

# Core Descriptive Concepts of all Psychoanalytic Therapies

–

*„The Seven Pillars of Psychoanalytic Wisdom“*

*quotation from L.Luborsky*

Horst Kächele



# Descriptive Studies on

# alliance

# transference

# insight / working through

# structural change

# countertransference

# technique

# therapist

# 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

# Clinical Examples ?

Anyone has good examples

And

examples for a rupture of the alliance

My patient:.....

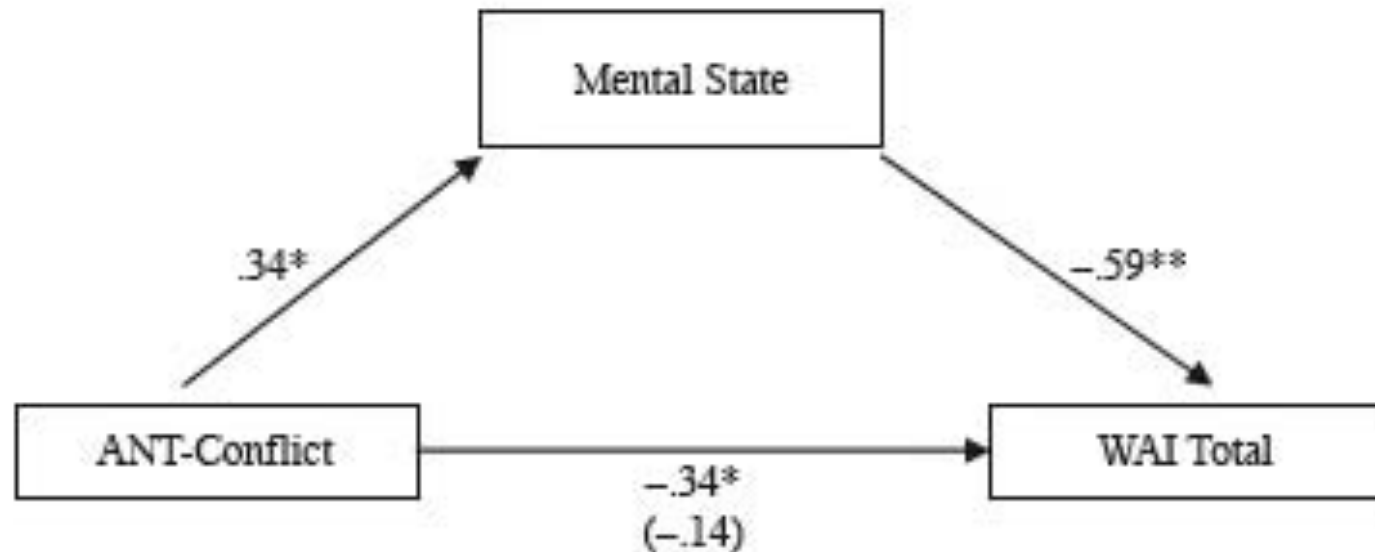
# Alliance and Outcome

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 <sup>a</sup>	No
Barber et al. (2000)	88	.30 <sup>a</sup>	Yes
Barber et al. (2001)	291	.01 <sup>a</sup>	No
Klein et al. (2003)	367	.14	Yes
Strunk, Brotman, & DeRubeis (2009)	60	.15	No

# Mental State Vacillations & Therapeutic Alliance in BPD



Levy KN, Beeney 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

# Basic Research on Transference

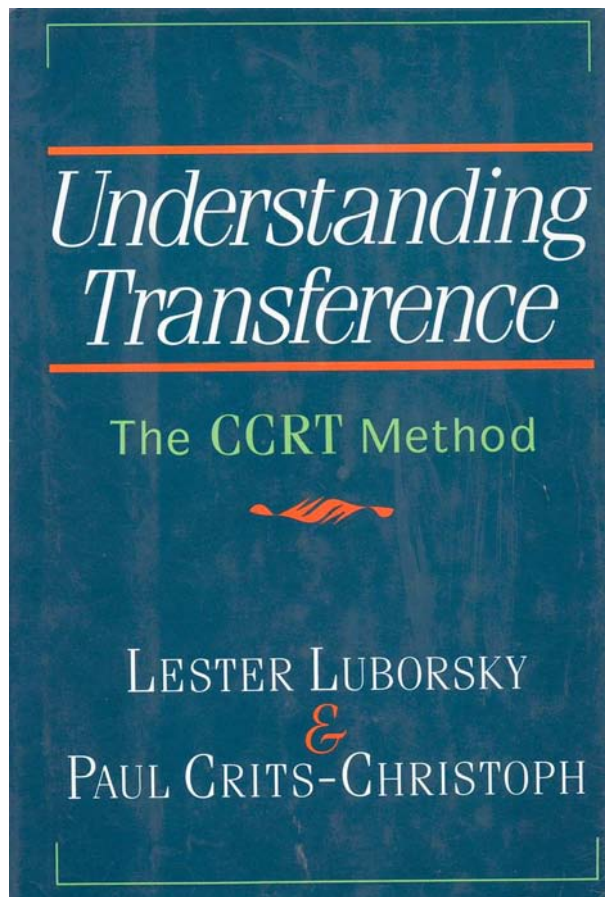
- Andersen, S., & Cole, S. W. (1990). "Do I know you?" The role of significant others in social perception. *Journal of Personality and Social Psychology*, 59, 384-399.
- In the words of these researchers, “The transference process is a basic mechanism by which the past comes to play a role in the present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

