Psychoanalytic Training, Year III/IV

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Technique III & IV: The Two-Person Approach

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From the beginning of psychoanalysis, there has been a dialectic tension between the therapeutic action of insight and interpretation on the one hand and the analytic relationship itself on the other hand. In recent decades, this debate has become less binary and increasingly nuanced. In this course, we will consider especially the role of the analyst as a co-actor in the field. We will consider how the analyst's unique involvement influences technique and colors the ongoing interaction of the analytic dyad. We will focus on contemporary views.

We will start with the issue of the analyst's character. Next, we will move on to discuss issues related to the construction of clinical evidence. We will move on to views on countertransference, projective identification, enactment, impasse and self-disclosure, among other topics. As we proceed, we will consider the evolution and impact of the analyst's participation in the treatment, along with the ethical implications of the various technical choices and personal stances. In our final class, we will consider clinical vignettes, and contemplate how we understand the clinical material and formulate interventions.

1. September 28: The Analyst's Character

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. We will begin with Kite's article about the impact of the analyst's character (defined by Kite as "the manifestation of a person's fixed, unconscious personality organization") on the analysis. We will follow her as she reviews others' notions of the impact of the analyst's character on the analytic situation. Next we will read a paper by Bonaminio, which provides a clinical example focused on the personal factors of the analyst, which may have both a

therapeutic and anti-therapeutic effect. Bonaminio speaks of the "person of the analyst" and the way in which it influences the analyst's 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. These articles will begin our exploration of the second person in the two-person theory of psychoanalysis.

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

Bonaminio, V. (2008). The person of the analyst: interpreting, not interpreting, and countertransference. *Psychoanalytic 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. **October 5: Clinical Data**

In this session, we will admire the complexities involved in the clinical construction of analytic knowledge. Schwaber presents a radical position of annealing as closely as possible with the patient's psychic reality, rather than imposing a fantasy of objectivity and superior appreciation of reality. Spezzano describes the gathering of evidence of patient's unconscious mental activity from three different sources: the patient's associations, the analyst's reverie, and the transference-countertransference enactments.

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

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 12: Countertransference

Countertransference is a particular response of the analyst to a particular patient. Over the years, the concept of countertransference has been refined and broadened. Levine 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."

Larry Brown, a BPSI faculty member, is a contemporary Kleinian/Bionian, who integrates clinical material and high theory. He focuses on the intersubjective unconscious, the co-created narrative springing from the minds of both therapist and patient. In this short but sweeping paper, he travels through the evolving schools of thought on countertransference, bringing us to a present day focus on Bion's theory of dreaming the analytic situation where "countertransference may be likened to dreaming in that the analyst's experience of the patient performs the function of transforming (dreaming) frightening emotions unbearable for the analysand to manage (dream) on her own."

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

Brown, L. (2012). Countertransference: An Instrument of the Analysis in Textbook of Psychoanalysis, Gabbard, G., Litowitz, B., Williams, P., Eds., American Psychiatric Publishing, Washington D.C., pp., 85 - 90. [Available in the library. Check the reading folder or request from library@bpsi.org]

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 19: Projective Identification

This week we will consider projective identification, a concept introduced by Melanie Klein in her 1946 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. Feldman focuses on the patient's need for the analyst to become involved in the actualization of aspects of the patient's phantasies, and provides a clinical example. He contends that it is reassuring to the patient when the external world corresponds to aspects of her internal object relationships.

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

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 26: Self-Disclosure

This week we will focus on the contentious issue of self-disclosure. 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, positioned in postclassical mode, 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

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. Check the reading folder or request from library@bpsi.org]

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. November 2: Enactment

This week we will focus on enactments, keeping in mind the ethical as well as treatment implications of our technical choices. Casement, a member of the "British independent group," shows us his struggle to tolerate the tension between action and contemplation. He describes a clinical sequence involving his 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 impasse was recognized and understood by both participants in the analytic dyad.

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

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 9: Impasse

In our penultimate class we will focus on logjams (or *crunches*, or *impasses*) in analyses. We will consider the analyst's contributions to the development and possible resolution of the difficulties. Ferro & Basile discuss gradients of the analyst's functioning, focusing in particular on times of difficulty. O'Shaughnessy describes two possible deteriorations in the analytic situation; 'enclaves' and 'excursions,' and provides clinical material to illustrate how she works with each of these problematic conditions.

The suggested paper by Kantrowitz brings the reader through the analysis and resolution of resistance and transference/counter- transference binds in situations of impasse. All three articles stress the importance of self-analysis, especially during periods of stasis in treatments.

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

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

Suggested: Kantrowitz, J.L. (1993). Impasses in psychoanalysis: overcoming resistance in situations of stalemate. *J. Amer. Psychoanal, Assn*. 41:1021-1050. 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 16: 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 do our work. Using three clinical vignettes, Akhtar shows various ways of understanding material and conducting technical interventions. We will use his clinical vignettes as a launching pad to consider how each of us might intervene in the three situations based upon our characteristic styles and preferred theories.

Akhtar, S. (2000). From schisms 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.