

**THE BOSTON PSYCHOANALYTIC SOCIETY AND INSTITUTE, INC.**

141 Herrick Road, Newton Centre, Massachusetts 02459  
Telephone: 617.266.0953 | Fax: 857.255.3253 | [www.bpsi.org](http://www.bpsi.org)

TECHNIQUE IV  
Fall 2014

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

Instructors: Carol Coutu, Ph.D. and Patricia Potter, MD

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 pay particular attention to the role of the analyst as a person as a component of therapeutic action. 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 that had on Guntrip's experience. This will be joined by Baudry's discussion of the relevance of the analyst's character and attitudes to the work. There is a recommended article by Gabbard and Westen with a more contemporary study of the interventions that facilitate change: those that foster insight, and those that utilize mutative aspects of the treatment relationship, among others. These articles will set up our exploration of what the analyst brings to the treatment relationship, and how it influences what happens in the treatment. Next, we will discuss character more specifically, then, countertransference, enactment, and intersubjectivity. From there, we will discuss how our participation evolves, what impact it has, and how we work with it within ourselves and in the interaction with our patients. As we proceed through the various topics, we will consider the mode of therapeutic action, the impact on analytic process and outcome, and the ethical implications of the differing technical choices and personal stances.

Each week there will be two assigned articles and one suggested. The instructors will begin the discussion by presenting what they see as salient in the readings. We ask each participant to think of an anecdote each week that illustrates or addresses an issue in the reading. Each candidate will write up at least one vignette for presentation to the class. Other than this written vignette, the anecdote does not have to involve a formal presentation, and should help us work together as we grapple with the issues.

## 1. September 18: The Analyst's Character and Technique

**The candidate will identify how differences in the analyst's character, manner of relating and analytic technique affect the treatment process.**

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 describes how these differences affected his experience and the treatment outcomes. Baudry's paper is intended to sensitize us to the role of character in analytic technique and provides an overview of the relation of character to a variety of issues including countertransference, analytic style and transference neurosis. Gabbard and Weston review the components of change in treatment.

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

Baudry, F. (1991). The relevance of the analyst's character and attitudes to his work. *J. Amer. Psychoanal. Assn.*, 39:917-938. [PEP Web Link](#)

Suggested:

Gabbard, G. & Weston, D. (2003). Rethinking therapeutic action. *Int. J. Psycho-Anal.*, 84:823-841. [PEP Web Link](#)

As we read the articles, let us think of a clinical vignette that illustrates an aspect of our individual style and consider its impact on the analytic process

## 2. October 2: The Person of the Analyst

**The candidate will identify how the analyst's character impacts the analytic process.**

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. He explores the ways people from various schools have thought of the influence of the individual analyst. McLaughlin's paper is about enactment, but he has interesting things to say about what we each bring to the situation

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

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

We can each think of ways that our own character has influenced an interaction in a clinical situation

### **3. October 9: Countertransference**

**The candidate will identify the various meanings of countertransference and how the concept evolved since Freud's use of the term.**

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 to the patient. These two papers are steps by people who are classical in orientation, but with an openness to object relations, to discuss ways in which the analyst is affected. Racker was part of a Kleinian group who were less inhibited about countertransference. He had his own schema, which influenced people who talked about countertransference after him.

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

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

Suggested:

Racker, H. (1957). The meanings and uses of countertransference. *Psychoanal Q.*, 26:303-357. [PEP Web Link](#)

Our examples can be about how we each have what Loewald would call a transference to the patient.

#### 4. October 16: Intersubjectivity

**The candidate will identify the similarities and differences between the classical model and technique of psychoanalysis and the intersubjective model and technique.**

Until now we have been discussing analysis as a treatment involving two individuals interacting with each other, a classical view. Now we will go to the realm of two subjectivities influencing each other moment to moment, creating a pair that Ogden calls “the third”. Dunn offers a critique of the differences and similarities between the classic and intersubjective view, recognizing the risk that idealizing any theory can lead to self-aggrandizement, in which the treatment is no longer for the sake of the patient. Aron emphasizes the importance of the analyst’s subjectivity in the patient’s mind.