# Transference as Repetition Patterns In Internalized Object Relations

Wish configurations: **pretty** stable

Expected Reaction of Objects: **hard** to modifiable

Expected Reaction of the Self: **easily** 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“

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

# CCRT Mapping Transference in Psychoanalytic Therapy

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

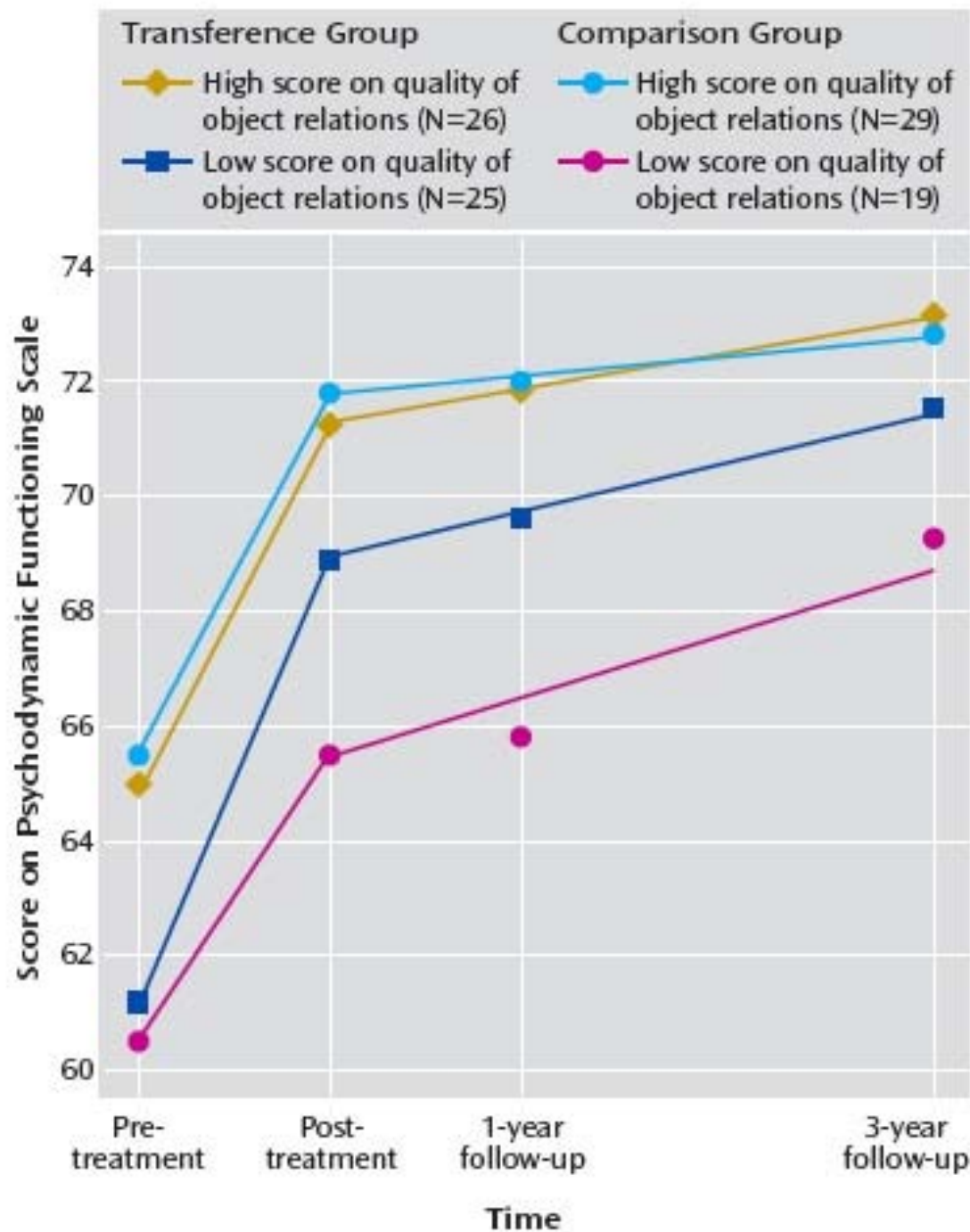
- WO: Others should be attentive to me (WO C1 A),
- WS: I want to be self-determined (WS C1 D),
- RO: Others are unreliable (RO C1 I),
- RS: I am dissatisfied, scared (RS C1 F).

