Models of Therapeutic Action

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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 to 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?

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? What do you 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?
**Session 1. March 31  Towards Pluralism**


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:

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 7  A Fundamental Tension: Conflict Vs. Deficit**


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, selfworth, and a feeling of personal realness.

Optional:

**Session 3. April 14  A Hole in the World: Trauma**


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 will discuss a sophisticated theoretical paper which focuses on the therapeutic management of traumatized patients. Benjamin describes the idea of *thirdness* (a co-created shared intersubjective space) as a potential escape from the relentless impasses inherent in sadomasochistic dynamics.
Optional:
*Contemporary Psychoanalysis, 26*, 108-136. [PEP Web Link](#)

Ghent writes about the sequelae of masochism and sadism as they lead to perverse solutions in the desire to be connected and be known and theorizes that *surrender* can lead to successful therapeutic results.

**Session 4. April 21  Back to the Beginning: Freud (and Friend)**

Freud, S. (1914). Remembering, repeating and working-through (Further recommendations on the technique of psycho-analysis II). *The standard edition of the complete psychological works of Sigmund Freud, volume XII (1911-1913): The case of Schreber, papers on technique and other works* (pp. 147-156). [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’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 28  The Fundamental Role of Mourning**


This week, we will explore the nature and transformative role of mourning in the therapeutic process. We will consider the perspective of Freud as theorist as he contrasts 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.

Optional:

If you have the time, this paper deepens and updates our understanding of the profound ideas in the original Freud paper.

**Session 6. May 5 Insights from Baby Whisperers**


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.

Optional:

This 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 12 How Growth Occurs: Examining Micro-Events**


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 8. May 19 The Role of the Analyst’s Internal Process**


We will look at a paper by Layton which incorporates the authors’ internal experiences as she explicates her 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 9. May 26  What Do We Do When We Interpret?


In this session, we will focus on the contributions of Evelyne Schwaber, a master of the technique of radical immersion in the patient’s experience and point of view, who’s work privileges the leading affective edge of the patient’s communications.

Session 10. June 2  A Relational Perspective


In this session, we will consider therapeutic action in light of the use of the analyst’s subjectivity and its mutative interaction with that of the patient’s own experience and point of view. 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.

Optional:

This is a seminal paper by Lewis Aron, a founding relational theorist, in which he considers the importance and centrality of the patient’s exploration of the analyst/therapist’s subjectivity.