

7 th IEDTA Conference June27<sup>th</sup> -June 29<sup>th</sup> 2014.

**Healing the Effects of Trauma: The Promise of Affect- and Attachment-Based  
Psychodynamic Approaches**

**Projection Transference & Trauma  
“A Case Illustration”**

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The Netherlands, June 2014

# Content of Presentation

1. Introductory Remarks
2. Trauma
3. The Therapeutic Alliance
4. Introduction of the Patient
5. The patient's first session

# 1. Introductory Remarks

# Hide and Seek

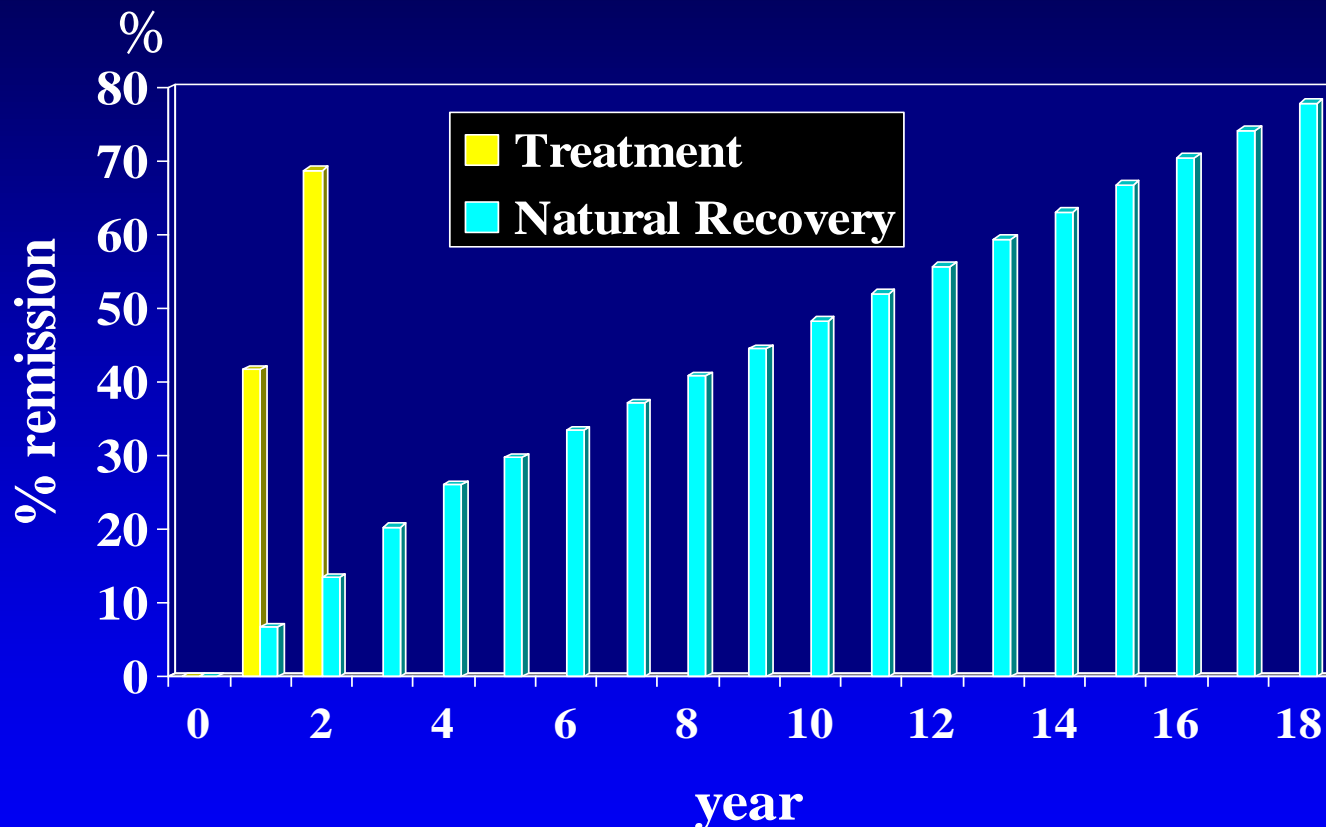
The story of the Boy who wanted to be  
found but never was

