

# **Psychodynamic Therapy with or without the Interpretation of the Transference**

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July 2010

# Psychodynamic psychotherapy

## Low frequent psychoanalytic therapy



# basic assumption of psa theory

# conflict -centered pocedure

# limitation of work on partial goals

# initiation of a psa process reflecting on neutrality

# modorate use of transference and countertransference (p.33, 6. Ed. 2003)

# „Discovery“ of Transference in the Treatment Situation

- 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.

# Forms of Transferences

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)

# 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.

# Internalized Conflict Patterns

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.

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*

# „General Claim“

- 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)

# 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).
- „....positive transference has become the strongest motive for the analysand to participate in the work (Freud 1937c, p.233).



# Schema 1

- The idea, to assume that are schemata as structural elements of psychic organisation, as carrier of important mental functions, is not very new; it can be found in the work of philosopher Kant; in psychology since the beginning of the 20th century.
- (see Selz 1913; 1922)

# Schema 2

- "... 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)

# Schema 3

Slap, J. & Slaykin, A. (1983): The schema: basic concept in a nonmetapsychological model of mind. *Psychoanalysis and Contemporary Thought*, 6, 305-325

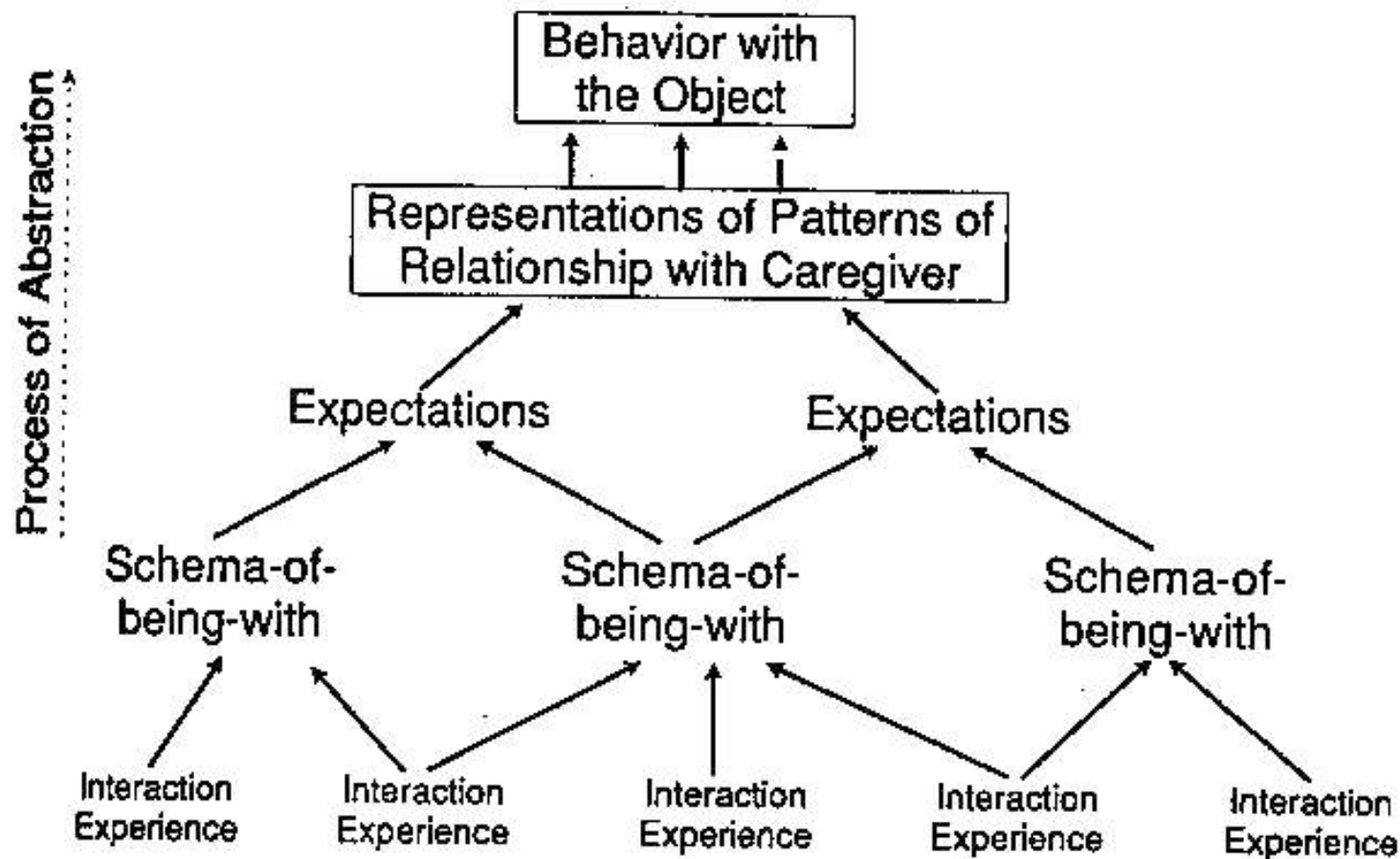
Hölzer, M. & Kächele, H. (2003): Emotion und psychische Struktur. In: Stephan, A. und Walter, H. (Hg.) *Natur und Theorie der Emotionen*. Paderborn (mentis), 164-183.

