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ABSTRACT

One of the central and distinguishing challenges encountered in psychodynamic-oriented psychotherapy is the interpretation of transference. This report employs a psychodynamic framework to describe and analyze the therapeutic interactions between a client and a therapist. It explains a theorized interaction between transference and insight that has been supported in a small sample study of psychoanalysis as well as from the outcome of a single session during the course of open-ended therapy. This type of therapy was applied in the case of a 27-year-old male presented throughout this paper. A detailed report is provided of the clinical material along with its application to psychodynamic theory. (JDM)

The Case of Mr. P –

Primary Intervention Skills in Psychodynamic Therapy

Manuela H. Habicht

ABSTRACT

A primary challenge encountered in the development of psychodynamic intervention skills is the interpretation of transference. This report employs a psychodynamic framework to describe and analyse therapeutic processes with reference to contributions of the client as well as the therapist. A detailed analysis of the clinical material as well as clear linkages to psychodynamic theory are provided.

Introduction

One of the central and distinguishing features of psychodynamically oriented psychotherapy is the interpretation of transference. By interpretation, the author refers to the actual statements made by the therapist to the client in an attempt to enhance the client's understanding of his or her experiences. This is related to, but distinct from, the therapist's internal process of understanding the client. In general, the intent of interpretation is to produce an alteration in the client's intrapsychic conflict to permit improved functioning (Brenner, 1976).There is also a theorised interaction between transference and insight that has been supported in a small sample study of psychoanalysis (Graff & Luborsky, 1977) as well as for the outcome of a single session during the course of open-ended therapy (Gelso et al, 1991) as applied in the case of Mr. P that is described below.

Background

Mr. P is a 27-year old member who enlisted in the military more than 10 years ago. The general practioner referred him after he has engaged in self-mutilating behaviour. He described his past experiences with a psychologist as unsatisfactory. As a boy Mr. P. had to move around with his parents due to work commitments of his father, who also engages in self-mutilating behaviour. He was physically abused by his parents who sent him to a boarding school, where he displayed some antisocial behaviour and attitudes. Mr. P. presents with a history of dysfunctional relationships including a broken marriage that had been of 2 years duration.

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Background

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Session

The client did not appear for the session last week because he was on an exercise. The receptionist called him after his return from and he stated that he had cancelled the session. It is quite possible that the receptionist did not make an entry into the booking form.

The client entered the session with a smile and said that "in general" he enjoyed his exercise. The therapist explored the term "in general" further and he started talking about that his girlfriend (M) who had called him last week - their conversation had made him really angry. He stated that she admitted to having been at a bar where she had a lot of alcohol to drink. He stated that there were strippers in the bar and she ended up kissing one of the strippers. She told him on the phone that her sister dragged her away. The therapist explored his feelings at the time M told him about the evening and he said that he was very angry and had thought about "punching the guy". He stated that he was starting to interrogate M about the kiss and what she felt, how the person looked, what he was wearing and the duration of the kiss.

The therapist linked his behaviour of interrogation on the phone with behaviours demonstrated when he was married and had started to interrogate his wife about her past relationships. The therapist identified the ambivalence about his wanting to find out about what happened and the fear getting hurt by what she would tell him. He was able to see that his feelings of ambivalence were similar to when he was married. He stated that he thinks that this behaviour and others contributed to his marriage break-up.

We identified that despite his acknowledging that M was open and honest about what she perceived as a "mistake", he is fearful of the relationship breaking up again and was aware that his interrogative behaviour put additional stress on Mandy who had already voiced that

she felt guilty. The client then stated that yesterday he went down to a town about 100 km away from where he lived to talk to M and that he still felt very angry about the guy whom she kissed. We explored the fact that he feels very uncertain about his relationship and that he feels rejected by M. He stated that much of the initial safety/security that he felt in the relationship is gone. "I wonder what is she going to do next? What will happen when I am away for real (he refers to an overseas deployment for 2-3 months)". The therapist explored whether he had shared those anxious thoughts and doubts with her. The client stated that he has real difficulties not getting angry with her when talking about the incident.

It was also interesting to notice that he attributed all his blame and direct his anger towards the guy. He acknowledged that the guy did not even know that she was in a relationship with him, "but how can I be angry with M and still love her". We explored whether in his mind they are mutually exclusive. (pause) "They are probably not". The client continued by stating that he does not know how to resolve the situation. It appeared as if he again was looking for reassurance that he acted appropriately.

Following Klein's (1997) observations that techniques based on reassurance are seldom successful: in particular their results are not lasting, the therapist refrained from reassuring the client. It is widely known that there is an ingrained need for reassurance in everybody, which goes back to the mother (Klein, 1997). We find that though the client's conscious, and often unconscious, purpose is to be analysed, the client's strong desire to receive evidence of love and appreciation from the therapist and thus be reassured is never given up. Klein (1997) pointed out that the therapist who is aware of this will analyse the infantile roots of such wishes: otherwise, in identification with the patient, the early need for reassurance may strongly influence countertransference and therefore the therapist's technique.

The therapist identified with the client's desire and felt tempted to take the mother's place and give urge immediately to alleviate the child's (the client's) anxiety. Instead the therapist pointed out that every time he feels very uncertain, he looks for some reassurance in the session. The client responded by saying "although you don't tell me what to do, I have an idea of how to do things and usually make a resolution when I leave".

