

Transference and its Interpretation

Prof. Dr. Dr. Horst Kächele
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Freud's Discovery

- Transference arises *spontaneously* in all human relationships just as it does between the patient and the physician. It is everywhere the true vehicle of therapeutic influence; and the less its presence is suspected, the more powerfully it operates. So psychoanalysis does not create it, but merely reveals it to consciousness and gains control of it in order to guide psychical processes towards the desired goal. (Freud 1910a, p. 51)

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Freud's Transference

„They are new editions or facsimiles of the impulses and fantasies which are aroused and made conscious during the progress of the analysis; but they have this peculiarity, which is characteristic for their species, that they replace some earlier person by the person of the physician.

- To put it another way: a whole series of psychological experiences are revived, not as belonging to the past, but as applying to the person of the physician at the present moment“.

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Freud's Transference

„Some of these transferences have a content which differs from that of their model in no respect whatever except for the substitution. These then — to keep to the same metaphor are merely new impressions or reprints.

Others are more ingeniously constructed; ... by cleverly taking advantage of some real peculiarity in the physician's person or circumstances and attaching themselves to that. These, then, will no longer be new impressions, but revised editions“.

*(Freud 1905 e, p. 116)

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Resistance against Transference

- The first discovery was of resistance (association resistance) — to recollection and to the approaching of unconscious conflicts — which owed its strength to the revival of unconscious wishes and their transference to the analyst.
- Thus the transference actualizes conflicts in the relationship, any obstacle to this being termed transference resistance, though more accurately one should speak of **resistance against transference**.

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Spontaneity of Transference

- The spontaneity of transferences reveals itself to be conditional on unconscious *inner* expectations and their *external* precipitants.
- Thus, for **scientific** reasons we must create the most favorable conditions for transferences to happen,
- and **practical** considerations force us to adjust these conditions according to their therapeutic potential.

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Transference Neurosis 1

- The transference neurosis is said to be resolved by the patient's realization that his perceptions in the analytic situation are, to a greater or lesser degree, gross distortions.
- At fault here are projections through which earlier wishes and fears and their repercussions are transported into the present.

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Transference Neurosis 2

- „We must not forget that the patient's illness, which we have undertaken to analyze, is not something which has been rounded off and become rigid but that it is still growing and developing like a living organism
- All the patient's symptoms have abandoned their original meaning and have taken on a *new* sense which lies in a relation to the transference“.
- *Introductory Lectures* (1916/17, p.444),

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Recognition of Transference

1. It became possible to reconstruct the origin of psychic and psychosomatic disorders in the interpersonal field of transference.
2. It became possible to diagnose typical neurotic response readinesses and to make so-called **dispositional explanations**, because internalized conflicts which manifest themselves as thought and behavior patterns in repetitions could be observed in the relationship to the doctor, in transference.

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Recognition of Transference

- Internalized conflict patterns, i.e., conflict patterns which have been absorbed into the structure, can be transformed by transference into object relationships and observed *in statu nascendi*

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Transference & Suggestion

- "But, by the help of the doctor's suggestion, the new struggle around this object [i.e., the doctor] is lifted to the highest psychical level: it takes place as a normal mental conflict" (Freud 1916/17, p.454).

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Unobjectionable Transference

- Unobjectionable transference is credited with possessing the powers which overcome the instinctive *positive* or *negative* transference.
- Unobjectionable transference is a characteristic and abstract hybrid from the preoedipal, preambivalent period of infantile development in which the basis for trust was formed.

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Unobjectionable Transference

- "Not every good relation between an analyst and his subject during and after analysis [is] to be regarded as a transference"
- (Freud 1937 c, p. 222).

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Schema 1

- Schemata are the structural building blocks of psychological organisation are the carrier of important mental functions,
- This idea can be found with the philosopher KANT; in psychology it has been used since the beginning of the 20. century
- (Selz 1913; 1922).

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Bartlett's Definition

- "... an active organization of past reaction, or of past experiences, which must always be supposed to be operating in any well-adapted organic response.
- That is, whenever there is any order or regularity of behavior, a particular response is possible only because it is related to other similar responses which have been serially organized, yet which operate, not simply as individual members coming one after another, but as unitary mass." (Bartlett 1932, S.43)

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Schema as Basic Concept

- „Schemata regulate the organisation of procedural and declarative contents of memory, phantasies, affects, convictions and action dispositions, which constitute the typical, normal as well as pathological patterns of an individual “.
- Slap, J. & Slaykin, A. (1983): The schema: basic concept in a nonmetapsychological model of mind. *Psychoanalysis and Contemporary Thought*, 6, 305-325

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Transference and Schema

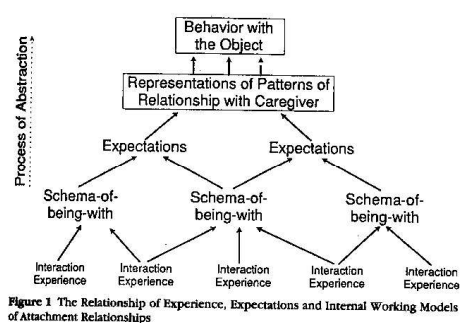
- **Transference is one schema among many thinkable schemata !**
- Wachtel, P. L. (1980): Transference, schema, and assimilation. The relevance of Piaget to the psychoanalytic theory of transference. *The Annual of Psychoanalysis*, 8, 59-76.

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Psychic Structure

- The psychoanalytic notion of psychic structure integrates manifold schemata.
- Prototypical experiences gained in interaction with the external world and external objects leads into a structure-forming process.

