Dissertation Volume: Two

Transference Work in Psychoanalytic Psychotherapy with Adolescents

Literature Review

Empirical Research Project

Reflective Commentary

Marta Escobar Venegas

University College London

Submitted in partial requirement for the Doctorate in Child and Adolescent Psychotherapy

DECLARATION

I declare that the material submitted for examination is my own work. The ideas and findings of others have been referenced in accordance with the guidelines provided and any work by others has been acknowledged.

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Acknowledgements

My most sincere gratitude goes to my research supervisor, Evrinomy Avdi, for the support and inspiration throughout the years, particularly during challenging moments. Her thoughtful guidance helped me enjoy the hard work in psychotherapy and research. I would also like to thank my training schools, IPCAPA, BPF and the Anna Freud Centre, the teaching staff and my fellow doctoral students for allowing me to learn and grow professionally and personally.

Finally, I thank my family and friends, especially my father, for their love and encouragement.

Impact Statement

This thesis explores the gap between psychoanalytical theory and clinical practice by investigating the theories concerning professional-client interaction in a short-term psychoanalytic psychotherapy process.

A good outcome case was explored to deepen the understanding of the processes concerning the patient-therapist relationship implicated in a helpful intervention. The results showed that the clinician progressively increased the frequency and complexity of the transference interventions during the treatment. Also, the study shows how the interventions exploring the patient's transferential experience were collaboratively created and integrated into the adolescent's words. It generated a context of co-created meaning-making between therapist and patient and helped build a positive therapeutic alliance (Harrison, 2014).

The benefits inside academia include contributing insight into the discipline and technique of psychoanalysis and child and adolescent psychotherapy, specifically regarding clinical theory in the treatments of adolescents. Although there is extensive theoretical literature in the area, there is a lack of evidence-based research exploring the benefits of addressing transferential contents in the here-and-now within the sessions. The paper suggests that work on transference with adolescents should be done gradually and collaboratively, considering the adolescents' relational capacities. This paper also adds to the Conversation Analysis development as a methodology to explore the therapists' technique to work with adolescents with depression, which helps build a positive therapeutic alliance.

The knowledge and information will be disseminated through publications in scholarly journals, collaboration with academics and child psychotherapy trainees,

and potentially in undergraduate and postgraduate educational settings.

Doctoral Dissertation

Part 1: Literature Review

The role of Transference Interpretations in Psychoanalytic Psychotherapy: An exploration from the developmental perspective of adolescence

Doctorate in Child and Adolescent Psychoanalytic Psychotherapy

The Anna Freud Centre, University College London

March 2024

Word count 7992

Abstract

Transference is a key element in psychoanalytic psychotherapy, and Transference Interpretations have traditionally been considered the fundamental technique to achieve stable change. The research evidence regarding the use of this technique in psychoanalytic psychotherapy with adolescents is scarce. As the theoretical and research literature on the role of transference interpretations in work with adults is extensive, this literature review aims to explore the existing evidence of the use of transference interpretations, identify the main findings in the field, and analyse them while considering the developmental characteristics of adolescence. The review identified several key issues that have been studied in the context of psychoanalytic psychotherapy with adults with a focus on the relationship between transference interpretations and treatment outcome. Several moderator variables were identified, associated with therapist technique (such as frequency, accuracy and timing when delivering a transference interpretation) and patient characteristics (such as the quality of object relations, the presence of personality disorder and gender). These findings are discussed from a psychoanalytic developmental perspective on adolescence, and suggestions are made for adjusting the findings from the literature on adults according to the developmental features specific to adolescence.

Keywords: transference interpretations, transference, psychoanalytic psychotherapy, adolescence

Transference Interpretation in Psychoanalytic Psychotherapy

Origins and development of the concept of transference

Transference Interpretations (TIs) have been considered the essential element of the psychoanalytic approach in both classical and modern times (Freud, 1912; Levy & Scala, 2012; Strachey, 1934). TIs are a psychoanalytic technique defined as the verbal communication by the analyst of the hypothesis of an unconscious conflict in relation to the therapeutic relationship that has emerged in the patient's communication. TIs focus on connecting the patient's feelings and behaviours that occur in the here-and-now of the patient-therapist relationship with the unconscious representational model of the patient with their primary caregivers (Lambert, 2004).

The concept of transference originally appeared in Freud's writings in 1888 (Freud, 1888; Levy & Scala, 2012). Freud initially conceptualised transference as a reconstruction of the suppressed past experiences of the patient that were transferred onto the figure of the analyst and the relationship with him (Freud, 1965, 1905; Levy & Scala, 2012).

Freud's ideas about transference evolved through time, from initially considering it an impediment to the analysis to seeing it as a key instrument of the psychoanalytic process (Lemma, 2012). Freud argued that patients could believe they developed strong feelings towards someone in the present when they were transferring old, unconscious feelings about an important figure in their past, usually the primary caregivers, onto current relationships (Levy & Scala, 2012).

In his early work, Freud considered transference in terms of resistance and suggested that its elaboration would resolve neurosis (Levy & Scala, 2012). Furthermore, the work with the "Dora case" gave origins to some of Freud's important insights about his thinking and theory about the unconscious work of the mind,

transference, countertransference, the theory of sexuality and dream interpretation (Freud, 1905; Levy & Scala, 2012). In 1937, Freud posited that working on transference is the main mechanism of change in psychoanalysis (Freud, 1937; Levy & Scala, 2012).

The evolution of the concept of transference continued with Melanie Klein's work (1952), which specified that what was transferred was not primarily the external objects of the child's past but the total situations from the past into the present, as well as emotion defences, phantasies and object relations (Joseph, 1985). The early interpretation of unconscious hostility to the analyst is one of the main features of her work (Rayner, 1991).

The Independent tradition in psychoanalysis developed a different approach to the use and importance of the work on transference; even though precise verbal interpretations of the here-and-now transference are essential, it would only constitute one function in the analysis, and the time for the analyst to deliver an interpretation must be judged by carefully listening to the affects present in the patient's associations (Caldwell, 2007). Subsequently, contemporary psychoanalysts such as Ogden (1994) and Winnicott (1971) reexamined the independent approach, proposing adjusting the technique based on each patient's emotional needs and relational capacities. Bollas (1987) suggested the importance of TIs was to function as structuring experiences and that it was paramount to be aware of the ego's position and availability for this work to happen. Otherwise, TIs could hinder the flow of the unconscious.

In both classical psychoanalysis and contemporary theories of brief or focal psychoanalytic therapy, interpretation is a key intervention to facilitate insight and comprehension about ourselves and our relationship experiences (Bergin & Garfield,

2012). This technique aims to enable patients to identify maladaptive relationship patterns, understand how these patterns developed, and recognise how they are connected to their symptoms and difficulties (Bergin & Garfield, 2012).

Growing research evidence indicates that child and adolescent psychoanalytic psychotherapy can be effective in treating varied emotional difficulties such as depression (Abbass et al., 2013; Midgley & Kennedy, 2011; Midgley et al., 2021), particularly short-term psychoanalytic psychotherapy (STPP, Cregeen et al., 2017). Even though evidence for the use of TI in work for adolescents is lacking, extensive theoretical literature indicates this technique is fundamental in the psychoanalytic psychotherapeutic work with adults and adolescents (Gabbard, 2006; Waddell, 2018).

Adolescence is a sensitive stage in life characterised by intense transitions and rapid emotional, social, hormonal and physical growth, which may increase adolescents' susceptibility to long-standing mental health conditions and bring specific challenges for developing effective treatments (Midgley et al., 2021; Waddell, 2018; WHO, 2018). Adolescence is a complex developmental stage, which is characterized by specific conflicts and challenges, according to psychoanalytic developmental theory. Adolescents go through the developmental process of forming identity, developing autonomy from their parents, dealing with emergent sexuality, and revising preoedipal and oedipal conflicts from previous stages (Waddell, 2018). Also, they face the important loss of childhood, which makes them vulnerable to depression and suicidality (Christogiorgios et al., 2010). In therapy, the developmentally relevant tension between seeking intimacy and independence can be expressed in the therapeutic relationship and trigger fears of regression in therapy (Sandler et al., 1980).

Working on transferential aspects of the adolescent-therapist relationship

allows for addressing these issues with adequate depth. It offers the possibility of learning from the experience by developing a healthier and trustworthy therapeutic relationship (Cregeen et al., 2017). Furthermore, high levels of dropout have been reported in therapy with this population, and therefore, building a positive therapeutic alliance has become an issue of interest in research (da Haan, 2013; O'Keeffe, 2020). Consequently, careful consideration needs to be given to the use of this technique.

Initially, a systematic search was carried out for empirical papers about transference interpretations with adolescents, which resulted in two papers from Della Rosa & Midgley (2017 and Ness et al. (2018). Della Rosa & Midgley (2017) explored endings in psychotherapy with depressed adolescents and whether it is helpful to link them to TIs; their findings demonstrate that in response to TIs, patients either accentuated or minimised the importance of their relationship with the therapists and the repercussions of their separation. The authors suggest that the work on transference should be adjusted according to the types of depression the young people present and that Conversation Analysis is a helpful tool to know how to address transference, particularly with those who present difficulties with separation. The second paper by Ness et al. (2018) explored the therapist's interventions in time-limited psychotherapy with a depressed young person using qualitative and quantitative methods, including the Transference Work Scale (TWS, Ulberg et al., 2014). The authors found that using different techniques in treatment had a positive impact on the patient's outcome.

Considering the above and the scarcity of research focused on transferential work in psychoanalytic psychotherapy with adolescents, this paper reviews the existing research evidence based on adults. Consequently, the findings are examined and critically analysed from a developmental perspective, keeping in mind the specific

features of adolescence and with an aim to identify what would be useful in psychotherapy with this specific population.

Aims of the study

The aims of the literature review are:

1. To explore existing evidence in research about transference interpretations and treatment outcomes in psychoanalytic psychotherapy with adults and to identify the variables that can impact the relationship between using transference interpretations and treatment outcomes.
2. To examine findings of the use of TIs in psychoanalytic psychotherapy with adults from a developmental perspective, with an aim to deepen our understanding of the role of TIs in psychoanalytic psychotherapy with adolescents.

Method

Initial background research was made to confirm whether the research questions had already been answered in recent literature reviews and to extend the understanding of the research area and the terminology used in the search.

The first search terms used in the background search were "psychoanalytic psychotherapy" and "transference." A second search narrowed the criteria by replacing "transference" with "transference interpretation". Subsequently, the search followed concepts like "transference interpretation" and "treatment outcome" or "research." The search was conducted using primarily the UCL search engine and PsycINFO from 1970 onwards. The date of the search was 26 April 2020. The final number of papers found was 55, and they were fully examined.

The following inclusion criteria were applied: Empirical research papers, entirely written in English, that measured TI in psychoanalytic work with adults with

its relation to therapy outcome. Studies excluded were theoretical studies, case studies, transference-focused psychotherapy studies, studies with couples, studies that used exclusively a qualitative methodology and studies with samples of participants presenting pervasive developmental disorders, cognitive impairments, active substance abuse or psychotic spectrum disorders. The number of papers that met all the inclusion and exclusion criteria was 25, which were included in the manuscript.

Transference interpretations and therapy outcome in brief psychotherapy with adults.

Despite limited empirical evidence for their effectiveness, TIs have been widely recognised as one of the positive therapeutic components of psychoanalytically oriented psychotherapy. Expert theorists argue that the particular interaction between the patient and psychotherapist is strongly influenced by the patient’s previous relationships and emotional experiences. Therefore, focusing on the conflicts and problems in the therapeutic relationship is considered to create immediate emotional resonance and reveal the nature of problems in the patient’s relationships outside therapy (Høglend et al., 2008). In line with this, classic psychoanalytic authors have suggested that the use of TIs may result in long-term changes in the patient’s object relations (Freud, 1905; Gabbard, 2003; Levy & Scala, 2012).

However, research findings regarding the role of TIs for therapy outcome are mixed. Some studies suggest that only patients with greater psychological resources and more mature relational capacities can benefit from TIs in brief psychoanalytic psychotherapy (Gabbard, 2006; Sifneos, 1992). Other studies suggest the opposite, i.e. that Tis are more important in the treatment of patients with permanent and severe interpersonal difficulties (Hersoug et al., 2014; Høglend, 1993; Piper et al., 1991). Considering the mixed results of the impact of TIs on psychoanalytic psychotherapy outcome, it is important to examine the interactions between different moderator variables and their contribution to the relationship between TI use and treatment outcome. The variables that have been most studied in the relevant literature include the concentration, accuracy, and timing of the delivery of TIs, the quality of the patients’ object relations, the presence of personality disorders (PD) and gender.

Frequency of Transference Interpretations

Some studies have explored the frequency or concentration of TIs delivered by therapists. Malan (1976) was one of the first researchers to explore the use and effects of TIs in brief psychotherapy (Holmes, 1989). The author aimed to establish the importance, efficacy and feasibility of short-term psychoanalytic psychotherapy in treating diverse populations. To understand the role of the therapist in obtaining favourable outcomes in psychotherapy, Malan (1976) studied the correlation between the proportion of TIs relative to all interpretations with treatment outcome in a sample of 21 patients with mixed diagnoses. He found that the frequency of TIs was strongly correlated with good outcome. Furthermore, in therapies where the negative transference was explored, patients showed better outcomes and more optimal behaviour at follow-up than in cases where the negative transference was not explored. However, the validity of these findings was strongly questioned later by Piper et al. (1991) due to methodological challenges, such as the use of process notes and non-blind ratings, small sample sizes and arbitrary rating scales. Subsequently, Marziali (1980, 1984) replicated Malan’s study, improving most of the methodological weaknesses with samples of 22 and 25 psychiatric patients with mixed diagnoses, respectively, and found the proportion of TIs predicting good treatment outcomes, thus confirming Malan’s findings. Following these studies, Piper et al. (1986) analysed the interaction between the proportion of TIs and parental linking in short-term individual psychotherapy in 21 individuals with mixed diagnoses and difficulties in interpersonal relationships. In contrast to the previous studies, they found negative correlations between using TIs and different outcome variables.

