

Exploration and interpretation of the patient-therapist relationship (transference).

Per Høglend
professor dr. med
University of oslo

- Transference: The displacement of patterns of feelings, thoughts, and behavior, originally experience in relations to significant figures during childhood, onto a person involved in a current relationship
- In contemporary terms:
- Patterns of thought feelings , perceptions and behavior that emerg in the therapeutic relationship, and reflect enduring aspects of the patient's personality and interpersonal functioning (regardless of the developmental origin of these patterns)
- Transference interpretation, transference work, metalization, negotiating the therapeutic alliance, working on clinically relevant in-session behavior, interpersonal exposure in the here and now , in vivo hits etc.
- Almost 10.000 papers on the transference concept

FEST - First Experimental Study of Transference-interpretations

Per Høglend, research director

Svein Amlo, clinical director

Alice Marble

Kjell-Petter Bøgwald

Øystein Sørbye

Mary Cosgrove Sjaastad

Oscar Heyerdahl

Paul Johansson

Randi Ulberg

Martin Furan

Knut Hagtvet

Jan Ivar Røssberg

Hanne-Sofie Dahl

Anne Grethe Hersoug

John Christopher Perry

Glen Gabbard

Paul Crits-Christoph

Steinar Lorentzen



**UNIVERSITY
OF OSLO**

Department of Psychiatry

Diakonhjemmet Hospital, Oslo

Blakstad Hospital, Akershus

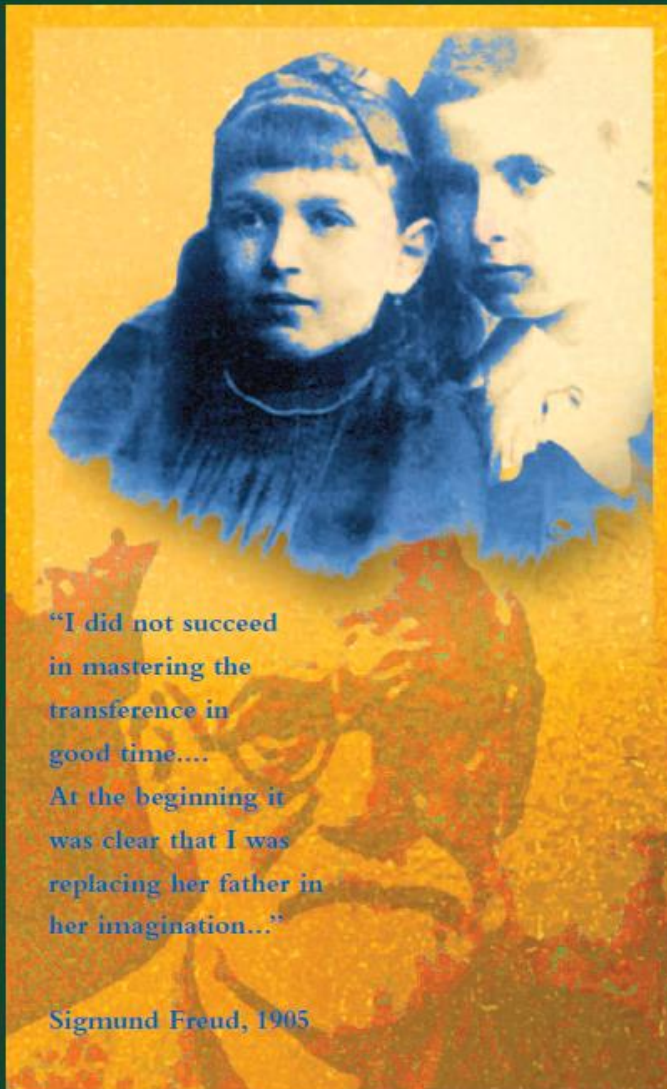
Ullevål University Hospital, Division of Psychiatry

Ullevål University Hospital,

Centre for Child and Adolescent Psychiatry

Department of Psychology, University of Oslo

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"I did not succeed
in mastering the
transference in
good time....
At the beginning it
was clear that I was
replacing her father in
her imagination..."

Sigmund Freud, 1905

**Treatment in Psychiatry:
Medication-Induced Weight Gain
and Dyslipidemia in Patients With
Schizophrenia**

Wayne S. Fenton and Mark R. Chavez 1697

**Diagnosing Adult Attention Deficit
Hyperactivity Disorder: Are Late Onset
and Subthreshold Diagnoses Valid?**

Stephen V. Faraone et al. 1720

**Impact of Psychometrically Defined
Deficits of Executive Functioning in
Adults With Attention Deficit
Hyperactivity Disorder**

Joseph Biederman et al. 1730

**Analysis of the Patient-Therapist
Relationship in Dynamic
Psychotherapy: An Experimental
Study of Transference Interpretations**

Per Høglend et al. 1739

Continuing Medical Education 1858

October 2006

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1) The therapist address transactions in the patient-therapist relationship:

T *It's probably important what you're saying now. Because you say you feel it in your body and that makes me curious*

2) The therapist encourages exploration of thoughts and feelings about the therapy, therapist and the therapist's style and behavior:

P *Well.....In a way it just becomes words. I feel it is silly to be that positive. Myself.... I don't want to be positive unless it is fully justified.*

T *You think I'm too positive?*

P *I think I do. To be perfectly honest*

T *So, I'm false?*

P *You're not false, but.....*

T *Manipulative?*

P *Yes, a little may be. Like in a therapeutic way*

T *I say things I don't mean?*

P *I think you do*

T *How is it to go to a therapist who is like that for help?*

3) The therapist encourages patients to discuss how they believe the therapist might feel or think about them:

P *Towards other people I try always to have a polished façade and strongest is my barrier in terms of being sad and helpless so people can see it*

T *Well, I have seen it here then. So what do you believe I think about you in that connection?*

4) The therapist includes him/herself explicitly in interpretive linking of dynamic elements (conflicts), direct manifestations of transference, and allusions to the transference:

P *Others have shown me genuine care and I have reacted by being sad. I don't understand, is there a longing or is it something frightening in it? I don't like to be dependent on others, but...*

T *Do you fear that our relationship will become so important to you that you run the risk of being terribly disappointed?*

P *Here's different.....but....I have been thinking a lot about the ending of therapy. How will I manage on my own?*

5) The therapist interprets repetitive interpersonal patterns (including relationships to parents) and links these patterns to transactions between the patient and the therapist:

T *What kind of expectations might I have?*

P *That I show up on time, or else you feel frustrated or even angry.*

T *The way it was at home with your father, or with your new boss?*

P *Yes... (sighs)... I feel others have expectations that I have to fulfill immediately, despite the fact that, when I think about it, I know it's mostly in my own head.*

TABLE 1: Transference work and outcome. Naturalistic studies.

Study	Sample ^a	Sessions	Outcome measure	Effect size (r)
Frequency of transference-parent linking interpretations and outcome				
Malan 1976	22 patients	3-400	Dynamic Change	.40
Marziali & Sullivan 1980	22 patients	3-400	Dynamic Change	.48
Marziali 1984	25 patients Majority cluster C+B PD ^b	20	Dynamic Change	.57
Piper et al 1986	21 patients. 33% PD	23	Therapist rated benefit	.54

a) mixed diagnoses unless otherwise stated

b) PD = personality disorder

Effect size: $r = .10$ small, $r = .25$ moderate, $r = .50$ large

TABLE 1 continued: Transference work and outcome. Naturalistic studies.

Study	Sample ^a	Sessions	Outcome measure	Effect size (r)
Frequency of transference work interventions and outcome				
Marmar et al	52 patients Stress-response syndromes	12	Alliance	-.40
Piper et al	64 patients, 27% PD	20	Symptoms and functioning	-.58 ^c
Høglend 1993	43 patients, 34 % PD	9-53	Dynamic Change	-.49 ^c
Connolly et al 1999	29 patients 56 % PD	16	Symptom Change	-.40 ^d
Ogrodniczuc et al 1999	40 patients, 66 % PD	20	Interpersonal functioning	-.43 ^d
Piper et al 1999	44 patients, 45 % PD	20	Drop out	-.30
Schut et al 2005	14 patients Avoidant PD	52	Dynamic Change	-.62
Ryum et al 2010	49 patients Cluster C PD	40	Interpersonal functioning	-.33

a) mixed diagnoses unless otherwise stated

b) PD = personality disorder, c) Within subgroup of high Quality of Object Relations, d) Within subgroup of low Quality of Object Relations

Effect size: r = .10 small, r = .25 moderate, r = .50 large



I am **not** your father !

TABLE 1 continued: Transference work and outcome. Naturalistic studies.

Study	Sample^a	Sessions	Outcome measure	Effect size (r)
Frequency of transference work interventions and outcome				
McCullough et al 1991	16 patients Cluster C PD	27-53	Social Adjustment	non-significant
Milbrath et al 1999	20 patients Stress-response syndromes	12	Symptoms	non-significant
Kuutmann et al 2011	76 patients, 86% PD	Up to 1 year	Interpersonal functioning	.32
Hill et al 2013	16 patients	10-59	Interpersonal functioning	non-significant

a) mixed diagnoses unless otherwise stated

b) PD = personality disorder, c) Within subgroup of high Quality of Object Relations, d) Within subgroup of low Quality of Object Relations

Effect size: $r = .10$ small, $r = .25$ moderate, $r = .50$ large

TABLE 2. Transference Work and Outcome. Experimental Studies.

Study	Sample ^a	Sessions	Treatments	Outcome	Effect size (Cohen's d)
Høglend et al 1993	43 patients, 33 % PD ^b	9-53	Low frequency of TW ^d vs high frequency of TW	Dynamic Change	1.3
Høglend et al 1996	15 PD patients	12-50	Low frequency of TW vs high frequency of TW	Dynamic Change	1.5
Clarkin et al 2007	90 BPD ^c patients	1 year	TFP ^e , DBT ^f and supportive therapy	Symptoms Functioning	non- significant
Levy et al 2006	90 BPD patients	1 year	TFP, DBT and supportive therapy	Reflective function	0.8
Doering et al 2010	104 BPD patients	1 year	TFP vs treatment by experts in the community	Dynamic change	1.6
Bateman et al 2009	134 BPD patients	18 months	MBT ^g vs individual supportive therapy	Symptoms Interpersonal	0.6 0.7
Rossow et al 2012	80 depressed adolescents	1 year	MBT vs enhanced treatment as usual	Self-harm Depression	0.6 0.3

a) mixed diagnoses unless otherwise stated

b) PD = personality disorder, c) BPD = Borderline personality disorder, d) TW = Transference work, e) TFP = Transference-focused Psychotherapy, f) DBT = Dialectical behavior therapy, g) MBT = Mentalization-based treatment, h) BRT = Brief relational therapy

Effect size: d = .20 small, d = .50 moderate, d = .80 large

TABLE 2 continued. Transference Work and Outcome. Experimental Studies.

