

## Transference Component of Resistance (TCR) in Davanloo's Intensive Short-Term Dynamic Psychotherapy (DISTDP)

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### ABSTRACT

The present paper scrutinized the concept of transference component of resistance (TCR) in Davanloo's intensive short-term dynamic psychotherapy (DISTDP). This concept is one of the important Davanloo's discoveries, and paying attention to this concept can lead to mobilization of the unconscious and the complete removal of the patient's resistance. At first, the components constituting this concept were investigated, and then, the techniques which can be used to increase TCR were discussed. These techniques play a fundamental role in the rising unconscious therapeutic alliance (UTA). These techniques are pressure, transference resistance clearing, activating neurobiological paths of feelings, investigating the early genetic figures characteristics, being honest and truthful, transference neurosis identification, working with resistance against emotional closeness, working with intergenerational transmission of psychopathology, the character resistance of the idealization of destructiveness identification and rhetorical question.

**Keywords:** Transference Component of Resistance (TCR); Technique; Davanloo; Mobilization of the unconscious; Unconscious Therapeutic Alliance (UTA), DISTDP

### INTRODUCTION

Transference component of resistance (TCR) is among the most important concepts proposed by Davanloo in recent years. The optimal being of this concept plays an effective role in the treatment process. One of the important duties of a therapist is to increase TCR. This concept is composed of three terms: component, transference, and resistance. First, each of these terms is investigated, and then, the concept obtained by combining them and the methods to increase it during the therapeutic process is discussed in detail.

Pourafkari defined the transference concept in three ways [1]:

- It is generally, the transference or shifting emotion or emotional attitude from a person to another one or from a person to an object.
- In psychoanalysis, it is shifting adaptable feelings and attitudes to other persons (usually parents,) to the psychoanalyst.
- It is the emotional state induced by adaptable feelings and attitudes shifting to other persons, to a psychologist, In

Farhange Farsi 'Amid [2] (Persian Dictionary), transference is defined as displacement or shift, transmit, and displacing somebody or something.

The word "Component" or "element" is defined as part of an object in Farhange Farsi 'Amid, and, sharing, tearing in pieces, dividing and analyzing part, and section in Dehkhoda lexicon [3]. In the Haim [4] dictionary, "component" has been defined as a combiner.

The word "resistance" is defined as to stand out, to be equal to somebody in something, and to oppose in Farhange Farsi 'Amid. This word in the Dehkhoda lexicon is defined as standing out and equality and to be in opposition, insistence, standing out, and endurance and stability. Pourafkari defined "resistance" as [1]:

- Generally, the body activity to resist against a force,
- In electronics, it is the resistance of any circuit or body against electrical transmission,
- In biology, the body can resist infection or stress,

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- A personality trait characterized by hesitation in fulfilling commands, responding to group pressures, etc.
- In psychoanalysis, it is defined as resistance against making conscious self what is unconscious self.

The combination of these words by Davanloo has created a new concept, indicating that the constituting elements of transference are active to resist change. Therefore, by identifying these elements and components, the therapist can move the patient resistance in a direction in which intrapsychic conflict is maximized, and smash the resistance dam using elements consistent with commitment therapy

## THEORETICAL PRINCIPLES OF TCR

Transference and resistance are two main elements in psychotherapy and Freud believed that the presence of these two elements in any form of psychotherapy is called psychoanalysis [5].

### Transference

According to Greenson, transference in general meaning is a misunderstanding of the present in past concepts, and it is somehow a "time non-recognition". The person transfers feelings, emotions, and positive and negative affections about his/her history loves experienced in the past to his/her current related issues. But in particular, transference in psychoanalysis process determines a process through which the unconscious desires such as love and aggression which have been associated with certain issues in his/her life environment in the past of analyzed are again experienced in communicating with psychoanalyst and the analyzed makes him/her up to date [6]. In Schwaber's view, transference is one of the very important and extremely creative Freud's discoveries. It is a powerful concept that is capable of influencing the essence of unconscious i.e., the past underlying present and the continuity essence i.e., present about the past [7,8]. What is clear from these definitions is that transference has two main pillars:

- Object
- Content

The object is defined as a person or persons who have had initial contact with the child. In Davanloo's method, this concept is assigned to persons or genetic figures the child early attachment is formed in interaction with them. The object characteristics play an important role in the mental structure of the child, and in the transference concept, these characteristics determine its content. According to the above-mentioned definitions, the transference content, in general, include feelings, emotions, affections, and behavior. In Davanloo's method this content has particularly consisted of fundamental feelings of rage, love, grief, sexual feeling, and guilt the person feels toward his/her initial genetic figures. Accordingly, the transference component includes all these feelings to the initial genetic figures. The contradictory nature of these feelings forms the main force of this resistance.

