



## Models of Therapeutic Action Spring 2020

Section II: Michele Baker, MD *and* Janet Noonan, LICSW

In this course we will explore the issue of *therapeutic action*. We will study a key question in our work: how does psychotherapy help people change? It is not obvious why sitting and talking to another person should lead to symptom relief, or to character transformation. Although psychoanalysis has always emphasized the role of insight in change, it became clear to Freud and his followers that insight alone did not lead inexorably to change. In recent decades, debates about *therapeutic action* have pivoted around the point of the relative importance of insight versus relationship factors. The therapeutic influence of the treatment relationship has gained increasing specificity, clarity and importance. Even more recently, psychoanalytic ideas of *therapeutic action* have benefitted from a rich infusion from several collateral sources: neuroscience, infant research, and theories of “the field,” chaos, attachment and mentalization (among others).

As we read and discuss some of the papers that we believe capture the spirit of both central and evolving aspects of therapeutic action, we would like think together about the possibilities inherent in pluralism and integration of disparate theories. As therapeutic change happens through many (and often simultaneous) pathways, can we understand and use multiple models for understanding our patients? Can we flexibly adapt to the needs of different patients? Can we additionally consider the benefits of *atheoretical* approaches such as the one employed by Abbott Bronstein and his colleagues? His group analyzes transcripts of analytic appointments with a focus on categorizing analyst interventions in order to hone in on therapeutic action. Their work looks at analytic dialogue in terms of the analyst’s interventions as they fall into one of six categories. Here is his summary:

*Each intervention would be looked at in terms of what the analyst seemed to be trying to accomplish: Was the analyst setting or maintaining the analytic frame, trying to elicit an unconscious response (for example, responding to a patient’s utterance by mentioning one evocative aspect of it: “Teeth!”), consciously clarifying something the patient was speaking about, addressing an element of the unconscious relationship to the analyst expressed in the “here and now,” offering a complex interpretation that included genetic reconstructions, or doing something that was anomalous to the analyst’s usual way of working— thus related to countertransference or an enactment?*

As we read and discuss articles together, we hope that you will try to think about the following questions: What does this author think is helpful to patients? Can I use this author’s ideas in my clinical work? Does this article bring to mind any clinical vignettes? *What am I doing*, and why?

**Session 1. March 26**  
**Towards Pluralism**

Greenberg, J. (2011). Theories of Therapeutic Action and Their Clinical Consequences, In *Textbook of Psychoanalysis*, Gabbard, Litowitz and Williams (Eds.), Am. Psychiatric Publishing, Washington D.C., 269-282. [Available in the library: Check the reading folder or request from [library@bpsl.org](mailto:library@bpsl.org).]

To start off, we'll take a sweeping textbook chapter tour of the salient debates and controversies about therapeutic action in psychoanalytic theory, and arrive at current questions about the use of multiple models of change.

Optional:

Gabbard, G.O. Westen, D. (2003). Rethinking therapeutic Action. *Int.J. Psycho-Analysis*, 84(4):823-841. [PEP Web Link](#)

This paper argues there is no one pathway to therapeutic change and that, in addition to insight and the mutative effects of the treatment relationship, there are myriad additional techniques and strategies that are essential for change. The authors propose conceptualizing change as it results from *therapeutic actions*.

**Session 2. April 2**  
**A Fundamental Tension: Conflict Vs. Deficit**

Killingmo, B. (1989) Conflict and Deficit: Implications for Technique. *Int. J. Psychoanalysis*, 70:65-79. [PEP Web Link](#)

Buie, D.H. (2013) Core Issues in the Treatment of Personality-Disordered Patients. *J.Amer Psychoanal. Assn.*, 61(1):11-23. [PEP Web Link](#)

Each of these papers takes on the crucial issue of locating the site of the therapeutic action. To do that, the authors look at the treatment aims, revealing the meaning of internal conflict within the structure of personality, and contrasting it with the therapeutic goal of establishing meaning, self-worth, and a feeling of personal realness.

