

## Key Concepts of All Psychoanalytic Therapies:

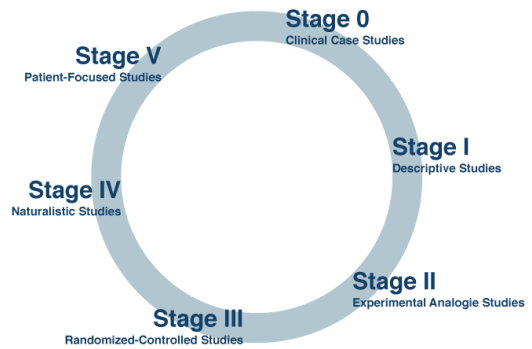
*What 40 Years of Research Tells Us*

–  
„The Seven Pillars of Psychoanalytic Wisdom“  
*quotation from L.Luborsky*

Horst Kächele



### Stages of treatment research



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## Descriptive Studies on

- # alliance
- # transference
- # insight / working through
- # structural change
- # countertransference
- # technique
- # therapist

## From Freud's Mild Positive Transference to Alliance

- Freud's positive transference (1912)
- Sterba's ego splitting (1934)
- Greenson's working alliance (1967)
- Luborsky's helping alliance (1976)
- Bordin's step of generalizing the concept (1979)

**Horvath AO**, Bedi RP (2002) The alliance.

In: Norcross JC (Ed) Psychotherapy relationships that work: Therapist contributions and responsiveness to patient needs. Oxford University Press, New York, pp 33-70

## Why Has Alliance Become so Popular?

So, why then does the therapeutic alliance remain such a popular topic among psychotherapy researchers? We believe that this sustained interest can be accounted for, at least in part, by a paradigm shift in many (if not all) psychotherapeutic traditions that emphasizes the importance of relational factors in treatment. This is true even within those traditions that have traditionally been least interested in empirical research, such as psychoanalysis and humanistic psychotherapies. To take psychoanalysis as a case in point, it would be a stretch to argue that the ascendancy of the relational tradition (with its emphasis on the quality of the therapeutic relationship rather than technique) within North American psychoanalysis (Mitchell & Aron, 1999) has been influenced by evidence emerging from psychotherapy research.

Safran JD, Muran JC (2006)  
Has the concept of the therapeutic alliance outlived its usefulness?  
Psychotherapy: Theory Research, and Practice 43: 287-291

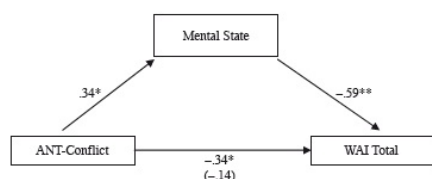
## Alliance and Outcome

The relations between alliance and outcome are **consistent but weak** (+0.22); but are they also predictive?

Table I. Predicting Subsequent Outcome from Alliance, Taking into Consideration the Temporal Sequence

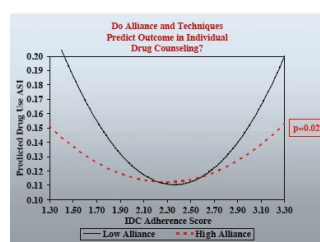
Study	n	r	Significance
DeRubeis & Feeley (1990)	25	.10	No
Feeley, DeRubeis, & Gelfand (1999)	25	-.27	No
Barber et al. (1999)	252	.01*	No
Barber et al. (2000)	88	.30*	Yes
Barber et al. (2001)	291	.01*	No
Klein et al. (2003)	367	.14	Yes
Strunk, Brotman, & DeRubeis (2009)	60	.15	No

## Mental State Vacillations & Therapeutic Alliance in BPD



Levy KN, Beeny JE, Wassermann RH, Clarkin JF (2010) Conflict begets conflict: Executive control, mental state vacillations, and the therapeutic alliance in treatment of borderline personality disorder. Psychother Res 20: 413-422

## Alliance & Technique



Barber J (2009)  
Toward a working through of some core conflicts in psychotherapy research.  
Psychother Res 19: 1-12

Figure 2. Do alliance and techniques predict outcome in individual drug counseling?