Afterwards, Piper et al. (1991, 1993) replicated the previous study with a larger sample size (N=64) with similar characteristics and developed the first major

controlled, clinical trial investigation. The authors studied the relationships between the frequency of TIs provided by psychotherapists and their interaction with the therapeutic alliance and therapy outcome. The findings showed a significant inverse relationship between the proportion of TIs, therapeutic alliance, therapy outcome, and an interaction effect of Quality of Object Relations (QOR) on outcome. These findings differed according to the patient’s QOR; low to moderate frequency of accurate interpretations for those with high QOR led to more favourable outcomes. In both studies, patients with healthier object relationships benefitted more from lower and moderate proportions of accurate TIs as compared to high frequency of TIs. The study’s findings were consistent with recommendations from Luborsky (1984), who suggested that TIs should be used preferably in patients with an adequate capacity to reflect on their interpersonal relationships, for example, with high-quality object relations.

QOR denote cognitive and affective representations that subjects have of self-in-relations, which vary in quality according to the person’s early experiences and the ability to resolve specific developmental challenges (Lambert, 2004). The term QOR indicates a global personality construct, which reflects the degree of maturity of the internalised representations of self-other relations (Piper & Duncan, 1999). High levels of QOR are associated with satisfying interpersonal relationships in the real world, satisfying and comforting memories of early relationships, and the ability to form a strong emotional bond with the therapist in the psychotherapeutic process (Lambert, 2004).

Høglend (1993) confirmed Piper et al. (1991, 1993) findings in a correlational study on long-term psychoanalytic psychotherapy with a sample of 43 individuals with mixed diagnoses, including PD and difficulties in interpersonal relationships. The

author studied the relationship between the frequency of TIs and long-term outcome treatment in psychodynamic psychotherapy, comparing patients with high- and low-QOR. The study was a randomised controlled clinical trial, with follow-up evaluations one year and three years after treatment. The study's findings again showed a significant inverse relationship for patients with a history of high-quality interpersonal relationships who benefitted more from lower levels of TIs compared to high frequency of TIs. The authors found that low-QOR patients benefitted from using TIs as well, but differently. Patients with chronic and severe interpersonal difficulties were found to tolerate better high levels of TIs from early in the treatment as compared to patients with high QORs.

Ogrodniczuk et al. (1999) replicated the studies carried out by Piper et al. (1991, 1993) and by Høglend (1993). They investigated the relationships between the frequency of TIs, therapeutic alliance and treatment outcomes in short-term individual psychotherapy in a 40-patient sample with mixed diagnoses and PD. The results showed inverse relationships between the frequency of TIs, patient ratings of the therapeutic alliance, and positive therapy outcomes. The relationships varied as well as a consequence of the patient's personality characteristics, specifically their QOR; high-QOR patients benefitted from low to moderate levels of TIs. Conversely to Høglend's (1993) results, low-QOR patients were found to benefit from the low frequency of TIs.

Connolly et al. (1999) studied the relationship between TIs and psychotherapy outcomes in the early stages of brief supportive-expressive psychotherapy in a sample of 29 patients with depression. The data analysis included multiple hierarchical regressions used to evaluate the relationship between the proportion of TIs and treatment outcomes measured across the different levels of quality of

personal relationships. The results confirmed Ogrodniczuk et al. (1999) findings and showed that high levels of TIs were significantly associated with poor treatment outcomes for patients with low-quality interpersonal functioning. The authors' results differed from Piper et al. (1991) and Høglend (1993), as the inverse relation between the proportion of TIs and treatment outcome occurred only for patients with low QOR. Connolly et al. (1999) found that low-QOR patients presented poor treatment outcomes at moderate levels of TIs but benefited from low levels of TIs. They concluded that TIs should be carefully used in the early treatment sessions, particularly with patients with low QORs, as they were more sensitive to the work on transference. However, another important difference between Piper et al. (1991, 1993) and Høglend (1993), and Connolly (1999) regarded the definition of QOR; whereas the former authors defined QOR as the patient's lifelong history of relationships, the latter conceptualised QOR as the patient's current interpersonal functioning.

Banon et al. (2013) compared the frequency and depth of therapist interventions from a psychoanalytic perspective in five treatment arms of four studies conducted in four countries with patients with mixed diagnoses. One of the treatment arms analysed was Cognitive Behavioural Therapy (CBT) with a sample size of 5 individuals randomly assigned; three psychodynamic psychotherapies, with randomly assigned samples of 6, 33 and 35 individuals; and one study of 17 individuals who received psychoanalysis. In the study, only some psychodynamic analysts interpreted transference in the early stages of treatment, while all of them provided TIs in late sessions. The provision of TI was made gradually throughout the treatment. These findings support the idea that transference develops progressively in the relationship between patient and therapist and highlight the relevance of addressing

it according to each patient's characteristics. Furthermore, the authors found that the frequency of TIs was inversely correlated with alliance and outcome, consistent with previous studies' findings (Piper et al., 1986, 1991, 1993; Høglend, 1993). Thus, other factors, such as timing, accuracy, and depth, might be associated with the quality of the technique used to deliver TIs, which may affect the effectiveness of TIs. Therefore, the authors suggested that the frequency of Tis should not be examined in isolation. In conclusion, a growing amount of evidence indicates the relevance of adjusting the frequency of TIs delivered in therapy according to the severity and complexity of the QOR. Whereas high QOR patients seem to benefit from lower amounts of TI, more research is needed regarding the therapeutic needs of low QOR patients. The impact of the frequency of TIs on short-term psychoanalytic psychotherapy outcomes should be understood in collaboration with other variables such as the therapeutic alliance, the accuracy of TI, timing and QOR.

Nonetheless, methodological limitations have been highlighted as the main reasons the results should be interpreted as approximations and suggestions, not conclusions. Most of the studies have small sample sizes, use correlational methodologies, and do not use standardised measures that allow research to effectively explore different features of the technique. Also, differences in theoretical conceptualisations need to be considered.

Accuracy of Transference Interpretations

Another aspect of TIs that has been studied fairly extensively in relation to psychotherapy outcomes is the accuracy of the interpretation. The accuracy or the correctness of a TI refers to the therapist's capacity to formulate and deliver an interpretation competently (Levy & Scala, 2012). One of the first attempts to study the role of TI's accuracy in its effectiveness was made by Silberschatz et al. (1986), who

focused on how the therapist's behaviours contributed to the outcomes in psychotherapy of three individuals with depression randomly selected from a larger sample. They hypothesised that the suitability of the therapist's interpretations was a better predictor of treatment outcome than other features of interpretations. The authors suggested that evaluating the "goodness of fit" between the therapist's TIs and the patient's particular emotional needs and problems would be important for the success of the TI. The researchers assessed the quality or suitability of the therapist's interpretation by identifying the patient's problems, needs and goals and determining whether an interpretation addressed these appropriately. The findings confirmed the authors' hypothesis, as the suitability of the psychotherapist's interpretations was found to correlate significantly and positively with the patient's productivity during sessions. The authors concluded that the accuracy and quality of the therapist's interventions to the specific patient's needs were essential aspects of psychotherapy (Silberschatz et al., 1986).

Later, Caspar et al. (2000) reanalysed the data of the study performed by Silberschatz et al. (1986) and addressed the compatibility between an interpretation and the patient's plan, composed of conscious and unconscious elements, such as wishes, fears, and therapeutic goals. They suggested that TIs could be plan-compatible in terms of the content but, at the same time, could be incompatible regarding the process, for instance, concerning the way TIs were delivered by the therapist. The findings showed that plan-compatible TIs were significantly related to positive therapy outcomes in brief psychotherapy. However, the authors suggested that accuracy may not be the only variable that could impact the treatment outcome.

Similarly, Norville et al. (1996) defined accurate interpretations as those in agreement with the patient's plan formulation. Interpretations contradictory to the

patient's plan formulation were considered inaccurate and obstructing the patient's progress. The authors selected 7 cases with depression and anxiety who had completed outcome measures. The findings showed a high and statistically significant correlation between plan compatibility of interpretations and outcomes immediately after therapy and in a six-month follow-up. The results illustrated the predictive capacity of a plan concept and showed that this concept could be a useful guide to the therapist to formulate TIs that help the patient achieve their plan's goals. The study made some new important recommendations for further studies; the authors suggested that the content of the therapist's interpretations also mattered alongside nonspecific factors, such as the therapeutic relationship and alliance, in favourable psychotherapy outcomes.

In a different approach, Luborsky and Crits-Christoph (1990) defined the accuracy of interpretation as the degree of congruence between the content of the patient's Core Conflictual Relationship Theme (CCRT; Luborsky et al., 1990) and the content of the therapist's interpretation. The CCRT represented the patient's central relationship patterns and comprised of three components: the patient's main wishes, needs or intentions towards other people; the responses of other people; and the responses of the self. The study's findings indicated that accuracy concerning the main wishes and responses from others was significantly correlated with therapy outcomes. Crits-Cristoph et al. (1993) used the CCRT to study how the accuracy of therapists' interpretations predicted changes in the therapeutic alliance during the different stages of treatment. They used a sample of 33 patients with mixed diagnoses, PD among them, in psychodynamic treatment of moderate length. The findings supported the hypothesis that the therapists' actions were essential in maintaining a good alliance and repairing conflicts. More specifically, the therapists'

interpretations of the patients' feelings favoured the establishment of the initial bond. Equally, to maintain a strong alliance or repair a problematic one, interpretation of the interpersonal aspects of core conflictual themes appeared critical. Considering the study's results, the authors suggested the need to reflect on other aspects of the interpretations, such as timing, degree of supportiveness, and QOR, that may also be relevant to building a positive therapeutic alliance.

Concurrently, Piper et al. (1993) embraced the challenge of demonstrating that flexibility in technique is fundamental in brief dynamic psychotherapy. They stressed the importance of controlling potentially confounding variables associated with the therapist themselves and assessing the interaction between the use of the technique, the patient's characteristics and inherent aspects of the patient-therapist relationship. The authors sought to study the relationships between accuracy as a single variable or in interaction with the frequency of TIs, therapeutic alliance and treatment outcome. The study's findings supported the importance of providing highly accurate TIs in the interest of favourable outcomes in brief psychotherapy. The researchers stressed the importance of differentiating quality from accuracy of interpretations, as quality may also involve other criteria such as timing, sequencing, and the frequency of the delivery of TI. The authors also suggested that the context in which interpretations were delivered is another potentially critical variable that has not been appropriately studied.

In a different study, Joyce and Piper (1993) studied the reactions to TIs in episodes of patient-therapist interaction selected from the session recordings of 60 complete brief therapy cases. The authors used a model that considered that information is actively processed in terms of schemas to

ascribe meaning to experiences. The accuracy of TIs was understood as the correspondence with the patient's attempt to organise their experience regarding the therapist (Joyce & Piper, 1993). The authors followed the principle that the desired impact of an accurate interpretation would be the promotion of openness in the patient about his experience of the relationship and the desire to communicate their experience. To address the transference relationship in the best possible way, a TI should also accurately address the patient's conflicts and be delivered verbally in a simplified and concise manner. The study's findings demonstrated that TIs could have a powerful impact on short- term psychoanalytic psychotherapy if they are carefully used and based on a thorough formulation of the patient's internal dynamics and conflicts.

In summary, the accuracy of TIs has been diversely defined according to different authors' research approaches and theoretical models. Some authors conceptualised accuracy regarding the capacity to adjust to a formulation developed by the therapist (Caspar et al., 2000; Norville et al., 1996; Silberschatz et al., 1986). Others explained that it represents the therapist's capacity to deliver a TI that corresponds with the patient's associations (Crits-Cristoph et al., 1993; Luborsky & Crits- Christoph, 1990). Regardless of the different definitions, these studies support the hypothesis that TI accuracy is associated with favourable therapy process and outcome. However, methodological limitations constrained the possibility of generalising the results to the broader population. The authors suggested improving sample sizes and developing more complex analyses to understand the interaction with additional variables that can impact the therapist's technique and quality of the TIs delivery during the treatment, such as timing, proportion, sequencing, and therapeutic alliance.

Timing of Transference Interpretations

Timing is a variable that has been examined in the studies about TIs, especially regarding its interaction with the therapeutic alliance. In psychoanalytic work, the timing in which interpretative work is provided can be crucial for therapeutic outcomes. It depends on the therapist's evaluation of the dynamics of the patient within the treatment and understanding of the psychoanalytic theory and technique (Joseph et al., 2014).

Banon et al. (2001) studied the interactive sequences between patient and therapist, particularly TIs, for seven male subjects with PD receiving long-term psychodynamic psychotherapy. The authors intended to answer whether gender was an essential variable in the outcomes and whether addressing a negative or positive transference in the early stages of treatment impacts the therapeutic alliance. The results showed that TIs delivered in the early stages of the treatment were followed by increased defensiveness in female patients, even if they had initially presented a positive therapeutic alliance. Likewise, not providing TIs to patients who developed an early negative transference was equally problematic. However, the sequences of both early transference and defence interpretations and only early defence interpretations positively affected the therapeutic work without increasing patient defensiveness (Banon et al., 2001; Bond et al., 1998).

Summarising, different therapy moments present particular challenges to the therapist's use of TIs concerning how the therapist-patient relationship unfolds. Early stages of therapy are characterised by the formation of transference relationships and the therapeutic alliance (Joseph et al., 2014) and need to be treated carefully, especially with patients who present disturbed relationships. The authors suggest the relevance of replicating the study, improving the methodological limitations regarding

small sample sizes, covering diverse diagnostic populations, and including populations without PD (Banon et al., 2001).

