

## Techniques of Modern Psychoanalysis

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

Horst Kächele



## Mother-Baby

- There is no such thing as a baby, D. Winnicott once said.
- There is no such thing as „techniques of modern psychoanalysis“ – there are many versions of techniques depending on theoretical orientation and private predilection.

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## Descriptive Studies on

- # alliance
- # transference
- # insight / working through
- # structural change
- # countertransference
- # specific techniques
- # therapist attitudes

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## From Freud's Mild Positive Transference to Helping 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

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## 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	<i>n</i>	<i>r</i>	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

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## Negotiation rather than Collaboration

The idea that the alliance is negotiated between the therapist and patient on an ongoing basis highlights the fact that the **alliance** is not a static variable that is necessary for the therapeutic intervention to work but rather a constantly shifting, emergent property of the therapeutic relationship (Safran & Muran, 2000).

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## Impasses and Ruptures

Safran, J., Muran, J., & Shaker, A. (2014). Research on therapeutic impasses and ruptures in the therapeutic alliance. *Contemporary Psychoanalysis*, 50(1-2), 211-232.

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## 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"

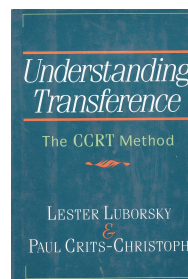
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## Core Relationship Patterns

- 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

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## Core Conflictual Relationship Theme Method (CCRT)



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## Basic Format

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

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## Transference as Repetition of Internalized Object Relations

Wish configurations: **pretty** stable  
 Expected Reaction of Objects: **hard** to modifiable  
 Expected Reaction of the Self: **easily** modifiable

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## 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“

Crits-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 Pract 42: 211-224

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## 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 CI A),  
WS: I want to be self-determined (WS CI D),  
RO: Others are unreliable (RO CI I),  
RS: I am dissatisfied, scared (RS CI F).

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

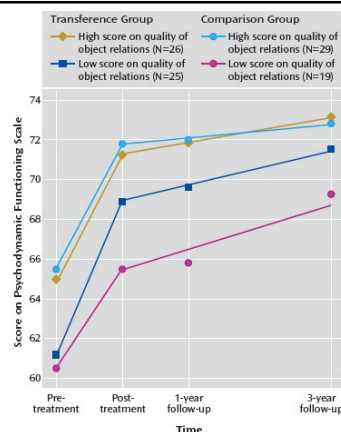
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## Very Recent Findings

**When is transference work useful in  
psychodynamic psychotherapy?  
A review of empirical research.**

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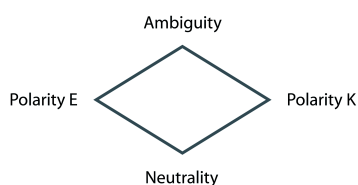
Høglend P, Bøegwald K, Amlo S, Marble A, Ulberg R, Sjaastad MC, Sæverbye O, Heyerdahl O, Johannson P (2008)

**Transference interpretations in dynamic psychotherapy: Do they really yield sustained effects?**

Am J Psychiatry (2011)  
[ajp.psychiatryonline.org](http://ajp.psychiatryonline.org)

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## Emotional Insight



Hohage R, Kübler JC (1988) The emotional insight rating scale. In: Dahl H, Kächele H, Thomä H (Eds) Psychoanalytic process research strategies. Springer, Berlin, Heidelberg, New York London Paris Tokyo, pp 243-255

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## 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).

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

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## Non-interpretative Mechanisms in Relational Psychoanalysis

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  
Mitchell SA (1988) Relational Concepts in Psychoanalysis. An Integration. Harvard University Press, Cambridge, MA

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## Three Levels of Change

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

(Fonagy 1999)

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

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## 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)

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## Scales of Psychological Capacities

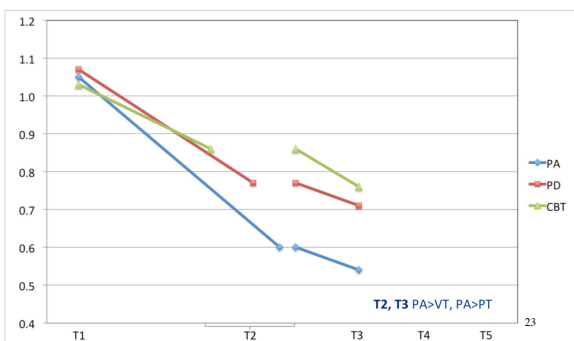
DeWitt KN, Hartley DE, Rosenberg SE, Zilberg NJ, **Wallerstein** RS (1991) Scales of psychological capacities: Development of an assessment approach. Psychoanal Contemp Thought 14: 343-361