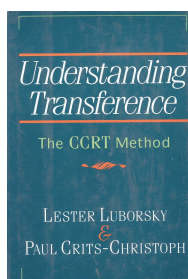
### Basic Research on Transference

- Andersen, S., & Cole, S. W. (1990). "Do I know you?" The role of significant others in social perception. *Journal of Personality and Social Psychology*, 59, 384-399.
- In the words of these researchers, "The transference process is a basic mechanism by which the past comes to play a role in the present and it depends on relatively automatic social cognitive processes"

### Core Relationship Patterns

- 1 Luborsky (1977) Core Conflictual Relationship Theme Method (CCRT)
- 2 Horowitz (1979) Configurational Analysis
- 3 Dahl (1988) Frames Method
- 4 Gill & Hoffmann (1982) Patient's Experience of the Relationship with Therapist (PERT)
- 5 Strupp & Binder (1984): Dynamic Focus
- 6 Weiss & Sampson (1986) Plan Diagnosis

### Core Conflictual Relationship Theme Method (CCRT)



Cornelia Albani / Dan Pokorny /  
Gerd Blaser / Horst Kächele  
**Beziehungsmuster und  
Beziehungskonflikte**  
Theorie, Klinik und Forschung

### Basic Format

My Wish: **I am hungry,**  
Expected Reaction of the (satisfying) Object (RO):  
**Oh dear, come home, I'll cook for you**  
or:  
**Sorry I am busy**  
My Expected Reaction (RS):  
**how nice, I'll hurry up**  
or  
**I am so sad.....**

### Transference as Repetition Patterns

Wish configurations: pretty stable

Expected Reaction of Objects: moderate modifiable

Expected Reaction of the Self: best modifiable

### Problem-Treatment-Outcome Using the CCRT

„The therapist formulates the interpersonal conflicts by using the CCRT-method, which serves as the focus of the therapists ‘interventions through the treatment‘“

Crisis-Christoph P, Connolly Gibbons M, Narducci J, Schamberger M, Gallop R (2005)  
Interpersonal problems and the outcome of interpersonally oriented psychodynamic treatment of GAD.  
Psychother. Theory, Res Pract 42: 211-224

Leichsenring F, Salzer S, Jaeger U, Kächele H, Kreische R, Leweke F, Rueger U, Winkelbach C, Leibing E (2009)  
Efficacy of short-term psychodynamic therapy and cognitive-behavioral therapy in generalized anxiety disorder: a randomized controlled trial. American Journal of Psychiatry 166: 875-881.

### CCRT Mapping Transference in Psychoanalytic Therapy

The Core Relationship Conflictual Theme (CCRT, most frequent categories of all) for the entire therapy is as follows:

WO: Others should be attentive to me (WO Cl A),  
WS: I want to be self-determined (WS Cl D),  
RO: Others are unreliable (RO Cl I),  
RS: I am dissatisfied, scared (RS Cl F).

Albani C, Blaser G, Luborsky L, Kächele H (2009) Studying the Core Conflictual Relationship Theme (CCRT). In: Kächele H, Schachter J, Thoma H, The Ulm Psychoanalytic Process Research Study Group (Eds) From Psychoanalytic Narrative to Single Case Research. Routledge, New York, pp 278-297

### Insight / Working Through

The goal of this process, called 'Mastery', is defined as the acquisition of emotional self-control and intellectual self-understanding in the context of interpersonal relationships (Grenyer & Luborsky 1996).

- (1) Intersubjective representational shifts;
- (2) Changes of mental processes and
- (3) Changes in mental representations.