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

# Very Recent Findings

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

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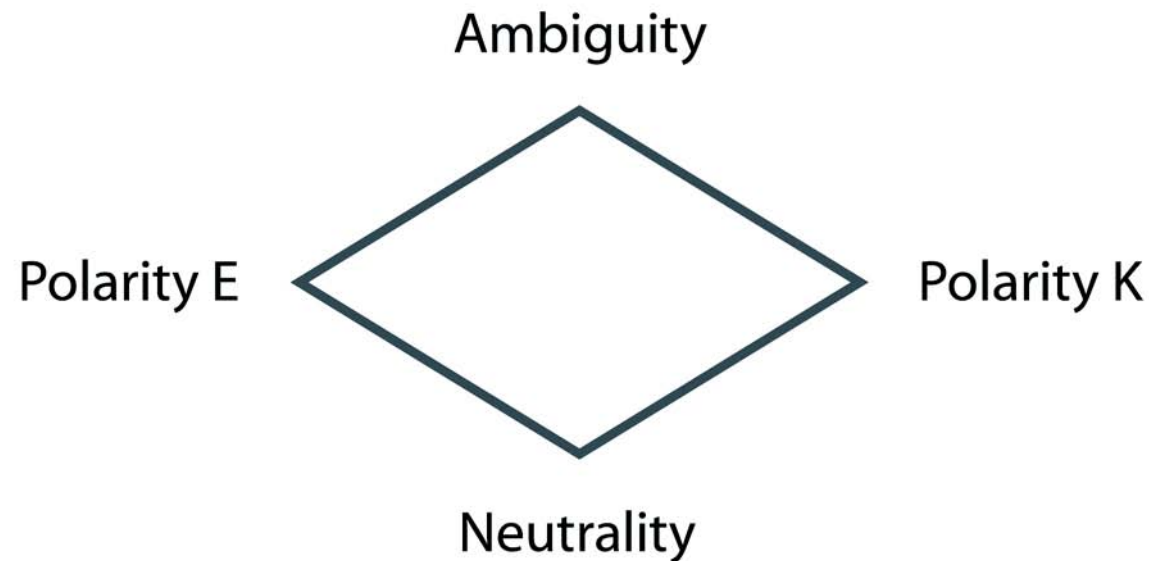


Høglend P, Bøegwald K, Amlo S, Marble A, Ulberg R, Sjaastad MC, Söeocerbye O, Heyerdahl O, Johannson P (2008)

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

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

# 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



# 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).

# 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

# Three Levels of Change

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

(Fonagy 1999)