Study	Sample ^a	Sessions	Treatments	Outcome	Effect size (Cohen's d)
Muran et al 2005	128 cluster C PD patients	30	BRT ^h vs dynamic therapy vs cognitive therapy	Interpersonal	non-significant
Crits-Christoph et al 2006	45 patients 60% PD	16	Pre-training vs post-training in alliance focused treatment	Quality of life	0.6
Høglend et al 2006	100 patients 46 % PD	1 year	Dynamic psychotherapy with or without TW	Dynamic Change within low Quality of Object Relations	0.5
Høglend et al 2008	100 patients 46% PD	1 year	Dynamic psychotherapy with or without TW	Dynamic Change within low Quality of Object Relations	0.6
Høglend et al 2010	46 PD patients	1 year	Dynamic psychotherapy with or without TW	Interpersonal functioning	0.8
Ulberg et al 2012	56 female patients, 52 % PD	1 year	Dynamic psychotherapy with or without TW	Dynamic change	0.5

a) mixed diagnoses unless otherwise stated

b) PD = personality disorder, c) BPD = Borderline personality disorder, d) TW = Transference work, e) TFP = Transference-focused Psychotherapy, f) DBT = Dialectical behavior therapy, g) MBT = Mentalization-based treatment, h) BRT = Brief relational therapy

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Quality of Object Relations

- Lifelong pattern of relationships from primitive to mature
- 7-8: Mature equitable relationships
- 5-6: Recent relationships may be difficult, but there are evidence of at least one mature relationship in the patients history
- 3-4: Need of dependency or overcontrol in most relationships
- 1-2: Unstable, less gratifying relationships

Therapeutic immediacy

- T *How do you imagine I feel after hearing your story?
(Category 3)*
- T *As I listen to the story you just told me I also feel a deep sense of hopelessness and despair (self disclosure)*
- T *Given your history it only seems reasonable that you'd be cautious in allowing yourself to become emotionally open with me, a man. (Category 4)*
- Recognizing the reasons for that caution, I feel privileged since you're sharing those feelings with me now (self disclosure)*
- T *You seemed to be tearful just now when I noticed the positive things you have accomplished...can we try to understand that more together? (Category 2)*

Transference-focused psychotherapy

P *I know I was late for the session, but then you kept me waiting.*

T *What were your thoughts and feelings while you were waiting? (Category 2)*

P *You must have been mad that I was late. I was thinking, she's keeping me waiting to put me in my place, to exert control.*

T *Hmm, this makes me think of our last session. You had been talking about always feeling inadequate when you talk to your brother. Now you're feeling I want to put you down, so maybe you're feeling that I may be a lot like him. But I'm also wondering about something else. Are you interested? (Category 5)*

P *Sure*

Continued

- T *I'm wondering if, in addition to that, you're feeling you want to put me down, or to be in control in some way "put me in my place" here. (Category 4)*
- P *I wasn't going to talk about it, but walking over here I took my time. I knew I was late, but I thought, it's a beautiful day, let her wait for me!*
- T *I'm noticing two things. One is that you're feeling more comfortable being open about some negative feelings towards me. The other is that we're moving away from what happened last session. You really opened up, and at that time there was a feeling of closeness between us. Now today you come in anticipating a power struggle. I wonder if maybe it feels more comfortable, or safe somehow, to fight rather than feel close to me right now. What do you think? (Category 4)*

Mentalization-based treatment

From session 25

T *Yes,..... I wonder if we might say you now have had a blow-out towards me and your treatment (Category 2)*

P *Yes, the whole mentalizing perspective is a rotten attitude!*

T *I feel a bit lost here and it's difficult to think much right now (Self-disclosure)*

P *(silence)*

T *I wonder for you.... maybe it can be soothing (Category 4)*

P *Well, probably, but that is not something I necessarily notice here and now*

T *No, okay, because to me you seem calmer now (Category 1)*

P *A little better perhaps, but mostly I think, what I notice is usually afterwards, during the evening and stuff that I can focus on something else*

T *Okay, so you have noticed that when you talk about stuff with me, you think less about it when you come home? (Category 2)*

P *Yes*

T *I'm happy to hear that (self disclosure)*

Alliance-focused treatment

- T *In a way I feel pressured toward asking you more questions, in part, I think as a way of keeping things going smoothly between us. But I am also a bit concerned that if I continue doing this, it will get in the way of you talking about what feels most alive and important for you (self disclosure).*
- P *I don't know.....What do you think?*
- T *It feels like I am asking you to take the lead and you are asking me to take the lead (self disclosure)*
- P *I turn to you because you are in charge here. You're the doctor*
- T *What do being the doctor mean to you? (Category 2)*
- P *You are the expert, it's important for me to know what you want*
- T *We've talked a lot about how you want to know what boyfriends need so you can provide it..... I'm wondering, is something like that playing out here between you and me? (Category 5)*
- P *I really don't understand*
- T *Well, I'm just wondering, if to know what I want is more important for you than finding out what you want yourself, that could be a real dilemma (Category 4)*

Transference work

From session 29

T *So, here we are now. (Category 1)*

T *What do you think these conversations of ours have done with your relationship to your mother. (Category 2)*

P *I am still struggling. My mother called this morning. I immediately interrupted her and told her that if it wasn't very important, I had no time talking now. I hung up, but I felt terrible afterwards.*

T *When you tell me this, what do you think I feel about you? (Category 3)*

P *You think that I am a selfish person.*

T *Could that be how you feel about yourself?*

P *I get a bad conscience, even for the smallest things.*

- T *You told about your difficulties saying no at work and take care of yourself. You couldn't "hang up" when talking with colleagues, your mother, or father, because you were anxious about being rejected or punished. However, here you managed to tell me that our next session had to be changed because of your meetings at school and work. (Category5)*
- P *I have to be focused here. Forty sessions is not a very long time. I can see I do hesitate trusting other people, but my husband is supportive, and I try to talk sense into myself.*
- T *And now --you are able to hang up, and you made me change our next appointment. Are these facts signs of less fear and more trust? (Category 4)*

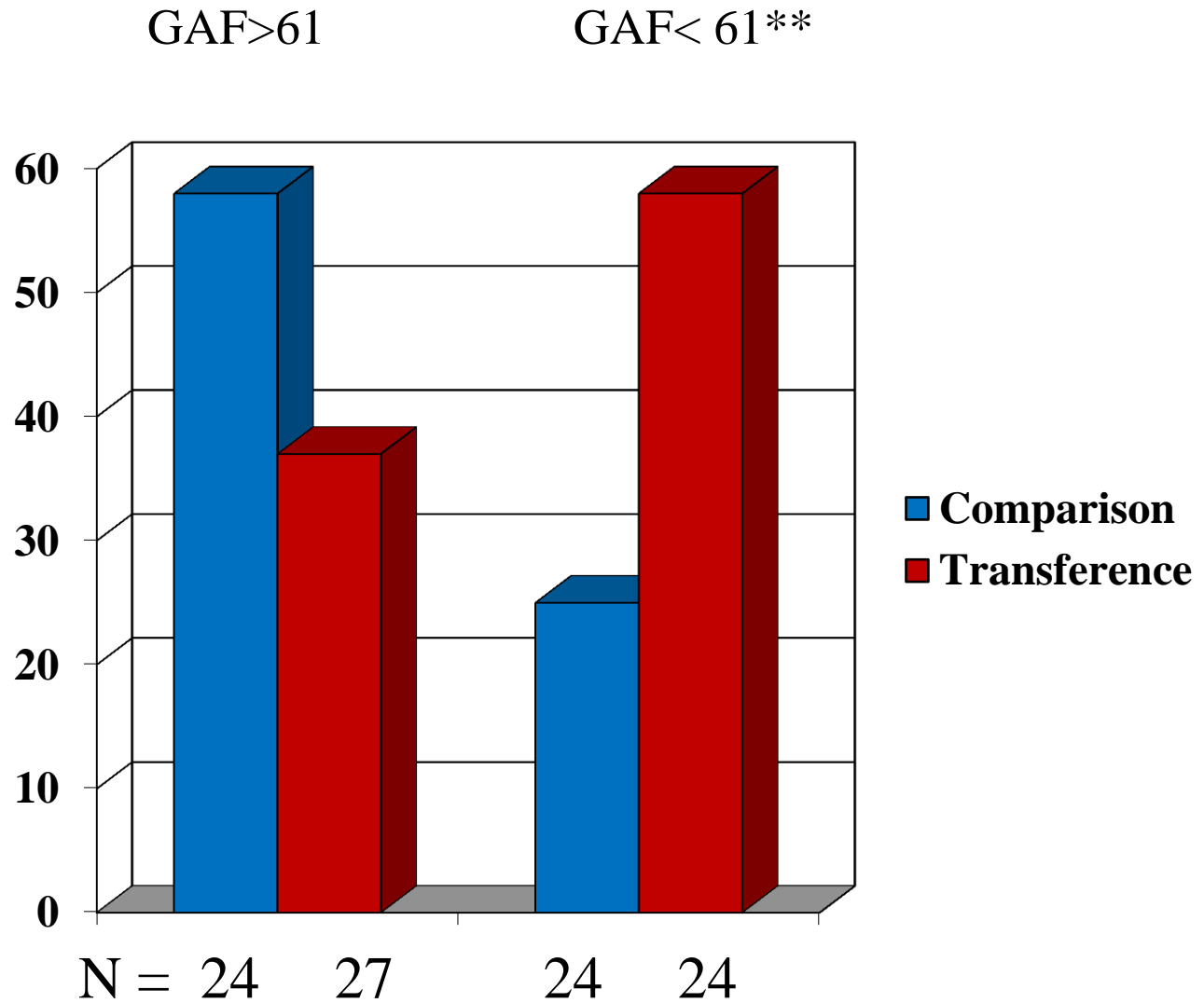
Outcome measures specific to psychodynamic psychotherapy

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***"I think I'm cured. I now forgive my parents,
love my wife, adore my children and hate
you."***

