

THE BOSTON PSYCHOANALYTIC SOCIETY AND INSTITUTE, INC.

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Technique V: What is the analyst actually doing?

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Authors of psychoanalytic papers on technique often become identified with the methods that they have advocated as clinically useful. At the same time, it is often observed that what analysts do in a particular case may differ from what they say or imagine they do, or what we imagine they might do.

In this seminar we will be less likely to take up examples where analysts attempt to illustrate particular techniques. Rather we will attempt to draw on what we have learned to date about analytic technique to describe what an analyst appears to be doing.

The seminars that you have taken in the Technique Sequence so far have been structured around reading lists illustrated by clinical discussions. In the Theory V seminar we would like to experiment with a different format. Rather than beginning with a set reading list, we would like to begin with a point of inquiry. Specifically, each week we would like to approach a clinical presentation by asking what we can observe about the clinical technique of the analyst. For example, in a particular exchange, does the analyst appear to be seeking conditions that will encourage the analysand to express restrained emotion (catharsis)? Is the analyst attempting to offer useful ideas about the content of the analysand's associations? Is the analyst offering a new relationship by which he or she hopes to repair the consequences of past injuries and disappointments? Does the analyst's emphasis suggest a theory of therapeutic action? A theory of psychopathology? A choice of technique based on a diagnostic impression? Do transference, counter-transference, enactments, reverie, and interactive phenomena at a particular moment in an analysis appear to tilt towards one mode of therapeutic action or another?

We will approach these questions via clinical material and, possibly, via fictional or personal descriptions of analytic experiences, that illustrate different ideas about what different authors or reporters imagine would be or has been therapeutic. We will draw on past readings and consider additional present readings to enhance our discussion but we will begin, in each case, by focusing on what we can say about the choice of technique a particular analyst makes at a particular moment.

For the first class, Dr. Warren will present analytic process for discussion. We hope to describe what appears to be happening in the analytic work, and hear from the analyst's perspective what she thought she was doing. The dynamics of the dyad, the enactments, and the fluid nature of the transference/countertransference states in a particular hour add to the complexity of the analyst's decisions at any moment. Thus, clinical material can provide fruitful observations of the analyst's interventions, their congruency or lack thereof, with his/her intentions, and the patient's experience. Classes two through eight will be devoted to each candidate's presentation of analytic process or a vignette for discussion. Each class (more if needed), will be devoted to one candidate's material. We hope to have a lively and interesting discussion.

Phillip Freeman, MD

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