**Session 3. April 16**  
**A Hole in the World: Trauma**

Ghent, E. (1990). Masochism, Submission, Surrender –Masochism as a Perversion of Surrender. *Contemp. Psychoanal.*, 26:108-136. [PEP Web Link](#)

Benjamin, J. (2004). Beyond Doer and Done To: An Intersubjective View of Thirdness, *Psychoanal. Q.*, 73 (1): 5-46. [PEP Web Link](#)

The increasing awareness of trauma and resulting sadomasochistic dynamics is at the core of the historical shift in psychoanalysis from a focus on conflict to one on deficit. This week we discuss two sophisticated theoretical papers, which focus on the therapeutic management of traumatized patients. Ghent writes about the sequelae of masochism and sadism as they lead to perverse

solutions in the desire to be connect and be known, and theorizes that *surrender* can lead to successful therapeutic results. Benjamin describes the idea of *thirdness* (a co-created shared intersubjective space) as a potential escape from the relentless impasses inherent in sadomasochistic dynamics.

#### ***Session 4. April 23***

##### ***Back to the Beginning: Freud and Friend***

Freud, S. (1914). Remembering Repeating and Working Through. SE 12. pages 147-165. [PEP Web Link](#).

In this session, we will start at the beginning of the theory of therapeutic action. “Remembering, Repeating and Working Through” is considered is one of Freud’s best known “technique” papers. In it, he lays out his ideas about the importance of the patient’s communications through remembering and repeating in the transference, as well as ideas about the complex issue of resistance.

Optional:

Strachey, J. (1969 reprint of 1934 article). The Nature of the Therapeutic Action of Psychoanalysis. *Int J. Psychoanalysis*. 50:275-292. [PEP Web Link](#)

Strachey’s well-known paper, a dense but classic theoretical work, takes up Freud’s original ideas, elaborates the role of resistance, considers the analyst’s function as a new good object who can alleviate the patient’s self-criticism, and attempts to define what makes for an effective interpretation that will lead to insight and change.

#### ***Session 5. April 30***

##### ***The Fundamental Role of Mourning***

Freud, S. (1917). *Mourning and Melancholia*. The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIV (1914-1916): On the History of the Psycho-Analytic Movement, Papers on Metapsychology and Other Works, 237-258. [PEP Web Link](#)

Ogden, T. H. (2002). A New Reading of the Origins of Object-Relations Theory. *Int. J. Psycho-Anal*, 83:767-782. [PEP Web Link](#)

This week, we will explore the nature and transformative role of mourning in the therapeutic process. We will consider the perspectives of theorists as they contrast mourning and melancholia; and acceptance versus denial (or a manic attitude) toward reality and loss. For fun, we will think about the relationship of these ideas to a sense of aliveness and deadness in life and in the therapeutic process.

#### ***Session 6. May 7***

##### ***Insights from Baby Whisperers***

Winnicott, DW. (1949) Hate in The Countertransference. *Int. J. Psycho-Anal*. 30:69-75. [PEP Web Link](#)

Fraiberg, Selma, Adelson, Edna and Shapiro, Vivian. 1975. "Ghosts in the Nursery: A Psychoanalytic Approach to the Problems of Impaired Infant-Mother Relationships." *Journal of the American Academy of Child Psychiatry*, 14(3): 387-421. [Available in the library: Check the reading folder or request from [library@bps.org](mailto:library@bps.org).]

Winnicott's timeless paper takes up the challenge of tolerating and working with hate in the counter-transference, and the therapeutic action inherent in doing so. Fraiberg's classic paper elaborates the impact intergenerational trauma has on parenting, the attachment between parents and babies, and highlights the therapeutic process *in vivo*.

