psychotherapy, the specialist had a didactic communication and noted that they need to wait until the post-therapy period for the changes to take place. However, he used the smallest patterns of intellectual, emotional and behavioral change as signs of improvement. The fact that the specialist interpreted the events viewed negatively by the client as different perspectives, ideas or behaviors accelerated the process of change. For example, in the third session, the client said "I have a miserable life" and the counselor replied "Your life is similar to most of ours, but what will you do to change this?" In this way, through the method of universalization, the counselor performed a cognitive manipulation on the client. During the process in which the systematic anamnesis was collected as a requirement of the format of the Brief-Intensive Emergency Psychotherapy, the client hesitated expressing herself and had to face things that she thought she did not know or avoided telling others. During all of the sessions, she realized that these were not things to be avoided or to be embarrassed about and she found the object of her worries when she perceived her thoughts and emotions. She also faced her fears.

Case studies have been used extensively in psychology, primarily in clinical research.

They can also provide organizational researchers with a wealth of information (Rogelberg, 2004). One of the expected contributions of this study was to reveal the effectiveness of the dynamics oriented short-term psychological counselling method on a case. The second goal was to describe all the stages of the process through the presentation of a single case.

Brief-Intensive and Emergency Psychotherapy can trigger a psycho-dynamic chained reaction in the client as a result of the correct intervention (selection of the problem rather than the client, making the transference positive, establishment of therapeutic alliance, production of a therapeutic contract and formulation and employment of the therapeutic process) employed within a short time. This can change the whole adaptive structure of the client (Bellak and Siegel, 1983). This claim is verified in the study.

It was underlined before that the relationship formed during the process of psychological counseling is different from other relationships. As Heraclitus once noted, "One cannot step in the same river twice. It is a

totally different river when you step in it for the second time," authenticity is inherent in therapeutic process. Whether the therapist applies the holistic approach or he strictly holds to the methods and techniques of a certain school, the counseling process will keep its dissimilarity and uniqueness to the applications of different counselors. This component that represents the artistic side of the psychological counseling process produces a professional process when it is combined with its scientific side. The administrator who conducted this study cannot copy the same process for another client. However, the rules of the game cannot be debated as they are in a football match. What is suggested by the researcher in this study is to draw attention to the uniqueness of each instance of therapeutic assistance. The goal is never to imitate the application.

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