As these feelings are formed about attachment and proportional to the object characteristics, the child is inevitable to resolve this conflict to heal the pain caused by attachment trauma and

damage. This solution is realized using defensive mechanisms; and to defend himself/ herself and his/her object, the child should resolve these conflicts by making unconscious these forbidden undesirable feelings and forming a defensive structure to resist their disclosure. This defensive structure can have various forms and shapes in different persons. It is often decorated with a layer of resistance to emotional intimacy. This defensive mechanism is essential and adaptive for the child and preserves his/her mental structure, but in adulthood, when this mechanism is expired, it converts what was useful to a harmful and destructive structure, and emerges in the form and symptoms such as anxiety, depression, obsession, etc., but as this structure has been useful in the past, it is difficult to make changes in it; and the person believes that by losing it, his/her mental structure will be lost. This will explain the patients' resistance to the treatment process. These defensive structures act as a walking stick for the patient, and it is impossible and terrifying to take the stick of a person who does not have powerful legs. Therapists who use Davanloo's method only by relying on mechanical press and challenge and without paying attention to TCR damage the patient's defensive organization and want to deprive the patient of the stick without making his/her legs powerful. This can produce damage to the therapeutic relationship.

The transference component includes the patients' positive and negative feelings toward an object or initial genetic figures, and in the TCR technique, both of them should be addressed by the therapist as needed. This two-directional attention to all transference components advances the treatment path in a way that the unconscious commitment therapy will significantly increase and realize the unconscious reopening with the help of the therapist.

### Resistance

In psychoanalysis, resistance is defined as resistance against making conscious what is unconscious and Freud believed that interests and unconscious impulses are suppressed and prevent from reaching conscious because they are not acceptable for conscious for some reason. He called this phenomenon "resistance". Resistance is classified as two types of conscious resistance and unconscious resistance. In conscious resistance, the patient deliberately refuses to provide the required data during the treatment process, or is inconsiderate about an appointment, paying costs, or issues like these, but in unconscious resistance [9], the patient's effort goes beyond his/her consciousness area. In the classical literature of psychoanalysis, this resistance is classified into three forms:

- Id resistance
- Ego resistance
- Super-ego resistance

Id resistance is induced by repetition compulsion and is specifically appeared in the form of situations such as distrust, complaining against an injustice, contempt, etc. Ego resistance sticks firmly to its inhibitory forces and is known as suppressive resistance. Super-ego resistance which also called negative reaction refers to the patients in need of punishment and self-injury behaviors [1].

These definitions show that resistance in different forms indicates using a variety of defensive mechanisms i.e., the use of defensive mechanisms put the person in a resistance situation. Davanloo has classified defensive mechanisms into two groups:

- Original defense's
- Tactical defense's

## LITERATURE REVIEW

According to Davanloo, original defenses act against awareness and tactical defenses are against the relationship and interaction. The use of each of them in the treatment process is called resistance [10]. In addition to considering resistances that exist in classical psychoanalysis literature, Davanloo pays more attention to defenses against relationship and defenses against feelings based on the focus of his therapeutic method, and he has introduced some terms such as guilt resistance and resistance against emotional closeness. Taking a glance at the concept of resistance and its forms, it is of considerable importance to note that in TCR, the patient uses the constituting components of transference to escape from the conscious experience of feelings and intimate interaction with a therapist. In other words, the patient put the therapist in the position of the main object and snuggle the defense systems he/she used in the past to take care of his/her psyche structure to escape the intimate interaction with a therapist. But it is not all things about this concept because each child has also experienced intimate and supportive romantic interactions in the process of attachment to the main object(s) of his/her life, and these experiences are present in the transference content of the patient. Therefore, in the TCR, only defensive mechanisms and negative aspects of a patient's early genetic figures do not exist, but the positive aspects of those figures and their positive feelings are also present. Nevertheless, this part usually plays a less colorful role at the beginning of treatment in most patients. For example, the patient knows that his/her early genetic figures have caused damage to him/her (by beating, humiliating, ignoring, etc.), but have hugged him/her with love; or when they fed him/her (with love), they have also fought him/her, indicating that he/she should eat in the right way. Therefore, most early experiences of the patients have been accompanied by the presence of two parts though children and patients are more aware of its negative aspects. Reconstruction of traumatic experiences along with feelings experienced by the patients in the treatment process causes the patient to completely recreate all transference content with his/her genetic figures in adulthood world and to attain a new and mature perception of them. This process is performed by the therapist and by focusing on the here and now transference. Davanloo reproduces the crisis experienced by the child in childhood in the treatment room and achieves recreation [11].