# Transference as schema

- **Transference is but one schema among many others 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.

# Psychic Structure

- The psychoanalytic notion of psychic structure encompasses manifold schemata.
- Prototypical experiences, gained in the interaction with the external world and its objects, lead to a structure building process.



**Figure 1** The Relationship of Experience, Expectations and Internal Working Models of Attachment Relationships

Fonagy et al. (1995) connect Stern's RIGS and attachment

# Schema-Theory

- Grawe, K. (1986): Schema-Theorie und interaktionelle Psychotherapie (Universität Bern).
- Young, J. E. (1999): Cognitive Therapy for Personality Disorder: A Schema-Focused Approach (3rd ed.). Sarasota, FL, US: (Professional Resource Press/Professional Resource Exchange, In.).

# Introduction of the Focus- Concept

- “The focal conflict consists of the present transference onto the analyst “
- (Th. French 1952, p.212).

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

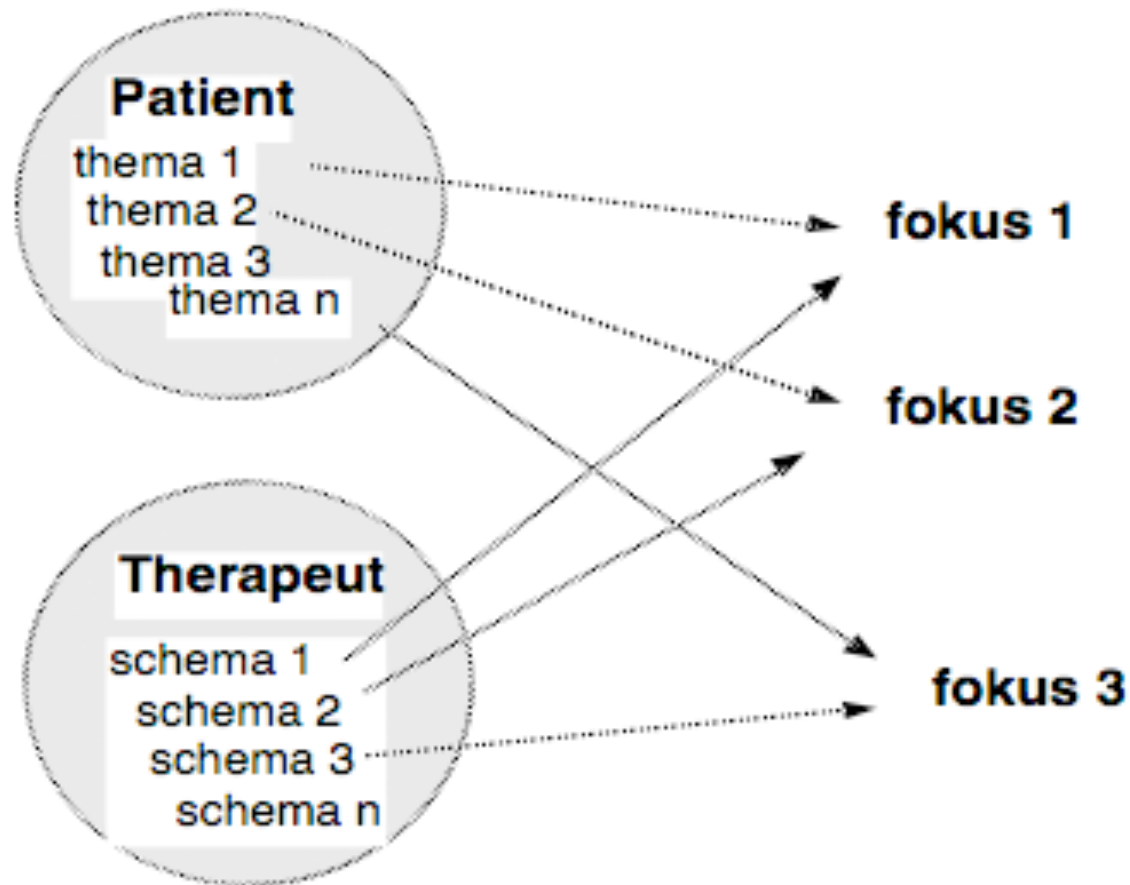
Focal psychotherapy. An example of applied psychoanalysis. London (Tavistock).