GAF as Moderator



Follow-up period 3 years

Additional Treatment

	Transference N=26	Comparison N=20
Any treatment	15%**	55%
Antidepressant meds.	30%*	57%
Sick leave	10%*	38%
Psychotherapy	10%**	40%

Figure 2. The association between WAI and the specific effects of transference work for patients with different QOR Scale scores

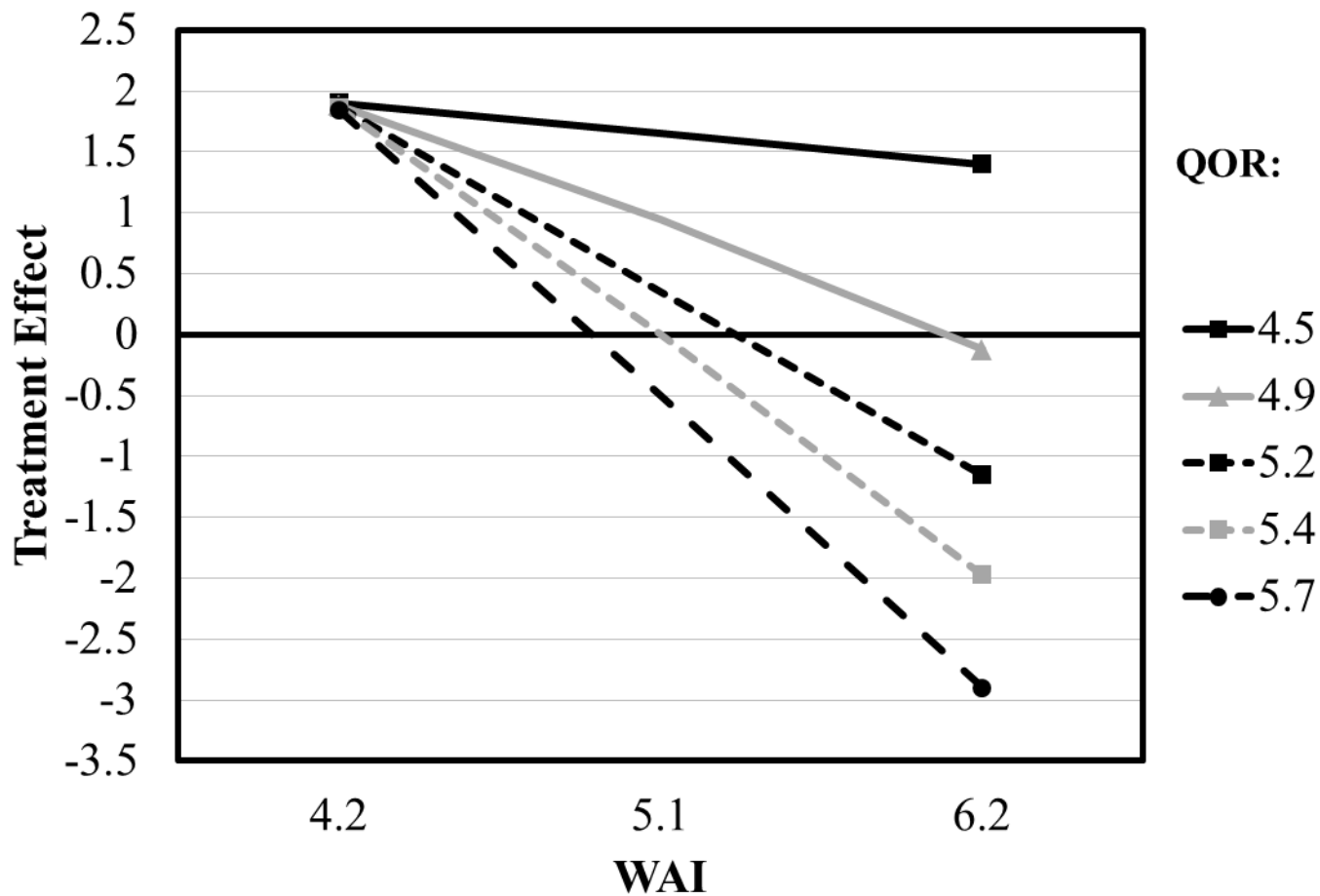
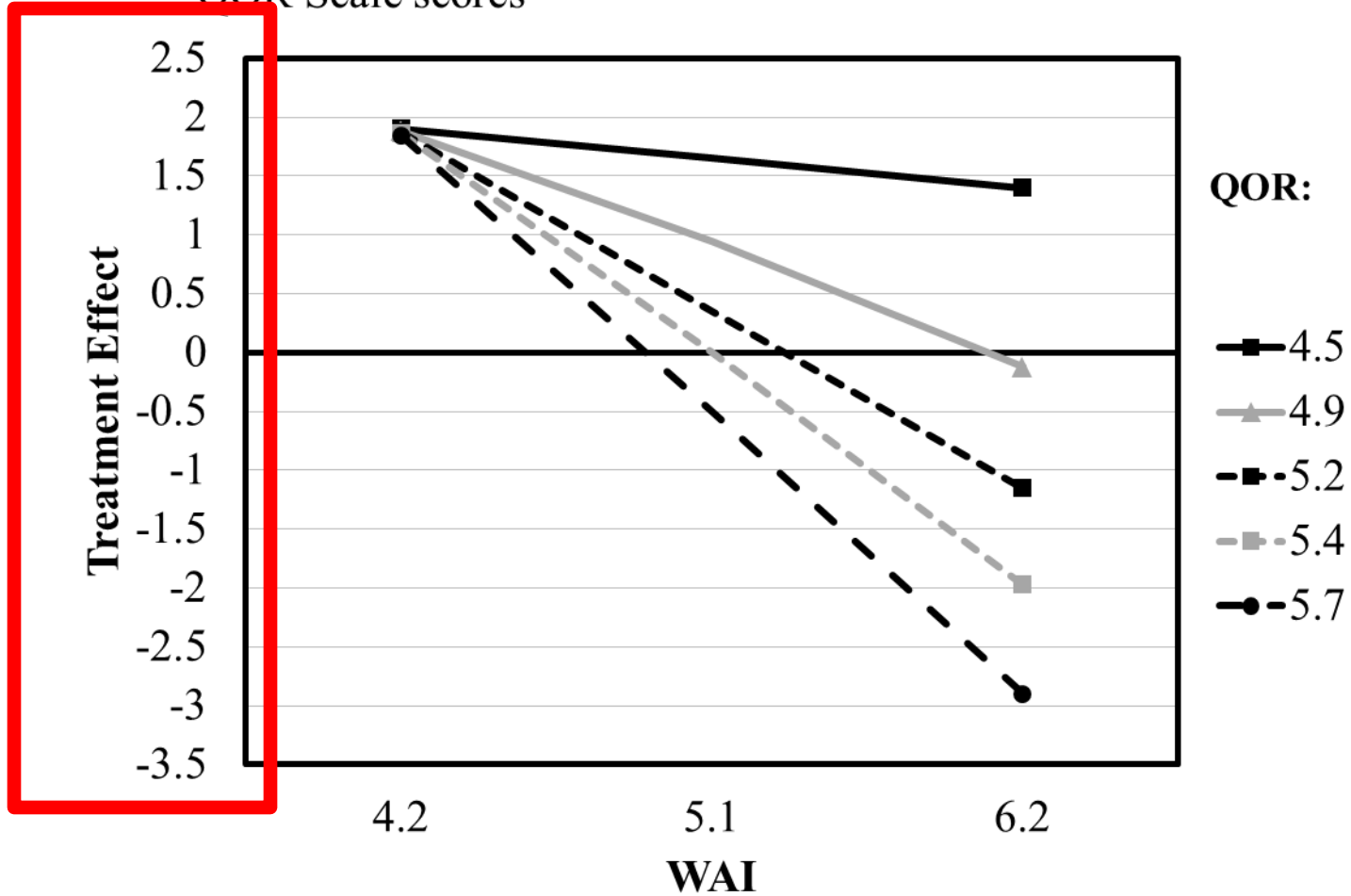
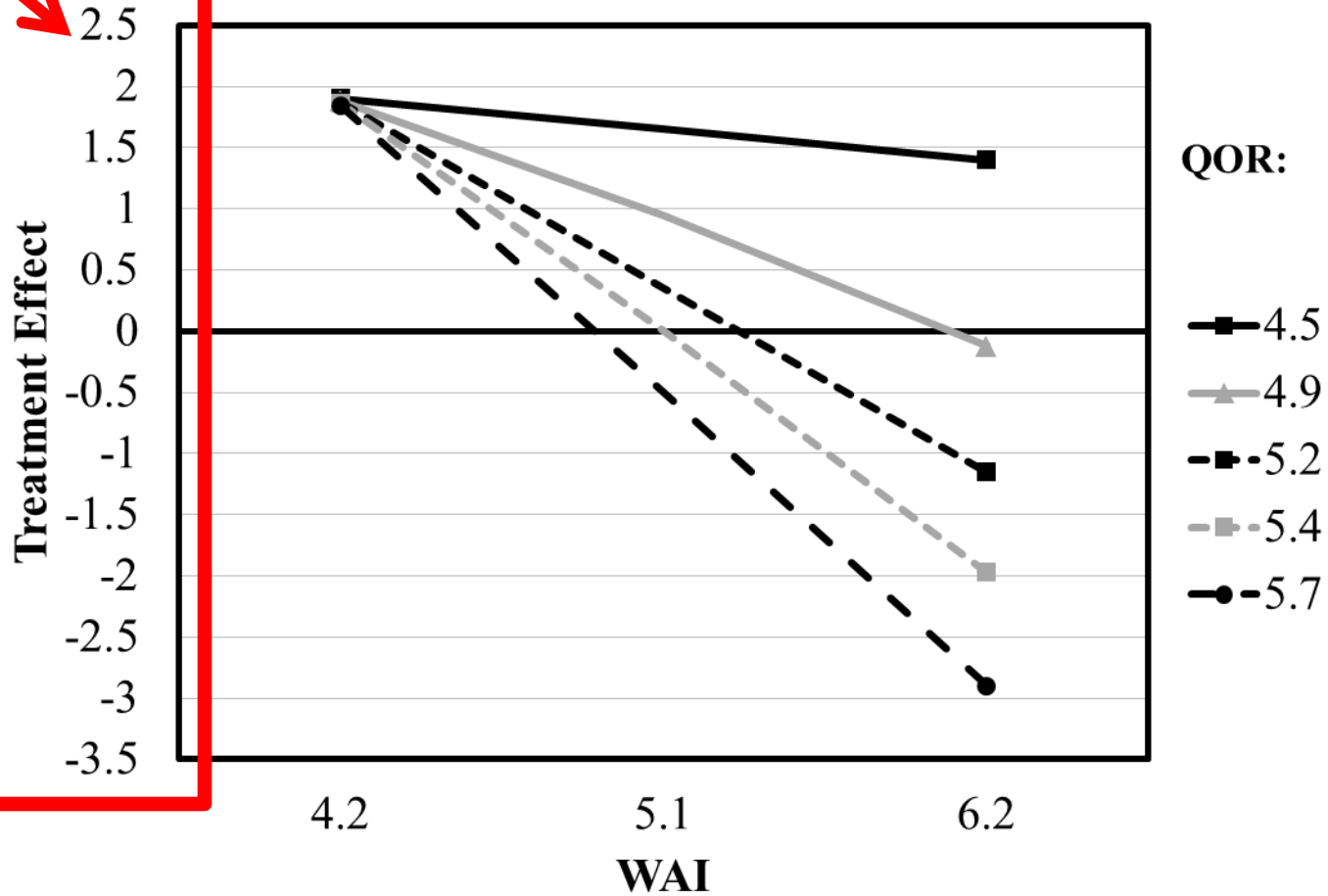


