3 The Psychotherapeutic Relation

A multidimensional approach from a Psychoanalytic perspective related to the Internal Working Model and Attachment styles

There is no such thing as a Patient

It is all about the couple

Introductory Remarks

Psychotherapy

- Psychotherapy is a form of relationship
- Development as a methaphor for the psychotherapeutic process
- It is a professional relationship → the therapist is responsable for the setting

Ego Development

Object-relational development	Self-object diff.	Difference reality and fantasy	Type relation
Post-oedipal	Present	Present	Real rel. work. all.
Oedipal	Present	Partly present, partly absent	Transf.
Pre-oedipal	Absent	Absent	Prim.rel.

The psychotherapeutic relation

- The Primary relation
- The Real relation / working alliance
- The Transference relationship
- The Developmental aspect of the relation

The psychotherapeutic relation

- The different aspects are **always** there
- Specific and Non-specific factors
- Specific for the psychoanalytic way of doing psychotherapy is the way we handle those aspects.
- We are both participating in the relation and reflecting on it → **Third Position**

Primary Relation

The primary relation

- Relation with the primary caring object
- No Self and Object differentation
- No Object constancy
- No inner mental space
- Symbiotic Bonding
- Preverbal

- Balint: Primary Love versus Basic Fault

The primary relation

Primary caregivers

- Unconditional love
- Facilitating the internalizing process
- Winnicott: The Good enough Mothering
- Fonagy: Mentalization
- From the outside to the inside

The primary relation

- Mother as environment, containing, background as a horizon
- Mother as an object: frustrating or gratifying

- Primary attachment relation
- It is about attachment and not about the object

Primary relation

- Creating internal mental space
- Developing mentalization
- From First to Second order representations
- Developing Reflective Functioning
- From Preverbal to verbal →From Corrective Emotional Experience to Insight
- New primary object/Interpretation
- Being attached/ related more than being related to an object

Real Relation

Real Relation

- Adequate primary relation
- More or less Safely attached
- Differentiation between Self and Object without splitting them
- Differentiation between inner/outer; fantasy/reality

Real Relation

- Adequate time perspective
- Able to postpone without giving up their own needs
- Planning and organizing their lives within their own aims

- Able to differentiate between experiencing and observing ego, without separating them

Real Relation

Working Alliance

- The sound part of the patient is able to make a deal with the therapist to work on his sick part.
- Structural pathology: impaired ability to create a working alliance
- Neurotic pathology: sometimes temporarily impaired ability to create a working alliance

Transference

Transference

- **Repetition** of old conflicts. Old wine in old barrels or old wine in new barrels.
- **Reparation**: trying to get what until now you never got

Transference

- Displacement of feelings, attitudes and behaviour from old object relational units to the actual psychotherapeutic relation
- It is a form of regressive behaviour
- Differentiation between: Neurotic and Archaic Transference

Transference

- Transference Manifestations
- Transference Neurosis

- Archaic Transference
- Transference Psychosis

Counter Transference

- **Concordant Identification**

  Therapist identifies with patient's self experience (feels what the patient feels)

- **Complementary Identification**

  Therapist identifies with patient's internal and external objects (split offs: feels what the patient had to split off, cannot feel yet)

Transference

One person Psychology

- A distortion created by the patient

Two person Psychology

- A creation by patient and therapist

Transference

- Creating a new way of relating to an other object which is less restrictive or damaging than the old one was
- Creating new neurological pathways next to the old ones, strengthened by rehearsal

Transference

- Transference
- Enactment
- Role responsiveness
- Actualization

Developmental Aspect

Developmental Aspect

- Always there in the psychotherapeutic relation
- In more neurotic pathology at the background
- Dominant when the development of the primary relation is impaired

Developmental Aspect

Deficient primary relation

- No adequate S/O differentiation
- Momentanous behaviour
- No third position
- No differentiation between reality and fantasy
- Behaviour is not intentional

Developmental Aspect

- Shortcoming of the ability to mentalize
- Shortcoming of the reflective Functioning
- First order instead of second order representations

Developmental Aspect

- Equivalent mode: internal = external;
  too realistic → anaclytic pathology.

- Pretend Mode: internal separated from external;
  too unrealistic → introjective pathology.