# Dynamic Focus

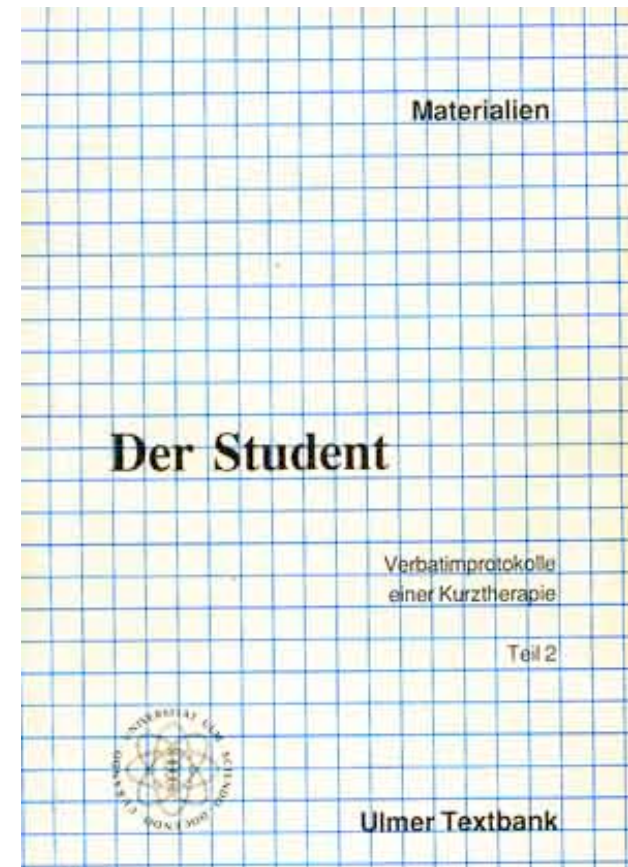
- “The dynamic focus in short-term psychotherapy represents a heuristic method. The focus helps the therapist to generate, identify and organize useful information.
- Such an active and explicit step of discovery is in contrast to the more passive, often explorative model which is recommended in temporally not limited therapies“
- (Strupp u. Binder 1984, p.65)

# How is a Focus Generated?



# A Case Study

- THE STUDENT
  - A Psychoanalytic Focaltherapy
  - Ulmer Textbank, Ulm
- 
- PEP-Projekt von*
  - Grawe & Kächele 1988*



# The Patient

- 22 year old student of social pedagogy
- mild, yer long standing obsessional symptoms
- Indication: open ended analytic psychotherapy or focal therapy
- 29 sessions, 2 follow-ups 1 and 2 years

# Theme 1

He is the youngest child of a exhausted working mother; his three older sibling were better off.

The patient idea: he has not received enough

# Theme 2

- He is mother's darling deeply identified with her in her reproache towards the father, who does not care of his wife very well.
- The patient's lives in an actual relationship with a deserted woman - mother of a three old year boy
- He is father and consoler of the mother at the same time

# Theme 3

- Envy and rivalry towards his elder brother

# Thema 1 & Schema 1

- The female psychoanalyst identifies a pre-oedipal problem
- Indication: high and long analytic psychotherapy



# Thema 2 & Schema 2

- The male psychoanalyst identifies a negative oedipal conflict constellation
- Indication: Focal therapy on the basis of an adolescent developmental arrest.