Klein (1997) described the operation of the client as 'splitting'. It is difficult for the client to accept the co-existence of good and bad qualities in either himself or the other. The question of what motivates the splitting has been approached from the perspective of the patient by Fairburn (1952) and Kernberg (1976.) It appeared that the same characteristics that made My desirable and 'safe' – her lack of reserve concerning her feelings about him – also mean that she may act in ways that are unsettling for him. He initially thought that her undisguised sexual desire for him was specific to him – that he was irresistible to her – and this made him feel safe. Now the client is discovering that this desire reflects not just his own attractiveness but her lack of inhibition.

The split appeared to be an effort to protect the relationship with M and keep the bad impulses out of the relationship (Daskovsky, 1998). The client's response is to move from an 'all good' to an 'all bad' experience – but he deflects this on to the man for the reasons he describes – an inability to accept the complexity of M as a person because it is too unsettling.

The client then started talking about his headaches and stated that he had an "attack" last week. He stated that he stood underneath the shower and his right leg started off with a cramp and then went numb. Mr. P. stated that it was very painful and that the episode lasted for about 2-3 minutes. He reported that when the feeling in his leg returned his arm started to get numb. He reported that he felt sore for about 5 days and reported a feeling of weakness. The

therapist explored whether the onset of the episode was before or after he spoke to Mandy. He stated that he came off the phone and later went into the shower. "Are you saying that these things are connected?". The therapist explored how he felt when he ended the phone call. Mr. P. said that he felt very upset, he felt left alone and he was worried that his relationship would come to an end. "I thought that I did not want to go through the same things that I went through with L (his former wife). The client referred to the break-up of the marriage. The therapist identified that he felt similar when he saw N (a female that he previously had a relationship with) leaving the bar with a male. He acknowledged that he felt rejected and that trust was an issue.

He then told the therapist that he went to the town that was an hour drive from where he lives the day before. Mr. P. stated that on his way to the town he experienced the onset of a severe headache. *Free association as described by Freud (1904) was used to explore what was going through his mind at the time* and he expressed that he was anxious about how he would handle the situation with M. He said that he did not know how to approach the subject (of the kiss) and let her know that he does not want to get hurt again. He expressed that he is fearful of opening up (exposing himself) by telling her how he feels, because that might make her feel guilty and she might end the relationship. Mr. P also expressed his inability to find the right words. "She does not even know that I am seeing you, Ma'am". The therapist explored this further and it appeared to be related to a fear of exposing himself to her even further. He is afraid that she might think "I am a loopy, because I am seeing a shrink". The therapist asked him what he thought about seeing a psychologist. He thoughts that it was alright seeing a psychologist and that he would have probably already given up on the relationship if the same thing had happened last year. (pause).

There was about 2 minutes of silence.

He then asked the therapist whether she thought that there was a relationship between his migraine type headaches and his anxiety. The therapist responded by pointing out that he was seeking reassurance again that there is a connection. *The lack of reassurance might have increased Mr. P.'s anxiety levels during the session* and he then started blinking with his eyes and put his head in both hands. What was going on was explored and he reported that he got blurred vision (right eye) and was experiencing the onset of a migraine. The therapist explored how he felt and he stated that talking with the therapist made it clear that he was on his way to making the same mistakes again that he made with his wife. He said "I know it is important to talk to M and sort it out, so that I don't have to be worried about the relationship". The therapist explored how he felt at the moment and he said that it was o.k. to be here but that it made him very uncomfortable to look at his relationship from a different perspective. He acknowledged feeling anxious in the session. However he stated that he still felt more comfortable talking about his anxiety with the therapist than with M.

The client was able to identify the discomfort, but the therapist could have explored the nature of this discomfort even further. Mr. P. responded by saying that the therapy relationship is OK. It is likely that there is a parallel process with the therapist to that which he has described in relation to M. Something the therapist has said or done makes him fearful.

It is likely that the therapist's unconscious and defensive reactions to the patient's transference have played a role as to why the client's fear was not further explored. The therapist has most likely linked the client's fear with "having done something wrong/not being a good therapist".

It is important to find out what has been going through his mind during the 2 minutes of silence. Freud (1904) believed that when there is silence there are usually repressed thoughts about the therapist. At present the clinician only acknowledges the 'good therapist' – somewhere in his unconscious or sub-conscious is the 'bad therapist'. It is most likely that 'therapist' that gives him a headache – which acts as a screen from the unacceptable thought.

The session closed with the client mentioning that maybe if he "sorts out" his problems with M and can be more certain about their relationship, the migraines and numbness will disappear. The therapist finally became aware that his headaches initially appeared in the session while he was feeling anxious, but that they did not appear again until today and explored whether his anxiety was quite high today, compared to other sessions, which he acknowledged.

It also has to be taken into consideration that there was a break in continuity of sessions. The missed session might have led to increased fears – along the lines of what happens if he goes on deployment overseas. Perhaps there is a fantasy that the therapist might lose interest in him – find another patient who is more attractive or worthwhile – maybe he fears that the therapist will conclude he is a hopeless case. These are the kinds of things that will have to be explored when they'll come to the surface in the near future.

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