

# **THE BOSTON PSYCHOANALYTIC SOCIETY AND INSTITUTE**

141 Herrick Road, Newton Centre, Massachusetts 02459

## **TECHNIQUE IV**

Fall 2016

### **Current Issues in Technique: How Do We Make Psychoanalysis Work?**

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Beginning with Freud, there has been a longstanding debate about the relative importance of insight and interpretation versus the analytic relationship with respect to the therapeutic action of psychoanalysis. In recent decades, this debate has become less binary and increasingly complex and nuanced. In this course, we will consider the components of therapeutic action, paying particular attention to the role of the analyst as a person. We will consider how the analyst's unique involvement influences technique and colors the ongoing interaction of the particular analytic dyad. Both classical and more contemporary perspectives will be reviewed.

We will begin with Guntrip's (1975) description of his analyses with Fairbairn and Winnicott, noting their differences in technique and ways of relating, and the effect this had on Guntrip's experience. This paper will be joined by Kite's (2008) article concerned with the impact of the analyst's character on the analysis. These articles will set up our exploration of what the analyst brings to the treatment relationship, and how what the analyst brings influences what happens in the treatment. A suggested article by Bonaminio (2008) provides a contemporary clinical example of how the person of the analyst shapes the process of interpreting and not interpreting, and how the personal factors of the analyst may have a therapeutic or anti-therapeutic effect.

Next, we will move on to discuss issues related to the construction of clinical evidence, or how do we know what we know? This session leads to discussions concerning countertransference, projective identification, enactment and self-disclosure among other topics. As we proceed, we will consider how our participation evolves, what impact it has on the analytic process, and how we work within ourselves and in the interaction with our patients. We will continually try to consider the impact on analytic process and outcome as well as the ethical implications of the differing technical choices and personal stances. We will discuss times of difficulty or impasse in analysis, and the analyst's potential contribution to the impasse and possible resolution of that impasse. In our final class, we will discuss clinical vignettes in the literature, and consider how we each, with our own style and theory, understand the clinical material and formulate interventions.

Each week there will be two assigned articles and one suggested. We ask each participant to write up one vignette for presentation to the class.

## 1. September 22: The Analyst's Character and Technique

We bring our own selves to analysis and this inevitably affects what we do as analysts and the resulting treatment process. In our first class, we will begin thinking about individual style and its impact. Guntrip recounts his two analyses with two analysts with differing personalities, ways of relating, and technique, and he describes how these differences affected his experience and the treatment outcomes. We will discuss character, what Kite sees as “the manifestation of a person’s fixed, unconscious personality organization” explicitly. We will follow her as she reviews others’ notions of the impact of the analyst’s character on the analytic situation. It determines the analyst’s style of doing analysis as well as the nature of the interaction between two people. Bonaminio speaks of the “person of the analyst” and the way in which it effects how one tells the story of the patient, and the process of interpretation. In addition, he explores the ways people from various schools have thought of the influence of the individual analyst.

Guntrip, H. (1975). My experience of analysis with Fairbairn and Winnicott. *Int. Rev. Psycho-Anal.* 2:145-156. [PEP Web Link](#)

Kite, J.V. (2008). Ideas of influence: The impact of the analyst’s character on the analysis. *Psychoanal. Q.*, 77:1075-1104. [PEP Web Link](#)

Suggested

Bonaminio, V. (2008). The person of the analyst: interpreting, not interpreting, and countertransference. *Psychoanal Q.*, 77:1105-1146. [PEP Web Link](#)

Learning Objective: At the conclusion of this session, the participant will identify one way in which the analyst’s character, manner of relating, and analytic technique affect the treatment process

## 2. September 29: Clinical Data

In this session, we will look at the complexities involved in the clinical construction of analytic knowledge. How do we know what we think we know? Schafer discusses the interplay of transference and countertransference in the construction of evidence and the development of analytic authority. Schwaber reminds of the importance of keeping to the patient’s psychic reality, rather than imposing an outside, objective stance. In a suggested article, Spezzano describes the gathering of evidence concerning the patient’s unconscious mental activity at three different sites: the patient’s associations, the analyst’s reverie, and the transference-countertransference enactments.