Quality of the Object Relations (QOR)

Some of the studies presented in the previous sections showed that QOR is a crucial moderator between the frequency of TIs, therapeutic alliance, and therapy outcome. High-QOR patients benefitted more from a lower and moderate frequency of accurate TIs than from a high frequency of TIs. (Høglend, 1993; Ogrodniczuk et al.,1999; Piper et al., 1991; 1993). Additionally, Høglend (1993) and Connolly et al. (1999) reported positive effects of low frequency of TIs on low-QOR patients; Connolly et al. (1999) used hierarchical multiple regressions to evaluate the relationships between the proportion of TIs and psychotherapy outcomes measured across patients with different levels of QOR. They demonstrated that high levels of TIs were significantly associated with poor treatment outcomes for low-QOR patients.

Høglend et al. (2007, 2008) reported the findings of a randomised controlled trial with a sample of 100 patients with depression, anxiety and PD that studied the long-term effects of TIs. Patients were randomly assigned to receive dynamic psychotherapy with or without TIs, and lifelong patterns of QOR were assessed. The findings showed that both modalities demonstrated significant efficacy during and after therapy termination. However, patients with lifelong patterns of low QOR benefited more from 1 year of dynamic psychotherapy with TIs than without, and the effects were sustained throughout the four years the study lasted. In contrast to the findings of previous studies, the authors concluded that TIs seemed more beneficial for patients with severe interpersonal problems. The QOR was a moderator of the long-term effects of TIs in therapy outcomes, supporting the findings from previous studies (Høglend, 1993; Piper et al., 1991), as the improvements continued during

the 3-year follow-up period.

The First Experimental Study of Transference Interpretations (FEST) was a randomised controlled study of the long-term effects of psychodynamic psychotherapy developed by the University of Oslo. The broader study comprised a sample of 100 patients with depression, anxiety, and PD randomly assigned to dynamic psychotherapy with a low-to-moderate use of TIs and without TIs. The two groups received weekly sessions for one year. QOR was selected as the primary moderator in the study protocol and measured the patient’s life-long patterns of relationships, from mature to primitive. Hersoug et al. (2014), reporting the main findings of the FEST study, showed that psychodynamic psychotherapy with transference work versus without was equally effective. However, analyses of moderators revealed different effects. Patients with low QOR or a PD presented significant positive effects following psychotherapeutic work on transference. Patients with mature interpersonal relationships benefited equally well from both modalities. Previous analyses, which included mechanisms of change and three-way interaction analysis between QOR, TIs, and therapeutic alliance, revealed that the therapeutic alliance had a significantly different impact on the effects of transference work, depending on the level of QOR. They showed that transference work had the strongest effect on patients with low QOR and weak therapeutic alliance (Høglend et al., 2011b).

Other findings of the FEST study showed that when both the quality of alliance and QOR were high, a negative effect of transference work was observed. The authors discussed that patients with more mature relationships might present more subtle transference cues, compelling therapists to base their transference work more on inference than concrete evidence. However, the early “spontaneous” and

evident transference that can be enacted by less healthy patients who can show fear of rejection, dependency, anxiety, idealisation and devaluation may be expressed through a “dependent” or “pathological” form that is more suitable to transference work (Hersoug et al., 2014). Considering the research evidence to date, early studies about TIs and their interaction with QOR suggest that QOR is an important moderator in the relationship between TIs, treatment outcomes and therapeutic alliance. Initially, it was understood that a lower dosage of TIs was more beneficial for high-QOR patients as compared to the use of high-frequency of TIs (Ogrodniczuk et al., 1999; Piper et al., 1991, 1993). However, Høglend (1993) reported a positive effect of low levels of TIs on low-QOR patients. It was thus suggested that patients with difficulties in establishing long-lasting relationships would benefit by thinking and exploring the relationship with their therapist in the here and now of a safe space as psychotherapy. It seems to be a complex picture as research has shown varied results, more research might be needed to obtain more conclusive results.

Presence of Personality Disorders

Empirical studies of object relations often report that PD patients tend to have a poorer quality of object relations than clinical and nonclinical comparison groups (Huprich & Greenberg, 2003; Huprich et al., 2017). Findings from the previous section are consistent with research about the use of TI with patients with a diagnosis of PD. A consensus has been drawn among theoreticians, clinicians and researchers about two essential elements in personality pathology that involve difficulties with self or identity and chronic interpersonal dysfunctions (Clarkin et al., 2007; Livesley, 2001; Pincus, 2005). PD are constituted by unstable and unrealistic internalised representations (Joyce et al., 2022), and the psychodynamic literature suggests that pathologies of personality are associated with difficulties in object relations (Cheek et

al., 2021; Huprich et al., 2017), as patients with PD suffer major relationship issues. These difficulties are expected to manifest in the therapeutic relationship in various ways, including collaboration with the therapist, transference enactments, resistance to treatment, and a high dropout rate (Gabbard, 2003).

There is some evidence that the presence of a PD diagnosis is a moderator in the relationship between the use of TIs and treatment outcome. Gabbard and colleagues (1994) studied the effectiveness of TI in long-term psychodynamic psychotherapy with three patients with BPD and found that TI tended to have a more significant impact than other interventions in these therapies. The authors found that factors such as neuropsychologically based cognitive dysfunction, a history of early trauma, patterns of object relations involving interpersonal distance, masochistic tendencies, and anaclitic rather than introjective psychopathology are patient characteristics that impact negatively TIs and the therapeutic alliance. These findings align with studies that explored low QOR, particularly the work of Hersoug et al. (2014).

Randomised controlled studies have shown that patients with PDs improved significantly after receiving long-term and short-term psychodynamic therapy with TIs as compared to patients without PDs (Høglend et al.,; Knekt, 2008; Lindfors et al., 2013). Sample sizes were 46 and 326, respectively. In both modalities, the positive results also lasted for over three years following the termination of treatments. Furthermore, Høglend et al. (2011a) concluded that patients with PD improved significantly with psychoanalytic psychotherapy with and without TIs. However, they strongly suggested that TIs enhance outcomes significantly compared to psychoanalytic psychotherapy without this technique.

Summarising, short-term psychoanalytic psychotherapy focusing on

transference work has shown positive effects in patients with low QOR, even those with more complex presentations such as personality pathology. The research evidence shows that patients with these characteristics have poorer outcomes with therapies that do not involve transference work (Høglend et al., 2011a; Knekt, 2008; Lindfors et al., 2013). There is some evidence that using TIs with patients with PD reduces the rates of dropout, increases the rates of patients recovering from PD symptoms, improves general interpersonal relationships, and reduces the use of health services over three years after treatment termination (Høglend et al., 2011a).

Gender

Gender has also been considered as a variable that potentially moderates the use of TIs and their effects on psychotherapy outcomes. For example, Ogrodniczuk et al. (2001) reported the findings of a study that aimed to explore the relationship between gender and two forms of short-term individual psychotherapy: interpretive and supportive. Female and male patients (N=89) were randomly assigned to the treatments. They found a significant interaction effect between gender and forms of therapy for depression and general symptomatic distress after the termination of treatment. Male patients improved more with interpretive rather than supportive therapy, whereas female patients presented improvements with both therapies but had better outcomes with supportive therapy. The authors discussed the possible reasons for these results, considered personal preferences about the style of therapy, and suggested that further analysis was needed to clarify whether gender is a potentially influential variable.

Ulberg et al. (2009b) also examined gender differences in the outcome of brief psychodynamic psychotherapy with and without TIs. Data from the FEST study was used (N=100). The results showed that, on average, men and women did not present

differences in their responses to the treatment. However, when gender was combined with QOR in the moderator analysis, a strong effect was found: Men with high QOR showed a large negative effect of TI on outcome, and women with low QOR presented a large positive effect of TI on outcome. The authors concluded that the patient's gender showed moderator effects over and above the effects Of QOR (Ulberg et al., 2009b).

In a following study using data from FEST (N=100), Ulberg et al. (2012) aimed to determine whether there are long-term differences in the treatment responsiveness to TIs between men and women. Follow- ups were conducted after one and three years following the end of treatment. Linear mixed models were used to assess change, and the findings indicated that women and men differed significantly in their responses to TIs. The authors used the levels of interpersonal functioning as the outcome measure and controlled for QOR, and the findings showed that women responded significantly better than men to psychotherapy using TIs. Additionally, women with average relational functioning benefited more from psychoanalytic psychotherapy with TIs. The authors could not identify any significant effect of TIs for the male sample. Ulberg et al. (2012) reflected on possible reasons for gender differences. They suggested that men and women did not differ in the maturity of defence mechanisms, but men used more projection and isolation, and women managed conflicts by considering others' comfort and were more prone to think about relationships than men. The authors concluded that more research is needed to support evidence and to reflect on the matter.

Adolescence Considerations about the use of Transference Interpretations in Psychotherapy with Adolescents

Adolescents are forming and consolidating their own independent identity as one of the main tasks of this age stage/ one of the main tasks of adolescence is the formation and consolidation of the adolescent's independent identity (Erikson, 1959). This intense process may cause anxieties and interpersonal conflicts, and adolescents can become vulnerable to states of depression (Cregeen et al., 2017). Furthermore, adolescents may fear developing a regressive dependency in an intense relationship with the therapist (Sandler et al., 1980). Therefore, the therapist should pace the work on transference and speak about these feelings gradually, especially at the beginning of the treatment with young people with low-QOR and PDs. This would help young people develop new ways of relating to others in the safe space of therapy and stay engaged in the treatment by developing a strong therapeutic relationship that allows inquiring into their own mental states (Sharp & Fonagy, 2015).

Drawing upon existing research, psychotherapists working with adolescents need to be mindful of the sensitive developmental processes that characterise this stage when working with the transference. The frequency, accuracy and timing of interventions that address young people's transferential feelings and conflicts during psychoanalytic psychotherapy are essential aspects to be considered by therapists, alongside characteristics such as QORs, presence of PD and gender. The work on transference needs to be done carefully and gradually, as this population can present difficulties engaging in the treatments and high dropout levels (Swift & Greenberg, 2012).

More specifically, as low-frequencies of TIs seem beneficial for high- and low-QOR patients, work on the transference should be done gradually and according to

the young people's QOR, particularly during the early stages of the treatment. This would be important because exploring early experiences and how they are expressed in the patient-therapist relationship, especially during the early stage of the treatment, may cause fears of regression in adolescents, resulting in negative feelings and resistance (Sandler et al., 1980). Adolescents can bring important material in a displaced form; if the therapist tolerates this and does not interpret the material immediately or frequently/ too soon or too frequently, adolescents can feel better understood and stay engaged in the therapy.

Additionally, delivering accurate Tis helps patients to feel understood and stay actively involved, favouring engagement in psychotherapy (Joyce & Piper, 1993; Sandler et al., 1980). Adolescents may experience contradictory feelings in relationships and the therapeutic relationship; if the therapist names these feelings accurately, particularly during beginnings, endings, breaks and other transitions, as well as those feelings connected with the process of becoming independent from their parents, young people would/ are likely to feel understood and respond better to the treatment (Briggs & Lyon, 2011; Sandler et al., 1980). Furthermore, delivering TIs congruent with the young people's conflicting feelings towards the therapist would help them develop internal representations about themselves and others that are more integrated (Waddell, 2018).

Furthermore, timing is an important factor to consider, particularly during the initial phase of the therapy, when the patient-therapist relationship starts to unfold/ become established. Transferential aspects need to be examined by the therapist, acknowledging, tolerating and exploring the young person's intense negative feelings that may appear early in relation to the therapist (Cregeen et al., 2017). The work on transference during this stage would help young people to put into words fantasies and

feelings connected with their history and experience and would allow them to break with past modes of relating and to make new internal and external adaptations (Sandler et al., 1980). Delivering TIs in a timely manner would positively impact the therapeutic alliance and, therefore, the engagement in the treatment and therapy outcome (Creegen et al., 2017; Martin et al., 2000).

Finally, research has shown that, on average, women have presented more positive effects of TIs on outcome than men (Ulberg, 2009b, 2012). Therefore, therapists should be more mindful about how and when interpreting transference with young males, considering the previously described variables, to make positive effects on the treatment and build a strong therapeutic alliance.

Discussion and Conclusions

Transference Interpretations are a core intervention in psychoanalytic psychotherapies, and their use has received growing attention as an object of study. Research has shown that psychotherapies with TI have a positive impact on the outcome of psychotherapy with adults (Gabbard et al., 1994; Hersoug et al., 2014; Høglend et al., 2006, 2011; Knekt, 2008; Lindfors et al., 2013; Levy & Scala, 2012; Luborsky & Crits-Christoph, 1990; Piper, et al., 1991; Ulberg et al., 2009a). This literature review presents some of the evidence around the effects of TI on therapy outcome with adults and considers the interaction with variables that moderate this relationship. It also provides a discussion, drawing upon a developmental perspective, regarding how this technique could be adjusted to the work in psychoanalytic psychotherapy with adolescents.

Research on the use of TIs in psychotherapy has provided evidence for the relevance of looking carefully at the therapists' technique and how the transference relationship is explored within the treatment. It is also important to consider patient characteristics; the quality of object relations (QOR) has drawn attention as a factor moderating the relationship between TI use and treatment outcome. It is important to consider technical and patient variables, as well as their interaction when delivering a TI so as to make a positive impact on psychotherapy outcome (Connolly et al., 1999; Hersoug et al., 2014; Høglend, 1993, 2007, 2008; 2011; Knekt, 2008; Lindfors et al., 2013; Ogrodniczuk et al., 1999; Piper et al., 1991, 1993, 1999; Piper & Duncan, 1999; Ulberg et al., 2009a).