### Patient's characteristics

Every patient needs to use TCR. The optimal level of TCR causes an increase in the unconscious therapeutic alliance (UTA) and TA and the lack of optimal TCR will destroy both of them. Therefore, it is on the therapist to look at the increase of

TCR as a main factor in the treatment process. Davanloo has shown that the main cause of the treatment development is the degree of the patients' resistance and the transference component within it. This TCR is an important therapeutic factor that should be constantly monitored by a therapist until the unlocking of the unconscious occurs [12]. In the close circuit training (CCT) program, Davanloo emphasizes on learning skills that increase TCR [13]. Hickey believes that the individuals who have not participated in these programs are incapable of increasing TCR and they use Davanloo's method only in a mechanical way [12].

## TECHNIQUES FOR INCREASING TCR

The here and now focused DISTDP therapy is associated with the therapist and occurs in the treatment room. The evidence and documents based on which the treatment is directed by the therapist are obtained from this form of relationship, and the therapist is not allowed to use the assumptions and hypotheses made in his/her mind. As in Davanloo's view neurosis is the result of the traumatic relationship of attachment in interaction with early genetic figures, he also considers treatment as a result of the transference relationship in interaction with the therapist. Therefore, transference and working in transference are the main pillars of DISTDP. The dynamic and active role of the therapist in this relationship is of paramount importance and that is why Davanloo states that the therapist should have worked with his/her unconscious and experienced all of his/her feelings before treating others, otherwise he/she cannot treat despite having adequate knowledge and science [13]. Davanloo presents an example of a surgeon who operates with contaminated hands. The patient will die even if the surgery is done with up-to-date science. To use TCR, the most important issue is that therapists work with his/her rage and guilt and makes the unconscious clear and clean. This is the first step in the TCR technique. Among the first discoveries of Davanloo that Freud had already pointed to it was the existence of twin factors in transference. One is the patient resistance to change and the other is the UTA [12]. Therefore, in the treatment session and about the therapist, each patient found both forces within him/her. Most patients have a weaker UTA compared to their resistance. Therefore, the therapist plays a very important role in removing resistance by aligning UTA with him/her. The whole process of TCR is focused on this share so that the therapist and patient can work on transference feelings to strengthen UTA and achieve unlocking unconscious by the complete removal of resistance. Here there are various techniques, which are presented separately, but the reader should bear in mind that the ultimate aim of all techniques is that the therapists play the role of both negative and positive aspects of the patient's objects and should be representative of each part of it at the right time, that is, the therapist should be the language of the object' love and affection, and rage by his/her empathy, and rage and decisiveness, respectively.

### Pressure technique

To make details clear, the therapist applies pressure to a certain issue proposed by the patient and then poses some questions about feelings and the exact nature of them. These feelings can

be in transference. The main aim of the pressure stage in the dynamic sequence is to make active the twin factors of resistance and directing the patients' defenses toward the therapist (transference). This way, the therapist calls UTA with love and affection and targets the patient's defenses and his/her resistance with rage and decisiveness. This will increase TCR to some degrees. Only it should be noted that both parts of resistance and UTA are considered by the therapist.

### Transference resistance clearing technique

In the dynamic sequence process which is performed by pressuring, challenging and questioning, the patient's feelings move toward the therapist. These feelings embrace both parts of resistance and therapeutic alliance. At this stage, the therapist increases TCR by making clear the patient's transference resistance, which part of it will destroy the relationship, and part of it is assigned to the respect and appreciation for the therapist's endeavor and causes the therapeutic duties of patient and therapist to become clear.

### Activating neurobiological paths of feelings technique

Most of the patients are incapable of internally experience feelings in the neurobiological paths and show their feelings by describing and explaining the stimulant which is often external. This technique helps patients search the flow of feeling within his/her body and separate it from the stimulant. This separation and experience of feeling in the neurobiological paths will reduce the patient's anxiety and provide the required intrapsychic crisis to continue the work. In the transference feelings which are being experienced by the patient, this technique will increase the level of TCR. Therefore, the therapist will empathetically ask the patient to listen to those feelings, accept them as a part that belongs to him/her, and behave in the therapeutic session based on them. Emphasizing on the issue that the patient has never paid attention to this part of him/her and instead has suffered from anxiety and mind rumination will help with TCR mobilization.