Figure 2. The association between WAI and the specific effects of transference work for patients with different OOR Scale scores



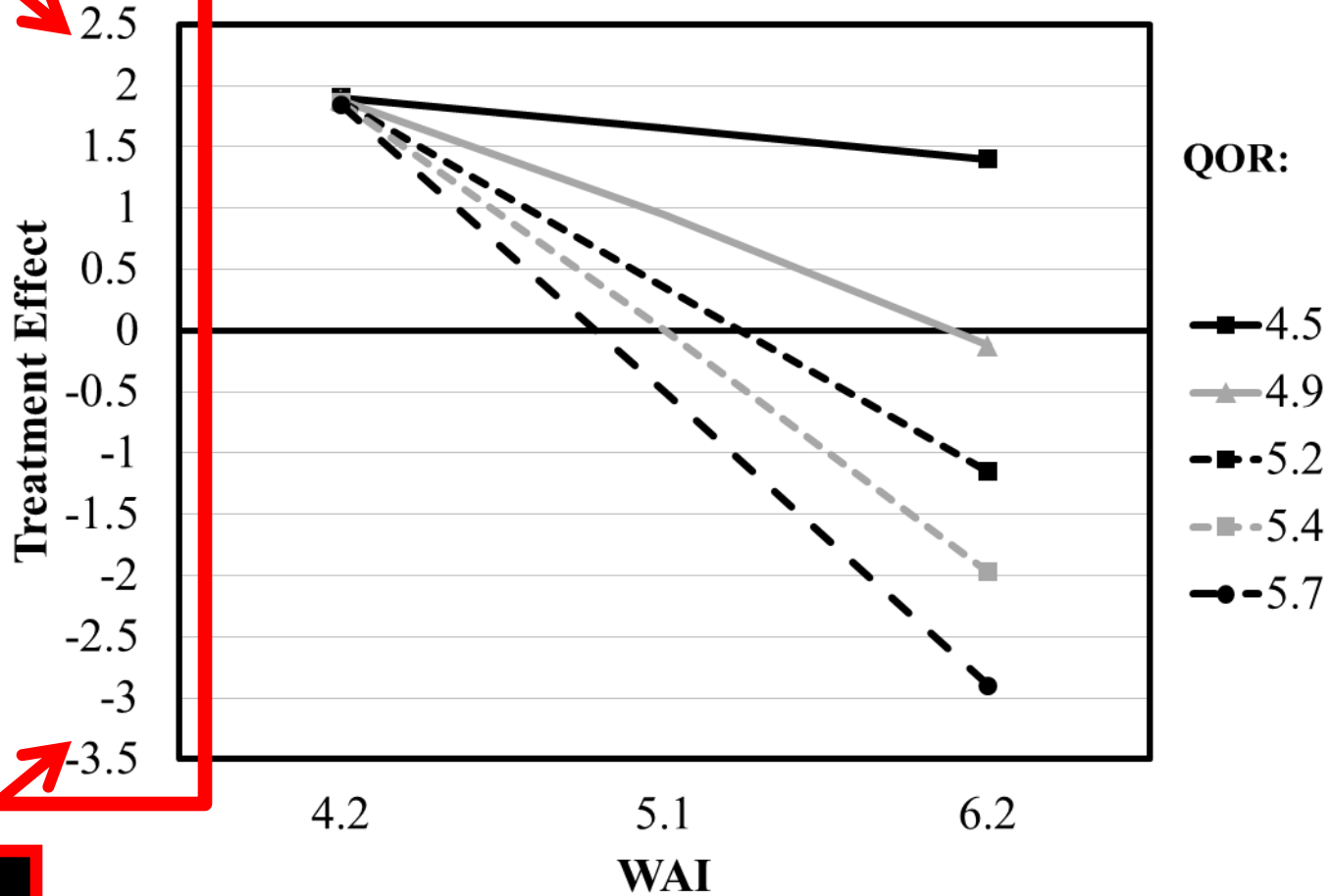
**Transference
Group**

Figure 2. The association between WAI and the specific effects of transference work for patients with different OOR Scale scores



**Transference
Group**

Figure 2. The association between WAI and the specific effects of transference work for patients with different OOR Scale scores



**Comparison
Group**

Figure 2. The association between WAI and the specific effects of transference work for patients with different QOR Scale scores