Schafer, R. (1996). Authority, evidence, and knowledge in the psychoanalytic relationship. *Psychoanal. Q.*, 65:236-253. [PEP Web Link](#)

Schwaber, E. (1983). Psychoanalytic listening and psychic reality. *Int. Rev. Psycho-Anal.* 10:379-392. [PEP Web Link](#)

Suggested

Spezzano, C. (2001). How is the analyst supposed to know?: Gathering evidence for interpretations. *Contemp.Psychoanal.*, 37:551-570. [PEP Web Link](#)

Learning Objective: At the conclusion of this session, the participant will identify three ways in which he or she gathers clinical data in attempts to understand the patient and to formulate interventions.

### **3. October 6: Countertransference**

Countertransference is the particular response of the analyst to the particular patient. For a long time it was discussed with an element of shame, as though the analyst should not react emotionally to the patient. Over the years, the concept of countertransference has been reconsidered, and the potentially positive contributions of the analyst's use of his or her countertransference have been discussed. Loewald (1986) states that both patient and analyst are subject to transference and countertransference, and focuses on the therapeutic value of the analyst's countertransference. He provides brief clinical vignettes to illustrate his points. Levine (1997), in a more recent paper, uses the term countertransference to refer to "the totality of the analyst's emotional reactions to the patient and the analysis" and contends that the countertransference "is a fundamental, inevitable, and necessary component of the analytic relationship, one that can be conceived of as potentially helpful or potentially obstructive, according to how that experience becomes manifest and is dealt with by the analyst and analysand within the analytic process". Sandler (1976), in a frequently cited article, contends that the analyst's "free-floating responsiveness" to the patient is a crucial component of the useful countertransference, and often the "irrational response" of the analyst to the patient may be regarded as "a compromise formation between his own tendencies and his reflexive acceptance of the role which the patient is forcing on him".

Loewald, H.W. (1986) Transference-countertransference. *J. Amer. Psychoanal. Assn.*, 34:275-287. [PEP Web Link](#)

Levine, H.B. (1997). The Capacity for Countertransference. *Psychoanal. Inq.*, 17:44-68. [PEP Web Link](#)

Suggested:

Sandler, J. (1976). Countertransference and role responsiveness. *Internat. Rev. Psycho-Anal.*, 3:43-47. [PEP Web Link](#)

Learning Objective: At the conclusion of this session, the participant will be able to define the various meanings of countertransference and to explain how the concept evolved since Freud's use of the term.

#### **4. October 13: Projective Identification**

This week we will consider projective identification, a concept introduced by Melanie Klein in 1946 in her paper, 'Notes on some schizoid mechanisms'. Ogden, building on the ideas of Klein and Winnicott, describes projective identification as a process involving the following three steps or aspects: 1) the projector has a fantasy of projecting a part of himself and putting that aspect of himself into another in a controlling way; 2) the projector exerts pressure on the recipient of the projection via the interpersonal interaction to think, feel, and behave in a manner consistent with the projection; and 3) the recipient processes the projection and makes it available for reinternalization by the projector. Sandler, who was a member of the Contemporary Freudian group of British analysts, provides some thoughts about the history of the concept as well as giving his own view of projective identification. Feldman focuses on the patient's need for the analyst to become involved in the living out of some aspects of the patient's phantasies reflecting internal object relations, and provides a clinical example. He contends that it is reassuring to the patient if what is experienced in the external world corresponds in some way to an unconscious internal object relationship of the patient.

Ogden, T. (1979). On projective identification. *Int. J. Psycho-Anal.*, 60:357-373. [PEP Web Link](#)

Sandler, J. (1987). The concept of projective identification. *Bulletin of the Anna Freud Centre*, 10:33-49. [PEP Web Link](#)

Suggested

Feldman, M. (1997). Projective identification: the analyst's involvement. *Int. J. Psycho-Anal.*, 78:227-241. [PEP Web Link](#)

Learning Objective: At the conclusion of this session, the participant will identify at least one indication of the occurrence of projective identification in his or her clinical work.

#### **5. October 20: Self-disclosure and Analyst Disclosure**

This week we will focus on the rationale for the use of self-disclosure and, in Cooper's words, "analyst disclosure" in analysis, and the impact of such disclosures on the ensuing analytic process. Cooper describes his use of reverie and disclosures concerning his experience within the transference-countertransference matrix. Busch, writing from a modern ego psychological perspective, presents principles of modern structural theory that are relevant to considerations regarding the use of self-disclosure and its impact on analytic process. Bromberg, writing from a postclassical perspective, asserts that self-revelation facilitates the goal of intersubjective negotiation and is a necessary component of effective treatment.