# Theme 3 & Scheme 3

Rivalry as another focal topic - yet not really active right now

# Process and Result

- Focus 2 was in the core of the therapeutic work
- Main transference: father-therapist.
- Focus 1 was interpreted as regressive avoidance.
- Termination of the problematic relationship after the end of treatment
- At 2. follow-up after 2 years a new partner and child

# And What does Research Say?

- 1994:
- In shorter therapies - between 20 and 150 sessions averaging about 50 sessions
- Transference interpretations are not very effective and may even 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. New York (Wiley).

# For Borderline Patients:

- Gabbard et al [1994] :
  - **high risk-high gain**
  - to characterize transference interpretations in the psychotherapy of borderline patients.
- 
- Gabbard GO, Horwitz L, Allen JG, Frieswyk S, Newsom G, Colson DB, Coyne L (1994) Transference interpretation in the psychotherapy of borderline patients: A high-risk, high-gain phenomenon. Harvard Review of Psychiatry 2: 59-69.

# FEST-STUDY from Oslo!

- The first experimental **Study of Transference Interpretation**
- Patients with good object relations profit from low to moderate level of TI;
- Patients with good object relations profit treatment without TI
- *ZITAT Hoegland*
- *When you think about it, it is not very surprising that well organized patients do well with different treatments.*

# NEWS!

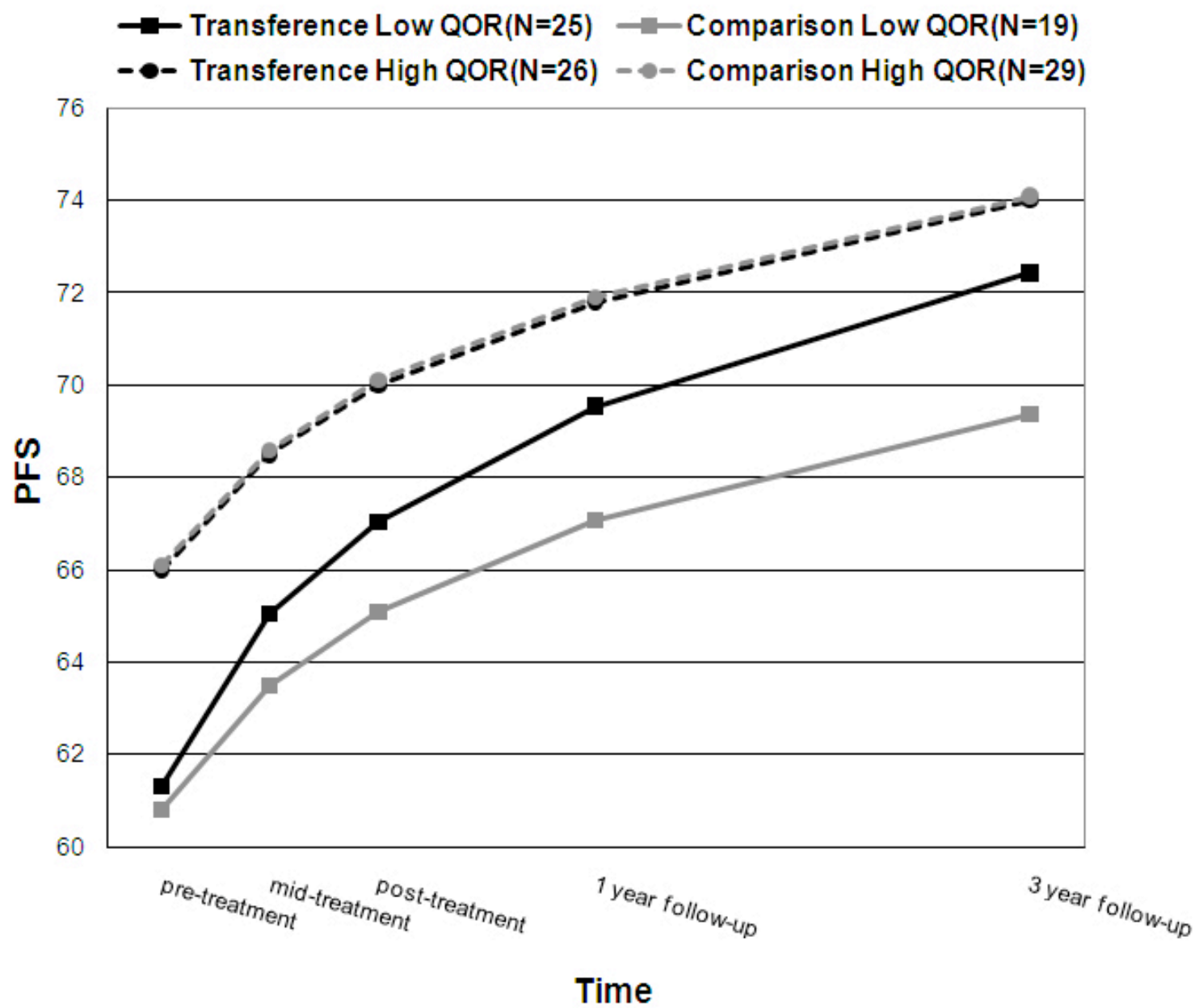
Patients with low level of quality of object relations profit more from TI in

