

What should we take with us from psychoanalytic training?

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Introduction

The ending of PIEE invites to think in terms of separation and identification. Feelings of separation affect all of us. How about identification? Those who made their training in PIEE, with whom or with what are they identified? And what about the others, the teachers and IPA members who participated in the work of this virtual institute? I think they changed too in the course of years. At least this is the case with me. I am not the same as I was when I first participated in a Members' and Candidates' Seminar in Riga eight years ago. I changed – at least I hope so. In his "Geschichten vom Herrn Keuner" the famous German writer Bertold Brecht (2006) wrote the following ultra-short story: "A man, who had not met Herrn Keuner for a long time greeted him with: 'You did not change at all!' 'Oh' Herr Keuner said and turned pale." Identifications are an important element of change. You can often hear that an analysand should not so much be identified with his analyst after he has finished his analysis, but he should have internalized his function, the function of analyzing. Although identification and internalization are crucial elements in psychic change over time, this change cannot be restricted to them. I prefer in this context the term "to learn", although this word does not belong to the favorite vocabulary of an analyst. It smells too much of a cognitive- behavioral approach. But following Bion's "learning from experience (1962)" I think it can appropriately describe a process of changing behavior, thinking and feeling – especially if it pertains to the process of psychoanalytic training. What does one learn during one's psychoanalytic training – and, even more important, what should one learn. During your training you have to cope with and process multiple identifications and separations. You will identify with new objects, modulate or even give up old ones. You will separate from old patterns of thinking and feeling, give up or at least change internal objects you had been used to for a lifetime. And finally you have to separate from your analyst and from training, from living in a training institute with its unique atmosphere. By becoming a training analyst you may perhaps be avoiding this painful separation.

In this paper I want to develop my thoughts about what a candidate should have reached and learned at the end of his training. By no means pertains this only to the training in the PIEE. I try to speak about training under whatever conditions and circumstances. (By the way I am aware of the fact that always using "He" instead of "She" may sound politically incorrect, especially regarding the situation that nowadays the majority of candidates are female. But I am using "He" in the traditional way to describe a kind or genus and not a gender.)

When trying to understand and analyze a phenomenon, it is an old psychoanalytic custom to integrate self-observation and start with oneself. What about my own training? Am I in hindsight satisfied with the circumstances of my training and its outcome? The answer is both, Yes and No. I had a satisfying personal analysis and met in seminars and supervision training analysts who were highly dedicated to psychoanalysis. But something was missing which I had not been aware of at that time. We learned psychoanalysis according to Freud and other authors, but were not taught or invited to think more deeply about the intriguing differences between different psychoanalytical approaches. We, and this refers equally to members and candidates, did not think so much about the basis of what we were doing. We were not invited to think about the rationale of different

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psychoanalytic schools. The institute's orientation became more Kleinian, and we lived in the assumption that there is mainly one analysis. Differences between analysts were regarded as mainly due to the degree of depth they could reach or establish with their patients or in case discussions. Therefore the intellectual climate was rather superego-directed. This relatively stable situation was only interrupted when the controversial ideas of Kernberg and Kohut about the treatment of narcissistic patients were being discussed and later on the revolutionary ideas of Roy Schafer. But soon the intellectual climate returned to its baseline. My training took place in the seventies. And the situation I have been sketching was, I believe, typical for many institutes at that time. It took me many years of development after training, embedded in the growing awareness and concern of the psychoanalytic community about the more and more chaotic diversity between psychoanalytic theories and practical approaches, to think more doubtfully and critically about what we were doing in our daily psychoanalytic practice. Although this process may sound rather intellectual, it was connected with and integrated in developing my personal analytic style. And I owe this development to a great part to my engagement in psychoanalytical training and my collaboration in Working Parties of the European Psychoanalytic Federation (EPF). These Working Parties sprang to life at the beginning of this century and are now spreading around the analytic world. They have started a new thinking about the essentials of psychoanalytic theory and practice. In this paper I will especially draw on my experience in The End of Training Evaluation Project (ETEP). The clinical examples are taken from the work in this project and from my own practice. As in a snapshot they show momentary situations in supervised analyses in order to illustrate and clarify to a greater extent what I want to demonstrate and discuss. For reasons of confidentiality these examples are modified. And I will abstain from any commentaries about the development of the candidates in their training.

Observations and generalizations

A patient came to his session after having smoked marijuana. He seemed to be stoned. The analyst did not take it up out of fear to be experienced as a superego. He seemed to be unable to think about the dynamic meanings of this behavior, for instance being an expression of hostility or a cry for help.

In another session the patient had left his dog in the car, although it was an extremely hot day. The analyst told him to bring the dog into the office. But he did not consider what it meant that he had to tell the patient not to endanger the life of his pet. He could not understand the enactment as an unconscious communication of the patient.