Dunn, J. (1995). Intersubjectivity in psychoanalysis: A critical review. *Int. J. Psycho-Anal.*, 76:723-738. [PEP Web Link](#)

Ogden, T. (1994). The analytic third: Working with intersubjective clinical facts. *Int. J. Psycho-Anal.*, 75:3-20. [PEP Web Link](#)

Suggested:

Aron, L. (1991). The patient’s experience of the analyst’s subjectivity. *Psychoanal. Dial.*, 1:29-51. [PEP Web Link](#)

This week’s example could be about a time we realized that we were caught up in something that was going on between the patient and ourselves.

#### 5. October 23: Expressive Uses of Countertransference

**The candidate will identify how the expressive use of the countertransference may be used in some analyses to enhance the analyst’s understanding of the transference-countertransference dynamics.**

The session is about listening to our inner world as we work. Once we have some sense of our reactions, we can decide how to use that which we become aware of to understand the patient and help the patient understand her/himself. Bollas particularly sees this as a joint venture. Cooper emphasizes the ways in which his process is his own, as he tries to “continually rethink and imagine his or her patient’s affects and conflicts”. Renik feels it is more helpful to be clear about what he thinks without spending as much time wondering about his own reactions.

Bollas, C. (1983). Expressive uses of countertransference – notes to the patient from oneself. *Contemp. Psychoanal.*, 19:1-33 [PEP Web Link](#)

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

Suggested:

Renik, O. (1998). Getting real in analysis. *Psychoanal Q.*, 67:566-593. [PEP Web Link](#)

Our example could be about our musings about our own reactions and the process of deciding how to present it to the patient in order to further the aims of the treatment.

## 6. October 30: Self-disclosure

**The candidate will identify the potential benefits and hazards in the utilization of self-disclosure in clinical work.**

This week we will focus on the rationale for the use of self-disclosure in an analysis and the impact of self-disclosure on the ensuing analytic process. Different theories possess different views on how change occurs in analysis and present different positions regarding analyst self-disclosure. 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, 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. Brody provides a personal account of her deliberations regarding self-disclosures during an illness as well as her understanding of how her disclosures affected her patients.

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 the [Library](#)]

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](#)

Suggested:

Brody, S. R. (2013). Entering night country: Reflections on self-disclosure and vulnerability. *Psychoanal Dial.*, 23:45-58. [PEP Web Link](#)

For this week we can think about how self-disclosure fits into our theory of change. The clinical example could involve an instance of self-disclosure, the considerations involved in deciding to disclose, and the impact of the disclosure on the subsequent analytic process.

## 7. November 6: Pressures Towards Enactment

**The candidate will identify pressures towards and susceptibilities to enactments, given that candidate's particular character and ways of working in analysis.**

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. Jacobs focuses on the subtle forms of countertransference that can pervade our listening and responding to patients, and can impact our work in ways that are not easily recognizable. Ivey reviews the literature on enactments from various theoretical perspectives, noting that the more classical Freudians and Kleinians stress the negative aspects of enactments whereas the interpersonal and intersubjective analysts tend to emphasize the more positive aspects.

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. (1986). On countertransference enactments. *J.Amer.Psychoanal.Assn.*, 34:289-307. [PEP Web Link](#)

Suggested:

Ivey, G. (2008). Enactment controversies: A critical review of current debates. *Int. J. Psycho-Anal.*, 89:19-38. [PEP Web Link](#)

This week's example could be about our involvement in an enactment of either the dramatic or more subtle sort.

## 8. November 13: Impasses

**The candidate will identify the analyst's contribution to the development and resolution of impasses in analysis**

In our final 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. Chused argues that there is a need to differentiate “the determinants of an analyst’s countertransference from the forces that shape the patient’s transference understanding of that countertransference” and, that by doing so, we can gain further understanding into the nature of the transference and become better equipped to move the analysis forward.

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:

Chused, J. F. (1996). The patient’s perception of the analyst’s countertransference. *Canadian J, Psychoanal.*, 4:231-253. [PEP Web Link](#)

This week, let us think of a difficult time in a treatment, and how we might have contributed to that difficulty and its resolution or lack of resolution.