# shorter (Hoeglend et al., Am J Psychiatry 2006; 163: 1739-1746)

and

# longer treatments

•(Hoeglend et al., Am J Psychiatry 2008; 165:763-771).





# Conclusion 1

A **moderate use** of transference interpretation (**TI**) has specific effects on long-term functioning, mediated by increase in insight during therapy.

# Conclusion 2

A high level of **TI** is not helpful to overcome defensiveness, resistance or hostility in difficult patients!

# Conclusion 3

Research affirms that **TI** should be couched along with affirmative valuation of patients' former experiences.



# Conclusion 4

- Moderate degree of working with transference may be especially helpful in the treatment of patients with Personality disorders or character pathology
- and serious and chronified difficulties in maintaining stabile and satisfying relationship.
- Hoeglend, P. & Gabbard, G. (2010): When is transference work useful in psychodynamic psychotherapy? A review of empirical research. in press.

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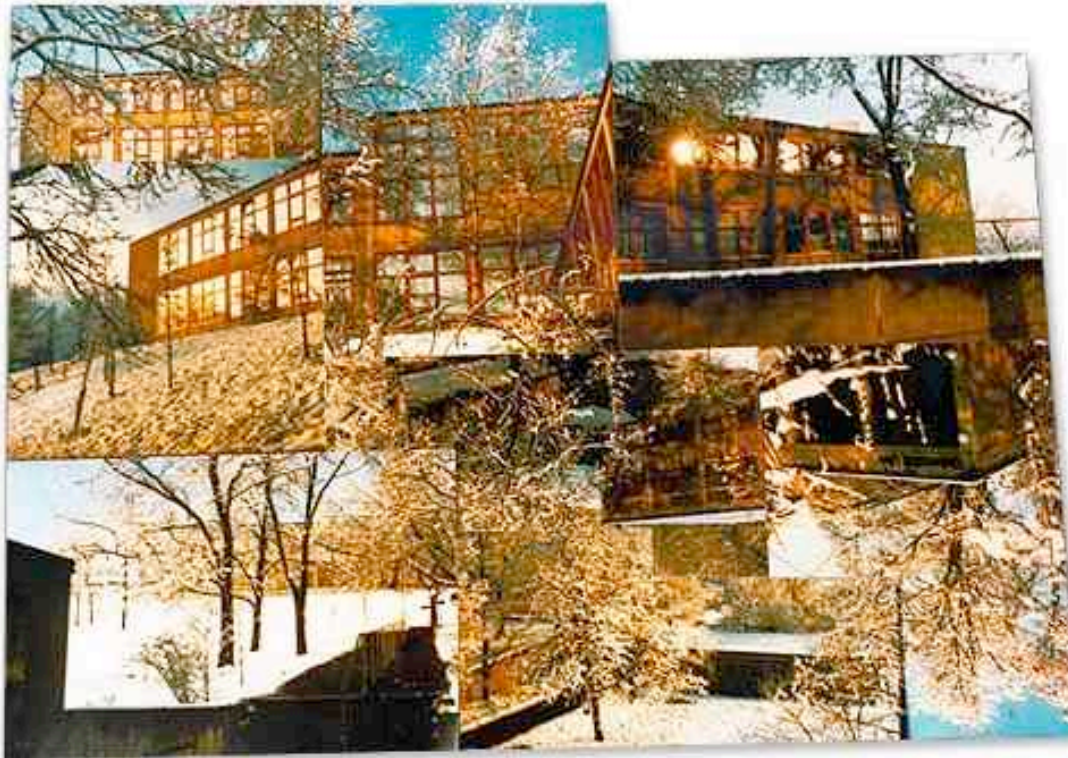
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