Both sessions started with an intense emotional situation. One could say that the patient came with an emotional demand the underlying meanings of which were unconscious to him. In these two sessions this emotional demand was expressed in a rather dramatically enacted fashion. But basically it applies to all analytic sessions that the patient is entering the consulting room with a special emotional demand. It is up to the analyst to grasp its unconscious meaning. Bion (1994) even goes a step further when he writes that whenever two personalities meet, an emotional storm is inevitably created. His statement not only describes the emotional intensity of this encounter but also the tight connection between transference and countertransference. But before delving deeper into this issue I will give another example.

A patient is late and goes to the toilet which is unusual, and she smiles and pats her stomach on her way back to the couch. All of this is not taken up during the session. Then she relates a "very strange

dream” as she introduces it (a very rare event for this patient who usually defends herself by endlessly talking about organizational matters). The dream portrays a horrifying scenery with a mother whose two children are about to drown in a swamp. At first the mother is indifferent and then saves her children only in the last minute. The candidate’s first comment, without waiting for associations, is: “It sounds like a nice dream.” But later in the session she recovers from this initial break in empathy and can adequately deal with the dream and its possible unconscious determinants.

Even as an experienced analyst one does not always understand this emotional demand or emotional storm and deal adequately with it. And sometimes external reality is impinging on the analytic situation so massively that the analyst first has to manage the whole situation. Perhaps the dog would not have died in the car. But one of my supervisors told me the following vignette from her own practice.

A heavily pregnant patient came to the session loaded with too heavy bags she carried with her. After the session the analyst ordered a taxi for her, because she was concerned that the patient might really endanger her pregnancy.

I think the analyst also tried to understand and interpret the enactment in the session. Another example may be that a patient is caught up in an acute marital crisis. Then it can be necessary to first address the external life circumstances before trying to elucidate the unconscious background. An analyst should be aware of the emotional demand of a patient and of the possible emotional storm that is dominating the session from the beginning. Every candidate should have learned and be acquainted with this basic element of psychoanalytic technique. But it cannot be taken for granted that this is always achieved at the end of training. Sometimes a more superficial helping attitude with the idea of a corrective emotional experience may be the outcome of training.

What has a candidate at his disposal to cope with the emotional storm of an analytic encounter? There are his personality, the experience and gain from his personal analysis and the conceptual tools he is acquiring through supervision and seminars. In this general formulation this does not depend on the theoretical orientation of his training. Let’s look at another example.

A patient starts the session (it is the second week after the candidate’s holidays) with seemingly incoherent associations out of which the candidate chooses the topic of mother. They talk about communication between mother and patient. Finally the patient says: “Half a year ago you mentioned that I do everything secretly. If I have feelings, I do not show them but wait for a signal from your side.” The candidate replies that in the analysis they see each other at the beginning and end of sessions. “Then we shake hands and exchange gestures.” The patient then remembers the last encounter with mother shortly before her passing away. “I took her hand. She did not withdraw it. But I could not really feel it.My mother had often said that she was there for me. But it was all without speaking, without contact. She could stare out of the kitchen. And when I wanted to leave the apartment she became very sad and asked: ‘You already want to leave?’” Again the candidate tries to calm her down and says: “But here we speak! Is it possible that you think I too turn sad when you leave me, and that I cannot really take in your joy?” The patient finishes the session with the remark that mother and she had not talked to each other.

The candidate did not really experience that the patient was repeating her relationship with mother in the session with the analyst. The analyst represented aspects of her internal mother. Instead of recognizing and accepting it she tried to assuage her by emphasizing that she was not like mother

but a good a reliable object. In this way she negated the patient's actual experience in the session. She did not recognize it in the session. And in the supervision she could hardly think about the reality of transference feelings. This is a blatant example of a candidate's failure to recognize transference manifestations and to adequately cope with them. But this seemingly clear situation turns out to be more complex at it seems to be at first. Which concept of transference should this candidate use in this analysis and in this session? Analysts vary in handling and interpreting negative transference. I would like to remind you of Sandler's famous paper "Reflections on Some Relations Between Psychoanalytic Concepts and Psychoanalytic Practice (1983)". In this paper he outlined the change the concept of transference had been undergoing in the course of years. First the aspect of repetition of infantile object relations was predominant. Later on the emphasis shifted to the actualization of internal object relations in the session and defensive operations. Complex processes like projective identification became subsumed in this conceptual framework. Contemporary analysts vary considerably in handling the transference according to their different conceptions of it. One axis of variation is the degree to which they get involved in reacting to the transference. They may interpret it from the position of a more neutral or even holding observer. Or they may regard themselves involved in an action dialogue of transference/countertransference, where the degree of their active involvement varies according to their conceptual background. These variations do not simply follow the usual scheme of different psychoanalytic schools. The inter-individual variation among psychoanalysts of the same so-called "school-orientation" is considerable. How does this somehow confused situation affect psychoanalytic training? If there are so many variations in handling transference even among experienced analysts one cannot demand of a newly graduated candidate to adhere to a specific concept of transference. But what should be obligatory is that he is able to think conceptually about what he is doing in the session and that he can think why he is doing what, regarding the transference situation in a session. In the above example the problem was not only that the candidate was coping with the transference in a deficient or clumsy way but that she could not think thoroughly enough about the transference-countertransference situation. Another example may highlight this problem anew.