- Reflective mode: integration → the internal and external reality are connected but not the same

Developmental Aspect

- Offering your self as a new primary object
- Offering yourself as a new safe attachment figure

- Adequate attunement, being sensitive and responsive → resonance

- Adequate mirroring

Developmental Aspect

Accurate resonance but not marked

- Problems with boundaries
- Disposition to equivalent mode
- Externalizing pathology

Developmental Aspect

Resonance is not congruent

- False Self
- Disposition to pretend mode
- Internalizing pathology

Developmental Aspect

- Crying becomes “being hungry” or “being sad”.
- Having emotions instead of being emotions
- Internal mental space
- Second order / Mental representations
- From Deficit to Conflict
- More safe attachment

Developmental Aspect

- The old representations don't disappear
- A new alternative is created
- Structural change: growing towards more flexibility

Internal Working Model

IWM

Description of IWM

- Inner structures conditioning the individual to a behavioural pattern in interpersonal situations which is characteristic for the individual
- These structures are consisting of neural networks strengthened by rehearsal of patterns of interaction

(Bowlby, 1970; Schore 1994, 2001; Slade 2000)

Therapeutic stand

- The inner working model of the therapist is very decisive for determining his/her psychotherapeutic stand

Alternative concepts

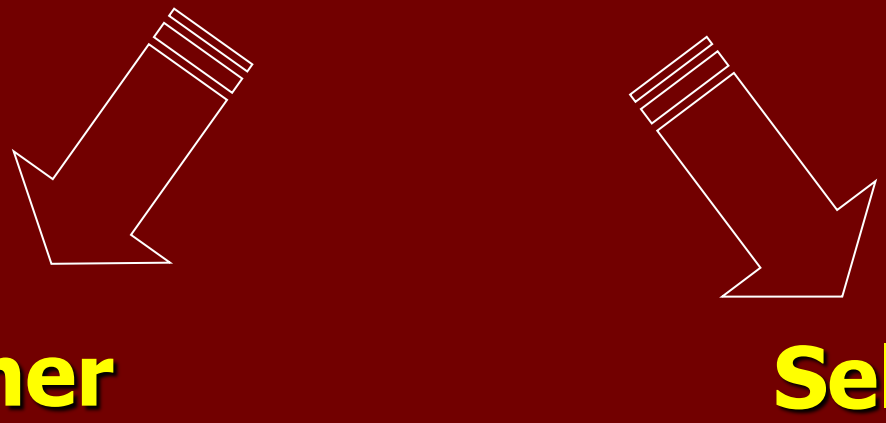
- Schema
- Scripts
- Impliciet procedural memory
- Representations of interactions that have been Generalized (RIGs)-*Stern*
- Forms of intersubjectivity - *Beebe*

Internal consistency IWM

Continual adaptation, evaluation and if necessary avoiding new information visible in:

- Behaviour
- Choices
- Interpretations of the actual moments

Two general workingmodels positive or negative



(Bartholomew e.a. 2001)

Attachment

Attachment

- Attachment relation
- Attachment representation
- Attachment style

- Attachment and Internal Working Model
- Attachment and Implicit (Procedural) Memory system

Attachment

Attachment styles

- Secure — Autonomous
- Avoidant — Dismissing
- Resistent/Ambiv. — Preoccupied/Entangled

- Disorganized — Disorganized

Attachment

Secure/Autonomous

- Primary caregivers are available in a consistent way. They are sensitive and responsively related to the needs of the child.

- Psychoanalysis and Psychoanalytic Psth.

Attachment

Ambivalent / Preoccupied / Entangled

- Primary objects available in an inconsistent way: rejection as a way to control. Lack of responsivity.
- Children are tense, impulsive, alert, passive, frustrated and helpless.

- Psychoanalytic Psth. Or group

Attachment

Avoidant / Dismissing

- Primary objects are rejecting, impulsive or extremely controlling
- The child is developed in isolation, they have a very hostile and demanding attitude

- Psychoanalysis

Attachment

Disorganized

- First they have organized secure or unsecure attachment behavior and suddenly they lose the melody and show inconsistent and desoriented behavior
- The attachment figure is at the same time the source of safety and of anxiety