Busch, F. (1998). Self-disclosure ain't what it's cracked up to be, at least not yet. *Psychoanal. Inq.*, 18:518-529. [PEP Web Link](#)

Cooper, S.H. (2008). Privacy, reverie, and the analyst's ethical imagination. *Psychoanal. Q.*, 77:1045-1073. [PEP Web Link](#)

Suggested:

Bromberg, P.M. (2006). The analyst's self-revelation: Not just permissible, but necessary. In: *Awakening the Dreamer*. Hillsdale, NJ: The Analytic Press, Chapter 7, pp. 128-150. [Available in [Library](#)]

Learning Objective: At the conclusion of this session, the participant will describe at least one potential benefit and one hazard in the utilization of disclosures in clinical work.

## 6. October 27: Pressures Towards Enactment

This week we will focus on enactments, keeping in mind the ethical as well as treatment implications of our technical choices. Casement describes a clinical sequence involving a patient's request for handholding, his initial openness to the possibility of such action, and his reconsideration after listening to the patient and reflecting on his countertransference. In an extended clinical example, Jacobs describes the operation of powerful nonverbal enactments that led to a treatment stalemate until the enactments were recognized and understood by both participants in the analytic dyad. McLaughlin provides a clinical example illustrating the analyst's contributions to enactments, focusing on the reactivated conflicts and technical preferences of the analyst as factors in enactments.

Casement, P.J. (1982). Some pressures on the analyst for physical contact during the re-living of an early trauma. *Internat. Rev. Psycho-Anal.*, 9:279-286. [PEP Web Link](#)

Jacobs, T. (2001). On unconscious communications and covert enactments: Some reflections on their role in the analytic situation. *Psychoanal. Inq.*, 21:4-23. [PEP Web Link](#)

Suggested:

McLaughlin, J.T. (1991). Clinical and theoretical aspects of enactment. *J. Am. Psychoanal Assoc.*, 39:595-614. [PEP Web Link](#)

Learning Objective: At the conclusion of this session, the participant will be able to analyze two indications that he or she is experiencing pressure towards and susceptibility to enactments, given that participant's particular character and ways of working in analysis.

## 7. November 3: Impasses

In this class, we will focus on times of difficulty or impasses in analyses and the analyst's contribution to the development and possible resolution of the difficulty. Ferro and Basile discuss the many gradients of the analyst's functioning, focusing in particular on

those times when the analyst is having difficulty and how the analyst works through those difficulties. Kantrowitz discusses the analysis and resolution of resistance and transference/counter-transference binds in situations of potential impasse. Both articles stress the importance of self-analysis, especially during periods of difficulty. O'Shaughnessy describes two possible deteriorations of the analytic situation, which she calls 'enclaves' and 'excursions', and provides clinical material to illustrate how she works with each of these potentially problematic situations.

Ferro, A.& Basile, R. (2004). The psychoanalyst as individual: self-analysis and gradients of functioning. *Psychoanal Q.*, 73:659-682. [PEP Web Link](#)

Kantrowitz, J.L. (1993). Impasses in psychoanalysis: overcoming resistance in situations of stalemate. *J. Amer. Psychoanal. Assn.* 41:1021-1050. [PEP Web Link](#)

Suggested:

O'Shaughnessy, E. (1992). Enclaves and Excursions. *Int. J. Psycho-Anal.*, 73:603-611. [PEP Web Link](#)

Learning Objective: At the conclusion of this session, the participant will be able discuss the analyst's contribution to the development and resolution of impasses in analysis.

## **8. November 10: An Attempt at Integration**

This final week, we will come full circle and, once again, focus on how each of our individual styles and preferred theories affect how we understand clinical material and choose to intervene. Using three clinical vignettes, Akhtar (2000) discusses various ways of understanding the clinical material and differing technical interventions. We will use his clinical vignettes to consider how each of us might intervene in the three situations and what our choices reflect concerning our characteristic styles and preferred theories.

Akhtar, S. (2000). From schism through synthesis to informed oscillation: An attempt at integrating some diverse aspects of psychoanalytic technique. *Psychoanal. Q.* 69:265-288. [PEP Web Link](#)

Learning Objective: At the conclusion of this session, the participant will critique how his or her individual style and preferred theory affect how he or she understands clinical material and constructs interventions in clinical situations.