



COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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TRANSFERENCE INTERPRETATION

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Definition: In an *interpretation* the therapist points out hidden meanings of patients' thoughts, feelings or behaviours (often linking current with past ones) to give patients more control over them. Transference interpretations indicate how patients "transfer" expectations from past relationships onto current ones both with the therapist and with others, showing how the patient may be acting on inappropriate outdated expectations and could change to relate to others in more realistic ways.

Elements: By exploring together feelings linked to topics the patient has chosen to discuss, the therapist and patient identify whether, and if so how, these may concern the therapist or others. The therapist encourages the patient to explore whether these feelings relate more to past than present relationships (with the therapist and/or others), and if they do, encourages the patient to reflect on how this affects behaviour in present relationships. Experiencing support from a therapist can further correct ('work through') prior unrealistic negative expectations transferred from a past relationship.

Related procedures: *Cognitive restructuring; Narrative exposure (imaginal);* Corrective emotional experience, working through.

Application: In all psychoanalytic work, usually individual, sometimes with couples or groups.

1st Use? Freud (1895 Studies on Hysteria; elaborated 1912)

References:

1. Freud S (1912) The dynamics of transference. In Strachey J (1961) (Ed) *Standard Edition of the Complete Works of Sigmund Freud*, Vol.12, p99-108; London: Hogarth
2. Harris TO (2004) Implications of Attachment Theory for working in Psychoanalytic Psychotherapy, *International Forum of PsychoAnalysis*,13, 1-10-
3. Hobson RP, Kapur R (2005) Working in the transference: clinical and research perspectives. *Psychology and Psychotherapy: Theory, Research & Practice*, 78, 275-293.
4. Piper WE, Azim HFA, Joyce AS, McCallum M (1991) Transference interpretations, therapeutic alliance and outcome in short-term individual psychotherapy. *Archives General Psychiatry*, 48, 946-953.

Case Illustrations: (based on Harris 2004)

1. Fearful-avoidant-transference interpretation

Fiona came for therapy for depression. Questioning at intake assessment revealed that her critical mother had always preferred her talented brother, leaving her fearful of disapproval. She chose therapy on the couch; her manifest reluctance to engage in a relationship led her to avoid eye-contact. Initially she stayed silent except when the therapist unconventionally encouraged her, after which she replied briefly (e.g. "you know, in these sessions you can talk about whatever comes into your head?" "Yes ... I'm thinking about work and deadlines. But I'll just have to meet them. MORE

SILENCE). In session 3 the therapist mused gently why the patient might be finding it difficult to talk free-associatively: Was it because she feared disapproval if she said something silly? Was it because she expected a rebuke for seeking too much attention and had to wait to be asked before she could volunteer something? Would she feel easier if she sat facing the therapist? If so would she like to change from the couch? If no, might she say why not? Was she reminded of any past situation, perhaps with parents? *Fiona*: Well, Mother was always comparing my “weakness” with my brother’s outgoing nature. *Therapist*: So I wonder whether you feel I think you are weak for not talking? Because I don’t think that. I just believe you need your own space to be ready to talk. SILENCE *Therapist*: And perhaps you think I’m going to find anything you do get round to talking about weak ...or stupid? *Fiona*: Yes, that was Mother’s word for me always. Stupid. Stupid. Stupid. She’d always say it three times if it was me. *Therapist*: That must have felt very undermining? *Fiona*: Yes it did (*tears in eyes*). ONE MINUTE PAUSE. Fiona then recounted more childhood memories, finding it easier with every comment responded to with empathy by the therapist. The therapist asked about her mother, following it up with “or does it feel a bit undermining for me to ask you this?”. Fiona smiled broadly “No, not at all”. In a later session Fiona said she’d felt too anxious to ask her boss if she could attend a 2-day course regarding her work. *Therapist*: Would your boss really be that fearsome about your wanting to do something so useful for your work with her? Could it be like it was with me at the beginning - that you expect her to react like your mother would have, when your boss might really not be disapproving? Fiona agreed it was possible. The therapist then explored what might **really** happen if she raised the topic with her boss.

2. Enmeshed-transference interpretation

Penny’s preoccupied enmeshed attachment style meant a different transference needing a different type of interpretation. Her mother told her she’d been ‘spoilt’, but her continuing dependency and need for attention probably came more from inconsistent care-giving from her mother and 4 older sisters as she grew up. As for many with enmeshed attachment, Penny spoke with rambling fluency but occasionally became almost succinct – worrying whether her therapist could be trusted or was even listening. Linking these feelings with her past experiences gave relief and an incentive to continue therapy. **T**: I wonder if it’s because we had to miss last week for the Bank holiday and this reminds you how your mother was often absent so you felt she didn’t really care. **P**: Well sometimes she really didn’t. **T**: OK, and you assume that because I wasn’t here for you in the usual way I don’t really care about what you want to tell me. So then you start to feel a bit clingy, even a bit fed up with me. **P**: Well no, I know you’re different really, but you’re right I’m sure that it’s to do with missing last week. **T**: Do you remember how you felt about Mary when she was held up and you thought it was because she looked down on you? **P**: Yes it’s the same isn’t it? I needn’t have felt like that - she’s not like Mum and I know she cares really.

Towards the end of therapy Penny gave her own transference interpretation of why she felt cast down during a particular session: “I think I know why I’ve been feeling a bit angry and discouraged today: it’s because I came here a bit early and saw the person who comes before me leaving and I thought oh yes she’s blond – she’s the pretty one and she’ll be respected more than me. But it’s the same old story isn’t it? I’m bringing it from what I felt with my sisters and Mum. I don’t know anything about the girl I saw leaving. Chances are she’s just the same as me, no better. **T**: Yeah, chances are... **P**: PAUSE. “You know, I don’t really feel so down as I did a few minutes ago”.

3. Dismissive-transference interpretation

Derek was referred for psychosomatic symptoms. His dismissive attachment style reflected emotional unavailability of caregivers during his upbringing: he avoided pain by devaluing attachment needs, but respected intellectual explanations, particularly about other people. This prevented him leaving therapy after only a few sessions. Initially he was sceptical of his therapist linking a worsening of his abdominal symptoms with anything occurring in sessions (“No, with respect I don’t think my pains over Easter had anything to do with there being no sessions for two weeks”), though he accepted that work conflicts might be relevant. The catalyst was a colleague’s intense distress at work which he told Derek who discussed it with some amazement in his session that evening. That night he dreamed – a rare occurrence – and raised it the next week. It involved an older boy from boarding school whom he remembered “for the first time for years” as someone he had admired but had later turned against. In the dream this boy took Derek’s hand but on looking again the boy seemed to have become matron, and even stranger –turned out to have the therapist’s face. He woke feeling relieved about something. “The whole thing was odd, even spooky.” **T:** What did you make of it? **P:** I was surprised that I felt quite fond of matron after all this time. She wasn’t really my type. But was it matron or you? It definitely wasn’t him any more... *Briefly describes how that boy had hurt his feelings at school.* **T:** Well maybe it’s telling us that you’re also a bit surprised by me being another sort of matron - a person to come to about hurt feelings - and surprised by feeling a bit fond of people like that, matron and me? Perhaps you’ve needed to protect yourself from becoming too reliant on me, or anyone else except yourself, in case we let you down. But perhaps your dream is telling you that it’s all right to relax a bit over that now. All right to let us help you? **P:** Yes it might be. Yes... I did feel that sort of relief, didn’t I, yes.