(Fonagy 1999)

Grenyer BFS, Luborsky L (1996) Dynamic change in psychotherapy. Mastery of interpersonal conflicts. J Consult Clin Psychol 64: 411-416

Fonagy P (1999b) The process of change and the change of processes: what can change in a good analysis. Spring meeting of Division 39 of the American Psychological Association, New York. 16th April 1999

## Non-interpretative Mechanisms

Being together  
Synchronisation of dialogue  
Moments of meetings  
Mutual enactments

Stern DN, Sander LW, Nahum JP, Harrison AM, Lyons-Ruth K, Morgan AC, Bruschweiler-Stern N (1998) Non-interpretative mechanisms in psychoanalytic therapy. *Int J Psychoanal* 79: 903-1006

## Structural Change

„If I were to launch a survey among psychoanalysts of different schools in different societies about the goal of psychoanalysis, my hypothesis is that a large majority, irrespective of school or society, would include some concepts of structural change among the most important ones, if not the most important one“ (Sandell 2005)

Scales of Psychological Capacities (Wallerstein 1991)

Heidelberger Structural Change Scale (Rudolf et al. 2000)

Adult Attachment Interview (Main 1989)

## Scales of Psychological Capacities

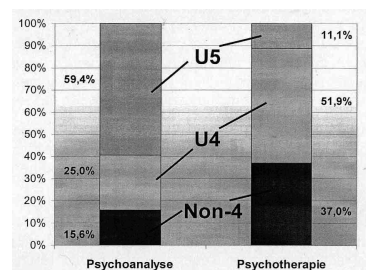
Wallerstein R (1988) The assessment of structural change in psychoanalytic psychotherapy and research. *J Amer Psychoanal Ass* 36 (Suppl.): 241-261

Wallerstein RS (1991) Assessment of structural change in psychoanalytic therapy and research. In: Shapiro T (Ed.) *The Concept of Structure in Psychoanalysis*. International Universities Press, Madison

DeWitt KN, Hartley DE, Rosenberg SE, Zilberg NJ, Wallerstein RS (1991) Scales of psychological capacities: Development of an assessment approach. *Psychoanal Contemp Thought* 14: 343-361

Huber D, Henrich G, Klug G (2005) The scales of psychological capacities: Measuring change in psychic structure. *Psychother Res* 15: 445 - 456

## Heidelberger Structural Change Scale



Grande et al. (2006) Differential effects of two forms psycho-analytic psycho-therapy. Results from the Heidelberg-Berlin Study. *Psychother Res* 16: 470-485

### The Influence of Childhood Experiences

- Psychoanalytic theory is a developmental model, which posits the idea that early childhood experiences are significant in the formation of the adult character.
- Especially in the last 30 years, research on attachment styles and early-life trauma have been looking at the influence of childhood experiences on later behavior and personality development.
- Lowder G, Hansell J, McWilliams N (2008) The Enduring Significance of Psychoanalytic Theory and Practice. Am Ass Psychoanal

### Attachment and Structural Change

# Attachment theory provides a testable model for the construct of re-staging in the therapeutic process.

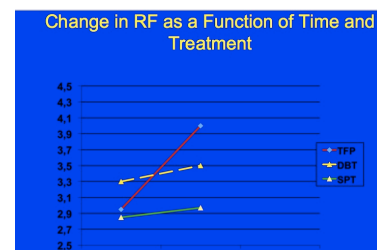
# A desirable increase in attachment security is a curative and protective factor in psychic disorder working by change of procedural memories systems.