The frequency, accuracy and timing in which the TIs are delivered within therapy sessions are variables that need further examination. Research to date has shown that it is important to thoroughly examine the frequency of the use of TI in

psychoanalytic psychotherapy as it can impact treatment outcome as well as the therapeutic alliance (Crits-Cristoph et al., 1993; Piper et al., 1991, 1993; Høglend, 1993). According to many authors, a lower dosage of TIs is more beneficial for high-QOR patients (Ogrodniczuk et al., 1999; Piper et al., 1991,1993). The use of TIs with adult patients with low QOR has shown positive treatment outcomes that sustain for years after the end of therapy (Bond et al., 1998; Connolly et al., 1999; Hersoug et al., 2014; Høglend et al., 2007, 2008, 2011; Knekt et al., 2008; Lindford et al., 2013).

However, research suggests a highly careful use of the technique, as its excessive use could have negative effects on the treatments, particularly with patients with low QOR (Connolly et al., 1999; Crits-Cristoph et al., 1993; Høglend, 1993; Piper et al., 1991, 1993). Likewise, competent formulations and adequate consideration of the relational dynamics in a session can help decide when it is the best timing for delivering a TI; these can positively affect the treatment outcome and therapeutic alliance (Luborsky & Crits-Cristoph, 1990; Crits-Cristoph et al., 1993; Norville, 1996; Piper, 1993). Women have been found to respond better than men to Tis in a small number of studies, but more research is needed in this area (Ulberg et al., 2009b).

Frequency, accuracy and timing are variables that need to be considered when exploring transference in the psychoanalytic work with adolescents, especially during the early stages of therapy. Adolescents can fear regressing due to the strong feelings they may experience towards the therapist, which can result in negative feelings, the appearance of resistance, and potentially disengaging from the treatment (Sandler et al., 1980; Waddell, 2018). Developing competent formulations and adequate consideration of the dynamics in therapy to decide the best time for exploring transferential elements will pave the way to building a solid therapeutic alliance (Joseph et al., 2014).

As adolescents' egos need to renegotiate aspects of their relationships with themselves and external and internal objects, young people may not present mature relational capacities yet. Additionally, they have to face the developmental tasks of separating from their parents and developing emotional independence. Thus, it is fundamental to address the complex feelings and anxieties in the patient-therapist relationship carefully and gradually (Sandler et al., 1980). These aspects might be even more relevant in the work with adolescents who present PDs.

In conclusion, the body of evidence in psychoanalytic psychotherapy with adults suggests that a conscientious, rigorous and careful exploration of the patient-therapist relationship in the here-and-now, through Tis, can positively impact the psychoanalytic psychotherapy outcomes, especially for patients who present challenges in establishing long-standing patterns of relationships. Therapists' flexibility in their approach to exploring transferential aspects of the patient-therapist relationship is fundamental, as well as modifying the technique according to the patient's relational capacities, particularly their QORs.

A careful and well-thought approach is needed considering the therapist's technique in terms of the timing, accuracy and frequency of TIs, as well as the unique characteristics of the patients and their capacities to form relationships. Similarly, in the work with adolescents, a recommendation may be to adjust the demands to what can be appropriate for them to manage (Sandler et al., 1980). There is a need to replicate studies about TIs in psychoanalytic psychotherapy with adults and improve methodological limitations, with the scope of generalising findings to broader populations. Larger sample sizes are suggested in addition to developing more complex analyses and using more specialised measures to explore TIs in more depth. Developing research on working in the transference and the use of TIs with

adolescents is also needed; there is a lack of evidence-based knowledge on the topic, which contrasts with the vast extent of psychoanalytic theory about the relevance of this technique with this population. These aspects of the psychoanalytic technique need to be thoughtfully and thoroughly studied in research to develop further understanding and evidence- based knowledge.

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Doctoral Dissertation

Part 2: Empirical Paper

Exploring Transference Interventions in a Good Outcome Short-term Psychoanalytic Psychotherapy for an Adolescent with Depression

Doctorate in Child and Adolescent Psychoanalytic Psychotherapy

The Anna Freud Centre, University College London

March 2024

Word count 7994

Keywords: Transference interventions, conversation analysis, Transference Work Scale, Short-term psychoanalytic psychotherapy, adolescents, depression

Abstract

Transference interventions are an important technique in psychoanalytic psychotherapy that has received increasing research attention. Studies have shown that psychotherapies with transference interventions can positively affect therapy outcomes and highlight the importance of examining the therapists' technique and how the transference relationship is explored within the treatment, adjusting it according to each patient's relational capacities. Using transference interventions in work with adolescents needs thoughtful consideration due to the significant biological, social, and emotional changes and challenges that adolescents face. This project is a mixed- method exploratory case study that explores the therapist's technique in delivering transference interventions in a good outcome short-term psychoanalytic psychotherapy with a female adolescent with depression. Quantitative analyses examine the frequency and categories of the transference interventions using the Transference Work Scale in 6 sessions corresponding to the treatment's early, middle and late stages. A qualitative approach, using conversation analysis, explores the features of the language used by the therapist to formulate the transference interventions. Analysis showed that throughout the treatment, the transference interventions were gradually jointly constructed and woven into the adolescent's verbalisations. The therapist used conversational strategies such as continuers and newsmakers to indicate continued attention, used the patient's words and prosody to express understanding, waited to join the dialogue, and carefully prepared the transference interventions throughout the session. These strategies facilitated the adolescent's subsequent elaboration of the material addressed by developing coordinated work between patient and therapist in a co-created meaning-making

process. Clinical implications suggest the importance of adjusting the therapist's technique to address transference according to adolescents' personality characteristics.

Adolescence, depression and psychotherapy

Adolescence is a stage in life characterised by intricate social and emotional developmental processes and changes (Waddell, 2018; WHO, 2022). Depression during adolescence is highly prevalent (Shorey et al., 2022; WHO, 2018) and can have long-term effects, as well as sometimes tragic outcomes due to its association with suicide (Ferrari et al., 2013; Midgley et al., 2021; WHO, 2018). Furthermore, adolescence can be an especially sensitive period for developing complex mental health difficulties in adulthood, such as personality disorders (Sharp & Fonagy, 2015; Wittchen et al., 2011). Evidence to date supports the need for early active assessments of adolescents presenting personality problems, as well as providing adequate treatment to prevent long-lasting suffering and emotional difficulties throughout life (Chen et al., 2006; Korsgaard et al., 2015; Sharp & Fonagy, 2015). A growing body of evidence suggests that child and adolescent psychoanalytic psychotherapy can be especially effective for treating internalising behaviours, such as anxiety and depression, as well as emerging personality disorders (Midgley & Kennedy, 2011; Midgley et al., 2021).

A core concept in psychoanalytic treatments is transference, which has been defined as the capacity for representational elements of significant and formative relationships to be either consciously felt or unconsciously attributed to other relationships (Levi & Scala, 2012). The work on transference is a core element in psychoanalytic treatments (Levy & Scala, 2012), such as short-term psychoanalytic psychotherapy (STPP). STPP is an evidence-based intervention for moderate to severe depression in adolescents, and one of its key elements relies on exploring the transferential relationship established with the therapist in the here-and-now (Cregeen et al., 2017).

The extensive research and theoretical literature on transference interpretations in adult psychotherapy have shown the relationships of moderator variables associated with the technique of the therapist and with the characteristics of the patients with treatment outcome (Connolly et al., 1999; Hersoug et al., 2014; Høglend, 1993, 2006, 2008, 2011; Knekt, 2008; Lindfors et al., 2013; Ogrodniczuk et al., 1999; Piper et al., 1991, 1993; Piper & Duncan, 1999; Ulberg et al., 2009). The frequency, accuracy and timing in which the TIs are delivered can improve the effectiveness of the treatment as well as the therapeutic alliance (Crits-Cristoph et al., 1993; Piper et al., 1991, 1993; Høglend, 1993). The patient's characteristics, such as quality of object relations (QOR), the presence of personality disorders (PD) and gender, also impact treatment outcomes (Crits-Cristoph et al., 1993; Luborsky & Crits-Cristoph, 1990; Norville, 1996; Ogrodniczuk et al., 1999; Piper et al., 1991, 1993). Low frequencies, competent formulations and careful awareness of the timing in which transference interpretations are delivered are advised, especially for patients with long-standing difficulties in their relational capacities. There is some evidence that women respond better than men in treatments where the transferential relationship is addressed.

The developmental tasks of adolescence add complexity to the use of transference in psychotherapy. Adolescents' internal and external relationships are reorganised and modified as they go through the process of creating individual identities and developing autonomy. Furthermore, adolescents are in the process of revising conflicts from previous developmental stages and dealing with transitions and emerging sexuality (Waddell, 2018). Also, they face the important losses connected with their childhood experience, which can trigger depression and suicidal preoccupations (Christogiorgios et al., 2010). Working on the transference can be

daunting, although beneficial, as adolescents may fear becoming regressed and dependent in intense relationships with their therapists (Sandler et al., 1980). Building a positive therapeutic alliance is fundamental, considering the high dropout levels in psychotherapy with this population (da Haan, 2013; O'Keeffe, 2020).

There is a need for further high-quality research to understand the role of in-session relational interventions, specifically Transference Interventions (TIs; Ulberg et al., 2012; 2014a), their role as mechanisms of change and their relationship with the effectiveness of psychodynamic psychotherapy for children and adolescents (Korsgaard et al., 2022; Midgley et al., 2021). It is essential to develop evidence-based knowledge regarding how the moderator variables associated with therapists' techniques and patient characteristics that have been found to impact therapy outcomes interact and what processes may lead to change within STPP. Case studies allow for the analysis of complex interactions of variables and the study of naturally occurring phenomena with depth and accuracy (Green & Thorogood, 2017; Yin, 2003). Studying an STPP case with good outcomes might provide a clearer insight into how the therapist relates to an adolescent, contributing to adolescents' mental health development and improvement.

Ulberg et al. (2012, 2021) developed The First Study of Transference Work-In Teenagers (FEST- IT) to study the effects of TIs in psychodynamic psychotherapy with adolescents with depression. It was a randomised controlled trial with a dismantling design, in which one hundred adolescents were randomly assigned to two groups of STPP for over 28 weeks, with and without TIs. Gender, personality disorder (PD) and quality of object relations (QOR) were the preselected putative moderators. The Transference Work Scale (TWS, Ulberg, 2014b), a therapy process rating scale focusing on transference work, was created within the FEST Study to

analyse and explore the patient-therapist relationship, the here-and-now effects of the use of TIs and empirically determine their connections to outcomes.

The TWS has been used to analyse the therapeutic relationship, particularly transference work and its variations throughout the treatment (Ness et al., 2018). Furthermore, Jones et al. (2020) reflected on the difficulties that adolescents with depression often present in engaging in therapy. Some themes that arose as part of the results highlighted the importance of working on transference, the need to be flexible, and the need to adapt the technique in therapy with this age group.

Della Rosa & Midgley (2017) used CA to explore sequential patterns, conversational features and adolescents' emotional responses to TIs of depressed adolescents around psychotherapy endings. Their findings demonstrated that adolescents responded differently according to their ways of managing anxieties and reflected on the importance of pace and adapting transference work to each case. Peräkylä (2005, 2008, 2019) also used CA to analyse the sequential structures of adjacent utterances that enable the transformation processes in psychotherapy, particularly around interpretations. He focused on the analyst's third interpretative turn, which follows the patient's response to an interpretation, and how the analyst modifies the communication of his understanding of the patient's conflicts according to the patient's response (Peräkylä, 2010). Similarly, Vehviläinen (2003) used CA to investigate interpretations as interactional achievements in psychoanalytic psychotherapy, which are co-constructed by the analytical couple's words through a particular development called the interpretative trajectory.

Aims of the study

The aims of the empirical study are:

1. To explore the characteristics of the language used in delivering TIs to identify whether they were jointly constructed and woven into the adolescent's previously uttered words.
2. To examine the utterances delivered by the adolescent, those that preceded and those that followed the TIs, and to examine the role of TIs in facilitating further elaboration of the material.
3. To help bridge the gap between psychoanalytical theory and clinical practice by increasing the evidence-based knowledge about the beneficial use of TIs in a positive outcome STPP process of an adolescent with depression.

Method

Design

The study is a mixed-method exploratory single case study, which focuses on how the transferential relationship is topicalised in actual therapy sessions and its role in the therapy process and outcome. The study comprises two parts. Initially, a quantitative design is used; the Transference Work Scale is used to identify and categorise the transference interventions delivered by the therapist during the early, middle and late stages of the intervention (Ulberg et al., 2014b). Next, a qualitative approach using Conversation Analysis (CA, Clark, 1996; Hoey & Kendrick, 2018) is employed to examine the language features the therapist uses to formulate TIs and how TIs are linked with the adolescent's verbalisations. The qualitative analysis also examines the TIs and their role in facilitating the adolescent's subsequent elaboration of the material addressed. CA is an inductive, micro-analytic and qualitative method that systematically studies talk-in interactions. CA has offered important insights into psychotherapy research by analysing linguistic details, lexical choice, prosody, and interactional meanings of actions (Peräkylä, 2019).

Research material

The research material used in this study is drawn from the Improving Mood Psychoanalytic and Cognitive Behaviour Therapy (IMPACT) study. The IMPACT study is a pragmatic randomised controlled trial (RCT) that assessed and compared the effectiveness of three therapeutic interventions and relapse prevention of adolescent depression. The study was based in the United Kingdom and involved 470 participants, adolescents aged 11 – 17 years, who had been diagnosed with moderate or severe depression (Goodyer et al., 2017).

The present study analyses audio recordings from the psychoanalytic branch

of the IMPACT study, which relied on a Short-Term Psychoanalytic Psychotherapy (STPP) model. STPP considers three stages within the intervention. The early stages explore the adolescent's feelings regarding the unfolding therapeutic relationship and their internal dynamics, building a therapeutic alliance and establishing the therapeutic setting. In the middle stage, the transference relationship becomes more relevant and deeper. Also, the work focuses on building trust in the therapist, the emergence of a greater capacity in the adolescent to deal with their difficulties and conflicts, and a deepening in the transference relationship. The late stage of the intervention is characterised by the emergence of feelings and thoughts concerning the end of the intervention and the need to review the process and think in terms of future steps for the adolescent (Cregeen, et al., 2017).