The content of the session is the candidate's move to another consulting room. She and her patient get into a closer emotional contact than usual. Then the patient tells that she wanted to have a recipe and her dolls from mother. She sent her a text message but then painfully realized that mother was not at home. She starts crying. Whereupon the candidate interprets: "Mother is away, I leave the house. And then you feel an infantile wish mother should always stay with you and that nothing should ever change."

The candidate did not investigate the specific wish for the recipe and the dolls and did not empathize with the patient's emotional need expressed through this wish. Instead she distanced herself from the patient and belittled her wishes as infantile. This was a general dismissive comment not taking into account the specific painful experience of the patient and its link to her personal past.

So far I did not mention the basic principles of psychoanalysis, free association and its counterpart the evenly suspended attention. One could assume that candidates learn these principles from the cradle because they have the intense experience of their personal analysis. But this can by no means be taken for granted. On the contrary one sometimes gets the impression that free association is nowadays not as highly valued as it used to be. Often you observe instead a more focused dialogue about the here and now situation or the actual relation between the analysand and the analyst leaving not enough space for free association to take place. Look at the following example:

In the course of a session the patient speaks about sexual problems between herself and her boyfriend. He wants to have sex too often, whereas she feels manipulated and misused by him.

Analyst: You tell it as if your friend tries to manipulate and persuade you to submit to his sexual wishes. You do so because you are afraid of negative consequences if you do not follow him. But then you avenge yourself by internally retreating from the situation and giving up your own sexual excitement.

Patient: I can't concentrate just now. The noise of the snow-shovel is disturbing me.

Analyst: Unfortunately I cannot stop it. Today we are working under sub-optimal conditions.

Patient: I do not want to always feel guilty if I don't submit. But I do not like sex if there are unsolved conflicts between us.

Analyst: But why then having sex if you don't like it?

Patient: But this is not the case. I would like it, but not under these conditions. Oh, it's all so complicated!

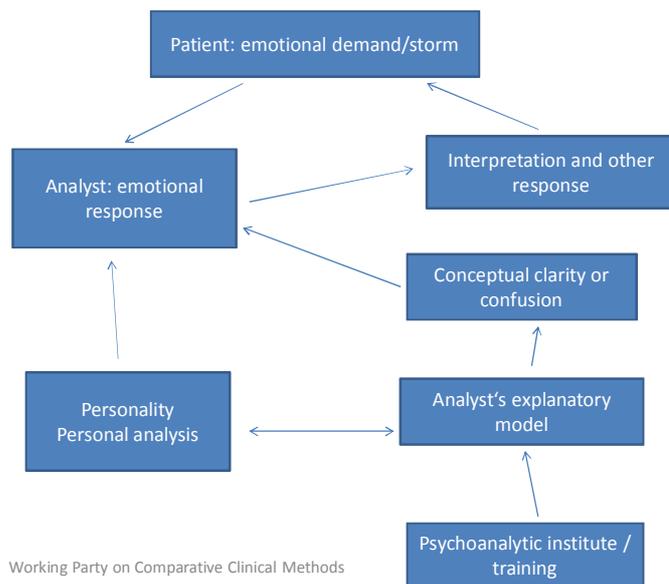
Analyst: Perhaps you are afraid to be abandoned or not to be a real woman if you don't have sex.

In this example the analyst seems so preoccupied with his own line of thought that he does not leave the patient enough space to stay with his feeling disturbed by the unusual noise. Instead a very tight dialogue is developing not allowing a psychoanalytical situation proper to come into being. A candidate has to get acquainted with the basic psychoanalytical method to explore the unconscious of a patient, free association and evenly suspended attention.

