Transference-Focused Psychotherapy
NEABPD Call-In
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Borderlinedisorders.com
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Describing TFP - 1

Indications / Disorders treated
• BPD and other severe personality disorders

Frame of Reference and Conceptualization of disorder
• Psychodynamic Object Relations Theory

What Changes and how
• Going from a fragmented to a coherent sense of self thought reflection of the experience of self and other in the here-and-now
Describing TFP - 2

Treatment Frame
- 2x weekly, individual, frame set up in treatment contract – possible adjunctive treatments

Therapist Stance
- “Neutral” with concern and periodic deviations, active

Treatment Technique
- Setting a safe frame, containing and increasing awareness of intense affects, interpreting contradictory self states and views of others
To simplify: our focus is Identity and Difficulty “reading” Self and Others

- Sense of self and others is fragmented, distorted and superficial
- Difficulty “reading” others… and self
- Lack of continuity of experience
- Feelings of emptiness
- The vicious circle of temperamental predisposition to emotional dysregulation and distortions in perception
Change

• Identity consolidation
• More adaptive defenses (ways of managing stress and internal conflict)
• Increased modulation of emotions
• Better adaptation to the challenges of work and love
Theoretical Underpinnings of TFP: Object Relations Theory

The Object Relations Dyad
Dyads as Building Blocks

- These internalized relationship patterns - modified by fantasies and defenses
- The dyad exists within the individual and it’s basic impact is on self relating to self, although it regularly gets played between self and others. The classic Abuser-Victim or Abandoner-Abandonee dyads
- Dyads of similar affective charge aggregate
Split Organization:
Consciousness of all-good or all-bad
Normal Organization:
Consciousness of Integration/complexity
"I'm neither a good cop nor a bad cop, Jerome. Like yourself, I'm a complex amalgam of positive and negative personality traits that emerge or not, depending on circumstances."
The Evolution of Treatment

From Splitting to Integration;

From the projection of negative motivations to the capacity to take responsibility for one’s thoughts, feelings, actions and integrate them.

(In older psychoanalytic terminology, to move from the Paranoid-schizoid position to the Depressive position)

How does focusing on the transference facilitate this change?
Transference

• The activation of internal object relations in the relationship with the therapist.
• An affect is the manifestation of an underlying imaged relationship
• Working with object relations that are activated in the immediate moment creates a therapy that is “experience-near” – the affect and the opportunity to reflect on it are present simultaneously
Working with Transference

• Since transference is the activation of internal object relations leads to the activation of affects and conflicts, the basic strategy is to:
  – to tease out these internal relationships,
  – to help the patient
    • Gain and tolerate awareness of these internal relationship representations,
    • Integrate them into a coherent whole, and
    • Generalize the experience in therapy to other relations
Patient’s Internal World

S = Self-Representation
O = Object - Representation
a = Affect

Examples
S1 = Meek, abused figure
O1 = Harsh authority figure
a1 = Fear
S2 = Childish-dependent figure
O2 = Ideal, giving figure
a2 = Love
S3 = Powerful, controlling figure
O3 = Weak, Slave-like figure
a3 = Wrath

Etc.
Why focus on TRANSFERENCE?
(the immediate experience of self and other)

- Experience of Self
- …and of therapist
OBJECT RELATIONSHIP INTERACTIONS: OSCILLATION

(Oscillation is usually in behavior, not in consciousness)
OBJECT RELATIONSHIP INTERACTIONS:

DEFENSE

Victim

Persecutor

Fear, Suspicion, Hate

Opposites

Longing, Love

Cared-for Child

Perfect Provider
Basic Techniques

• Setting and maintaining the frame

• The interpretive process:
  – Clarification of internal states
  – Confrontation of contradictions
  – Interpretation of lack integration of the self
TFP - What Changes?

Clinical improvement results from structural change

- Increased reflection, facilitated by:
  - Holding function of therapist
  - Interpretation
- Decreased splitting
- Identity consolidation