Participants

The case of Emily (a pseudonym) was purposively selected using the following criteria:

- Adolescent from the STPP branch of the IMPACT study.
- Having completed the intervention.
- Presenting a high level of attendance.
- Scoring above the clinical cut-off in the Mood and Feelings Questionnaire (MFQ) (Angold et al., 1995; Costello & Angold, 1988) at the beginning of the intervention assessment (MFQ assessment week 0) and under the clinical cut-off at the end of the intervention in follow-up week 36.

Emily is a 15-year-old female patient presenting with low mood and difficulties with peers and family. During the intervention, she presented suicidal ideation. Emily had an above-average attendance of 25 sessions out of a total of 28 sessions offered. Her initial MFQ score was 41 (clinical threshold for depression 27 (CORC, n.d.). After

the end of the intervention, the depressive symptomatology decreased considerably, with an MFQ score of 9 in the follow-up at 36 weeks.

Six sessions were selected for further analysis from a total of 25 sessions attended; two sessions were randomly selected from each stage (early, middle and late) of the STPP model. Sessions 3 and 5 were selected from the early stage of the intervention, sessions 12 and 15 from the middle, and sessions 24 and 26 from the late stage. The therapist was a senior female child and adolescent psychotherapist.

Measures

Mood and Feelings Questionnaire (MFQ) (Angold et al., 1995; Costello & Angold, 1988): This self- report screening measure indicates levels of depression. Higher scores indicate more severe depressive symptoms. The clinical cut-off for depression is 27.

Transference Work Scale (TWS) (Ulberg et al., 2014a; Ulberg et al., 2014b): This is a micro-analytical rating scale developed to analyse therapy processes; it focuses on transference work by examining the patient-therapist relationship (Ulberg et al., 2014a; Ulberg et al., 2014b). The TWS was constructed to identify and categorise relational/transference interventions and explore the in-session impact of analysis of the patient-therapist relationship. TWS has 26 items and four subscales that rate the timing, content, and valence of the TI and the patient's response. Thus, it is a focused and short process measure.

The TWS defines five categories of TI:

1) The therapist addresses transactions in the patient-therapist relationship.

2) The therapist encourages the patient to explore their thoughts and feelings about the therapy and the therapist’s style and behaviour.

3) The therapist encourages the patient to address how they believe the therapist

might feel or think about them.

4) The therapist includes themselves explicitly in the interpretive linking of dynamic elements or conflicts, direct manifestations of transference, and allusions to the transference.

5) The therapist interprets repetitive interpersonal patterns, including relationships with parents and genetic interpretations, and connects these patterns to the transaction between patient and therapist.

Regarding its psychometric properties, development and inter-rater agreement have recently been reported as good to excellent (Ulberg et al., 2014b).

Quantitative Analysis

The audio recordings of the six sessions selected were transcribed verbatim. Next, the TWS was used to identify and categorise the TIs and to obtain frequencies.

Qualitative Analysis

The TIs categorised as 4 and 5 with the TWS include connections between recurring elements in the patient's relationships with people outside therapy and the patient's relationship with the therapist. These interventions involve the traditional concept of work in the transference in psychoanalytic treatments, which are considered to be clinically relevant and to have an important impact on psychotherapeutic work (Levi & Scala, 2012). The transcripts of the TIs categorised 4 and 5, alongside the utterances that preceded and followed these interventions, were examined to identify sequences where the adolescent elaborated on the material presented in the TI. In the traditional psychoanalytic approach, the patient's response to an interpretation is an indicator of the accuracy and success of the interpretation (Peräkylä, 2005). Thus, the TIs followed by minimal responses were left out of the analysis. Minimal responses were understood as silences broken by the therapist,

utterances that did not turn (one or two-word responses) and did not lead to further exploration of the material or broke the dialogue (Fellegy, 1995; Peräkylä, 2005). Therefore, the TIs categorised 4 and 5, followed by utterances emitted by the adolescent in which it was possible to see an exploration and elaboration on the themes addressed by the TI previously delivered by the therapist, were deemed as 'successful'. These 'successful' TIs 4 and 5 were then coded with the Jefferson Transcription System (Jefferson, 2004) and analysed using Conversation Analysis (CA).

The Jefferson transcription system (Jefferson, 2004) provides a detailed version of the interaction by capturing sequences of utterances delivered by the participants, notating the selection of words, intonation, silences, hesitations, etc. (Appendix A).

Ethics

Ethical considerations regarding the IMPACT project involved the study protocol approval by Cambridgeshire 2 Research Ethics Committee, Addenbrookes Hospital Cambridge, UK. Any identifiable information, defined within the Data Protection Act 2018 terms, referred to the participant and therapist was excluded or modified during transcription.

Trustworthiness of the Findings

Credibility regarding the congruency of the qualitative findings with reality was attained by discussing the findings with the research supervisor and the supervision group, who also examined and discussed the transcripts (Shenton, 2004). Also, the student reflective commentary helped evaluate the project as it was developed by recording reflections on the material at different moments of the study (Shenton, 2004).

Findings

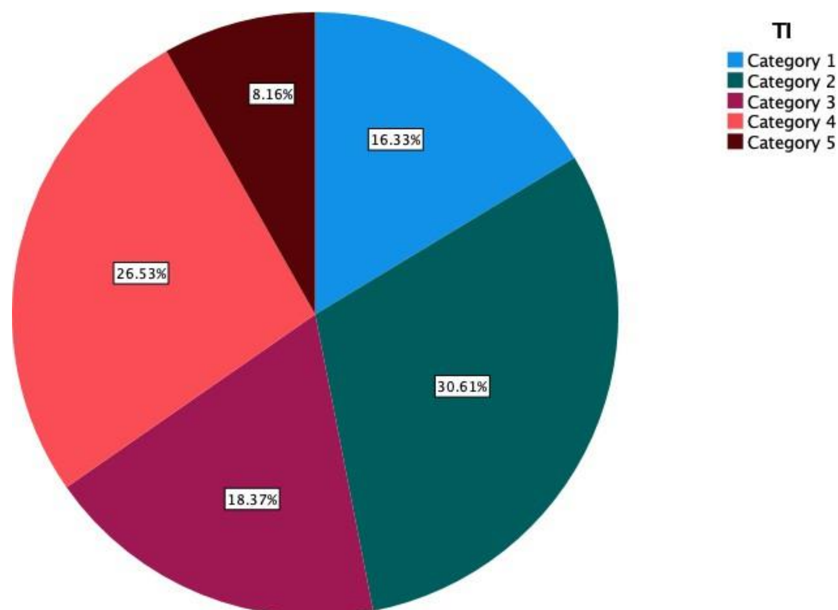
The findings of this study are presented in two sections. Firstly, the frequency of different TIs, as coded using the TWS, at different stages in therapy is described. Then, the linguistic features used to deliver successful categories 4 and 5 TIs of the TWS and the client's responses are analysed using CA.

Quantitative Analysis

A total of 49 TIs were identified using the TWS in the six sessions examined. The percentages of the TWS categories of TIs are presented in Figure 1.

Figure 1

Percentages of TIs Identified with the TWS in 6 sessions.



The most frequent category of TI across the six sessions was category 2, in which the therapist encourages the exploration of thoughts and feelings about the therapy and the therapist's style and behaviour. These interventions account for 30,6% (15) of the total number of TIs. The distribution of the different categories of

TIs throughout the different stages of the treatment is presented in Table 1.

Table 1

Transference Interventions of the STPP Treatment Identified Using the Transference Work Scale

Transference Intervention Categories	Early Stage[a]	Middle Stage[b]	Late Stage[c]	Total
Category 1	1 (7,1%)	6 (33,3%)	1 (5,9%)	8 (16,3%)
Category 2	6 (42,9%)	4 (22,2%)	5 (29,4%)	15 (30,6%)
Category 3	4 (28,6%)	3 (16,7%)	2 (11,8%)	10 (20,4%)
Category 4	2 (13,3%)	5 (27,8%)	6 (35,3%)	13 (26,5%)
Category 5	1 (7,1%)	0	3 (17,8%)	4 (8,2%)
	14	18	17	49

Note.

[a] Early stage of the STPP treatment corresponds to sessions 3 and 5.

[b] Middle stage of the STPP treatment corresponds to sessions 12 and 15.

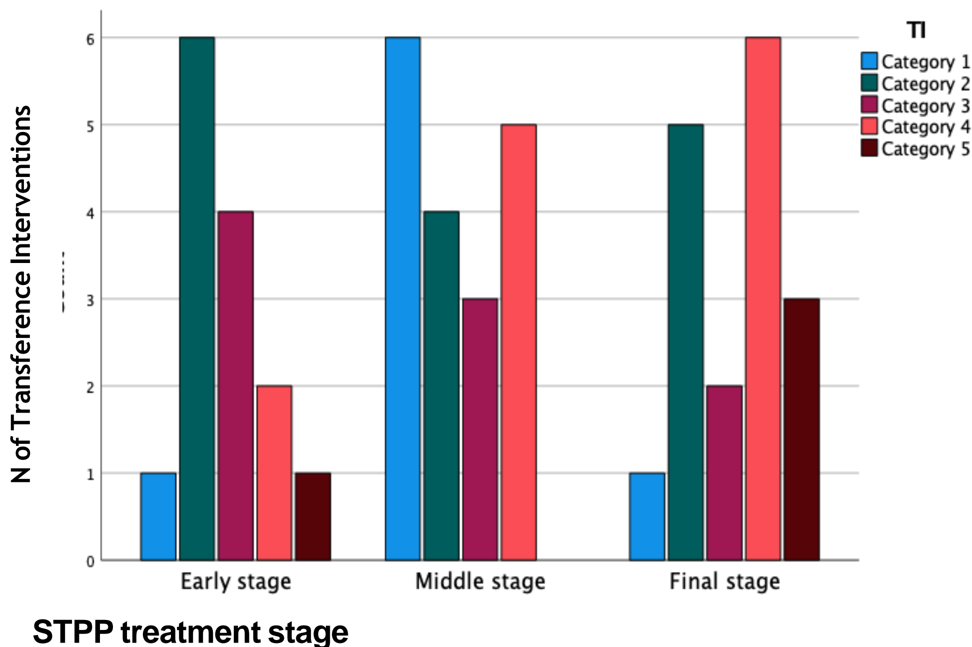
[c] Late stage of the STPP treatment corresponds to sessions 24 and 26.

In the early stages of therapy, the therapist delivered 14 TIs, with category 2 being the most frequently used (42.9% of all Tis). The least frequent categories were numbers 1 and 5; only one of them was delivered during this stage of the therapy, corresponding to 7,1% each. In the middle stage of therapy, there was a slight

increase in TIs delivered by the therapist, with a total number of 18. Category 1 was the most frequently used category, which accounted for 33.3% of all TIs and was closely followed by category 4 (27.8% of all TIs) and category 2, accounting for 22.2% of all TIs. The least frequent type of TI was category 5, which was absent from sessions 12 and 15. In the late stage of the process, the overall number of TIs delivered was 17. The most frequent intervention was category 4, which accounted for 35.3%. There was an increase in the delivery of category 5 with 3 TIs, corresponding to 17.6% of the total TIs, and the least frequent types were categories 3 and 1, which accounted for 11.8% and 5.9% of the total. The frequencies of each category of Tis across different stages are presented in Figure 2.

Figure 2

Frequency of the Categories of Transference Interventions in Different Stages of the STPP Treatment



STPP treatment stage

As previously reported, there is an increase in the total number of TIs in the middle and final stages of the treatment. Categories 4 and 5 show a marked intensification of their frequencies towards the end of the treatment, respectively. In these categories, the therapist includes connections between elements that appear repeatedly in the patient's relationships outside of therapy and the patient-therapist relationship (Ulberg et al., 2014a). Therefore, it is possible to observe an intensification of the work on the transference towards the end of therapy.

Qualitative Analysis

Seventeen TIs categorised 4 and 5 (Ulberg et al., 2014b) were identified in the six sessions throughout the treatment. The TIs that were followed by minimal responses, such as silences broken by the therapist, utterances that were not turns (one or two-word responses), and that did not lead to further exploration of the material or broke the dialogue (Fellegy, 1995), were left out of the analysis. These TIs were deemed unsuccessful as they may not have helped the patient reflect on the transferential experience.

From the total Tis categorised 4 and 5, ten were deemed 'successful', i.e., led to further elaboration and deepening of affect. In these cases, turn-taking continued after the delivery of the TI, and the adolescent's following turn explored the material previously offered by the TI. These 10 TIs categorised 4 and 5 that were deemed 'successful', alongside the previous and subsequent utterances delivered by the adolescent, were transcribed with the Jefferson Transcription System (Jefferson, 2004) and then analysed using Conversation Analysis. Of the 10 TIs deemed 'successful', two corresponded to the early stage of the intervention, another two to the middle, and six in the late stage.

CA showed common features in the delivery of 'successful' TIs throughout the

process. By analysing the TIs and their sequence of utterances, it was possible to identify specific characteristics in the therapist's language, specifically how the therapeutic relationship was addressed and explored. In brief, it was possible to observe that the therapist used language and other communication elements to create the TIs jointly and collaboratively with the adolescent. Next, the common features of 'successful' TIs are described, followed by a discussion of variations observed within the stages.

Table 2.