What you don't see is not really  
there



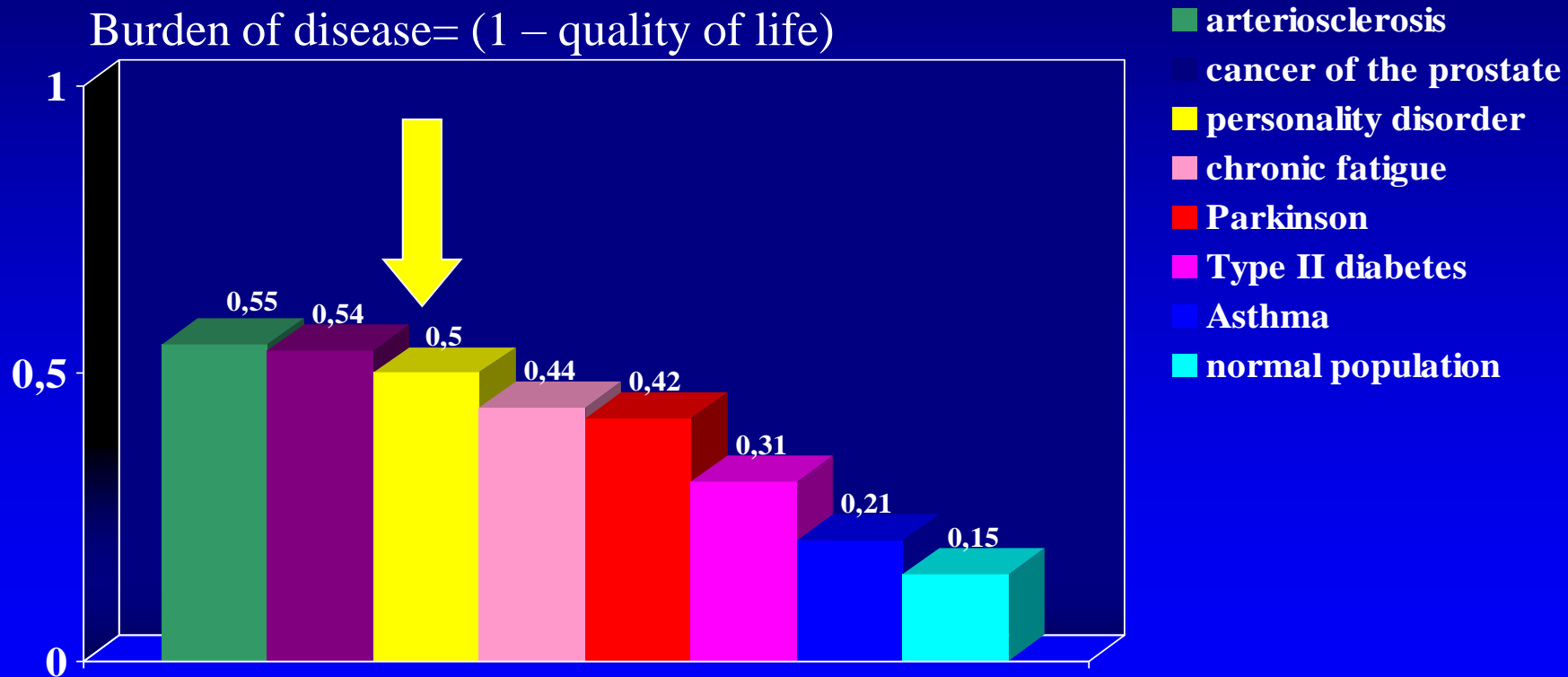
# Natural recovery compared to remission due to treatment