# 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

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

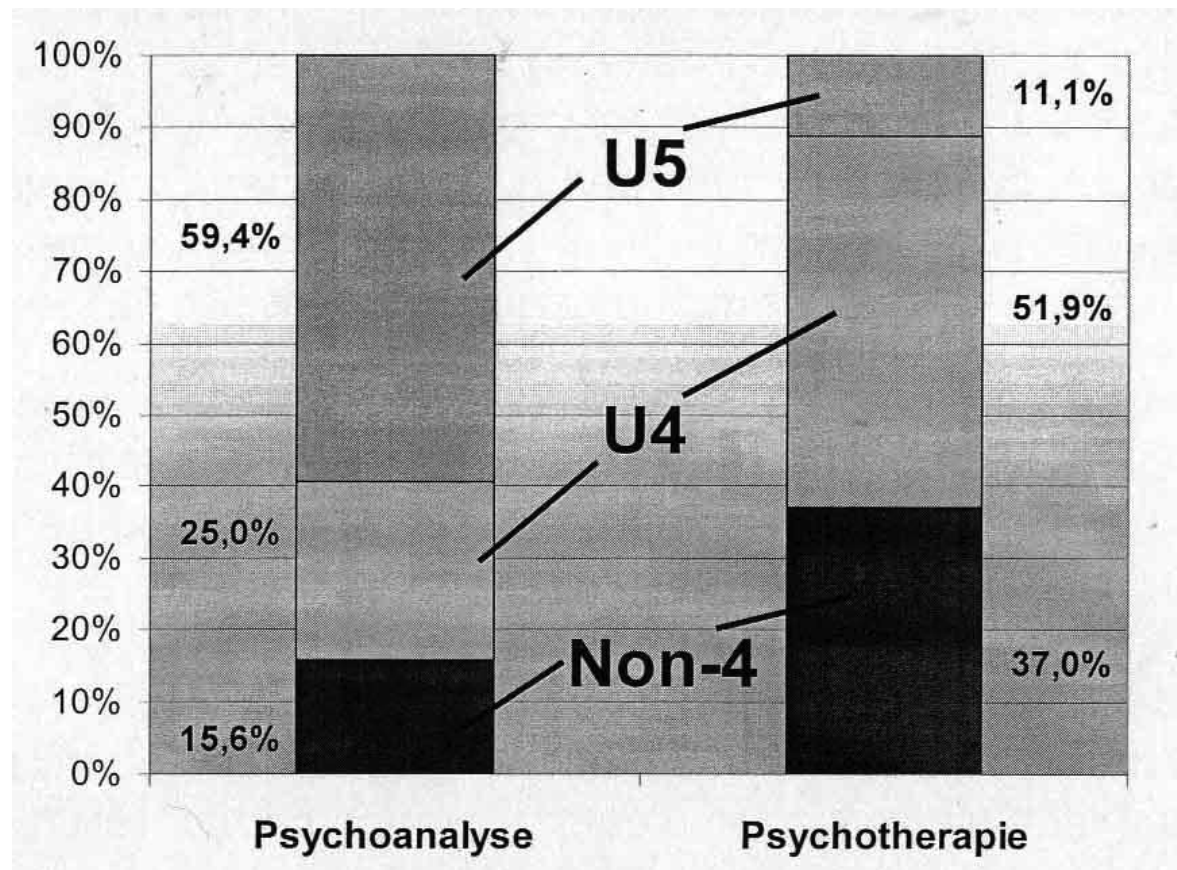
Huber D, Henrich G, Klug G (2005) The scales of  
psychological capacities: Measuring change in psychic  
structure. Psychother Res 15: 445 - 456

# Scale of Psychological Capacities - Outcome Related Findings

variable	group	duration of therapy		dose of therapy	
		correlation-coeff. r	significance p	correlation-coeff. r	significance p
BDI	PA	-,02		-,04	
	PT	,15		,13	
	VT	,01		,11	
IIP	PA	-,53	,003**	-,53	,003**
	PT	-,27		-,25	
	VT	,07		,16	
SPK	PA	-,28		-,35	,049*
	PT	,08		,14	
	VT	,27		,30	

Huber et al. (2010)  
 The Munich Psychotherapy Study (MPS): A comparison of psychoanalytic, psychodynamic, and cognitive-behavior therapy for depressed patients.  
 submitted