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

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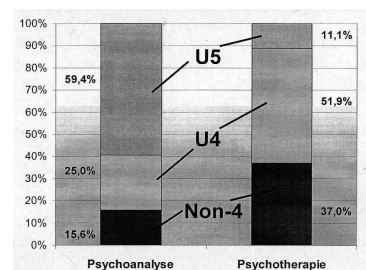
## SPK (Skalen psychischer Kompetenzen, Huber et al. 2006) Gesamtwert

T3: ES PA=2.6 PT=1.5 VT=1.0



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## Heidelberg-Berlin Study Structural Change Scale



Grande et al. (2006) Differential effects of two forms psychoanalytic psychotherapy.

Results from the Heidelberg-Berlin Study.

Psychother Res 16: 470-485

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## 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

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## 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

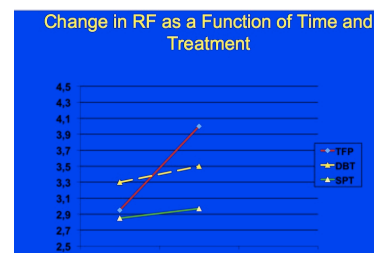
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## Change and Attachment

- 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**)

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## Mentalisation focused Technique 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

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## 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

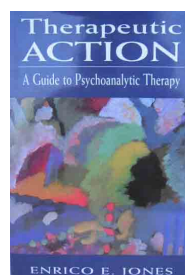
Graff H, Luborsky L (1977) Long-term trends in transference and resistance: A quantitative analytic method applied to four psychoanalyses. J Am Psychoanal Ass 25: 471-490

### 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

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## Aspects of Technique



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

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## Psychoanalytic Prototype

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 warded-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).

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## First Sessions of Amalia X

Item	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
Discussions center 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 replays 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
characteristic 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)

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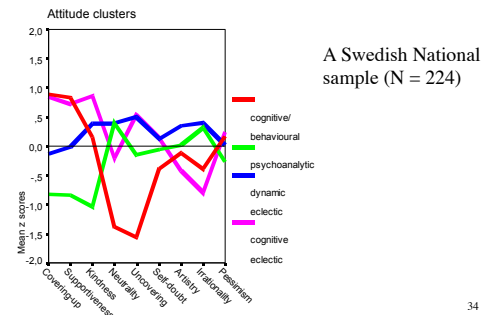
## Therapeutic Attitude Scales (TASC II).

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

Sandell R, Lazar A, Grant J, Carlson J, Schubert J, Broberg J (2006)  
Therapists' attitudes and patient outcomes: III A latent class (LC) analysis of  
therapies. Psychol Psychother 79: 629-647

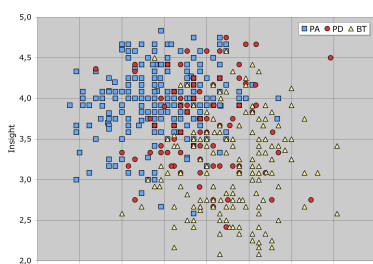
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## Attitudes Compared



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## Attitudes Compared



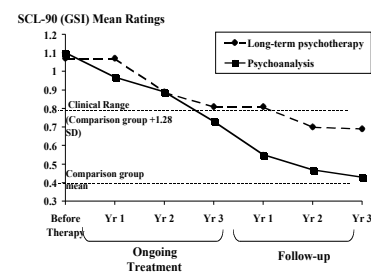
Klug G, Henrich G,  
Kachele H, Sandell R,  
Huber D (2008) D

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Psychotherapeut  
53: 83-91

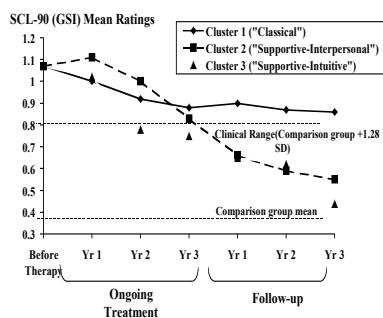
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## Is it Relevant for Outcome?



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## Indeed - It is Relevant!!!



## 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

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## Training Analysts Review

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.

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