Perry et al. *Am J Psychiatry* 1999;156:1312-21



Treatment facilitates a better recovery rate  
then natural recovery, 7-8 times faster

# Burden of disease compared to somatic illnesses



# 2. Trauma



# Trauma

- Big Trauma
- Small Trauma
- Chronic Traumatization
- Damaged Bond/Attachment
- Repression of the Primitive Murderous Rage
- Identification with the Aggressor & Punitive Superego
- Systematic Perception Errors leading to Projection and generalized Anxiety

# 3. The Working Alliance

# Our patient

25 years of treatment

Prisoner of Fear

Self Punishment and Self Harm

Devaluation en Self neglect

Denying Feelings

Unhealthy regulation of Anxiety and  
Emotion

# The Ultimate Purpose of the Avoidance

To eliminate every Risk one runs to be  
immersed in Defences, Anxiety,  
Feelings or Impulses

# Trauma

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# The Working Alliance

Conscious Working Alliance  
Unconscious Working Alliance  
Reciprocity

“...the unconscious becomes unlocked and begins to reveal itself in the form of meaningful associations or fresh memories of events, dreams, and fantasies, all of which throw clear light on the central neurotic structure responsible for the patient’s disturbances.”

*Davanloo (1987)*

# Patient tasks

- Make Contact and cooperate
  - Communicate and Reflect
  - Detect Defences and give them up
- Investigate and respect Anxiety and take it seriously
  - Resist and stop the Self sabotage
  - Develop Hope and trust
- Observe Perceive and take up the Responsibility for the Process of Change



# Therapists Task

- Establish Contact and Install Task and Hope
  - Confront, Identify and Clarify
  - Separate Ego from Superego
    - Built up the E.A.C
- Use wherever needed Pressure and Challenge
  - Develop the Working Alliance
- Promote the Crystallization of the Transference