### Investigating the early genetic figures characteristics technique

Most patients are incapable of observing the dual aspects of love and affection, and the rage and damage of these figures due to having a childish look at the early genetic figures that are full of self-centering, idealization, and lack of empathy. Investigating the details of patient's memories and clearing their positive and negative aspects will lead to TCR mobilization. Here, based on the evidence the patient presents with his/her memories, 3 states will happen and the therapist has clear duties in each state.

In the first stage, the patient can describe the positive and negative aspects of these figures in his/her memories. It means that the patients will remember both romantic and traumatic memories. In this state, the therapist must focus on both the spectra of memories and state that he/she has love and affection, but on the other hand, he/she has sometimes caused damage due to internal problems.

The second state is a patient who has only the positive aspects of the early genetic figures in his/her memories and is incapable of observing their negative aspects. Here, the therapist must ask the patient a clear question indicating *whether he/she remembers any disturbing memory of him/her? Or how did he/she behave when he/she was angry? Has he/she expressed his/her internal problems for you?* This way, the therapist moves the patient toward the parts he/she is unwilling to see them. But he/she should pay attention that they are only questions and should by no means induce something. Bear in mind this Davanloo's statement: you are not entitled to impose your mind and thought to the patient and express something without evidence [11,13].

The third state is a patient who has only the negative aspects of the early genetic figures in his/her memories, and exactly unlike the second state, only has access to negative memories. In this state, a therapist must pose questions about their ways of showing kindness and love. *How did he/she express his/her affection to you? Do you have any childhood romantic memory of him/her? Did he/she cook for you? Does he/she know what kind of food or activity you like?*

These documentary and dynamic investigations play an important role in TCR mobilization, and the therapist can consider and highlight the patterns found in these investigations using the relationship pattern the patient use in transference. In the second and third states, it is essential to pay attention to the patient's level of anxiety. In some patients, these investigations will lead to the collapse of their memory, and they will become incapable of remembering any memory. The therapist's attention to the memory collapse, which is the result of resistance in a patient, will cause an increase in TCR. Explaining "why has he/she become incapable of remembering memories", and generally "in what status is the person's memory" will help a patient understand his/her resistance force more exactly, and this will increase the level of TCR.

### Being honest and truthful technique

Honesty and truthfulness which are the basis of relationship therapy in DISTDP mean disclosing all things the patient has in the process of treatment uncensored and detail. This meaning is not against lying because many patients violate it by saying "I thought it is not important to say it". The explanation that "we are here to face your unconscious ugly truth sincerely, frankly, and uncensored" plays an important role in increasing TCR. Of course, it is essential to pay attention that the therapist must participate in the session without any judgment.

### Transference neurosis identification technique

The existence of transference neurosis is one of the very important causes of the low level of UTA and TCR [14], indicating the compromise of resistance with pathological aspects of early genetic figures [15], and the lack of attention to the removal and inactivation of transference neurosis not only make ineffective the confrontation of HOC but also will lead to the failure of treatment. One of the techniques to increase TCR is to investigate and identify the transference neurosis. The identification and perception of transference neurosis by the patient and, of course, with the aid of a therapist, will increase



TCR because the patient finds that he/she is carrying a suffering thing that does not belong to him/her and has not been born with him/her. After identifying the transference neurosis, it is required to investigate its suffering repetition process in the person triangle. This investigation shows that the transference neurosis that the patient suffers from has destroyed and will destroy the transference in the treatment process in all previous and present relationships. Undoubtedly, patients with transference neurosis will not take advantage of treatment without understanding its destructive effects on their relationships. Therefore, its investigation by the therapist plays an important role in TCR.

### **Working with resistance against emotional closeness technique**

One of the other methods to increase the level of TCR is to work with the fear of intimacy and the problem with emotional closeness. As investigated at the beginning of this part, the damaged attachment of the patient about the early genetic figures will finally result in resistance to emotional closeness. Treatment also means having or establishing a relationship with a therapist. According to the experienced pattern in childhood, this emotional closeness will be accompanied by the patient resistance and on the other hand, and the willingness toward alliance therapy and emancipation from suffering also exist in patients. These techniques will increase TCR.

### **Working with intergenerational transmission of psychopathology technique**

This theory that pathology is transferred or can be transferred from one generation to another was proposed before Davanloo and Davanloo believes that neurosis can be directly transferred from one generation to another generation, and it has a psychodynamic process rather than a biological process [12]. To increase the level of TCR, one can use this painful truth. When a patient has intergenerational transference neurosis, that is, the neurosis took from his/her early genetic figures who have received it from their previous generation; the therapist will identify them based on the evidence from the dynamic investigation in the patient memories. After clarifying its dimensions in the entire life of the patient and his/her early genetic figures, the patient will achieve a clear perception and can accept the repetition of this pattern in his/her past and present life. Here, the therapist can help the patient by clarifying this fact that if you insist on still carry it with you (resistance), you will transfer it to your children as well, and this suffering will continue in your family. The question: *Is alliance therapy your desire and will?* play an important role in increasing TCR. This technique is especially effective for patients with children.

