

Psychotherapy Guidebook

# SECTOR THERAPY

William F. Murphy

# **Sector Therapy**

**William F. Murphy**

e-Book 2016 International Psychotherapy Institute

From *The Psychotherapy Guidebook* edited by Richie Herink and Paul R. Herink

All Rights Reserved

Created in the United States of America

Copyright © 2012 by Richie Herink and Paul Richard Herink

## Table of Contents

[DEFINITION](#)

[HISTORY](#)

[TECHNIQUE](#)

[APPLICATIONS](#)

# Sector Therapy

*William F. Murphy*

## DEFINITION

Sector Therapy is a “short-term” psychotherapy based predominantly upon the theories and clinical experience of modern psychoanalysis. It differs from those that use “minimal interference” in lieu of “free association” inasmuch as the interview material in each session is kept within a sector concerned with the origin and development of the presenting symptoms or problem by means of a special verbal feedback technique.

## HISTORY

The original technique was developed by Felix Deutsch in 1939 at Beth Israel Hospital in Boston because of difficulties encountered when “minimal interference” techniques were used with psychosomatic cases and psychoneurotic conditions that could be seen only infrequently, or were unable or unwilling to cooperate due to shame, fear, or mistrust. The original method was called “The Associate Anamnesis.” In 1946 Dr. Deutsch became a consultant at the Cushing V.A. Hospital where this original method of exploration was developed into a technique of psychotherapy and used for

the treatment of psychiatric and psychosomatic problems in World War II veterans. It was then called "Sector Psychotherapy." In 1954 Dr. F. Deutsch and this writer (Dr. W. F. Murphy) published two volumes describing this method of therapy in full, illustrated by recorded interviews which were completely explained, and discussed. Later I modified this technique so that it could be used with various types of patients suitable for psychoanalysis but who cannot obtain it. A textbook explaining and illustrating these modifications was published in 1965.

## TECHNIQUE

Minimal interference techniques were originally an outgrowth of psychoanalysis. Originally a contract was made with the patient to reveal all his thoughts and feelings. In psychoanalysis a major task of the analyst is the detection of various methods of resistance used by a patient to evade this contract. When these "resistances" are analyzed and interpreted correctly the patient learns how he dealt with himself and others, and why, in the past and present. Minimal interference does not lead to free association, with or without a "contract" (or "therapeutic alliance"), and in most patients seen less than three times a week transference states and their interpretation are usually unreliable and evanescent. In many cases minimal interference leads to minimal activity on both sides and to minimal progress. Sector Therapy avoids these problems by encouraging patients to associate to their own

material. This is accomplished by questioning the meaning of words that are ambiguous, obscure or highly charged emotionally. This method also allows the therapist to guide the associations and confine them to any chosen sector, usually one centered around conflicts and symptoms or difficulties with major figures in the present and past. The first person mentioned in connection with the original complaints is often found to be connected with the origin of the symptoms in many ways and the relationship with this person is explored in depth and usually found to be one that was highly ambivalent.

By expanding words related to time, such as “always” or “usually” or “never,” the patient is guided back into the past so that the present can be understood in context with its antecedents, a variation of Santayana’s dictum that those who have forgotten the past are condemned to repeat it in the present. When confronted with past and present similarities in terms of relationships, desires, symptoms and fears, the patient is often able to realize that as an adult he has more independence, choice, and control than he had as a helpless child, and that acting and feeling as he did is childlike, habitual, and destructive to his adult self-regard. The adult side is then encouraged to make a better solution than had been made before.

The words selected for this feedback process are obviously the crux of this technique. Those concerning time and strong feelings have been

mentioned. Some are words used repetitively by the patient; these words are idiosyncratic and especially meaningful to him. Others are double entendres, slips of speech, or those symbolic of important areas of conflict or concern. Many such words, phrases, or sentences are obviously ambiguous and a clue to ambivalent relationships, past and present.

Use of the patient's own language usually leads to the development of transient positive transference states, which can be reinforced in many cases by respecting certain attitudes of the patient, i.e., being easygoing with similar patients and more reserved with more formal patients. In this sense the therapist acts as a "narcissistic mirror image" (Kohut, 1971).

With this method, neurotic and psychosomatic patients often lose their symptoms or obtain great relief from feelings of pain, hate, intense longings, anxiety, and depression; it can often be demonstrated that these affect states (of mood or emotion) were derived from old personal relationships displaced over the years onto other persons or, as in the case of psychosomatic illnesses, onto parts of the body. These relationships were obviously traumatic and of great intensity and ambivalence. When a reconciliation or settlement is made the symptoms become minimal or disappear.

A large number of complete and fully expanded Sector Therapy interviews transcribed from tapes have been published and are available for



study. These illustrate fully the role of language in making conscious unconscious meanings and associated affects connected with everyday speech.

The introduction of new words into the chains of associations of the patient, and his acceptance of them, tends to change his emotional attitude. Modification of emotional attitudes is central to all psychotherapy. In this sense the unconscious is treated as if it were similar in structure to, and part of, a patient's language and feelings. (Lacan, 1975).

During the first few interviews the therapist should obtain a thorough history concerning the present and past family constellations, with special attention to names and dates. In many cases a preliminary autobiography is of great value. Reporting of dreams is encouraged as they are full of ambiguities and key words in need of development. Questions can be asked at any time when structured into the context and continuity of the interview. Medication can also be used when pain, anxiety, and depression are overwhelming.

In the initial and in succeeding interviews there should be an introductory stage where key words are collected, fed back, and expanded until the main persons and affects in the present situation are revealed. Then there is a middle stage where the patient is guided back into the past and kept

there until the origin of these affects and their relation to the present is suggested or, at times, plainly revealed. Finally, there is an end stage in which the patient is returned to the present, and its relationship to the past is made obvious. With some patients and in some circumstances, it is necessary to go back and forth from the present to the past a number of times. This weaving together of times makes unconscious relationships conscious, integrates and strengthens the patient's ego, increases historical self-awareness, diminishes anxiety by spreading it over a large segment of time, and encourages a rational solution to existential problems. It also reveals to the patient how correctly or falsely he categorizes persons or things, perceives relationships in time and space, how he thinks of agency and causation, and how he conceives of his own body and self-image, all in a more profound way than before.

## APPLICATIONS

Although based on psychoanalytic theory, Sector Therapy minimizes the need to interpret transference resistances and emphasizes the cognitive aspects of psychotherapy. It is therefore especially useful in the following cases:

1. Those too easy or too difficult for psychoanalysis, i.e., patients with mild symptomatic disorders of short duration, and mild psychotics.

2. Severe borderline disorders, especially those suspected of having a latent psychosis
3. Cases with psychosomatic problems
4. Mild to moderate character disorders, especially narcissistic characters
5. Cases suitable for psychoanalysis who cannot afford the time or cost. This is especially so when the therapist is well acquainted with psychoanalytic theory and practice, and when transference problems are too intense, as Sector Therapy can readily be transformed into psychoanalysis by increased use of transference interpretations.