# 4. Further Introduction of the Patient

Obsessive and regressive defences

Observing Ego

Abusive and cold family

No memories of affectionate or supportive behaviour

Punitive superego his self punishment

Devaluation of himself

Sexually and physically abused

Anxious, projecting and devaluing himself

# 5. The Patient's first Session

# The Patient ISTDP Session I

# Conclusion

Powerful new Experience

De-identification took place

Power of the Superego is weakened

Major Unlocking

Symptom relief

Resistance Dystonic

Anxiety regulation improved



The End

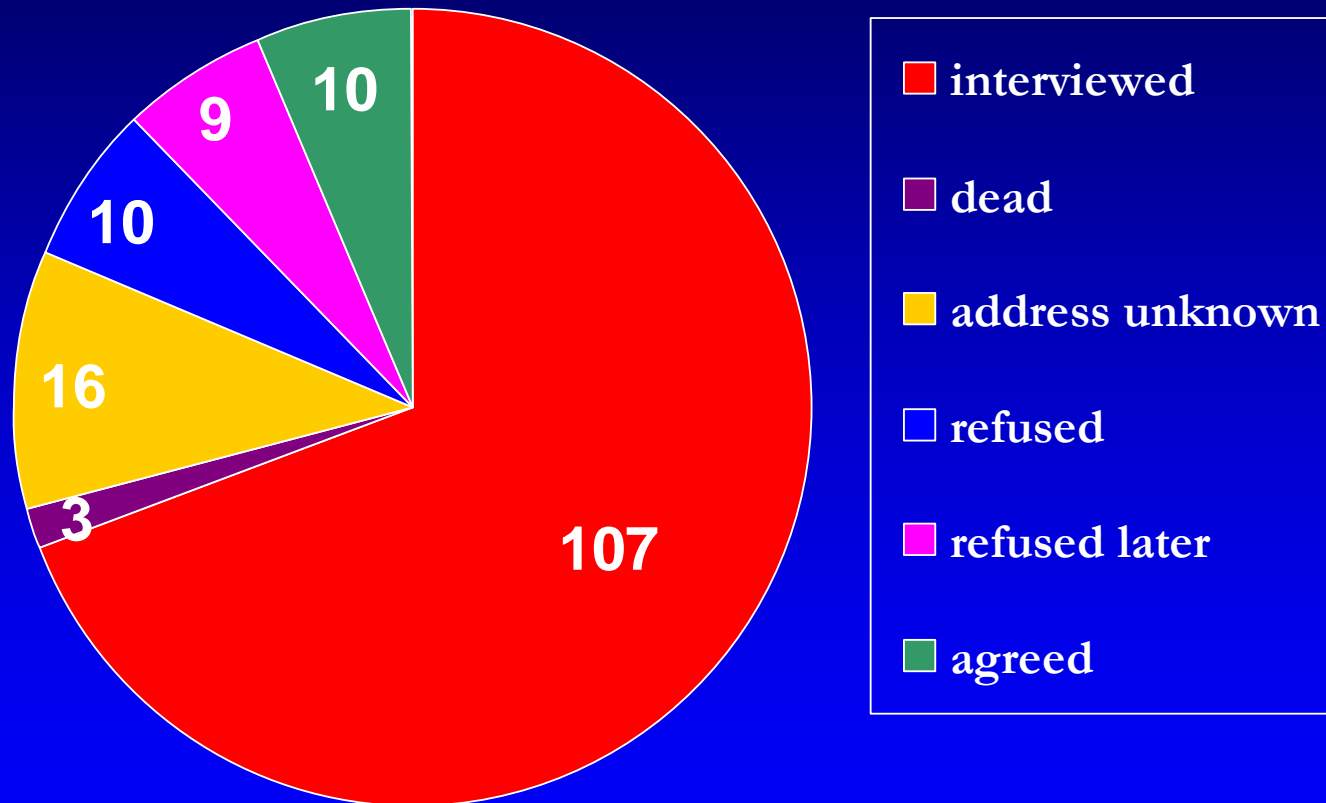
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# 10 year follow-up

# Cohort of patients treated the last ten years



# Table 1 Instruments used

Method	Instruments used	adm	disch	FU1	FU2	now
Questionnaires	SCL-90	x	x	x	x	x
	SIPP-60	x*	x*	x*	x*	x
	Recovery questionnaire		x*			x
	Life Events Scale					x
File research & interview	Psychological complaints	x	x			x
	Somatic complaints	x	x			x
	LIFE (interview)	x	x			x

LIFE: workstatus, relationstatus, GAF, mental health consumption, medication

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# Some features of the population treated with IKDP

## Diagnoses DSM IV

Cluster B (24%)

Cluster C (39%)

PD NOS (60 %)