# Heidelberg 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

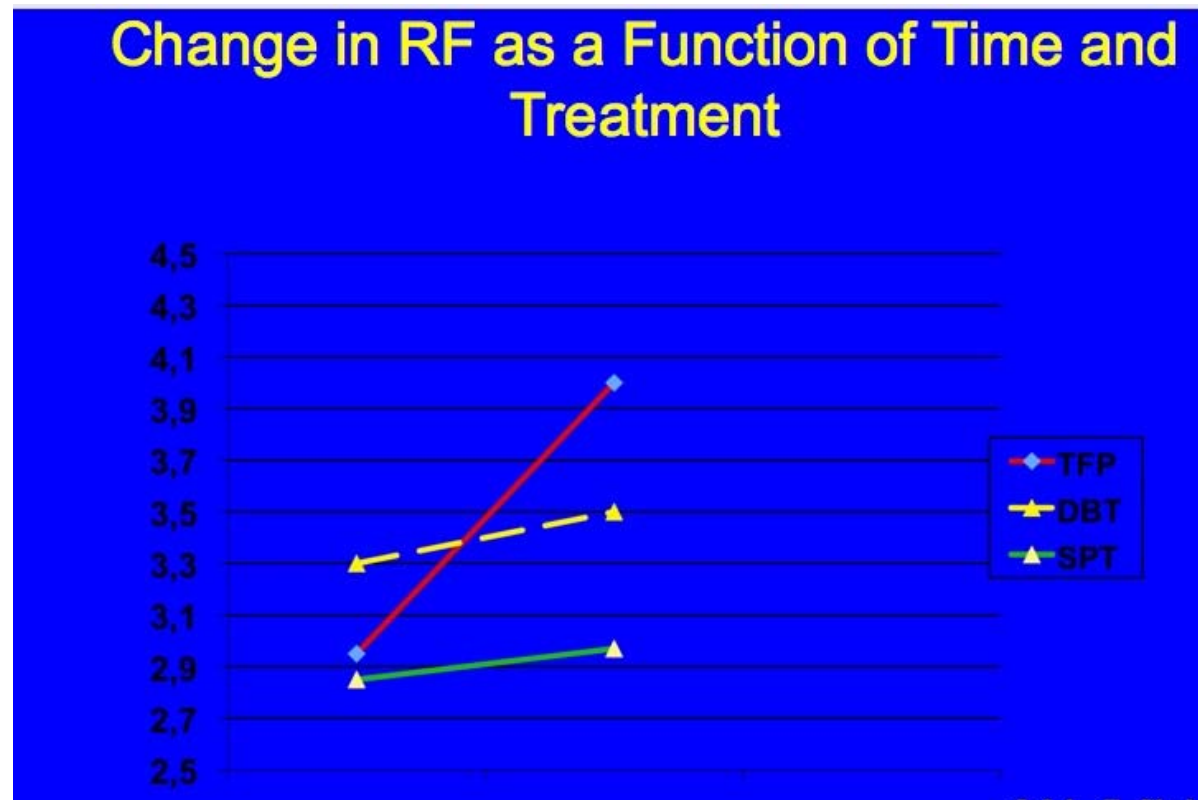
# A desirable increase in attachment security is a curative and protective factor in psychic disorder working by change of procedural memories systems

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

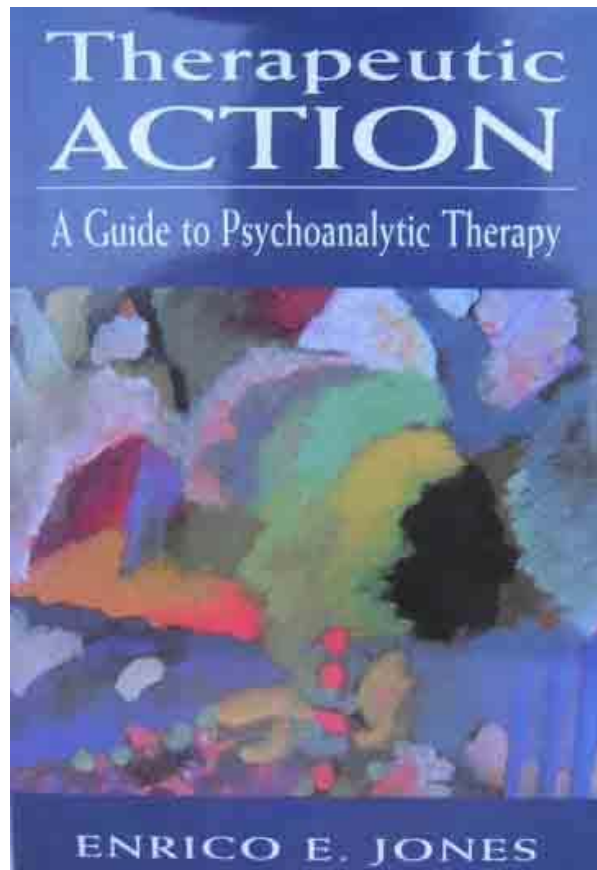
## Clinical Rating of **in-session** Countertransferences

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

# 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

# Psychanalytic 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).

# First Sessions of Amalia X

Items	M
Most 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
Least 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)

