<table>
<thead>
<tr>
<th>3 days</th>
<th><strong>THE FUNDAMENTALS OF PSYCHOANALYTIC THEORY AND THERAPY</strong></th>
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| **Day 1 9:00 a.m. 12 p.m.** | **Fundamental Concepts of Psychodynamic Theory and Therapy**  
1. Psychodynamic Sensibility & Psychoanalytic Listening  
2. The Therapeutic Relationship: The Setting and Frame  
3. Clinical Applications |
| **Day 1 2:00 p.m. 4:30 p.m.** | **Transference and Countertransference**  
1. Theoretical Discussion  
2. Clinical Application |
Psychoanalytic Theory and Therapy: 
*Transference and Countertransference*

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Object Relations Theory

• Way of working more than a theory
• Primary focus = therapeutic relationship
• Tx relationship offers a Transference-Countertransference microcosm
  • Reflects the patient’s internal object relations set
Object Relations Theory

The Object Relations Dyad

Self → Affects → Other

Kernberg, Otto (2010)
Psychic Structure: Splitting of all-good from all-bad

Kernberg, Otto (2010)
Psychic Structure: Integrated organization

Kernberg, Otto (2010)
Transference

• In the era of Freud & Breuer
  – A hindrance to therapeutic work

• One-person psychology
  – Viewed transference as resulting from the displacement of infantile perceptions and wishes
Freud’s View of Transference

- New editions of childhood impulses or fantasies from early attachment figures onto therapist
- a "false connection"
- Both positive and negative transference
- Ubiquitous but a subject of study in therapy
Contemporary View of Transference

• Present-day view
  – central and significant to our theory and technique

• Two-person psychology (Bi-directional field)
  – Total transference situation (Betty Joseph, 1985)
  – Object relations perspective
    • Activation of internalized object relationship experienced in therapeutic relationship
Transference

- Transference phenomena are co-created in the unconscious configuration between patient & therapist.
- The expression of internal object relations in the relationship with the therapist.
- Internalized relations with significant others are modified by patient’s defenses and fantasies (not exact representations of past relations).
## Transference in Terms of Space and Time

<table>
<thead>
<tr>
<th>SPACE</th>
<th>Here</th>
<th>There</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In Therapy</td>
<td>In Family  In Society</td>
</tr>
<tr>
<td>Time</td>
<td>Past:</td>
<td>Here-and-back-then</td>
</tr>
<tr>
<td></td>
<td></td>
<td>There-and-back-then</td>
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<tr>
<td></td>
<td>Present:</td>
<td>Here-and-now</td>
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<tr>
<td></td>
<td></td>
<td>There-and-now</td>
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<tr>
<td></td>
<td>Future</td>
<td>Here-and-if-and-when</td>
</tr>
<tr>
<td></td>
<td></td>
<td>There-and-if-and-when</td>
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David E. Scharff 1998
Countertransference (CT)

- One-person psychology versus a bi-directional field
- CT took its place alongside transference as a guiding system and a useful response
- Jointly created by patient and therapist mutually influencing one another
Countertransference (CT)

- Guides us towards understanding transference
- Transference and CT go hand in hand & always present
- Therapist’s Unconscious = mental container for the transference (contained)
- The mode of discovery of the transference
- The vehicle for the resolution of transference
Countertransference Defined

• Broad perspective
  – Therapist’s total emotional response to the patient

• Classical View: *Therapist focused CT*
  – Therapist’s transference to the patient

• Kleinian View: *Patient focused Transference*
  – Therapist’s reaction to the patient’s transference
Countertransference Enactment

• U.S. ego psychologists (J. Chused; T. Jacobs)
• CT initially unconscious – CT recognized by certain kinds of actions
• May be first sign of unconscious feelings
• *When an attempt to actualize the transference fantasy elicits a CT reaction*
• Acting in by patient and/or acting in by the therapist
Countertransference

Concordant Identification
Therapist identifies with patient’s self experience

Complementary Identification
Therapist identifies with patient’s internal and external objects
Countertransference

**Contextual CT**

To transference directed to our contextual holding (Environmental Mother)

**Focused CT**

To transference directed to our centered relating (Object Mother)
Managing Countertransference

• Tolerating CT
  • Bion – alpha function
  • Winnicott: Hate in the CT – therapist needs to (psychologically) survive the patients’ attacks
  • Therapeutic change

• Transference Interpretation
  • Tact
  • Timing
Varieties of CT

• Rescue Fantasies
• Bored or Sleepy Therapist
• Erotic CT
• Incapacitating CT
<table>
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<tr>
<th>SPACE</th>
<th>Here</th>
<th>There</th>
<th>There</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In therapy</td>
<td>In family</td>
<td>In society</td>
</tr>
<tr>
<td>TIME</td>
<td>Now</td>
<td>Back then</td>
<td>If-and-when</td>
</tr>
</tbody>
</table>

CT Geography
## CT Geography

<table>
<thead>
<tr>
<th>CONTAINED</th>
<th>In patient</th>
<th>In space btw (atmosphere)</th>
<th>In therapist=CT</th>
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<tbody>
<tr>
<td>CT type</td>
<td>Focused</td>
<td>Contextual</td>
<td></td>
</tr>
<tr>
<td>CT type</td>
<td>Ego (self)</td>
<td>Object</td>
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Projective Identification and Introjective Identification

• **STEP 1: A Type of Transference**
  
  • Unconscious disavowal of self and object representation, & projection into someone else
  
  • intrapsychic defense & interpersonal communication
  
  • An externalization of an internal object relationship
  
  • Patient projects a state of mind into therapist
Projective Identification and Introjective Identification

• **STEP 2 – Countertransference**

  • Therapist *introjectively identifies* with evoked state of mind
  • Therapist experiences projected parts (fit between projected parts and therapist’s repressed self or object representations)
  • Therapist feels unlike his/her usual self
Projective Identification and Introjective Identification

• **Step 3 – Containment (alpha function)**
  - Once CT becomes conscious
  - Relative contributions of patient and therapist?
  - Therapist metabolizes projected parts so they can be reintrojected by Patient

• **Mechanism of Therapeutic Action:** Restructuring the Mind
Introjective Identification and Projective Identification.

Scharff, D.; Scharff, J. (2005)


<table>
<thead>
<tr>
<th>Day 2</th>
<th>Developmental Models of the Mind</th>
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<tbody>
<tr>
<td>9:00 a.m.</td>
<td>1. Modes of Structuring Psychic Experience</td>
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<td>12 p.m.</td>
<td>2. Clinical Applications</td>
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<tr>
<td>Day 2</td>
<td>Consultation to Participants’ Cases</td>
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