Strategies Used by the Therapist to Foster Joint Construction

Early, Middle and Latter Stages of the Treatment	Use of continuers and newsmarkers as a signal of continued attention. The therapist also responds to the adolescent's utterances by delivering newsmarkers. Lexical choice to express 'sameness' Grounding sequences that show mutual understanding Waiting for the adolescent to join in Preparatory work to deliver a transference interpretation
Variations in the Middle and Latter Stages of the Treatment	Joint utterance constructions The therapist becomes more genuine

Strategies used by the therapist to foster joint construction

Use of continuers and newsmarkers as a signal of continued attention. This is a key aspect of the therapist's talk before delivering the TI. The extract 1 illustrates this strategy.

Extract 1 Session 5

01. T: [I see]

02. P: like altogether because the only thing I was worried about within Spanish was (.) uhm <the speaking exa:m?>

03. T: [mmh]

04. P: cos you have to remember about 6 paragraphs and (.)

05. T: [yes]

06. P: I have such a bad memory?

07. T: [mmh]

08. P: and like- that was the main reason he said he'd help me and guide me?

09. T: [aha]

10. P: like and that was the only thing I worried about but now I'm like speaking Spanish and just (.) like (.)

11. P: it's I don't know what it is but completely (.) I just- don't know I'm doing

This extract is an example of the lack of silence in the utterances by the adolescent before the delivery of a TI, due to the therapist's active use of continuer tokens and newsmakers. The therapist repeatedly delivers tokens after every minimal

pause of the patient. These actions were understood as the therapist's attempts to encourage the patient to continue the narration and acknowledge that she had received the communication. When the adolescent briefly pauses her narration, the therapist delivers a token, verbal or non-linguistic, that either encourages the adolescent to continue the narration or expresses acknowledgement of the previous statements. Such continuer tokens delivered by the therapist have the role of a filler and are uttered at points in the conversation where there would otherwise be silence between units of talk (Gardner, 2001). These are seen as the therapist's attempts to keep the interaction flowing (Dimitrijević & Buchholz, 2020) and acknowledging that the story was not yet over (Gardner, 2001). They are considered signals of continued attention by the therapist (Gardner, 2001) and are used by the therapist to actively encourage the narration of the patient.

The therapist also responds to the adolescent's utterances by delivering newsmakers. Newsmakers respond to a turn that presents something new to the recipient of the turn (Gardner, 2001). Therefore, the therapist not only acknowledges that she is attentive and listens but also marks shifts in the content delivered. Subsequently, the adolescent slows her speech and pauses in her narrative, providing space and an expectation for the therapist to start building the transference intervention, as illustrated in utterance 09 from extract 1.

The use of newsmakers and continuer tokens is presumably used to illustrate the full and genuine attention of the therapist to the client's talk. Receiving the therapist's complete attention, especially in emotionally painful moments connected with losses, is a relational factor that helps adolescents use the therapeutic relationship to express themselves and share their personal experiences in therapy (Sagen et al., 2013). Therefore, it fosters the therapeutic alliance (Bordin, 1979).

Lexical choice to express 'sameness'. Another key aspect of the therapist's talk in delivering 'successful' TIs is using words that the adolescent used during and in previous sessions (Vehviläinen, 2003). Also, the therapist makes grammatical mistakes and speaks more informally, thus accommodating herself to the adolescent's style. By designing her utterance this way, the therapist indicates that what she is saying is based on material already presented by the adolescent in her narrative (Vehviläinen, 2003).

For example, in extract 2, the therapist uses the informal expression 'two fingers' (utterance 6) and the words the adolescent had used during the session (utterances 12 and 16) to address painful feelings about separation that the patient had experienced in her relationships. Therefore, the therapist presents the intervention as jointly built and a result of a team effort, which is evidence of a strong therapeutic alliance (Midgley et al., 2017; Creed & Kendall, 2005).

Extract 2 Session 24

01. T: Yea (.) °because° yea I mean you told me that

02. P: it is difficult thing that some of your (.) brothers and sisters haven't even made it to (.) uhm >15, 16 at school<

03. P: [yea]

04. T: and it would be easy to (1) follow that (.) family trend.

05. P: [yea]

06. T: and it's a kind of a tension(.) between the you who thinks (.) we:ll why should. I as I say **tw(h)o fingers heh**

07. [both laugh]

08. T: >to ru:les and regulations< but (.)

09 you know (.)

10. >there's another you< who (.)

11. (.) you know (.)

12. feels (.) >well you've gotta have (.) some (.) kind of standards< and >(1) get a bit of a gr(h)ip< heh

13. P: [yea]

14. T: that's what proper sho(h)es do don't >they

15. P: [laughter]

16. T: they give you a grip?<

17. [laughter]

18. T: it's- it's a big tension at the moment(.)

19. **I mean (.) >as we get towards< (.) >the end of the therapy< (.)**

Grounding sequences that show mutual understanding. When the therapist builds the interpretations, she uses grounding sequences (Jong et al., 2013). This means that the therapist first introduces information, and subsequently, the patient understands the information received. Afterwards, the therapist confirms and acknowledges the patient's display of understanding. Through these sequences of coordinated actions, the therapist and the adolescent establish and convey their mutual understanding (Clark, 1996; Clark & Schaefer, 1987, 1989; Jong et al., 2013), reinforcing the idea of therapy as teamwork.

In extract 3, the grounding sequence is presented in turns 12 to 15.

Extract 3 Session 5

01. T: is that a hard thing to hold on to something

02. P: [yea]

03. T: something when when it's not there

04. whether temporarily or what

05. °you know°

06. it feels like it's lost <u>forever</u> and so (.)

07. when we come up to first break that we were having for two weeks

08. it's kind of hard to believe that <u>I do intend</u> to come ba(h)ck [chuckles]

09. and that you know

10. I <u>understand</u> it's a long time to wait but uhm I sort of feel confident that it will be alrig:ht

11. P: [yea]

12. T: and That you'll manage it between

13. but It's ha:rd because you've lost people before and <u>they haven't come</u> <u>back</u>

14. P: [yea]

15. T: mmh (2) So it's kind of hard to feel (.) confident (2)

Waiting for the adolescent's signal to join in. Transition relevant points (TRP) refer to points in the conversational sequence where a turn may end, and a new speaker may take the turn. In the sessions analysed, the TRP was characterised by the adolescent interrupting her speech, stuttering, and increasing the volume of her voice at the end of the sentence, denoting an expectation for the therapist to join in. The adolescent marks a point of syntactic and prosodic completion of the turn (Clift, 2016) and expresses an expectation from the therapist to speak. In turn, the therapist responds, delivering her utterance almost immediately, without a pause, clearly stating that she understands it is her turn to join the dialogue and offer her

thoughts.

The adolescent could see that the TRPs are evidence that the therapist is following her pace in therapy and respecting her timing. These characteristics show collaboration from the therapist and are indicators of a strong working alliance (Creed & Kendall, 2005; Midgley et al., 2017).

In Extract 2, in utterances 1 to 4, it is possible to see that the therapist (2) starts delivering the TI when the adolescent's wording and intonation indicate syntactically and prosodically that she has finished (1) and that it is the therapist's turn to respond.

Extract 4 Session 5

01. P: N:o? I just- I don't- I don't think (.) they think about it (.) like as much as I do (.) in a way?

02. T: Well I mean (.) I think as you say (.) it's? because you've had a lot of <u>bereavements</u>

03. P: [yea]

04. T: to- to deal with (.) and so a lot that you've told me and you say (.) when you think of the pa:st people who you've lo:st

05. P: [yea]

06. T: mm (.) but uhm <u>maybe it's not a bereavement, it isn't it</u>, is it?

07. But it's a LOSS that we're not going to meet in the next two we(h)eks (.)

08. I mean, it may seem like something <u>totally differ(h)ren</u>t (.) but you know.

09. I suppose it's a question about when someone's not available (.) and not the:re, you know

10. do you feel like they might as well (.)

11. °not exactly be killed off°,

12. but th(h)ey might as well not exist rea:lly,

13. or you know

14. Would they be able <u>to remember you and think about you you know</u>,

15. is that a hard thing to hold on to something

16. P: [yea]

17. T: something when when (.) it's not there whether temporarily or what

18. °you know° it feels like it's lost <u>forever</u> and so (.) when we come up to first break that we were having

19. for two weeks it's kind of hard to believe that <u>I do intend</u> to come ba(h)ck [chuckles] and that you

20. know I <u>understand</u> it's a long time to wait but uhm I sort of feel confident that it will be alrig:ht

21. P: [yea]

22. T: and that you'll manage it between but It's ha:rd because you've lost people before and <u>they haven't</u>

23. <u>come back</u>

24. P: [yea]

Preparatory work to deliver a Transference Intervention. Another key aspect of the therapist's talk in building the TI is how she creates a trajectory through a step-by-step process. This way, the therapist prepares the adolescent by "building a case" together, as it is possible to see in the previous extract from session 5 (extract 3). Peräkylä and Vehviläinen (2001) suggest that interpretations are an interactional

achievement and have shown how interpretations take place through a step-by-step movement, an “interpretative trajectory”. In the case analysed in this study, it was possible to observe that the therapist, prior to delivering an interpretation, addresses the information offered by the patient by “pointing forward” (Vehviläinen, 2003). This means she makes the patient accountable for some aspect of their behaviour before addressing the transferential relationship. Furthermore, the therapist “builds a case” for an interpretation before delivering it. She creates an “explainable matter” that needs an interpretation. Subsequently, the interpretation has the role of an explanation of a puzzling narrative (Vehviläinen, 2003).

In extract 4, the adolescent shares her fantasies and concerns about her parents dying, and she wonders whether other adolescents might not present these worries as much as she does (1). This wondering sets up an expectation (Heritage, 2013). Then, the therapist uses ‘well’ (2) as a turn-initial component of the interpretation, indicating a departure according to what is expected in the interaction (Heritage, 2013). Afterwards, the therapist uses ‘I think’, marking the upcoming intervention as a tentative response to the adolescent’s wonders (2) (Vehviläinen, 2003).

The use of prosody to introduce sensitive subjects. The therapist uses the intonation of her voice to address conflictive and challenging themes, such as separation and loss, which are the main themes in the therapy. These themes are often addressed in the TIs.

An example of this can be observed in extract 4, utterances 6 to 15. The therapist softens her voice and stresses the words bereavement and loss. This shift in prosody would help the adolescent to see that the therapist notices the relevance of these themes and stays with her during these emotionally painful moments. These

relational factors help the adolescent feel freer to open up and explore her emotional experiences (Sagen et al., 2013).

Variations in the middle and latter stages of the treatment

Some variations were observed in the communication between the patient and the therapist as the treatment progressed. The therapist continues fostering collaborative work by using the previously presented strategies to which the adolescent responds positively and more actively to create a dialogue.

Joint utterance constructions. The following extract is the last part of a TI delivered in one of the sessions from the middle stage of therapy. In turn 8, the adolescent finishes the sentence of the therapist, building the intervention collaboratively.

Extract 5 Session 12

01. P: And listening to him tell- like >telling the whole school that< (.)

02. like you can change your mind thinks, and you can do something if you try

03. T: [yes]

04: P: it's kind of, it was an inspiring speech

05. T: [ah that sounds good]

06. P: and uh °that was good°

07. T: Yes, if you're determined

08. P: [You can get what you want basically]

09. T: You've been really quite determined to see the therapy throu:gh, you come here regularly

10. sometimes early

11. [yea]

The therapist demonstrates to the adolescent that she speaks “from within the same world” (Vehviläinen, 2003, p. 582) by completing or finishing the sentences with the same word. Likewise, the adolescent finishes the therapist’s sentences, creating a dance in the turn-taking communication that shows mutual understanding.
In extract 5, the therapist also provides evidence to the adolescent that she is talking with what she is hearing and understanding from what the adolescent has said (Sacks, 1995).

More subtle transitions between the utterances. The TRP (Dimitrijević & Buchholz, 2020) are less marked than in the previous stages of the intervention. The adolescent only raises the intonation of her voice at the end of the sentences and does not stutter nor interrupt her speech as she did in the previous stages. The TRP have longer silences, which contrasts with previous stages. This coincides with the adolescent presenting a higher interactional power observed in her capacity to lead the interaction and the dialogue. The adolescent marks the end of her turns more clearly and actively, giving the therapist more space to speak. The therapist does not deliver continuers and newsmakers as often as in the early stage of the treatment.

Extract 6 Session 24

01. P: Yea and that’s why it hurts so much

02. like the day I’m going through stu:ff (3) I don’t know like I hate relying on people

03. I don’t- like even my parents uh- like >I know because like I live at home they could [inaudible – when

04. they] do this< but like with my emotions I don’t like (.) like relying on pe:ople like

05. (2) telling them- I don’t know how to explain it?

06. T: Yes well maybe you don't like (.) you know the fact that (.) you have this' been quite a meaningful

07. and deep <u>experience</u> and but the trouble <u>is</u> that havi:ng or relying on someone getting used to

08. is that it <u>really does hurt</u>

The therapist becomes more genuine. In the final stage of the intervention, when the therapist builds the TI, she wonders more about the adolescent's feelings and behaviour. More frequently, she uses words like 'maybe' and 'perhaps', which show that she is tentatively offering thoughts to the adolescent. This contrasts with the previous stages of the therapy, in which the therapist's turns delivered information or answered questions with more certainty. Also, it is possible to observe more episodes of silence in her turns.

Extract 7 Session 24

01. T: Yes well maybe you don't like (.) you know the fact that (.) you have this' been quite a meaningful

02. and deep <u>experience</u> and but the trouble <u>is</u> that havi:ng or relying on someone getting used to

03. someone is that it <u>really does hurt</u>

04. P: [yea]

05. T: When (.) we have to say goodby:e ((laughter))

06. P: [yea]

07. T: and uhm maybe you feel <u>so angry</u> with me that it's kind of like <u>it's a trick</u> to make you feel dependent

08. and then (1)

09. P: [((laughter))]

10. T: heh ((laughter)) and then you have to manage without?

11. but on the other hand you know you can't make an omelette without breaking eggs so

12. P: [yea]

13. T: really difficult one

14. P: [yea] (3)

15. T: mmh you know I suppose there are parallels with your parents you know

16. they've done the best for you <in order to help you to be able to be like a fledgling who>

17. takes off ? ((laughter))

18. P: [yea]

19. T: [yes]

Furthermore, the therapist shares her feelings about separation and the end of the intervention. She acknowledges difficulties in saying goodbye and expresses emotional reactions through laughter, prosody and her tone of voice. The therapist expresses herself more genuinely and more spontaneously in her emotional reactions.