Attachment and IWM

IWM – Attachment representation

Other		Self
Positive	⟷	Positive
Negative		Negative

→ **Autonomous / Safe**

IWM - Attachment representations

Other	Self
Positive	Positive
Negative	Negative



Avoidant/Dismissing

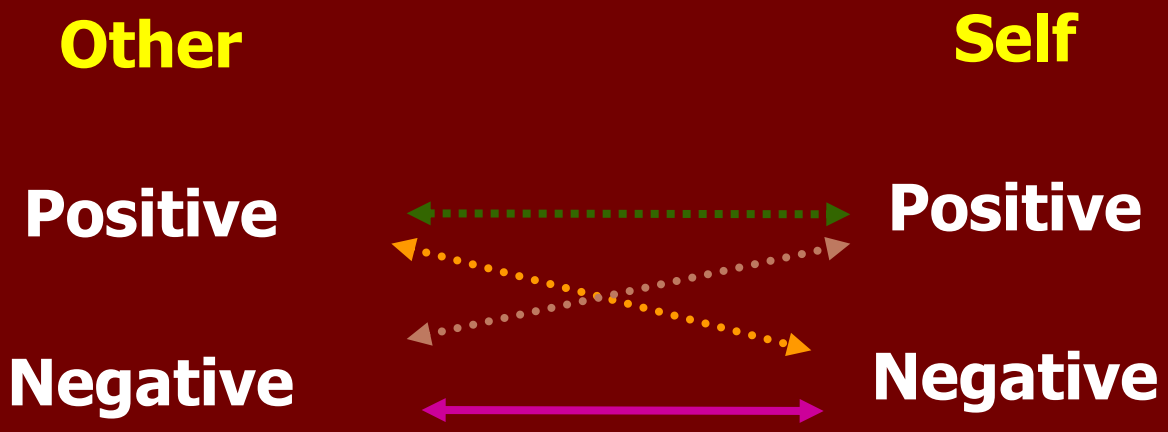
IWM - Attachmentrepresentation

Other	Self
Positive	Positive
Negative	Negative



Preoccupied /Entangled

IWM -Attachmentrepresentation



Disorganized

AAI: safe, avoidant

Safe (F)

- Loves bonding
- Coherent telling
- General descriptions founded by episodic memories
- Not in contradiction with himself
- At ease with the topic

Avoidant (Ds)

- Actively put aside the possibility to be influenced by earlier experiences in attachment
- Idealizing the parental object or devaluating them in relation to his attachment history

AAI: preoccupied, desorganized

Preoccupied (E)

- Strongly focusing on the parental objects
- Not able to put aside issues related to attachment nor to describe them coherently
- Able to oscillate between "good" and "bad"

Disorganized (Ud) (+ Ds, E, F)

- Trauma cannot be integrated in actual life (for example: feels guilty without being actual the cause of the trauma
- Incoherent storytelling
- Either/Or thinking → "All good or all bad

The Psychotherapeutic Relation

Revisited

Effective Therapeutic Relation

- The inner working model of the therapist is basic in creating an effective therapeutic relation

Psychotherapeutic Stand and Attachment

Reluctant and Cautious	⟷	**More dismissing and avoidant**
Emotional and expressive	⟷	**More preoccupied and ambivalent**
Alternating	⟷	**Autonomous/safe or disorganized**

Good matching

Patiënt	Therapeutic Stand
	Reluctant / Emotional
PREOCCUPIED	Match
AVOIDANT	Match
DISORGANIZED	Alternating

Corrective Experience

- Within the therapeutic relation the patiënt has the opportunity to experience in the relation with his therapist an alternative working model and to test the safety and reliability of this working model
- The IWM's of both, the patient and the therapist are involved in the creation of the therapeutic relation.

Balance between autonomy and intimacy

Secure attachment is the outcome of successful containment, while insecure attachment is a defensive compromise in which either intimacy (avoidant/ dismissing) or autonomy (resistant/ preoccupied) appears to be sacrificed for the sake of retaining physical proximity to the caregiver incapable of containing the infant's affect.

(**Fonagy et al 1995: 243**)

Basic Needs

S. Blatt (1995;1996;1998)

- **Two Basic Needs**

1. Relatedness → Anaclytical Pathology
Preoccupied/Ambivalent
Failure in marked mirroring
I cannot be alone

2. Autonomy → Introjective Pathology
Avoidant/Dismissing
Failure in sensitive responsivity
I should do it on my own

Therapeutic Relation

- Patiënt and Therapist are both, based upon their unconscious inner working models looking for the optimal balance between distance and intimacy.

- The IWM's of both of them are involved in the creation of the therapeutic relation

Therapeutic Relation

Ds: Maximalizing the distance, minimalizing the intimacy (avoidant) → **Autonomy**

F: **Balance** between distance and intimacy (autonomous)

E: Minimalizing the distance, maximalizing the intimacy (preoccupied) → **Relatedness**

Summarizing

Therapeutic Relation

It is always everything together

- Primary relation
- Real relation
- Transference
- Developmental aspects

It is a matter of dominance

Effective Therapeutic Relation

- A good attunement between the pathologie of the patiënt and the inner working model of the therapist enlarges the opportunity for an effective therapeutic relation.

It is all about the couple

Stand of the Therapist

Classical

- Free floating attention
- Neutrality, authority (therapist is knowing informed, pat. not)
- Abstinent →not fulfilling the needs of the patiënt narrow definition of countertransference
- Anonimity → no self-disclosure!

Nowadays

- Interactional, interpersonal
- Functional neutrality, partnership
- Abstinence is not possible, Countertransference is always there
- Real relation, adequate transparancy/self - disclosure

Effectiveness of therapist attitudes and behaviors

- **Effective:**
  - Empathy
  - Goal consensus and collaboration
- **Promising:**
  - Positive regard, congruence
  - Feedback, adequate self-disclosure
  - Management of counter-transference and relational interpretations
  - Non-directive / paradoxical interventions in highly resistant clients

Norcross, J. C. (2002)

Effectiveness of relationship factors

- **Effective:**
  - Adequate working alliance
- **Promising:**
  - Repairing ruptures in the working alliance

Norcross, J. C. (2002)