Bowlby J (1988) A Secure Base: Clinical Applications of Attachment Theory. Routledge, London

### Change and Attachment

- Attachment representation (**Interview**) and attachment style (**Questionnaire**)
- Is the therapist an attachment figure? Maybe YES or maybe NO
- Therapeutic alliance is not identical with attachment (**window of observation**)

### Differential Outcomes in BPD



Levy KN, Meehan KB, Kelly KM, Reynoso JS, Weber M, Clarkin JF, Kernberg OF (2006) Change in attachment patterns and reflective function in a randomized control trial of Transference-Focused Psychotherapy for borderline personality disorder. J Con Clin Psychol 74: 1027-1040

## Countertransference

### Habitual Countertransference

Betan EJ, Westen D (2009) Countertransference and personality pathology: Development and clinical application of the Countertransference Questionnaire. In: Levy RA, Ablon JS (Eds) Handbook of Evidence-Based Psychodynamic Psychotherapy. Bridging the Gap Between Science and Practice. Humana Press, New York, pp 179-198

### Clinical Rating of in-session Countertransferences

Graff H, Luborsky L (1977) Long-term trends in transference and resistance: A quantitative analytic method applied to four psychoanalyses. J Am Psychoanal Ass 25: 471-490

### Linguistic Observations

Dahl H, Teller V, Moss D, Trujillo M (1978) Countertransference examples of the syntactic expression of warded-off contents. Psychoanal Quart 47: 339-363

## Countertransference & Outcome

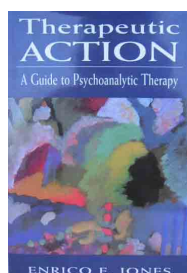
Tab. 1 Studies on the relationship between countertransference and outcome

Authors	Sample	Design	Setting	r
Mohr, Gelso & Hill (2005)	N = 88 P, 27 T <sup>a</sup>	correlational	Lab	-0.04
Myers & Hayes (2006)	N = 224	xperimental	Lab	-0.04
Cutler (1958)	N = 5, 2 T <sup>a</sup>	Correlational	Field	-0.24
Rosenberger & Hayes (2002b)	N = 1 P, 1 T	correlational	Field	-0.06
Ligiero & Gelso (2002)	N = 50 <sup>a</sup>	correlational	Field	-0.32**
Hayes, Riker & Ingram (1997)	N = 20 P, 20 T <sup>a</sup>	correlational	Field	-0.33*
Hayes, Yeh, & Eisenberg (2007)	N = 69 P, 69 T	correlational	Field	-0.03
Nutt, Williams & Fauth (2005)	N = 18 P, 18 T	correlational	Lab	-0.37
Yeh & Hayes (2010)	N = 116	experimental	Lab	-0.38***
Bandura, Lipsher & Miller (1960)	N = 12 P, 17 T	correlational	Field	-0.53*

<sup>a</sup> Therapists were trainees (or students) in psychotherapy training; P = Patient, T = Therapist, S = Supervisor; p ≤ .05\*, p ≤ .01\*\*, p ≤ .001\*\*\* (1-tailed)

Hayes JA, Gelso C, Hummel A (2011) Managing countertransference. Psychotherapy 48: 88-97

## Technique - The Psychotherapy Q-Set



Jones EE, Windholz M (1990) The psychoanalytic case study: Toward a method for systematic inquiry. J Am Psychoanal Ass 38: 985-1016

Ablon JS, Jones EE (2005) On analytic process. J Am Psychoanal Ass 53: 541-568

Levy R, Ablon S, Ackerman J, Thomä H, Kächele H (2011) A specimen session of psychoanalytic therapy under the lens of the Psychotherapy Process Q-set. In: Levy R, Ablon S, Kächele H (Eds) Psychodynamic Psychotherapy Research. Humana Press, New York

## PQS Data Rating Sheet

A/B	C	D	E	F
Pile	Target	Now	Score (pts)	Item Description
9	5	0		Item 87: Patient is controlling.
8	5	0		Place toward characteristic end if patient exercises a restraining or directive influence in the hour e.g. patient.
7	12	0		Item 88: Patient brings up significant issues and material.
6	16	0		Place toward characteristic end if patient exercises a restraining or directive influence in the hour e.g. patient.
5	16	0		Item 89: Therapist intervenes to help patient avoid or suppress disturbing ideas or feelings.
4	16	0		Place toward characteristic end if the score indicates that what the patient brings up and talks about during the hour.
3	12	0		Item 90: Patient's dreams or fantasies are mentioned or discussed.
2	6	0		Place toward characteristic end if a topic of discussion is dream content or fantasy (dreams or night).
1	5	0		Item 91: Memories or reconstructions of infancy and childhood are topics of discussion.
				Place toward characteristic end if some part of a significant part of the hour is taken up by a discussion of.
				Item 92: Patient's feelings or perceptions are linked to situations or behavior of the past.