# How to measure it?

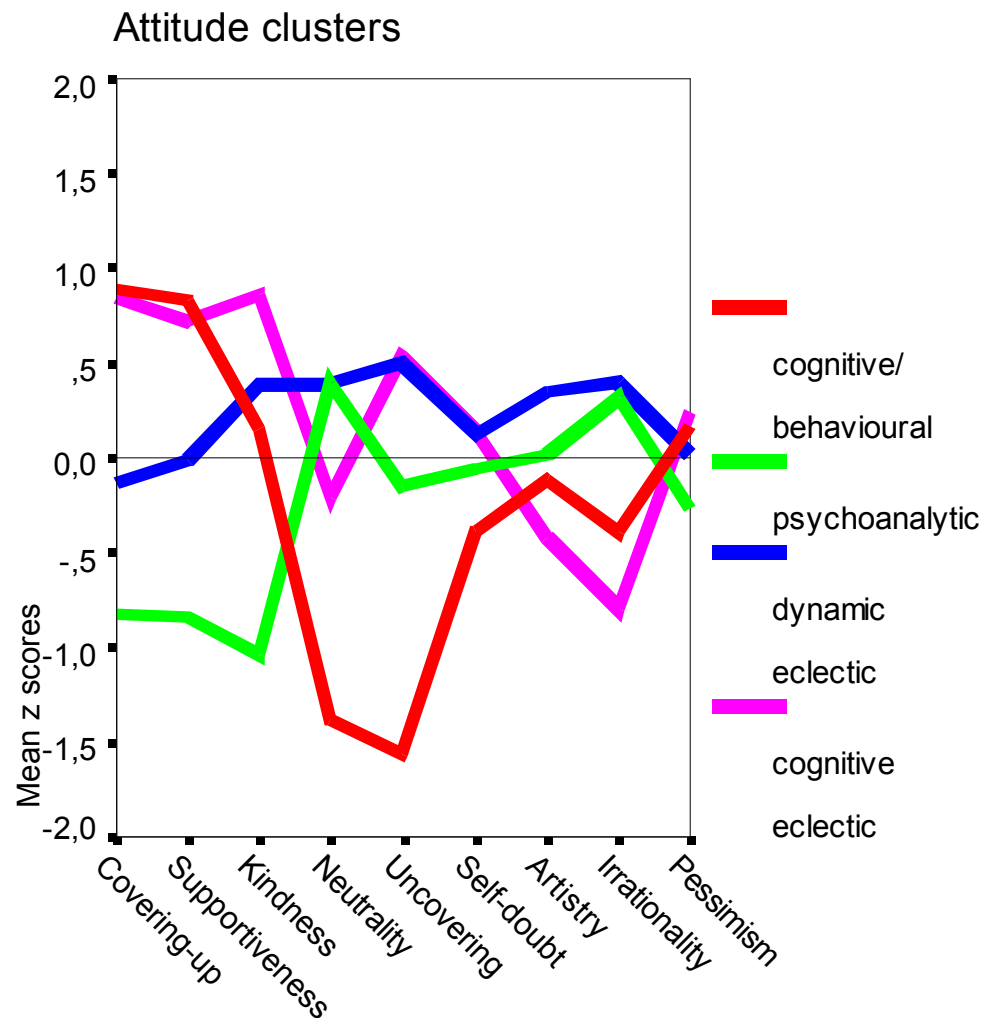
## **Therapeutic Attitude Scales (TASC II).**