Average amount of PD per person 1.6

Avoidant 17%

Dependent 9%

Borderline 12%

OCD 4%

Narcissistic 4%

Age >35 N= 71  
< 35 N= 84

Marital status 60% is single  
40% has a relationship

Gender male 77  
female 78

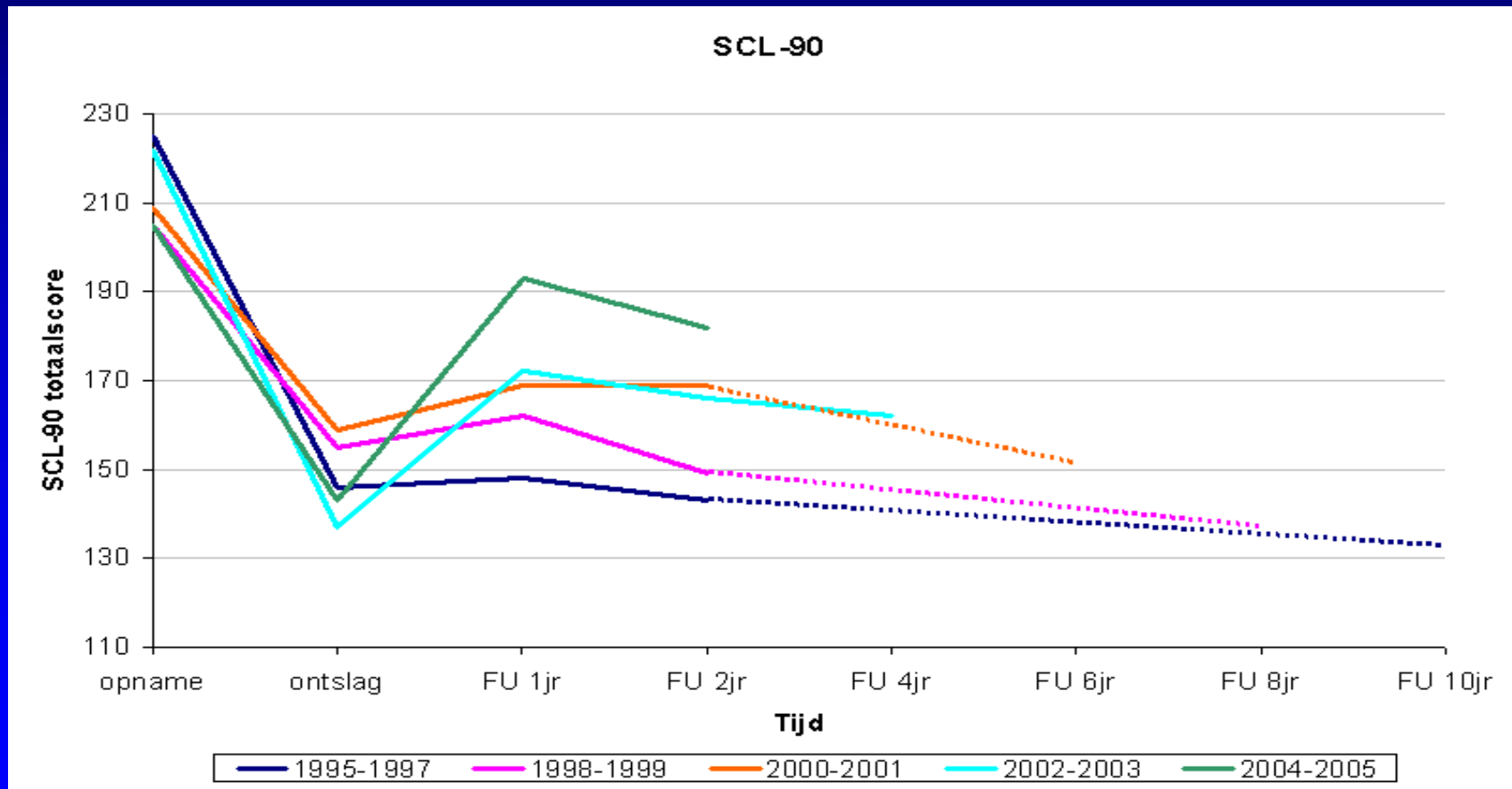
# Effectstudies

$$\textit{Effectsize} = \frac{\text{Discharge} - \text{admission}}{\text{Standard deviation}}$$

< 0.2	No effect
0.2 – 0.5	Little effect
0.5 – 0.8	Medium effect
≥ 0.8	Large effect