Discussion

Overall, mixed method analyses showed a gradual increase in the frequency and complexity of the TIs delivered by the therapist through the treatment. The qualitative analysis attempted to offer a complementary exploration of the transferential relationship by mapping moment-to-moment the pattern interactions through which patient and therapist communicate meaning about the therapeutic relationship (Harrison, 2014). Analysing prosody, the words the therapist chose, and the timing and frequency of the delivery of TIs made it possible to understand coordinated work during therapy (Midgley et al., 2017). The TIs were delivered in a co-created meaning-making process between the therapist and the patient (Harrison, 2014).

Firstly, the therapist actively encouraged the adolescent to think about transferential aspects during the first stage of the treatment. However, she rarely made links or connections between the patient-therapist relationship and the adolescent's early relationships. This is in line with Cregeen et al. (2017) description of the STPP model in which the early stage of the treatment is a phase in which transferential elements emerge and provide information about the adolescent's state of mind and the dynamics of the current internal object relationships. The TIs by the therapist gently encouraged the adolescent to explore the emerging patient-therapist relationship and provided information about the quality of the internalised object relations.

CA analysis showed that the analyst used specific clinical strategies to foster a joint construction of the TIs that helped build a positive therapeutic alliance and helped the adolescent explore and elaborate the material without raising defences. For example, in the initial stage of the treatment, the therapist used continuers and

newsmakers after minimal pauses of the adolescent as “signals of continued attention” (Fries, 1952, p. 49) and to acknowledge that she had received the communication. Analysis of the turn-taking sequences showed that the therapist built the interpretations by introducing grounding sequences of coordinated actions with the adolescent, which both established and conveyed their mutual understanding (Clark, 1996; Clark & Schaefer, 1987, 1989; Jong et al., 2013). Furthermore, the therapist created a trajectory through a step-by-step process, building a case together even from the very early moments of the session (Peräkylä & Vehviläinen, 2003).

The previous strategies, as well as choosing words that were part of the young person’s vocabulary, using prosody to introduce sensitive topics and waiting carefully for her turn to join the conversation when the young person marked syntactically and prosodically the completion of her turn (Clift, 2016), helped the therapist to establish herself as an active listener who wanted to speak her patient’s language.

In addition, a shift in the frequency and complexity of the TIs during the middle and latter stages of the treatment was observed. The therapist gradually encouraged the adolescent to make connections between her history and important relationships with the feelings she experienced within the therapeutic relationship during these stages, emphasising the final stage, particularly around separation and termination of the treatment. These variations happened as expected by Cregeen et al. (2017) due to an increase in the adolescent’s trust in the therapist, which deepened the transferential relationship.

CA showed that the patient and therapist jointly built the dialogues during these stages by finishing each other’s utterances. The “music and dance” (Harrison, 2014, p. 336) of the therapeutic action was created by them from within the same world (Vehviläinen, 2003). The therapist helped the patient gradually find a way of being

together by being genuinely and carefully attentive to how the dialogue unfolded from the early stages of the treatment. Considering the young person's experiences of bereavement and possible trauma, these strategies helped facilitate insight and express painful affects, especially in the final stage of therapy. This coincides with Della Rosa and Midgley's (2017) findings, which show that adolescents show particular and strong anxieties at the end of the treatments and the need to address this phase flexibly according to the adolescent's needs.

These results highlight the importance of flexibility in using theory and technique according to the specific features and relational capacities of every patient in all stages of the treatment. However, the early stages may need more careful consideration as the transferential relationship and therapeutic alliance develop and may leave an imprinted mark on how they unfold throughout the treatment.

The patient-therapist dyad can be understood as a unit with specific characteristics that result from the gradual interaction of each therapist's and client's subjectivities. The therapist allowed the creation of an interactional distance within this unit by fostering collaboration, which, in turn, allowed the patient to think and explore problematic subjects facilitated by the experience of teamwork (Peräkylä, 2011). CA demonstrated a co-construction of meaning in psychotherapy, a particularly sensitive subject when working with adolescents, where the age gap is a reminder of power imbalance.

A limitation of this study is related to the methodology, as case studies do not allow for the generalisability of the findings. Also, CA is a time-consuming process that requires careful and thorough work, such as transcribing sessions and listening to them to ensure that all the subtleties of the material are accurately considered.

Suggestions for future research include incorporating analysis of video

recordings to explore non-verbal communication and the use of the body in psychotherapy interactions, as video is the gold standard for interaction studies (Peräkylä, 2011). Also, it would be important to develop further analysis in psychoanalytic psychotherapy work with adolescents using CA to deepen the available knowledge about psychotherapy interactions, for example, to explore the third interpretative turn and how change happens over several sessions (Peräkylä, 2011).

CA can be a useful tool for studying the different and complex dimensions of the transferential relationship and how they interact to build a strong therapeutic alliance in psychotherapy with adolescents. Furthermore, CA has been proven to be a helpful approach to analysing the patient's response to interpretations, and it is advisable to continue building knowledge about psychoanalytic techniques and how to help adolescents elaborate or play with the offered material (Peräkylä, 2005).

Conclusions

The case study's findings showed a gradual increase in the frequency and complexity of the TIs delivered by the therapist throughout the treatment. Qualitative analysis using CA demonstrated coordinated work between patient and therapist during the therapy when working on transference, as the TIs were delivered in the context of a co-created meaning-making process (Harrison, 2014).

A gradual approach of the therapist when interpreting transference during the initial stage seemed relevant. A thoughtful use of the clinician's language, voice, and the timing to join in the dialogue can give the adolescents an experience of mutual understanding, being carefully listened and teamwork in therapy. The work on transference gradually intensified during the middle and final stages of the treatment; the patient and the therapist finished each other's utterances, creating "music and dance" (Harrison, 2014, p. 336) around the TIs, and the therapist was more spontaneous and genuine in her interactions.

From a clinical perspective, the findings illustrate that a careful and sensitive use of TIs by the therapist allowed the psychoanalytic psychotherapeutic process to move forward by allowing the adolescent to explore and elaborate on the fantasies and conflicts connected to painful personal experiences that were expressed in the therapeutic relationship, maintaining a positive therapeutic alliance. They also add to research knowledge by showing that conversation analysis helps psychoanalysis enhance the understanding of the in-session processes in therapy with adolescents. Furthermore, they support research evidence about TIs in psychoanalytic psychotherapy with adults regarding considering the frequency, accuracy and timing in the delivery of transference interpretations as variables that impact therapy outcomes and the therapeutic alliance, especially with patients with long-standing

relational difficulties (Crits-Cristoph et al., 1993; Piper et al., 1991, 1993; Høglend, 1993).

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Appendix A

Jefferson Transcription System

This transcription notation was taken and adjusted from Avdi (2021) and Halping et al. (2021).

Symbol	Meaning
T	Speaker identification; therapist (T) and patient (P)
[ ]	Overlapping speech
[	Onset of overlapping speech
]	End of overlapping speech
(5)	Silence measured in seconds
(.)	A pause of less than0.2 seconds
.	Falling intonation at end of a turn
,	Continuing intonation at end of a turn
?	Rising intonation

>word<	Faster-paced talk
<word>	Slower-paced talk
WORD	Marks speech that is obviously louder than the surrounding
——	Underlining: some form of stress, audible in pitch or amplitude
wo:rd	Prolongation of the immediately preceding sound
◦word◦	Talk at a lower volume than the surrounding talk
.hhh	Audible inhalation. Number of h’s indicated length
Hhh	Audible exhalation. Number of h’s indicated length
heh	Laugh particles
wor-	Truncated, cut-off speech
((cough)) ((sigh))	Double parenthesis indicates clarificatory information. Audible non-speech sounds

Appendix B

Conversation Analysis Glossary

This glossary was created and adjusted from Clift (2016) and the Glossary of Linguistic Terms (https://glossary.sil.org).

Term	Meaning
Adjacency pair	An adjacency pair is a unit of conversation that contains an exchange of one turn each by two speakers.
Continuer	A verbal or non-verbal cue that signals to a listener that what they have said has been heard and they should continue. A continuer is a move that returns speakership to another participant.
Grounding	This concept refers to establishing the time, location or actuality of a situation according to some reference point.
Minimal response	Minimal responses are words or sounds that show the speaker’s attention in the communication.
Newsmarker	Verbal and non-verbal cues that marks the prior turn as newsworthy. A newsmark is a move that treats a previous utterance as news and encourages further talk about it.
Response token	Verbal and non-verbal cues used to provide feedback to the current speaker.
Turn	A turn is created through certain forms or units that listeners can recognise and that are called turn construction units (TCUs). Speakers

	and listeners will use them to knowledge and predict when a speaker is finished so that others can speak, to avoid or minimise both overlap and silence.
Turn location	A turn location is the actual place of a turn in a series. It is represented by a number obtained by counting from the initial turn of the series.
Utterance	An utterance is a unit of speech, a stretch of spoken language that is preceded by silence and followed by silence or a change of speaker.

Part 3: Reflective Commentary

Doctorate in Child and Adolescent Psychoanalytic Psychotherapy

The Anna Freud Centre, University College London

March 2024

Word count 3905

This paper focuses on my experience conducting doctoral research on the use of transference interventions in psychoanalytic psychotherapy with adolescents as part of my experience as a child and adolescent psychotherapy trainee.

My decision to train as a child and adolescent psychotherapist was deeply connected with my interest in learning to work with Under 5s and with parent-infant or parent-child dyads. As soon as I knew I was accepted into the training, the thrill and excitement of embarking on a long-term and long- distance journey took over my experience. However, I felt puzzled when I was allocated to work with data from the IMPACT project and, therefore, with adolescents with depression. I feared I did not have enough information about this age group and was concerned about whether I could be creative enough and develop good quality work. Even though I had worked with high-risk adolescents as part of my previous professional experience, I felt that my original route had suddenly diverted, and I was moving away from my initial ideals and desires. Therefore, key themes in my dissertation and doctoral training have been about managing anxieties about uncertainty and the unknown, building confidence in myself and resilience from being pulled into directions other than those I initially intended, and growing professionally and personally from this experience.

As a trainee, I had to quickly learn to become familiar with the risk of being subjected to different forces and currents from both inside and outside myself and enduring frequently rough waters. But through the journey, I also learned to identify safe places to rest and to accept support and guidance. I was slowly becoming more skilled and better equipped in my clinical work, and I felt more flexible and less rigid in the use of the technique and theory.

I decided to appropriate the opportunity of developing my research in psychotherapy and to explore the concept of transference and the patient-therapist

relationship in part due to my own previous professional experience in psychotherapeutic interventions but also due to my experience as an analysand undergoing psychoanalysis as part of the training. As a foreigner, the first months of my experience in analysis in my second language have brought me in touch with several questions and fantasies. I had questions regarding how well I could be understood and how much of my experience could be lost in translation. I was also curious about how the emotional connection developed within a therapeutic relationship despite the possible challenges and gaps in communication. I became interested in the complex processes of bridging gaps between two experiences seeking mutual connection and understanding. I had a similar experience in research supervision group meetings when I attempted to formulate incipient research questions through some rudimentary thoughts. I gradually became clearer about my interest in thinking about the therapeutic relationship and the jointly constructed aspects that would possibly co-exist with other complex processes and experiences. The ideas of intersubjectivity and Otherness guided my reflections and led me to explore aspects of the patient-therapist relationship that foster and promote thought and change. Bion (1961) explains that the capacity to think and to learn from experience depends on the capacity to bear frustration. I wondered how therapy nurtures thinking by keeping tolerable levels of frustration and, at the same time, being, by definition, an encounter between two individuals and, therefore, a place for otherness and differences in many complex aspects and levels deeply connected with the human experience.

As trainees, we learned about interventions and techniques in psychoanalytic therapy in the theoretical modules. My interest in technique grew parallel to my wish to avoid making mistakes and to stick to the rules and what I had read in books and

research articles. I had many questions about how to formulate my thoughts to ensure my words would be welcomed by my patients and families. How can I be sure my words were going to land safely without being felt as intrusive or wrong? Also, I remembered sessions of my personal analysis in which I could access new dimensions of my experience by hearing words whose lightness sometimes contrasted with the complexity of the feelings that were touched.

When I started gathering information to write the literature review of my project, I read thoroughly and rigidly only research papers with quantitative methodology on transference interpretations. The quantitative methodology satisfied my need to predict and control as many variables as possible and measure results easily and straightforwardly. I set aside studies with a qualitative methodology, as I considered them to be excessively complex. The complexity of the results of qualitative analysis and the difficulty of achieving a deep understanding of their scopes made me naturally dismiss them as I was seeking clarity and control, and therefore, I thought I needed numbers and numerical values. However, growing in confidence in my clinical work as a trainee allowed me to take the risk of exploring less clear and safe methods.

Conversation Analysis appeared to give answers to the possibility of exploring the therapeutic relationship and the co-construction of meaning through interaction. Furthermore, it allowed me to examine several layers of communication and dialogue, such as non-verbal aspects of language, prosody, and silences. In Conversation Analysis, these aspects are understood and studied as the primary materials of the framework and structure of communication that would permit an understanding of the psychotherapeutic relationship at different levels. The method was time- consuming and implied a long preparation of the material, which involved listening to audio recordings several times and preparing transcripts. Furthermore, the analysis

involved pausing the psychoanalytic thinking and approaching the material from a linguistic prism, which was felt as starting from zero, and this brought a variety of difficult feelings associated with this experience. Trusting the process, tolerating the lack of structure, and the uncertainty about whether the analysis would lead to findings that may shed light on the research questions I had initially formulated were experiences I lived as part of this process. Conversation Analysis as a methodology helped me wonder about the role of words in communication and what words bring to relationships in terms of building an emotional connection. Are words in themselves important, or are they their interactions with other factors and variables which allow reflection and thinking about relationships in the here and now? I thought these questions were worth further exploration and thinking.