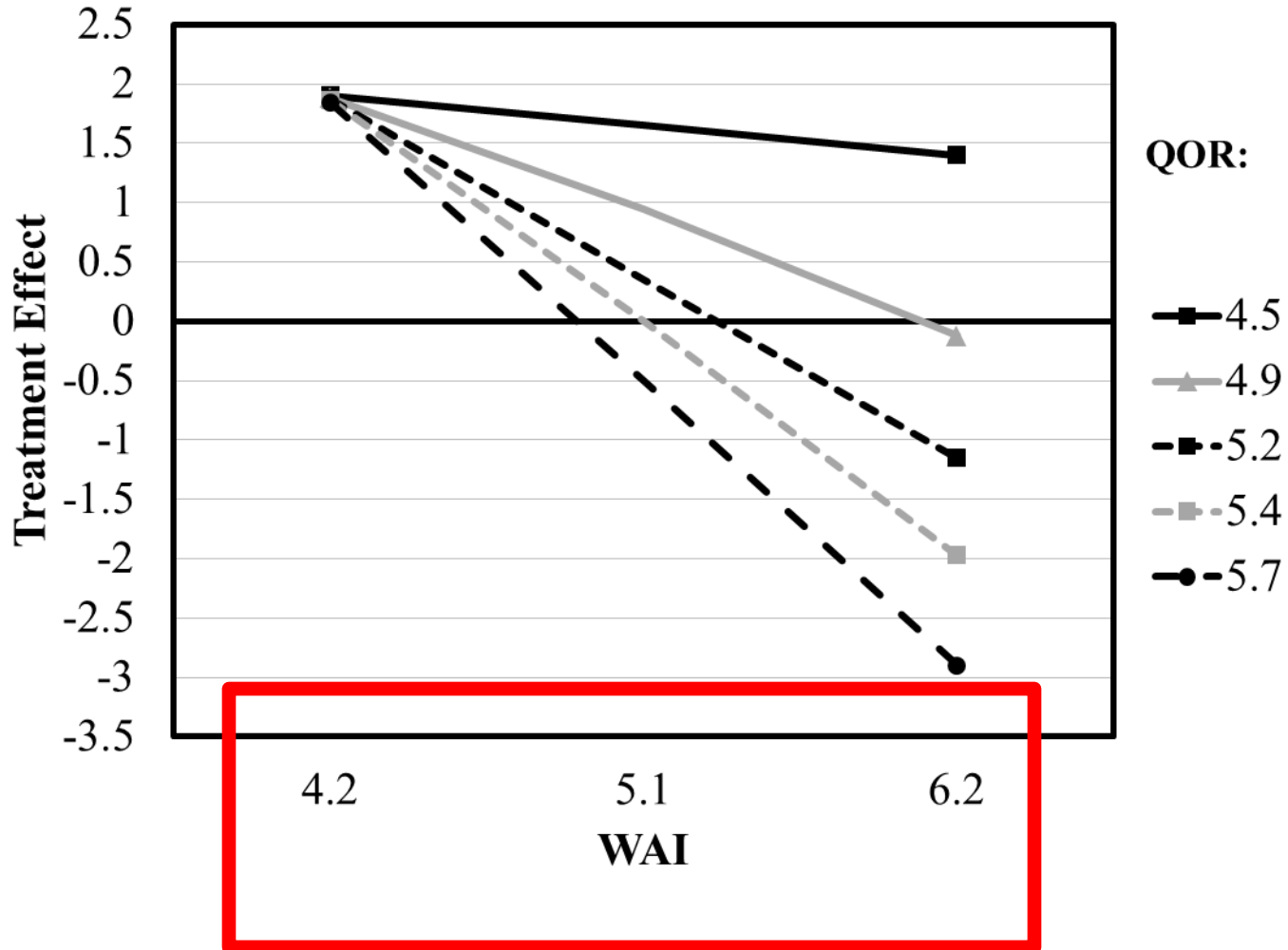


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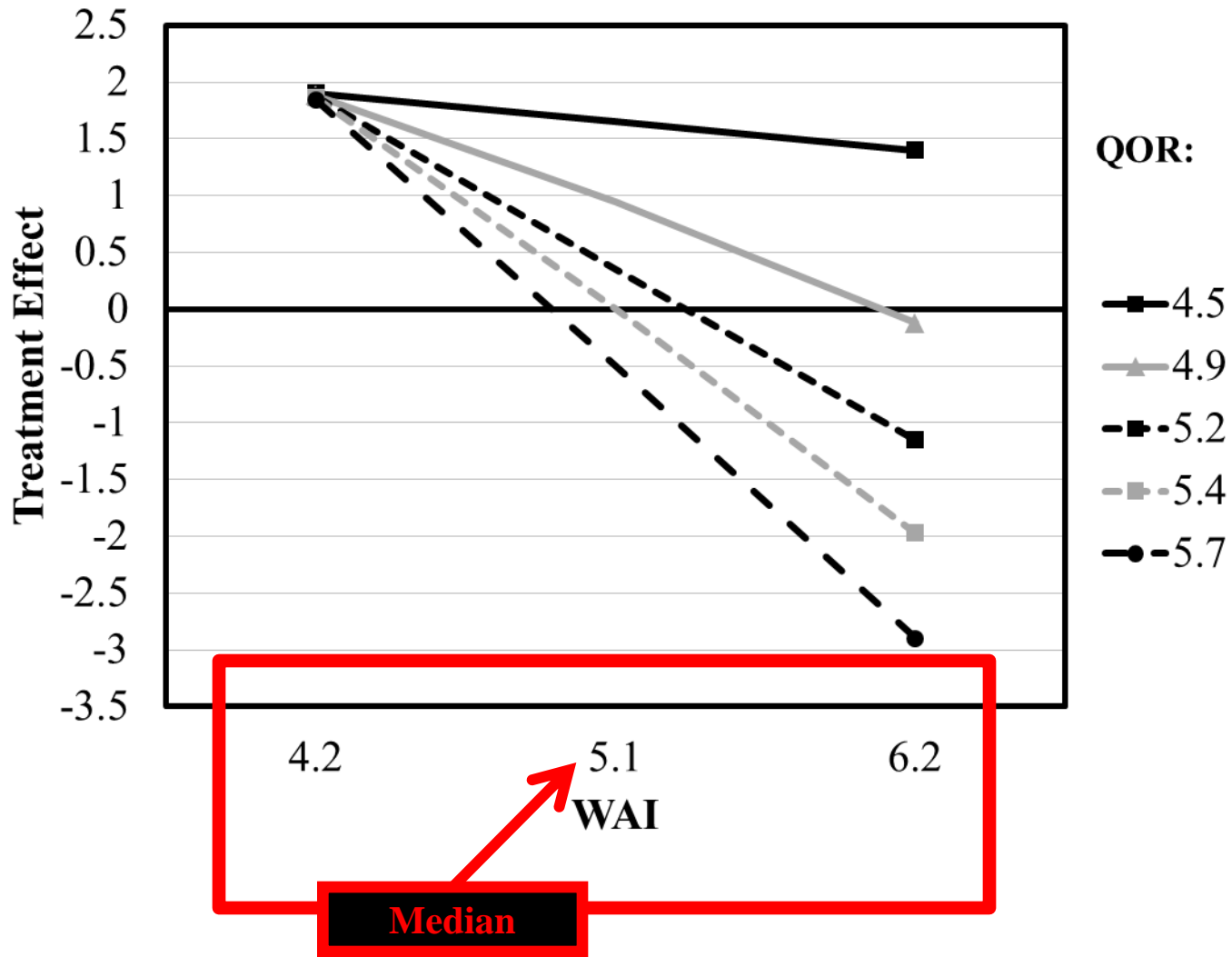


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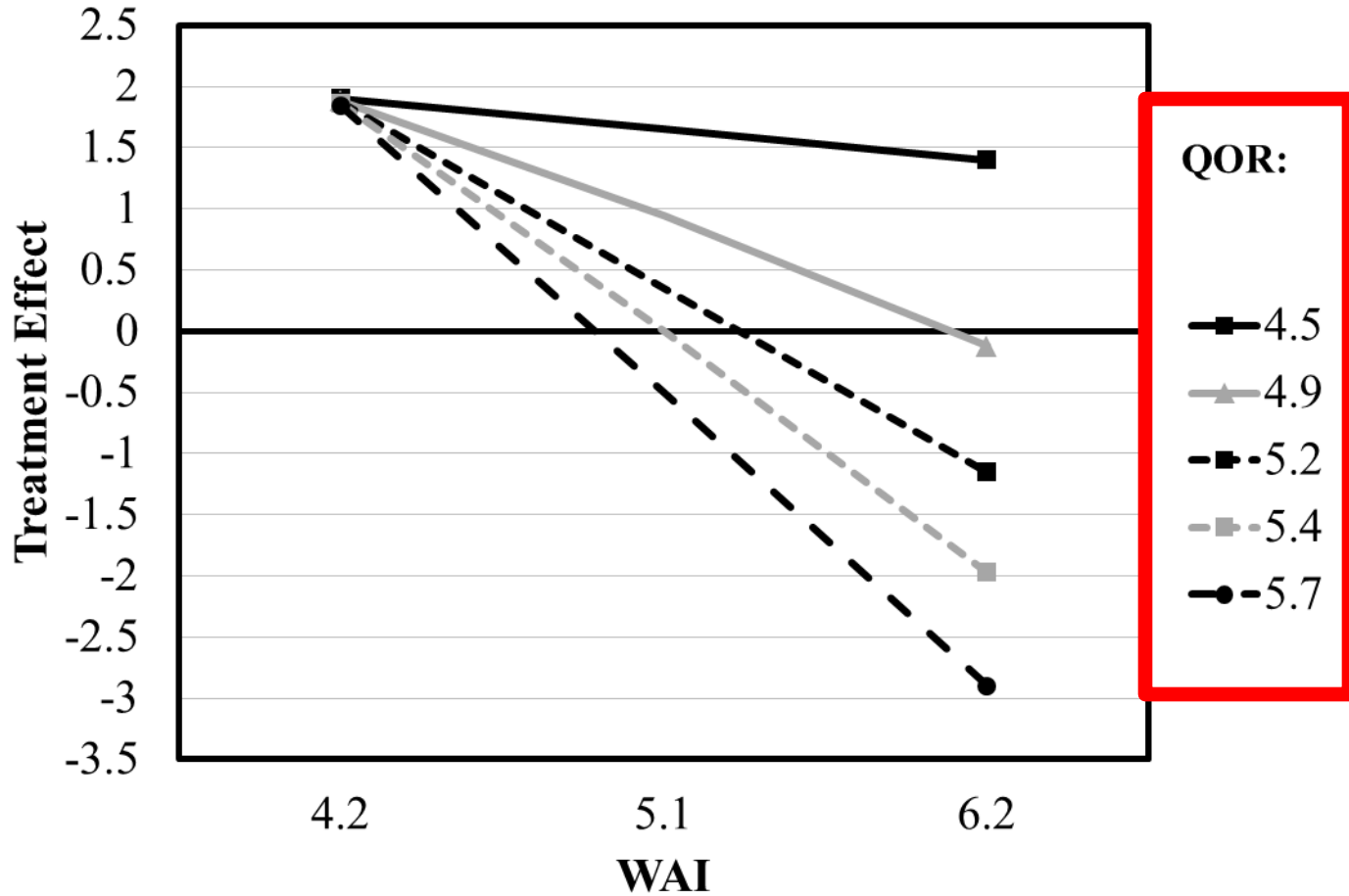


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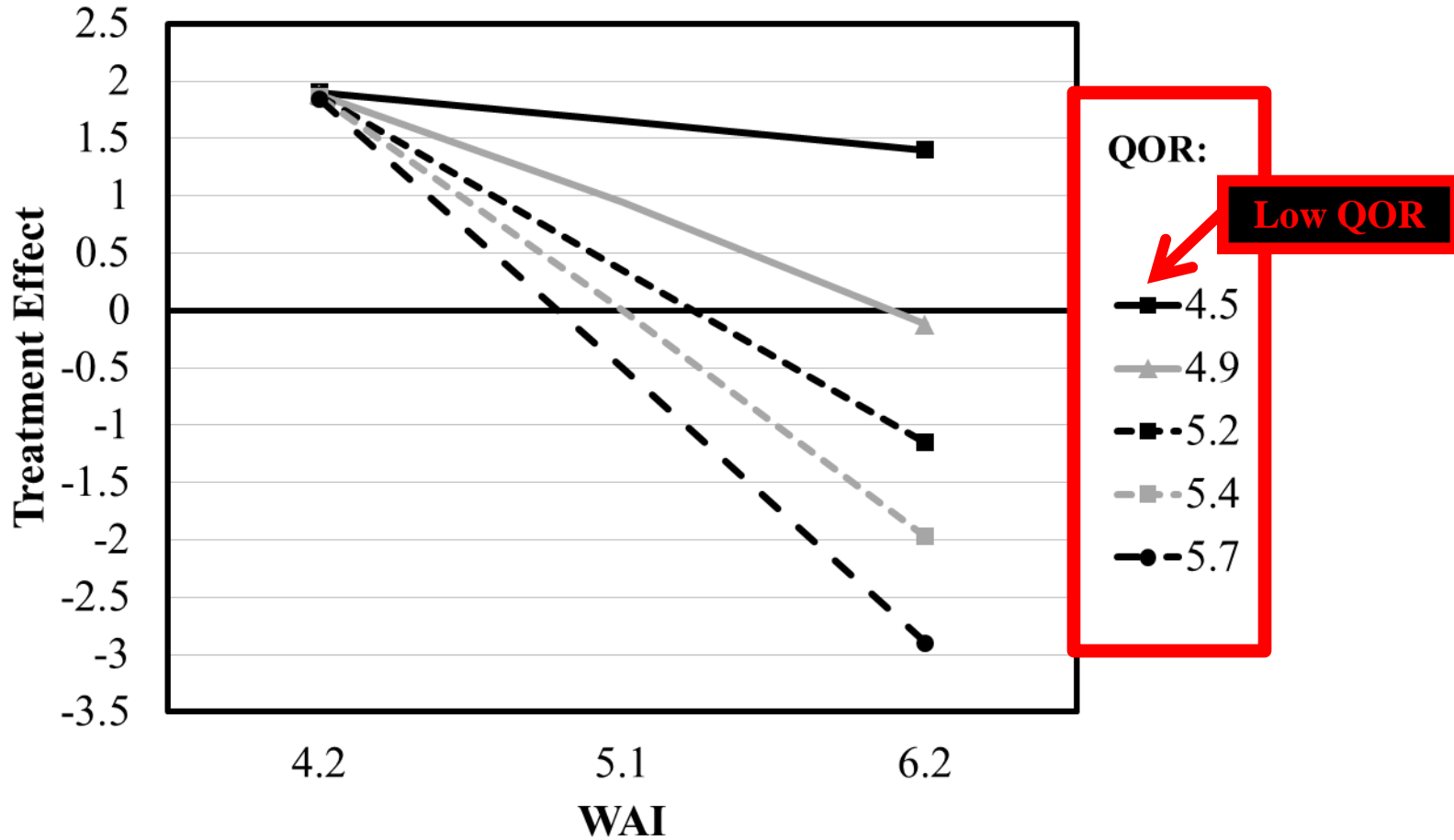