The Psychoanalytic Prototype of PQS

PQS	Item description	Factor score
90	P's dreams or fantasies are discussed.	1,71
93	A is neutral.	1,57
36	A points out P's use of defensive manoeuvres (e.g., undoing, denial).	1,53
100	A draws connections between the therapeutic relationship and other relationships.	1,47
6	A is sensitive to the P's feelings, attuned to P; empathic.	1,46
67	A interprets ward-off or unconscious wishes, feelings, or ideas.	1,43
18	A conveys a sense of nonjudgmental acceptance.	1,38
32	P achieves a new understanding or insight.	1,32

Rank Ordering of Q-Items by Factor Scores on Ideal Psychoanalytical Process Factor, 8 of the 20 most characteristic items of an ideal psychoanalytical treatment (cit. Ablon & Jones (2005)).

First Sessions of Amalia X

ms	M
characteristic items	
Dialogue has a specific focus.	7.9
Self-image is a focus of discussion.	7.9
Patient talks of wanting to be separate or distant.	7.8
Patient brings up significant issues and material.	7.8
Discussion centers on cognitive themes, i.e., about ideas or beliefs.	7.6
Patient's interpersonal relationships are a major theme.	7.6
Therapist clarifies, restates, or rephrases patient's communications.	7.6
Patient is clear and organized in self-expression.	7.4
Therapist's remarks are aimed at facilitating patient speech.	7.2
Therapist conveys a sense of non-judgmental acceptance.	7.2
uncharacteristic items	
Patient does not initiate topics; is passive.	1.4
Therapist is tactless.	1.7
Therapist condescends to, or patronizes the patient.	2.2
Therapist is distant, aloof.	2.5
Patient does not feel understood by therapist.	2.8
Patient has difficulty beginning the hour.	2.9
Therapist's own emotional conflicts intrude into the relationship.	3.1
There is discussion of specific activities or tasks for the patient to attempt outside of session.	3.1
Patient rejects therapist's comments and observations.	3.1
Therapist encourages patient to try new ways of behaving with others.	3.4

Table 5.15 Rank order for the most characteristic and uncharacteristic PQS items for the beginning phase (Means across five therapy hours and two raters)

Therapeutic Attitude

The International Journal of

Psychoanalysis



Int J Psychoanal (2011)

doi: 10.1111/j.1745-8315.2011.00403.x

Should supportive measures and relational variables be considered a part of psychoanalytic technique? Some empirical considerations

Marshall Bush and William Meehan  
San Francisco Center for Psychoanalysis – [drmbush@pacbell.net](mailto:drmbush@pacbell.net)  
San Francisco Psychotherapy Research Group – [wmmeehan@sbcglobal.net](mailto:wmmeehan@sbcglobal.net)

Caring and Emotionally Engaged Analyst

„The most beneficial analyses were associated with having a caring and emotionally engaged analyst who possessed positive relational and personality qualities, used **supportive** techniques in addition to **classical** techniques, and pursued **therapeutic** as well as **analytic goals**.

Outcomes rated as successful were also associated with experiencing a good ‘fit’, a good working relationship, and a positive therapeutic alliance.