My research questions focused on analysing the connections between the patient-therapist relationship and therapy outcomes. Considering that adolescence is a stage of life in which conflicts from infancy are re-edited (Stortelder & Ploegmakers-Burg, 2022), it is important to think in therapy about the patient-therapist relationship in the here and now to build new healthier relationships models. Adolescence provides the opportunity to address anxieties and early conflicts that need to be elaborated and digested, and the transference relationship provides a "safe environment" in which it is possible to observe and identify these elements and work on them. Conflicts regarding closeness and autonomy may impact the therapeutic relationship, as adolescents can fear becoming dependent and regressing in an intense relationship with the therapist (Sandler et al., 1980).

Before starting training as a Child and Adolescent Psychotherapist, I considered it fundamental to develop psychotherapeutic interventions for children in their early years due to the important impact of experiences that happen during these

years on emotional development (Music, 2016). Fortunately, training and having obtained greater knowledge in the discipline helped me understand that there are possibilities to grow and change in all stages of child and adolescent development. Adolescence can be understood as a highly sensitive window of development, which brings both vulnerability and opportunity for growth (Sisk & Gee, 2022). I learned that Early Infancy is not the only period of development in which important changes and transformations can happen.

The influence that my research project has had on my clinical work is vast. Firstly, it has helped me to feel more confident and kinder about my work as a child psychotherapist. The findings of my research project led me to think that the accuracy of words and language may not be the most important elements that allow for a deep reflection on the therapist-patient relationship in therapy. When emotions are involved, other variables may play an important role in patient-therapist communication and may be useful to foster thinking and reflection. Carefully listening and paying attention to the young people's expressions and words, considering the use of pauses and rhythm, considering the use of different tones of voice, and identifying the right moment to introduce a topic can be helpful strategies for thinking about the nuances of the patient-therapist relationship without arising strong defences in our patients.

I have certainly thought about my research work whilst performing my clinical work in psychotherapy, and I consider it would have been useful and interesting to analyse video recordings of patient-therapist interactions instead of listening to audio recordings. Observations about the look and the gaze in therapy with adolescents would provide important information about moments of attunement and understanding, particularly when the therapeutic relationship is explored in a session

(Peräkylä, 2011).

Also, as a mental health clinician, my research experience has been very useful in the work with children and adolescents who present important communication difficulties such as Autistic Spectrum Disorder (ASD), among others. I have also learned to identify more precisely the possible indicators of collaborative work and to observe when the young person may be feeling that we are "on the same page", even though they may not be able to express this experience more directly and clearly.

In recent years, research has focused on adolescents who present relational difficulties, emphasising the importance of early diagnostics and interventions (Alvarez-Tomas et al., 2017; Chen et al., 2006). My research project findings highlighted the importance of flexibility in the psychotherapeutic work with adolescents, particularly in exploring the transferential relationship. According to research findings, interventions that address transference at a deep level must be done carefully and according to the relational capacities of the patients (Ulberg et al., 2012). Furthermore, adolescents with difficulties in internalised object relations and personality disorder symptoms have benefited from work on the transference (Korsgaard et al., 2022). However, it is essential to consider the strength of the therapeutic alliance and the stage of the treatment at the moment of exploring the patient-therapist relationship. According to these findings, collaboration is important when delivering interventions by adopting strategies that foster joint work. Young people would benefit from experiencing therapy as a meaning-making environment, and their therapist speaks "from within the same world" (Vehviläinen, 2003, p. 582).

Throughout the work on my project, my thoughts about the use of the technique in psychotherapy have changed. I do certainly consider that a thorough

learning of the technique and discipline of psychotherapy is fundamental, especially when we are at the beginning of the journey, and we are in touch with anxieties about the newness of the work and about lacking experience.

However, I can also consider Ogden's (1994) reflections about the goal and ethics of a technique that enables communication with each patient and the need to adjust and 'reinvent' the technique accordingly in order to facilitate the process.

According to Winnicott (1971), the patient and the therapist have the capacity to create together "a place to live" in an area of experiencing that lies in the transitional space between reality and fantasy. Neither therapist nor patient are the sole authors of the processes that happen in this joint space that Winnicott (1964) called a "third subject of analysis". Ogden (1994) named this space "the analytic third" and described it as a third subject of analysis, which is jointly and asymmetrically constructed by the analytic pair.

According to the findings of my research project, it would be important to continue investigating and exploring the therapeutic encounter as an intersubjective space where meaning, creativity, and emotional connection develop altogether and how to talk about it in therapy. Further research on Ogden's "the analytic third" is suggested by developing a dialogue between linguistics, psychoanalysis and research. An interdisciplinary approach might be needed to explore the complexity of the intersubjective space, which does not belong to either the therapist or analyst but to both of them (Ogden, 1994). Therefore, exploring the patient-therapist relationship through analysing the interaction might be an important way of accessing the intersubjective dimension within the analytic pair.

Conversation analysis was an interesting tool to explore some aspects of what could be understood as Ogden's "analytic third". It allowed the exploration of how two

different subjectivities interacted, creating a dialogue. It was also useful to explore some of the underlying mechanisms that gave origin to a shared intersubjective language, which was not only composed of phrases and sentences working in isolation but having different functions in the communication, the intonations of voice, sighs, chuckles and silences. However, conversation analysis was also useful to see how the therapist addressed some aspects of the “analytic third” within psychotherapy sessions with the patient, particularly around key moments of the psychotherapeutic process, such as breaks and endings.

The case that I studied in my project was about an adolescent with depression who had experienced several losses in her life, which had affected her expectations regarding the social relationships she developed and her self-esteem. Expected breaks in therapy were challenging for her, and the ending of psychotherapy was exceptionally difficult. How the therapist approached the transference relationship helped the young person generate steps forward in healthy development. The therapist created a shared language to speak from within the young person's world by fostering collaboration and co-construction of meaning about the patient-therapist relationship by offering herself as a separate mind. The results indicated that creativity could have emerged hopefully as a sign of developmental growth (Freud, 1966). Creativity could be expressed in the co-creation of meaning between the patient and the therapist, which was expressed through a shared language.

I learned that it is important to be careful when approaching the patient-therapist relationship to build and preserve a good therapeutic alliance and, therefore, hopefully, cause a positive impact on therapy outcomes (Cirasola & Midgely, 2023). Della Rosa and Midgley (2017) found that reflecting on and analysing the transferential relationship can be particularly helpful for some patients with high needs

for a meaningful relationship. Furthermore, they concluded that Conversation Analysis could be a good help for therapists to talk about the patient-therapist relationship. Banon et al. (2013) found that transference develops gradually between patients and therapists and that the therapist needs to be aware of the particular importance of transference for the patient to explore it appropriately and according to the emotional needs of each patient.

In the case I explored, the work on transference during the psychotherapy ending helped to provide the patient with a different experience of separation and goodbye, not dangerous, abrupt, or fractured, and therefore different to how the patient had experienced separations in the past. I chose a successful psychotherapeutic process, which means I wanted to study a process in which the patient showed an improvement regarding her depressive symptomatology. I was interested in studying and understanding how the therapist addressed the relational episodes. I hoped to obtain a further understanding of the patient-therapist relationship and how the therapist approached and spoke about how the patient experienced the relationship with the therapist.

I used different spaces to reflect on my work. I discussed my research project with my group of peers in the training who were using similar research methods. I used those spaces to reflect on the different aspects that I considered important to analyse and explore, such as how the patient was wording her thoughts about the relationship with the therapist. I was surprised when I noticed my and others' reaction to the therapist's style of intervention, which I thought was not following the psychoanalytic technique in an orthodox manner. My first thought was that the therapist delivered rich and lengthy interventions, and the patient responded actively, which created long dialogues around the transference interventions. This happened particularly during

the early stage of the treatment. I thought the therapist was very experienced and did not know how to make sense of this particular style of intervening.

Furthermore, the first time I listened to the material, I was surprised by the absence of silences, and I wondered whether this active and lively dialogue was an expression of a particular dynamic going on in the relationship between patient and therapist. I felt surprised and curious but also quite anxious about whether I had chosen an appropriate case, as this one deferred from what I thought a transference interpretation looked like. According to what I had read in books, a transference interpretation should be short and brief.

However, my curiosity grew even more when I analysed the dialogues with more attention. The patient seemed to feel comfortable and was very active in the sessions as well. I found myself thinking about my own practice and how my clinical work could vary with different patients. I was interested in the question about the meaning of emotional connection. As a Child and Adolescent Psychotherapist in training, I was interested in understanding how to engage with my patients and, at the same time, being able to explore sensitive subjects carefully. Research and theory helped me with some answers as they suggest using and accommodating the technique in a flexible way, according to the patient's emotional needs, especially regarding the quality of their object relations (Ulberg et al., 2012). Then, I could understand that an experienced and knowledgeable therapist would be able to gradually assess the patient's internalised object relations sensitively and, in parallel, develop a formulation about how the patient-therapist relationship was in the patient's mind.

After I studied and analysed the sessions for my project, I considered that a skill that the therapist very well used was addressing feelings of anger and frustration

that appear connected with separations in what I thought was an informal way. I remembered Anna Freud's theory (1966) about binding aggression with libidinal drives, as the therapist was acknowledging these complex and difficult feelings, but they had already created a "third subject of analysis" (Ogden, 1994), which was a safe environment in the young person's mind. Hopefully, this may have given the patient an experience of feeling seen and deeply understood.

Another reflection that my project brought me is the importance of developing or finding one's personal style in working in psychotherapy. Bollas (1992) describes the concept of the idiom as a "psychic footprint", an intrinsic uniqueness of individuals in how to relate to the world which comes with us from birth. According to some authors, the idiom is obscure enough never to be completely known and only possible to be sensed through its derivatives (Jemtedst, 1997). Molofsky (2021) reflects on Bollas' thoughts about the analyst needing to become a subject in the analysis to offer his subjectivity to the patient and establish a dialogue, a dialectic encounter between two subjectivities. According to this, a therapeutic encounter would happen when two different journeys towards subjectivity, the analyst's and the therapist's journeys, intersect when seeking connection and understanding. It has been enlightening to think that the possibilities to address and sometimes try to bridge the gap of differences might happen by exploring, discovering and connecting with our subjectivity and uniqueness.

Bollas (2007) also had strong views regarding interventions about transference, particularly transference interpretations. He explained that transference interpretations could interrupt the flow of the unconscious. However, it would be important to analyse these particular reflections in light of

Ogden's (1994) and Winnicott's (1971) works and suggestions about adjusting the technique according to each patient's specific emotional needs and relational capacities.

Considering these previous reflections, it becomes clear that the very experienced child psychotherapist from the case study I analysed could be in touch with what the young person needed to build a patient-therapist relationship and, therefore, could adjust and accommodate her work. Perhaps her therapeutic work might be different with another patient, although retaining a personal imprint or "psychic footprint" (Bollas, 2007). The extracts I analysed portrayed what Harrison (2014) calls a "music and dance" between patient and therapist, only achieved by gradually increasing coordination throughout the treatment. Harrison (2014) explains that this level of coordination helps to manage the stress of being involved in a new activity by mutually regulating the levels of intensity. My impression of the extracts I analysed was that the dialogues between patient and therapist reminded me of when two people sing a song together, with very few silences between the utterances. Considering that the young person presented difficulties with separations and distance, I wonder whether the therapist's unconscious associations led her to take this particular approach in her way of intervening during the sessions.

Furthermore, future research could explore the moment in which patients and therapists develop an awareness of the other's subjectivity and its impact on their relational style and relationship. Wooffitt (2018) studied the phenomenon called poetic confluence using conversational analysis, which describes when a participant in a relationship displays an awareness of the other's subjectivity. This communication happens through a spoken turn that exhibits a confluence between one person's talk and another's private subjectivity. Also, it would be interesting to

consider culture as a dimension of the analytic third (Ogden), which gives origin to the "cultural third", as it was called by Aggarwal (2011). Aggarwal (2011) describes the unconscious cultural aspects of intersubjectivity that are part of the patient-therapist relationship, which can be observed in the language, accents, social class, religions and many other layers of culture. The author explains that the cultural third allows therapists to explore differences, identity and feelings of belonging in the patients, enriching the intersubjective encounter.

As part of the process of writing and developing my research project, I explored a variety of authors and theoretical approaches that were helpful and enriched my views about therapy, language, intersubjectivity, otherness, differences and collaborativeness in the therapist-patient relationship. My starting point was transference and how the therapist could speak about transferential aspects of the treatment. However, the journey allowed me to explore further many other dimensions that are part of this particular relationship. I have become gradually more curious, and I have allowed this new sense of curiosity to lead the exploration towards some contradictory and even opposite aspects of the human encounter that involve relational capacities. Hopefully, I have developed an increased capacity to explore more freely those aspects connected with the messiness of human nature that also bring complexity and beauty to the subjective experience and in connecting with others. I feel more confident and gradually more comfortable encountering and inhabiting the newness and the foreignness not only in myself but also in the psychotherapeutic work and in others. Thanks to the learning achieved through writing my research, I have become more interested in the processes that unfold in the transitions and borders of the individual experience when encountered by others and how development and growth can happen from there. Also, I hope to continue

growing my knowledge and clinical experience as a child and adolescent psychotherapist in understanding and navigating those complex and sometimes obscure areas that do not belong to the individuals but to relationships.

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