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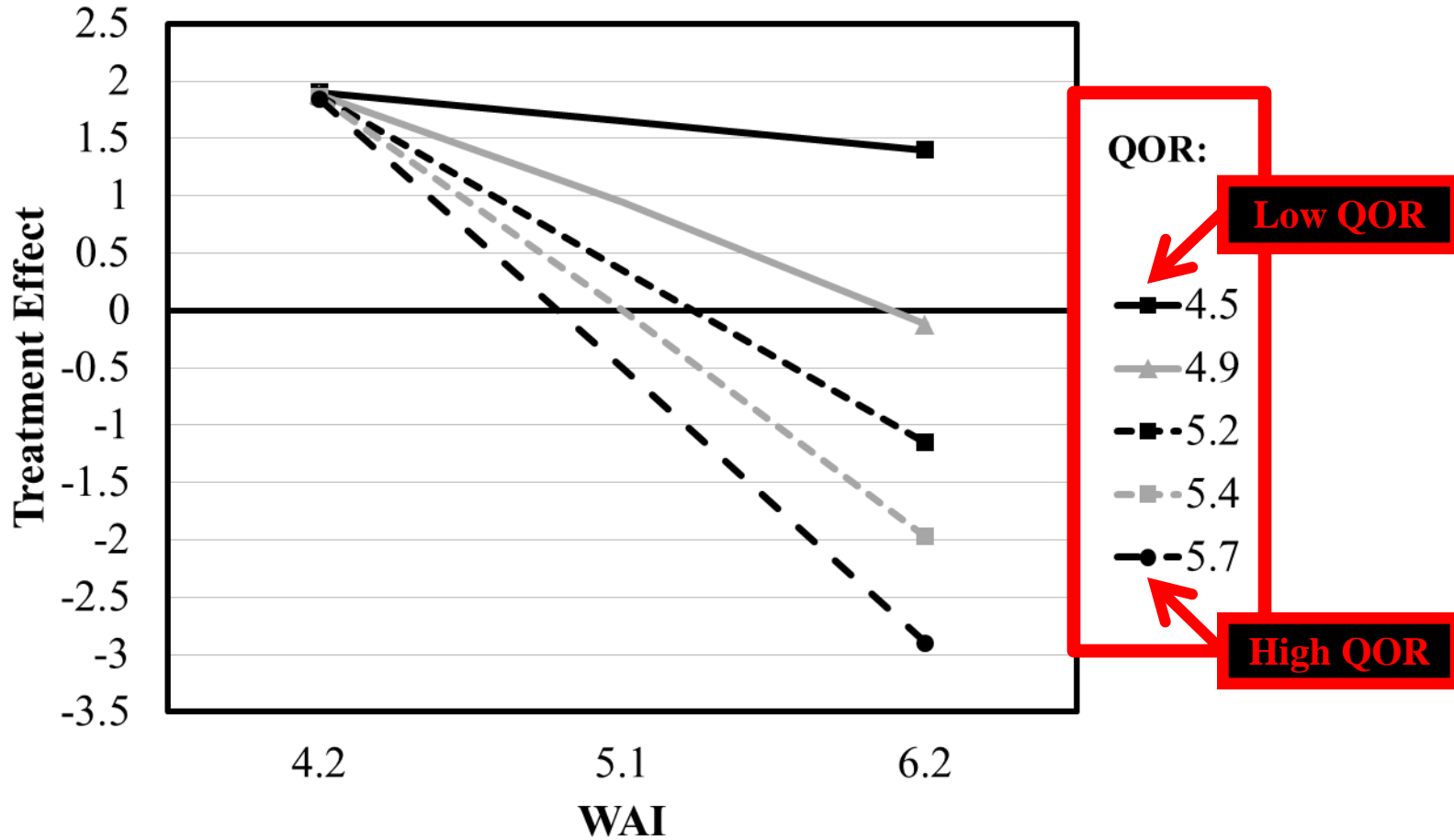


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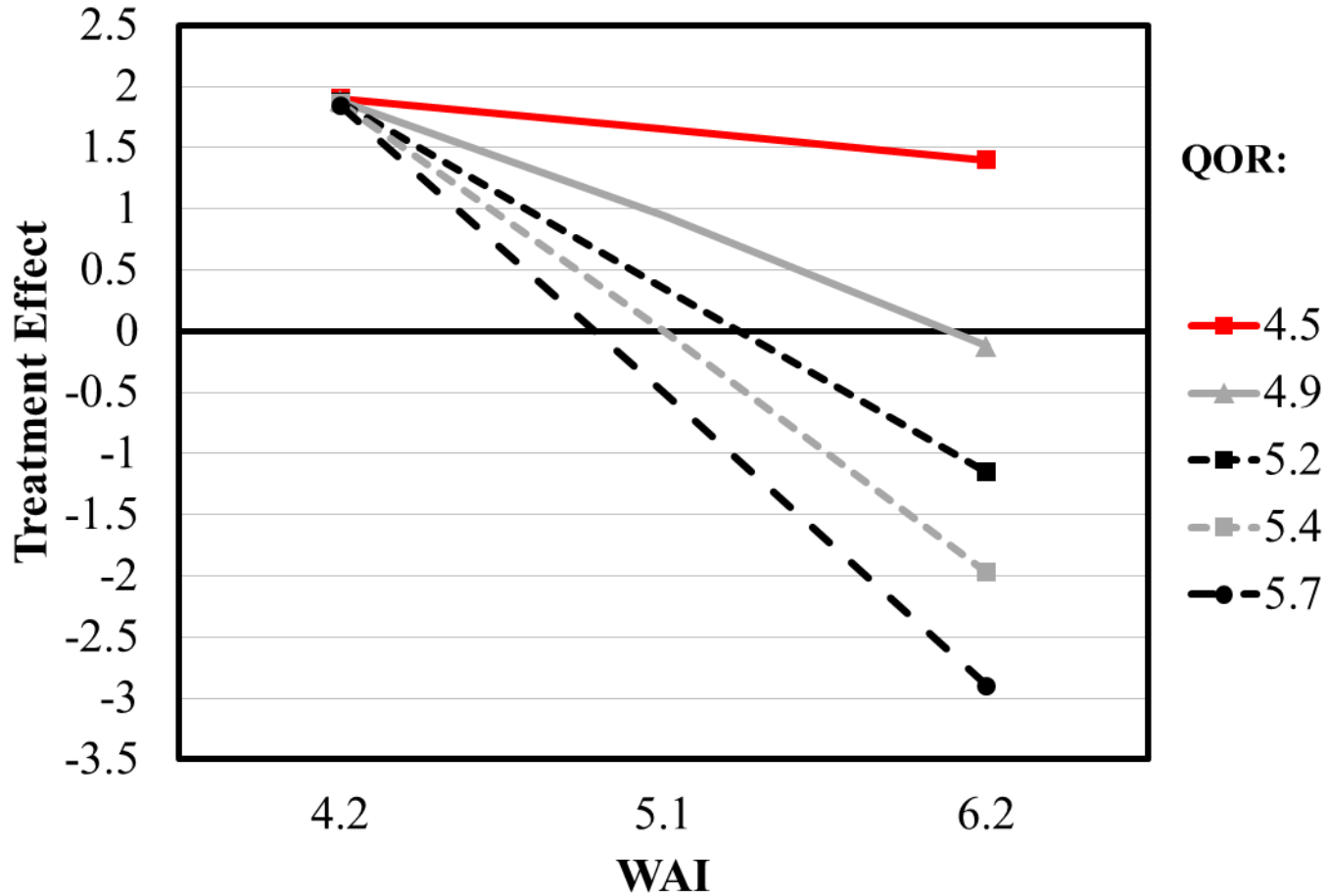


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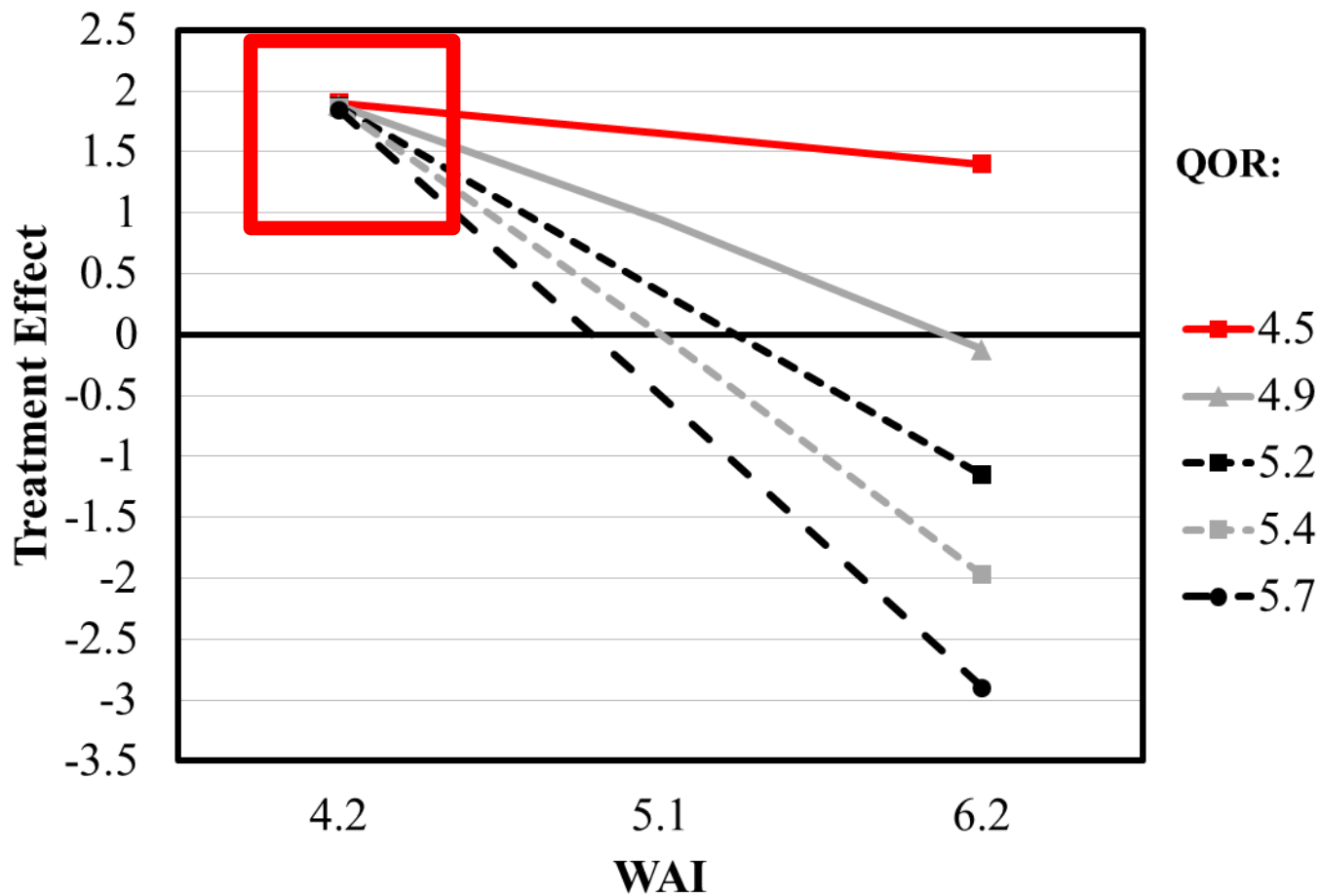