### **The character resistance of the idealization of destructiveness identification technique**

This technique is not applicable for all patients to mobilize TCR and is only related to the patients who have undergone brainwashing and their transference neurosis is very deep and complicated. The character resistance of the idealization of destructiveness is a term coined by Davanloo. It

refers to a type of resistance in which not only the individual is destructive and is accompanied by destructive persons but also idealizes them [12]. Idealization is among the children's characteristics, and by idealizing their early genetic figures, they provide themselves with security and relaxation. In this model of resistance, the patient will collaborate with a destructive person who is also ideal for him/her. In this case, which is called brainwashing by Davanloo, the patient will cause damage to him/her. In addition to early genetic figures, this form of relationship which is named Queen Bee by Davanloo exists in persons such as therapists, teachers, and professors. Identification of this type of character resistance by the therapist based on the documents obtained from the patient's memories and clearing them for the patient will result in an increased level of TCR. The emphasis on being brainwashed, slavery and self-suffering in the entire life will clear the unconscious ugly truths for the patient.

### **Rhetorical question technique**

Rhetorical question or questions with no need to be answered are questions which have the answer within them and do not wait to be answered when they are asked because the answer is obvious for questioner and question listener [16]. These questions have a wide range of applications in DISTDP. When the therapist observes the positive aspects or components of transference based on the evidence and documents expressed by the patient, to increase the level of TCR, he/she poses the rhetorical questions with the concept of why do you want to annoy yourself? How long do you want to destroy yourself? How long do you want to destroy your life with anxiety? By emphasizing on these components or elements and clearing them. Before using this technique, the therapist must identify the constituting elements of transference, including the positive and negative aspects based on what patients express. Usually, the early compliant of patient includes the negative aspects of life and his/her problem, and the positive aspects of patients include the rate of his/her endeavor for change, visiting the therapist, and spending time and energy to solve problems, having occupational and social status, trying to be good and avoid annoying others, etc. after collecting the adequate evidence, at first, the therapists will empathetically tell the patient that based on the problems you expressed, it seems that there are many suffering things in your life and I can see that you are a good and valuable person. You are employed and educated, you are trying to help yourself, and you do not cause damage to others, but this question occurred to me: *why do you want to destroy your life? Why do you want to be away from me and why do you think the treatment is useless for you? Why do you annoy yourself with anxiety and negative thoughts? Why do not you want to pay attention to your inner feelings? How long do you want to be a paralyzed and anxious person? Why do you still want to carry what does not belong to you and annoy you?* These questions and questions like that will call the UTA, activate transference feelings, and finally cause an increase in TCR.

## **DISCUSSION**

Transference and resistance are two main concepts in psychoanalysis. In the Davanloo's short term dynamic

psychotherapy, a new combination of these two elements, called transference component of resistance, or TCR, has emerged. Dr. Davanloo introducing many techniques for improving psychotherapy processes. The TCR has been one of the most important concepts of Davanloo in recent years. He believes that the use of TCR can remove all patient resistance and facilitate the unlocking of the unconscious. Transference is new editions or facsimiles of the tendencies and phantasies which are aroused and made conscious during the progress of the analysis [6]. Object and content are two important factors in transference. Paying attention to positive and negative aspects of objects, can rising TCR and mobilization of the unconscious. Rising TCR can mobilization of the unconscious and removal of the patient's resistance [11,17]. TCR with an emphasis on positive and negative aspects of objects [6] increased the unconscious therapeutic alliance and the formation of positive and negative feelings toward the therapist [13]. TCR can increase intrapsychic tension and reduces the length of treatment sessions with vertical entry to the unconscious.

## CONCLUSION

Investigation of the constitutive concepts of TCR showed that its foundations were based on Freud's and Klein's ideas, and by combining them, Davanloo devised a powerful way to enter the unconscious of the patient's feelings. We introduced 10 techniques for TCR. These methods are helpful for therapists in DISTDP. Using these techniques need more practice. Therapists, who are unable to increase TCR, are doing the treatment process mechanically. In TCR, the therapist pressured the positive and negative aspects of objects. But beginner therapists only pressure on the patient's resistance and break the therapeutic alliance. Understanding the TCR techniques presented in this article requires the therapist to be cleared of the unconscious. Therapists who have not worked with their emotions cannot use these techniques. This is one of the major differences between ISTDP and DISTDP.

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