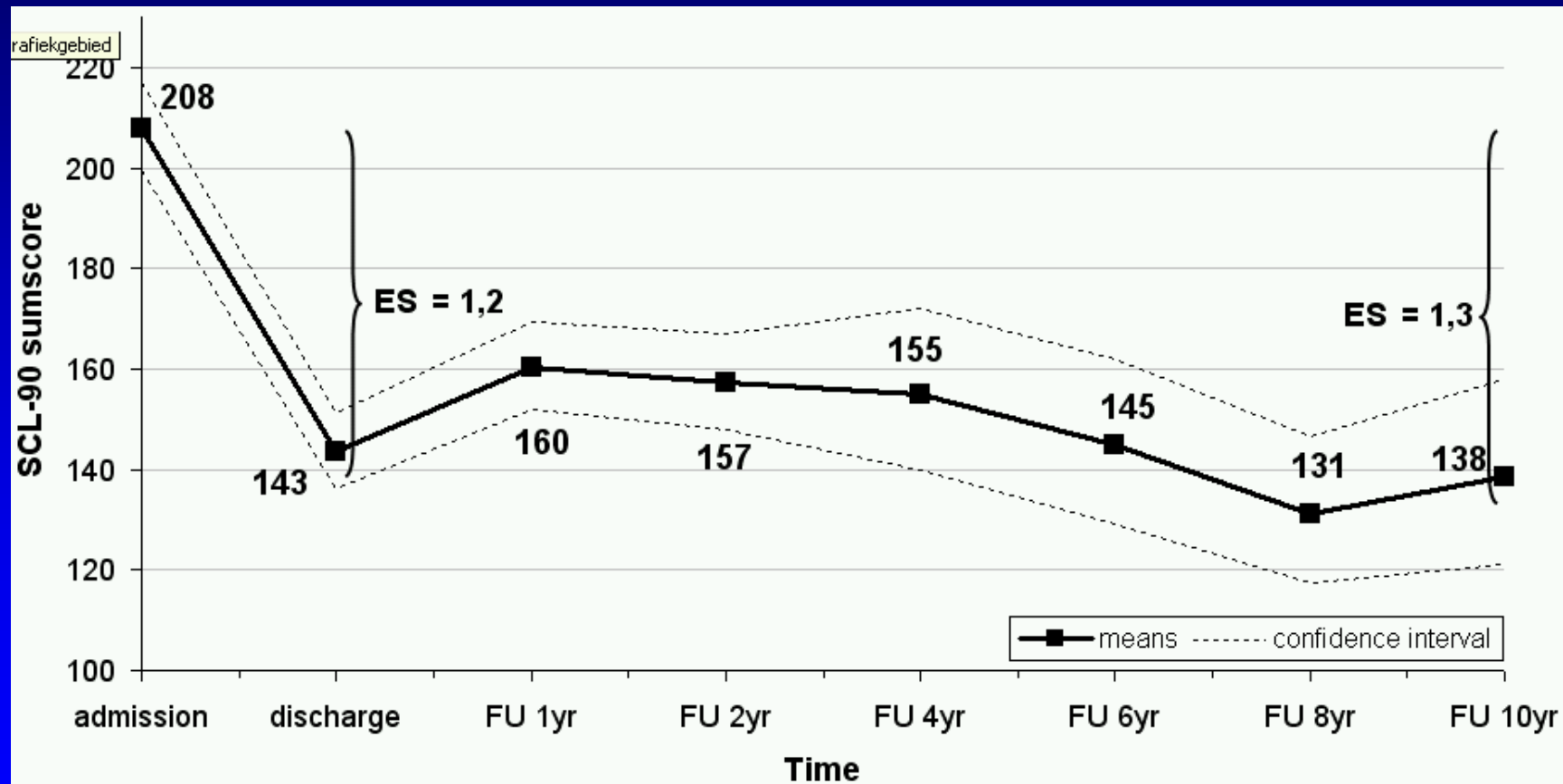
# Figure 1

## Follow-up SCL 90 (GSI)\_



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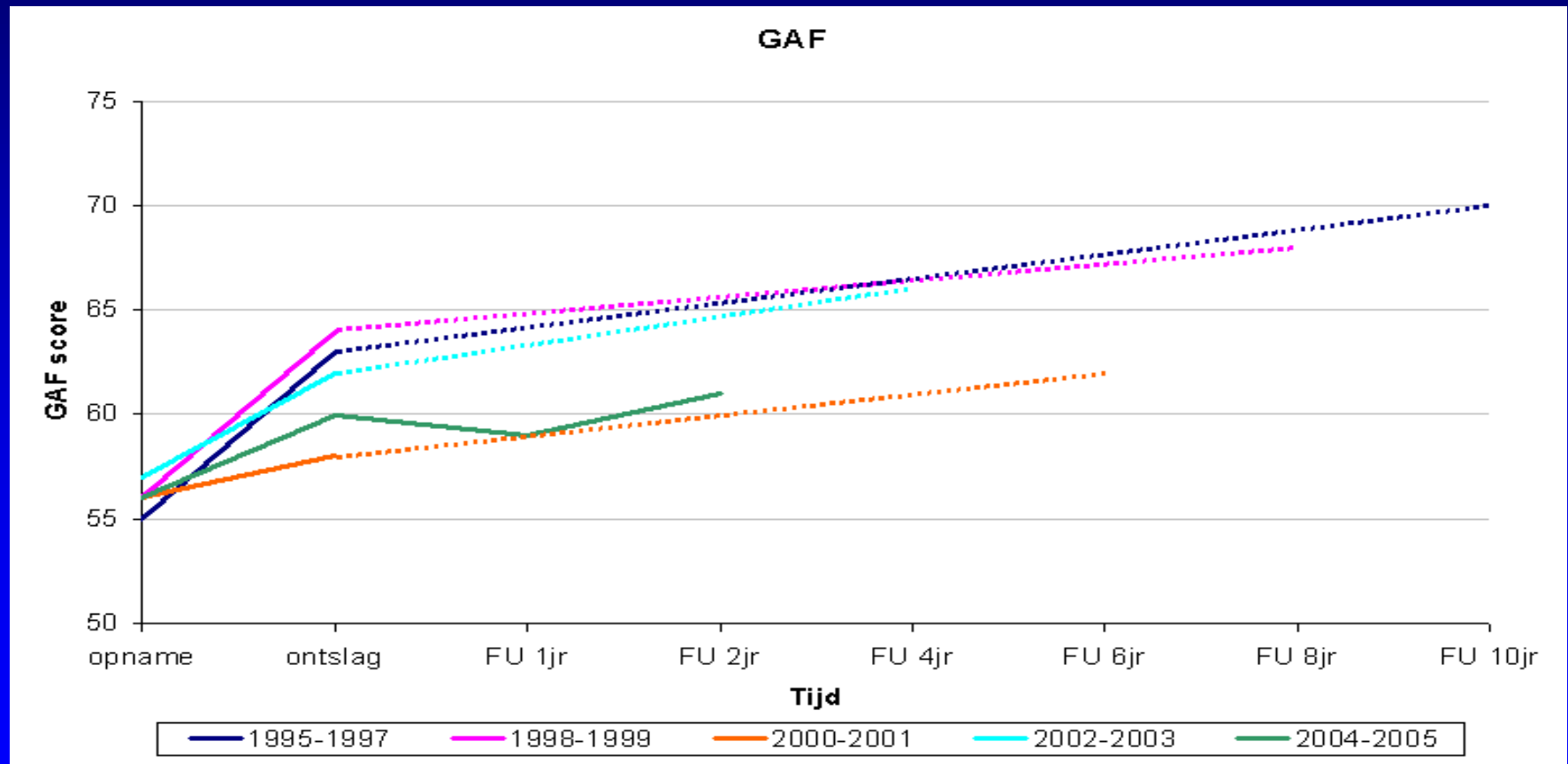
# Figure 2. Symptom severity over the course of 10 years after discharge (SCL 90, GSI).





# Figure 3

## Follow up GAF



# Figure 4. General functioning over the course of 10 years after discharge (GAF).