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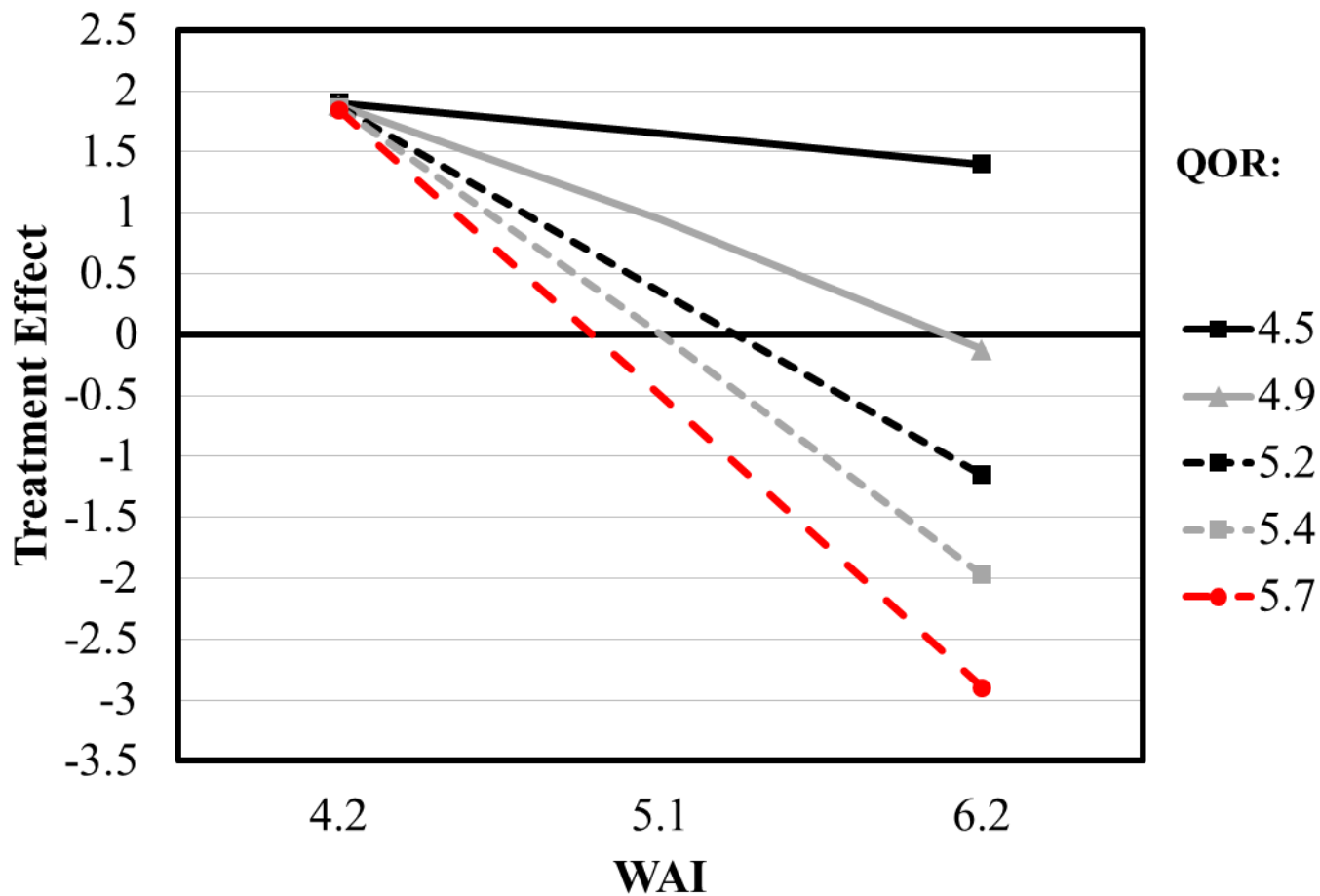
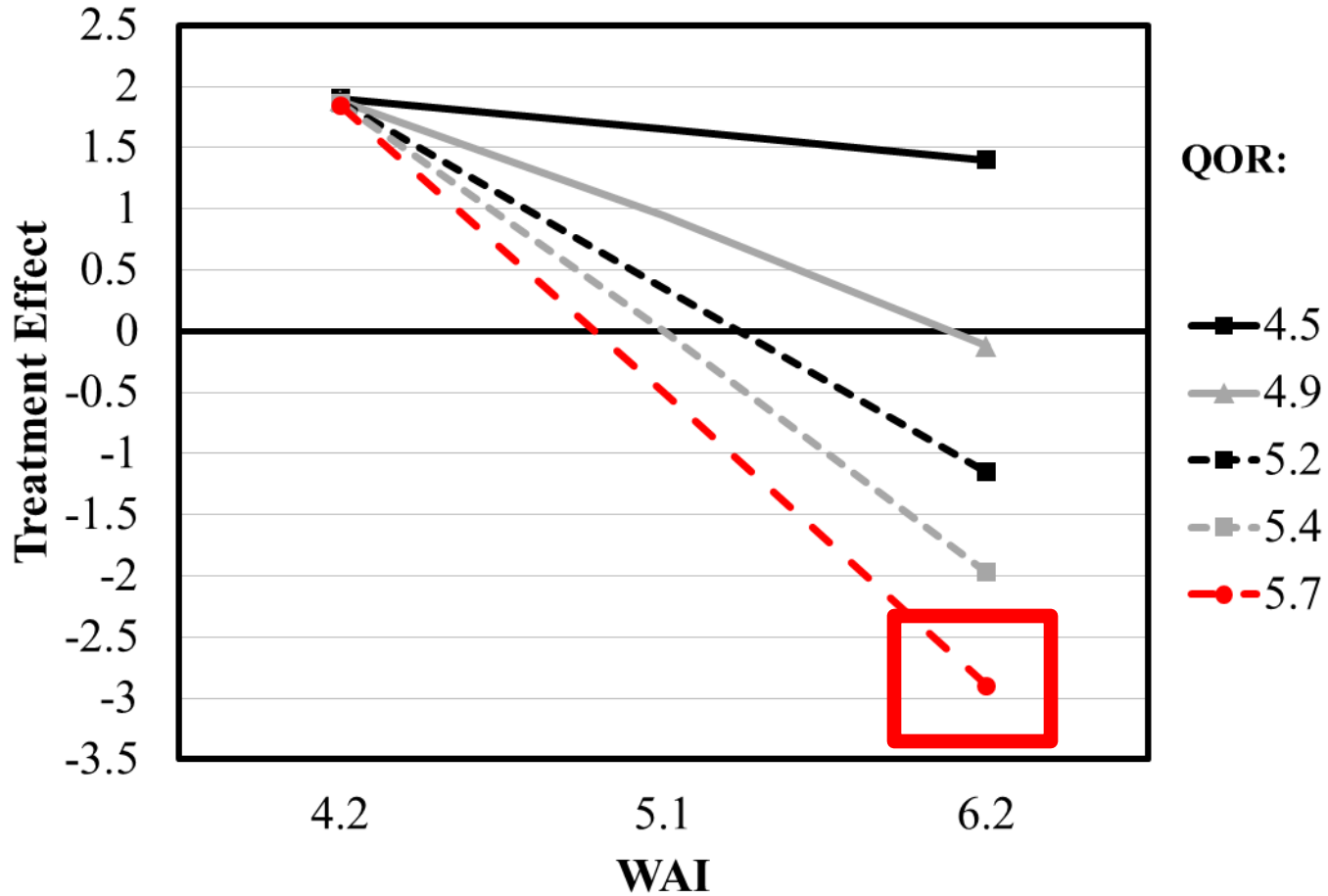


Figure 2. The association between WAI and the specific effects of transference work for patients with different QOR Scale scores



The Subscales in the Feeling Word Checklist-58

Confident

Total control
Clever
Overview
Attentive
Receptive
Confident
Helpful
Happy
Enthusiastic
Calm
Objective