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

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

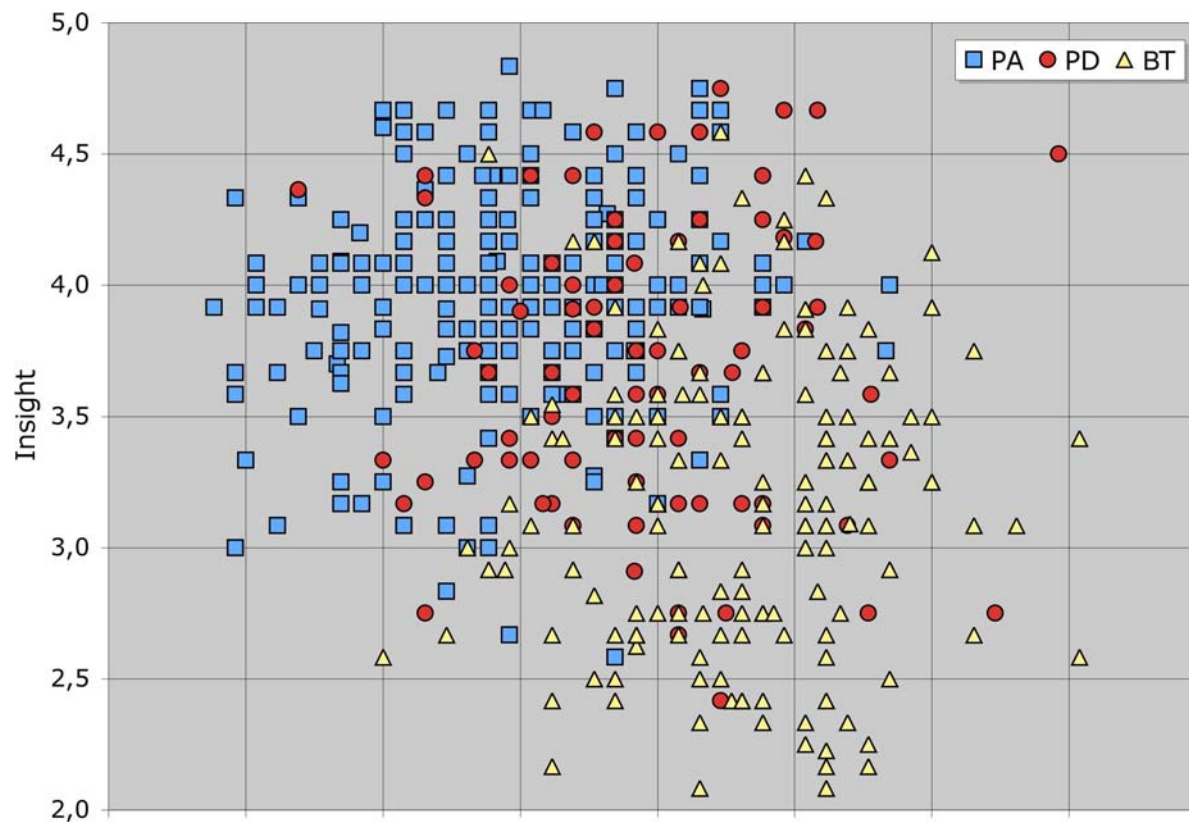


# Attitudes Compared



A Swedish National  
sample (N = 224)

# Attitudes Compared



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

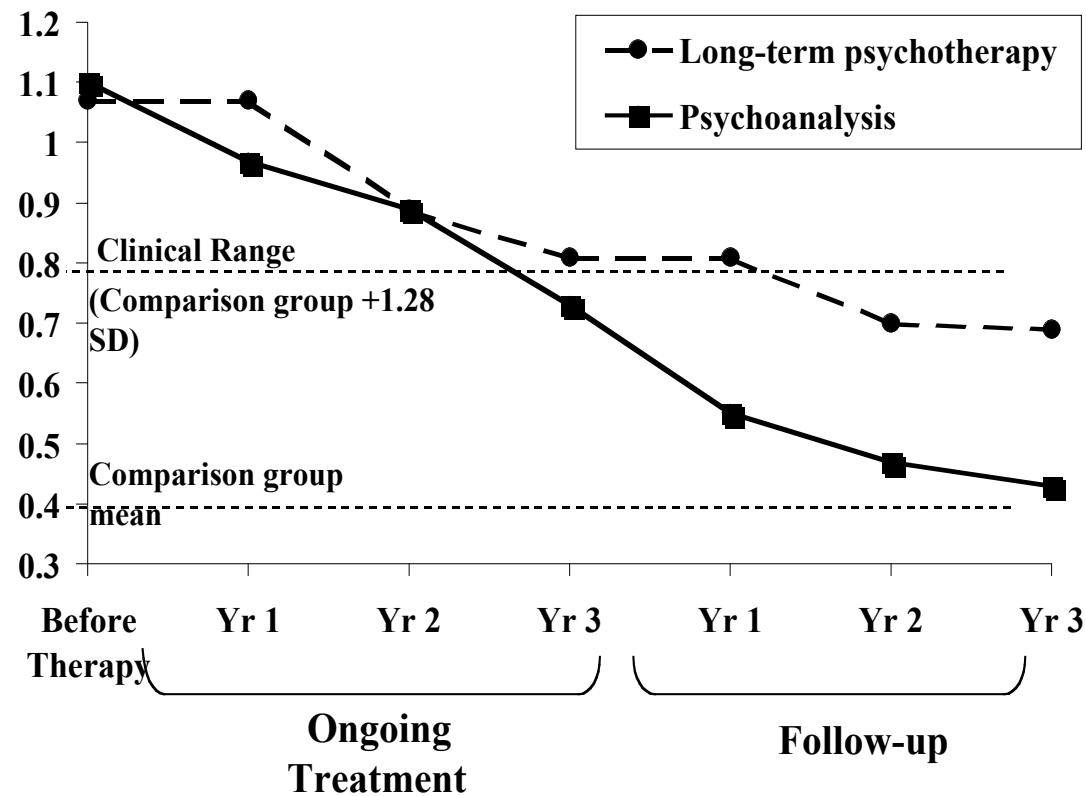
The  
Therapistvariable  
still a dark  
continent?