Our results support the call for an expanded view of acceptable analytic technique (e.g. Schachter and K<sup>2</sup>chele, 2007).“

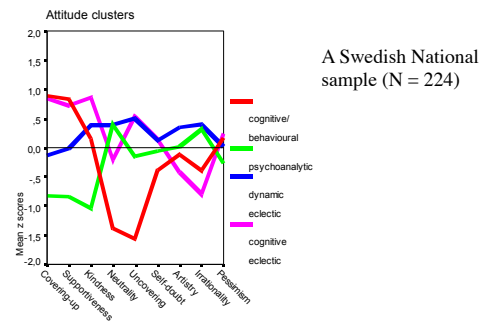


## How to measure it?

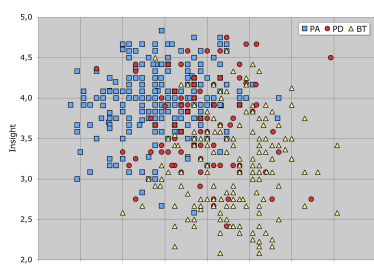
### Therapeutic Attitude Scales (TASC II).

Sandell R, Carlson J, Schubert J, Broberg J, Lazar A, Blomberg J (2004) Therapists attitudes and patient outcome. I. Development and validation of the Therapeutic Attitude Scales (TASC II). *Psychother Res* 14: 469-484

## Attitudes Compared



## Attitudes Compared

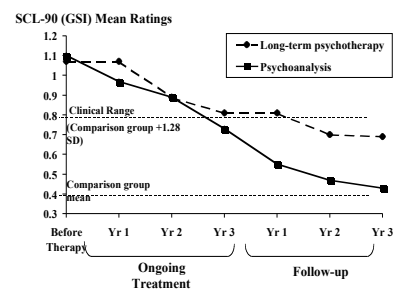


Klug G, Henrich G, Kächele H, Sandell R, Huber D (2008)

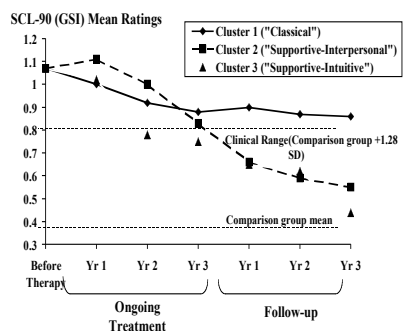
The  
Therapistvariable  
still a dark  
continent?

Psychotherapeut  
53: 83-91

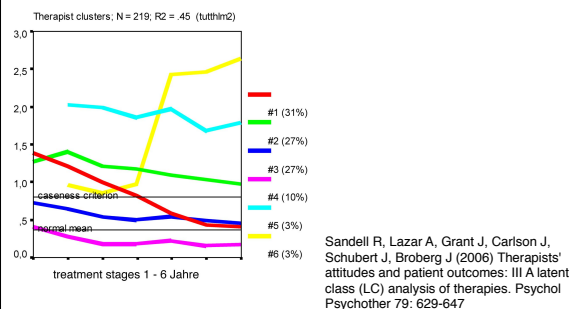
## Is it Relevant for Outcome?



### Indeed - It is Relevant!!!



### Differential Impact



### Differential Technique

Measured by TAS

Success in short term treatment: **active involvement**

Success in long term treatment: **reflective involvement**

Knekt P, Lindfors O, Härkänen T, Välikoski M, Virtala E, Laaksonen MA, Marttunen M, Kaipainen M, Rendlund C, Helsinki Psychotherapy Study Group (2008) Randomized trial on the effectiveness of long- and short-term psychodynamic psychotherapy and solution-focused therapy on psychiatric symptoms during a 3-year follow-up. Psychol Med 38: 689-703

### Psychoanalysis, Analytic Psychotherapy Psychodynamic Psychotherapy

- Family or mere neighbours = asked Rolf Sandell (Sweden)
- How big is a mountain to call it a mountain?
- True there are differences in intensity, duration, outcome
- What works for whom is an open question, largely unexplored!!!