Inadequate

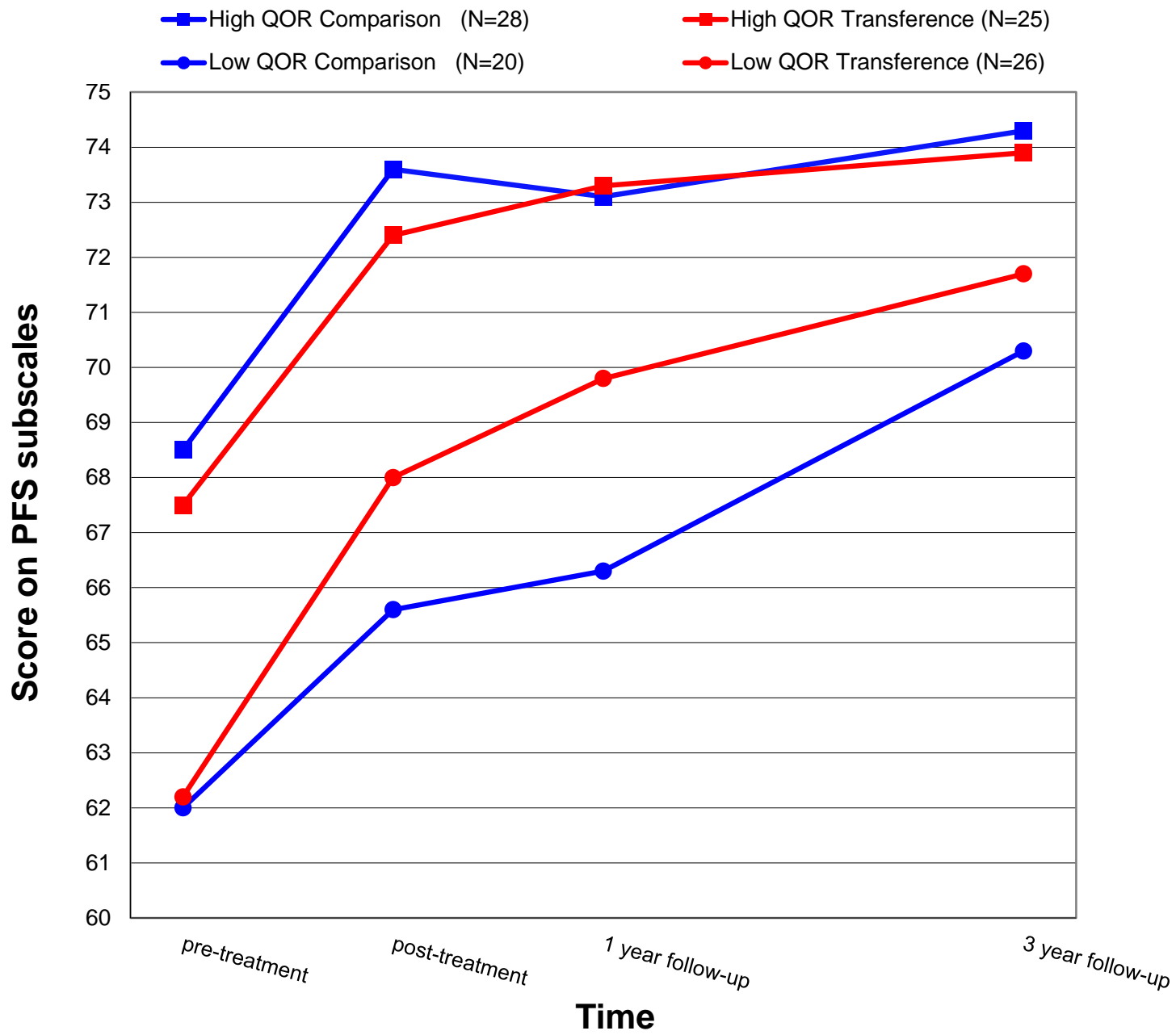
Inadequate
Anxious
Threatened
Stupid
Distressed
Insecure
Helpless
Overwhelmed
Cautious
Rejected
Disliked
Embarrassed

Disengaged

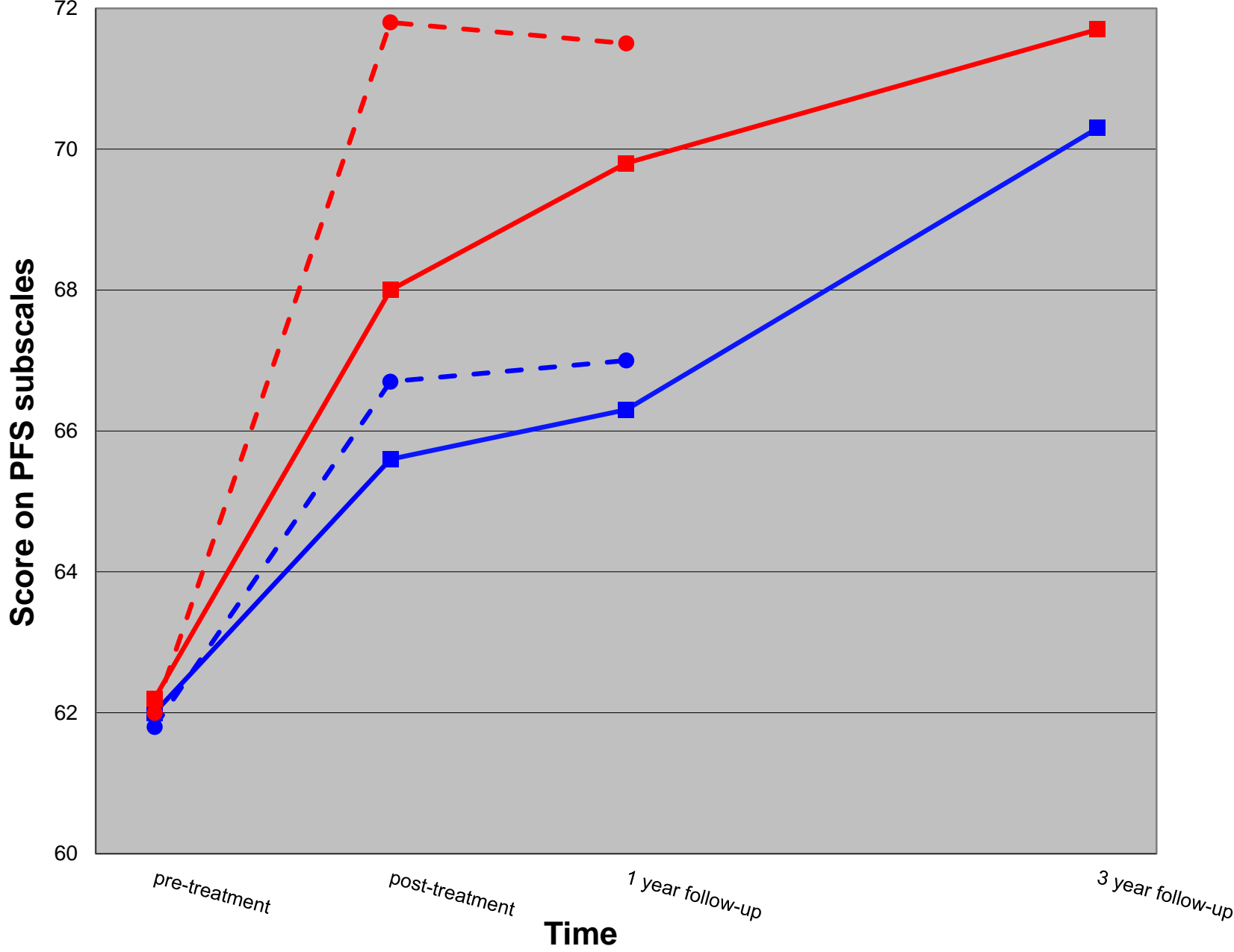
Bored
Tired of
Sleepy
Indifferent
Aloof

Parental

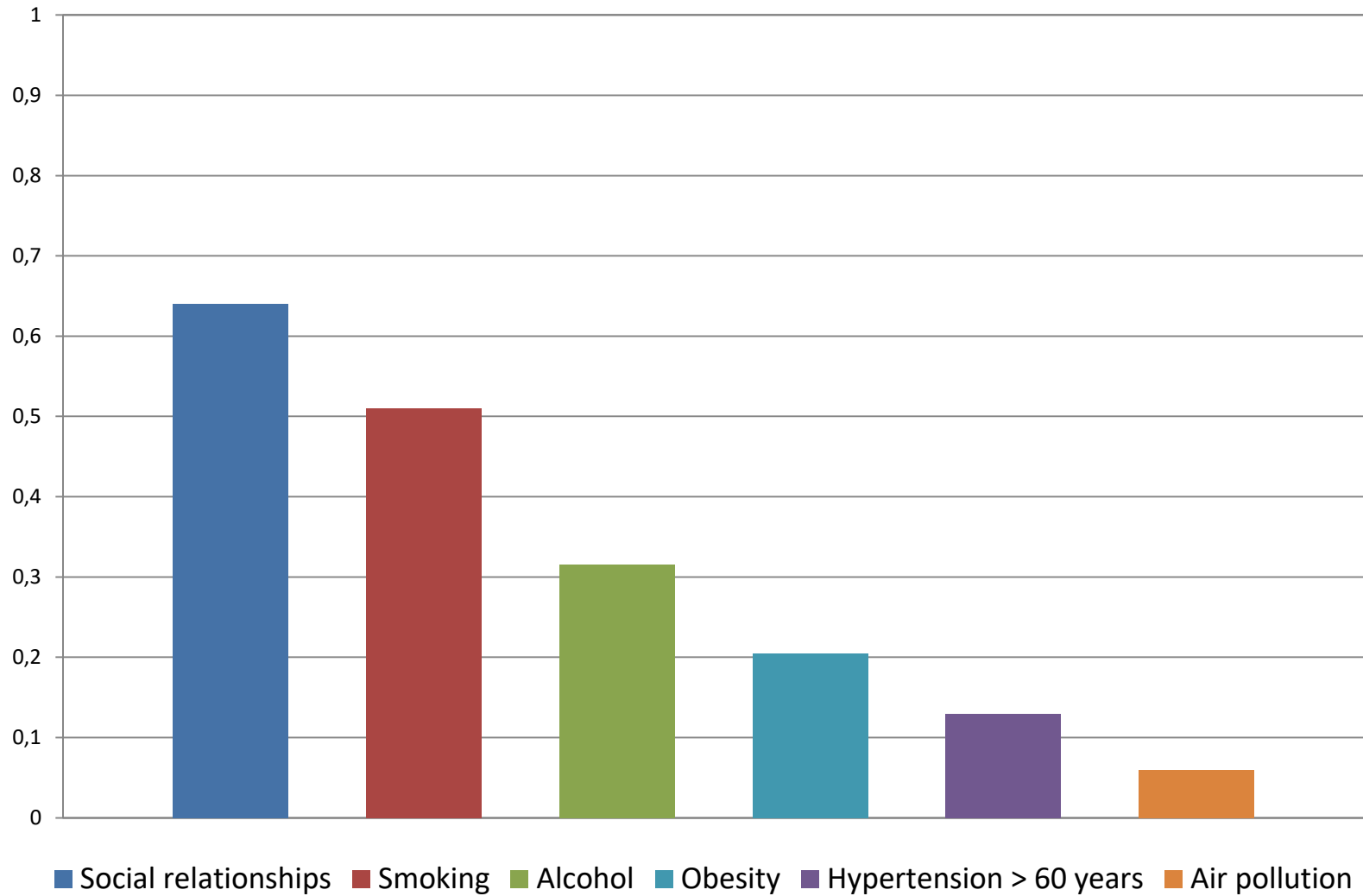
Motherly
Affectionate
Dominate
Important



Interpersonal Functioning (outcome): **Comparison (N=20)** **Transference (N=26)**
Insight (mediator): **Comparison (N=20)** **Transference (N=26)**



Odds of decreased mortality across several conditions associated with mortality



Loneliness





We have conducted the FEST research program, involving a series of studies over several decades. Unfortunately, we have forgotten why.