***Session 7. May 14***  
***The Role of the Analyst's Process***

Layton, L. Racial Identities, Racial Enactments, and Normative Unconscious Processes (2006). *Psychoanalytic Quarterly*, 75(1): 237-269. [PEP Web Link](#)

McLaughlin, J.T. (1988). The Analyst's Insights. *Psychoanalytic Quarterly*, 57:370-389. [PEP Web Link](#)

We will look at a papers by Layton and McLaughlin, both of which incorporate the authors' internal experiences as they explicate their work with a particular patient who challenges the smooth running of "business as usual," and thus highlight the mutative impact of the therapist's insights and subjectivity.

***Session 8. May 21***  
***A Relational Perspective***

Hoffman, IZ. (1994). Dialectical Thinking, Therapeutic Action in Analytic Process. *Psychoanalytic Quarterly*. 62:187-218. [PEP Web Link](#)

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

In this session, we will consider therapeutic action in light of the use of the analyst's subjectivity and it's mutative interaction with that of the patient's own experience and point of view. We will look at a seminal paper by Lew Aron, a founding relational theorist, in which he considers the importance and centrality of the patient's exploration of the analyst's subjectivity.

Drawing from Hoffman, we will think about the dialectic between theory and analytic freedom. He is interested in the degree to which "throwing away the book" – meaning a deviating from training, from commonly held beliefs, tradition – is an essential part of therapeutic action. As a relational theorist, Hoffman emphasizes symmetry between the therapeutic dyad as affectively involved and mutually influencing each other.

## ***Session 9. May 28***

### ***How Growth Occurs: Examining Micro-Events***

The Boston Change Process Study Group (CPSG). (2002). Explicating the Implicit: The Local Level and the Microprocess of change in the analytic situation. *Int. J. Psychoanal.*, 83(5): 1051-1062. [PEP Web Link](#)

Our local friends examine micro-events of the analytic process to more specifically understand the mechanism of change. They incorporate developmental research, describe “local level” occurrences, and create a theory of therapeutic action based upon the “fitting together” of analyst and patient which creates “changes in implicit knowing through alteration of emotional procedures.”

## ***Session 10. June 4***

### ***What Do We Do When We Interpret?***

Gray, Paul. (1990). The Nature of the Therapeutic Action in Psychoanalysis. *JAPA*. 38:1083-1098. [PEP Web Link](#)

Schwaber, Evelyn. (1990). Interpretation and the Therapeutic Action of Psychoanalysis. *Int J Psychoanalysis*. 71:229-240. [PEP Web Link](#)

American Ego Psychology dominated psychoanalytic thinking from the post-World War II era, to the 1980s. Paul Gray is known as a leading founder of ego psychology’s defense analysis technique and theory of therapeutic action. In this session, we will contrast his model of change action, which focuses on drives and resistance, with that of Evelyn Schwaber, a master of the technique of radical immersion in the patient’s experience and point of view, whose work privileges the leading affective edge of the patient’s communications.

### **Learning Objectives**

1. At the conclusion of this session, fellows will be able to compare the roles of insight versus the therapeutic relationship in therapeutic change.
2. After this session, fellows will be able to describe two technical ideas about the role of insight that are necessary for therapeutic change.
3. After this session, fellows will be able to describe three ways the role of the therapist impacts therapeutic action
4. At the conclusion of this session, fellows will be able to define defense analysis and list two differences between Ego Psychology and Self Psychology concepts of listening and therapeutic action.
5. At the conclusion of this session, fellows will be able to describe two different ways a therapist would listen to process, particularly feelings and emerging material from the patients’s unconscious.
6. At the conclusion of this session, fellows will be able to explain child analyst’s contributions about therapeutic action with both adult and child patients.
7. At the conclusion of this session, fellows will be able to describe two ways in which working with the analyst’s subjectivity is an important part of therapeutic action.
8. At the conclusion of this session, fellows will be able to describe two ideas about the tensions between theory and practice for the therapist.

9. At the conclusion of this session, fellows will be able to define Freud's and Ogden's ideas about the role of mourning in therapeutic action.
10. At the conclusion of this session, fellows will be able to describe three ideas about what is mutative and transformative for patient and analyst in an intensive psychodynamic treatment.