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Balint's Discovery of the Focus

Balint, M., Ornstein, P. H. & Balint, E. (1972):

Focal psychotherapy. An example of applied psychoanalysis.

London (Tavistock).

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The Psychoanalytic Focus

- “The focal conflict consists in general of the transference onto the analyst “
- (Th. French 1952, S.212).

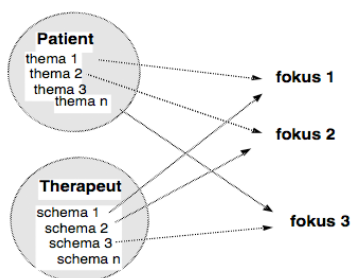
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Dynamic Focus

- “The dynamic focus in short term therapy represents a heuristic strategy.
- A focus is helpful for a therapist to generate relevant information, to identify and to organize it
- This active and explicit step is in contrast to the passive, open exploratory model, which is useful in temporally non limited therapies“
- (Strupp u. Binder 1984, p.65)

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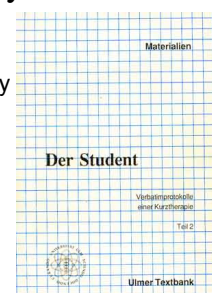
How is a Focus Formed?



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Case Study

- The STUDENT
- A psychoanalytic focal therapy
- Ulmer Textbank, Ulm
- *Completely transcribed session protocols*



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The Patient

- 22 year old student of social work
- mild, yet long standing symptoms of compulsion
- Indikation: Psychoanalytic Therapy or Focal Therapy
- 29 Sessions, 2 follow-ups

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Theme 1

He is a late comer of a hard working mother, his three siblings had a better experience;
His THEORY OF ILLNESS:
I have not received enough

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Theme 2

- He is the dearest child of his mother, deeply identified with her, in her reproaches towards his father who did not care enough for her.
- .
- His present relationship to a woman also left by her husband, is impregnated by the identification with the three year old son of this woman.

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Theme 3

- Envy and rivalry toward the six year elder brother.
- Playing chess in a club the patient kills all his rivals.

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Theme 1 & Schema 1

- A female analyst diagnoses a pre-oedipal lack of support;
- Her indication: high frequency Psychoanalytic Therapy

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Theme 2 & Schema 2

- I, a male analyst diagnoses a negativ-oedipal conflict constellation
- My indication: Focal Therapy due to his arrested adolescent development

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Theme 3 & Schema 3

Envy, jealousy towards the elder brother could have been another focal issue - the topic of rivalry.

At present life situation it did not seem to be very prominent.

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Process and Result

- Focal theme 2 was worked through main transference line father - therapist
- Focal theme 1 was interpreted as regressive avoidance
- To be expected the divorce from the marriage like situation
- At follow-up after 2 years a new partnership was reported and the expectation of a child

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Empirical Research ?

- Review 1994:
- In short therapies (20 to 150 sessions) with an average of around 50 sessions
- Transference interpretations are not very effective and may be dangerous.
- Henry, W., Strupp, H. H., Schacht, T. E. & Gaston, L. (1994): Psychodynamic approaches. In: Bergin, A. E. und Garfield, S. L. (Eds) Handbook of psychotherapy and behavior change. 4th ed. Aufl. New York (Wiley).

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high risk-high gain?

- Gabbard et al. [1994] :
- **high risk-high gain**
- to characterize transference interpretations in the psychotherapy of borderline patients.

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The Oslo FEST Study!

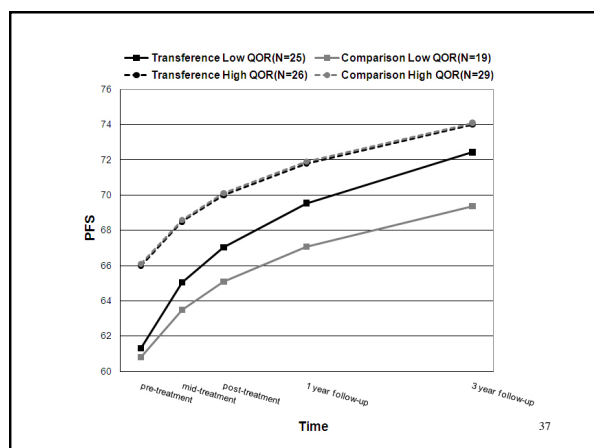
- In the study FEST (First experimental Study of Transference- interpretation), high QOR patients benefited from low to intermediate levels of transference interpretations. They were indeed responsive.
- However, they benefited from therapy without transference interpretation equally well !
- *When you think about it, it is not very surprising that well organized patients do well with different treatments.*

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SURPRISE!

- Low QOR patients benefited more from transference interpretations, both in the **short** (Hoegend et al., Am J Psychiatry 2006; 163: 1739-1746) and **long-term** (Hoeglend et al., Am J Psychiatry 2008; 165:763-771).

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Summary 1

A pillow of handed down clinical theory in the psychodynamic tradition has been supported:
A **moderate use** of transference interpretation has specific effects on long-term functioning, mediated by increase in insight during therapy.

Summary 2

YET a high density of transference interpretation is not helpful to overcome **defensiveness, resistance or hostility** in difficult patients!

Summary 3

Research recommends that transference interpretations should be used carefully together with **affirmative validation** of patients' experiences.

Summary 4

- Moderate work with transference can be helpful in the treatment of patients with personality disorders and character pathology or serious and chronic problems in the establishment of stable and satisfying relationships.
- Hoeglend, P. & Gabbard, G. (2010): When is transference work useful in psychodynamic psychotherapy? A review of empirical research. in press.

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