Psychotherapeut

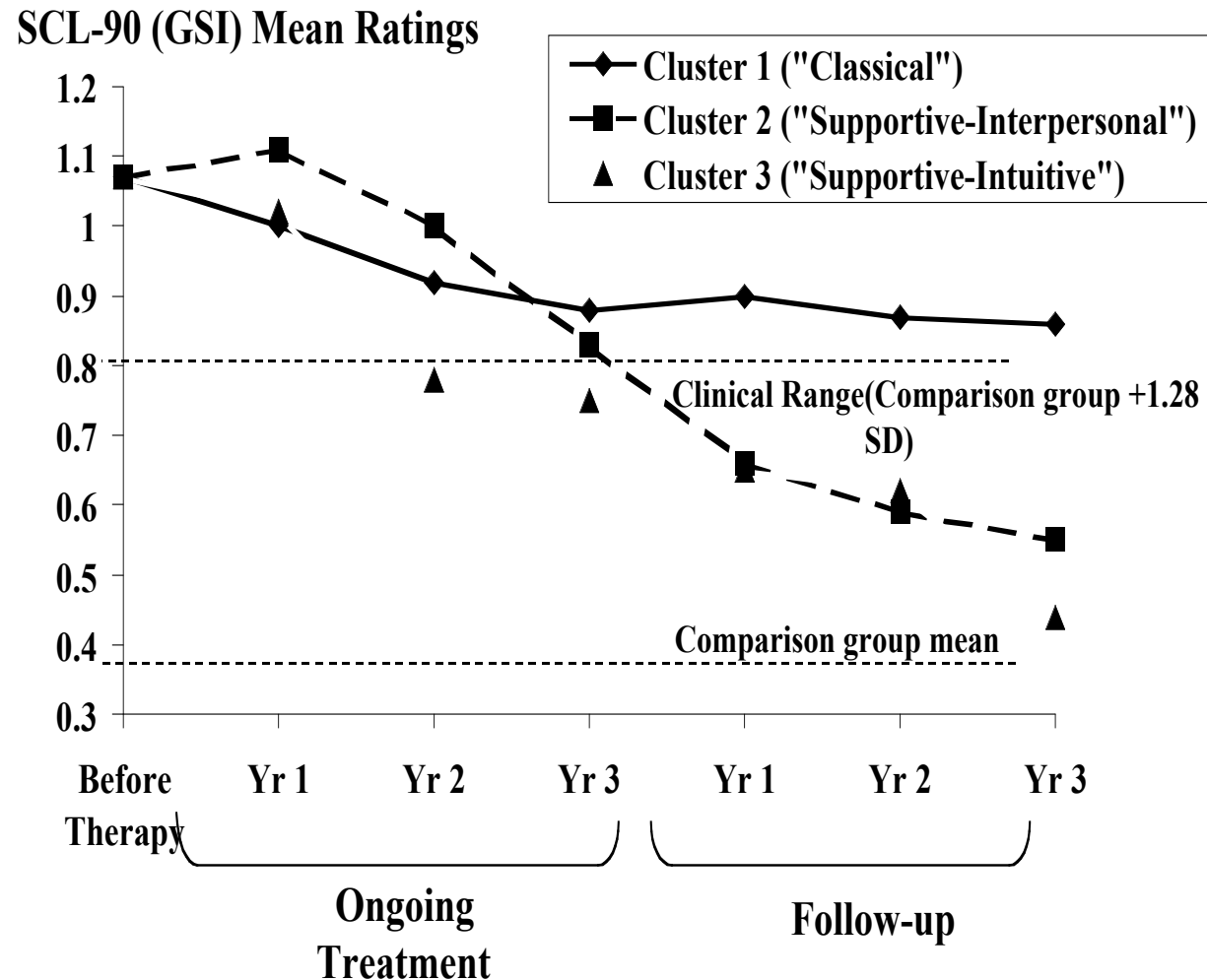
53: 83-91

# Is it Relevant for Outcome?

SCL-90 (GSI) Mean Ratings



# 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.