This leads me back to the question of theory and concepts. In order to describe the phenomena of micro- or quantum-physics you need the mathematical tool of quantum theory. Otherwise you would be lost in a chaos of incoherent phenomena. The same applies to psychoanalysis. There is no observation of so-called facts without an adequate theory. At the end of his training a candidate should be able to have a conceptual background and to connect it with his clinical practice. But given the multitude of theoretical approaches nowadays, is it still possible to make sound statements about different theories regarding their usefulness and validity? At present there does not exist a final answer to this question. But a young analyst should have at his disposal a set of theories which enable him to cope with the basic elements of psychoanalytic practice: the already mentioned emotional demand, free association, transference and countertransference. If you look in depth at the conceptual equipment of an analyst you may discern differences in this regard. But in any case a psychoanalyst should be able to convey to others why he chose which interventions in a session. He should be able to create enough internal space to think about what he is doing. It is the old principle that in order to work creatively you should provide enough space to create a triangular oedipal situation. This does not mean that an analyst is supposed to think too much and too intellectually in a session. But in between sessions he should be able to use his secondary process mode of thinking (Tuckett, 1994). Although this is not the place to judge the validity of different psychoanalytic theories, it can be stated with sufficient observational evidence that in contemporary psychoanalysis a certain tendency is spreading: Thinking too much in terms of deficit models of psychopathology, stressing the interpersonal encounter between analyst and analysand and neglecting thereby the dynamic unconscious and the basic conflictual nature of the human mind.

Conclusions

In focusing on my central theses and elaborating them further I will use the following diagram which at the same time simplifies a complex situation and elucidates central links.



The patient enters the analytic session with an emotional demand developing into an emotional storm. Freud (1927) wrote about this demand: “...influencing analytic therapy by granting or refusing an illusory emotional satisfaction is, strictly speaking, irrelevant, because, however warm-heartedly the analyst may behave, he cannot set himself up in the analysand’s mind as a substitute for God and providence. ...The analyst can of course make a bad technical mistake if he creates the impression of belittling this emotional demand...” Bion goes a step further and describes the ensuing emotional storm between patient and analyst. Underlining the inevitable intertwining of transference and countertransference he succinctly writes, and I think it is worthwhile to read this literally: “When two personalities meet, an emotional storm is created. If they make sufficient contact to be aware of each other, or even sufficient to be unaware of each other, an emotional state is produced by the conjunction of these two individuals, and the resulting disturbance is hardly likely to be regarded as necessarily an improvement on the state of affairs had they never met at all. But since they have met, and since this emotional storm has occurred, the two parties to this storm may decide to ‘make the best of a bad job’” (1979, p. 247). Besides other meanings these two quotations constitute a warning against a too optimistic and shallow use of the concepts of “holding” and “corrective emotional experience”. A last clinical vignette shows the importance of the concepts of an emotional demand and an emotional storm. It is an example from my own practice.

An extremely obsessive-compulsive patient starts the session by complaining about various adversities of life. Twice he had bought rotten food whose expiration date had been exceeded. The family living beneath his apartment had made a terrible noise. Their children were always crying, and he had been

physically threatened by the father. Because of his actual conflict with his mother and his brother about the future heritage he planned to consult a lawyer before speaking with his mother. His compulsions had intensified. If he touched something he had to endlessly repeat it. He had never before described this type of compulsion. By leaving space for further associations I finally could interpret the intensifying compulsions as a defense against aggressive wishes, touching becoming an aggressive assault. So far he had always denied any connection between internal conflicts and his symptoms. Now he could listen to me with some curiosity. He had thought to do some bodily exercise in order to get rid of tensions and aggressive urges. He thought of Dr. Jackyl and Mr. Hyde and told about a girl-friend who lived a very controlled and decent life. But from time to time she went on rather uncontrolled sexual adventures, drinking too much and neglecting her child. He is fascinated by this splitting. On the other hand he can hardly tolerate women who are so contradictory. After interpreting to him his own different type of defense by compulsively controlling, it dawned upon me that the central topic in this session was neglect and abandonment of children. Till now he had split off his childhood and had only very few memories without any emotional coloring, that did not seem to belong to him. Now he could at least thoughtfully listen to the interpretation that he empathized with the crying, neglected children. Apparently my analytic milk had exceeded the expiry date during the Christmas break.

In this session I did not yet understand the emotional demand of the patient at the beginning. I needed some time and the flow of his associations to develop a deeper understanding. And in the emotional storm of our encounter I had to feel my own defense against being a bad mother nursing him with rotten milk. A psychoanalytic beginner could have been tempted to actively investigate the situation and thereby getting into a tight dialogue with the patient about issues of aggression and the analytic relation. Then the patient would have stopped to freely associate and a to and fro of questions and answers could have developed not leaving any space to explore the unconscious. Every supervisor knows such sessions. And of course they happen also to the most experienced analysts.

Now following the diagram the analyst's emotional response is the basis for his interventions or more non-verbal reactions. His personality and his experience in his personal analysis together with the clarity or confusion of his theoretical tools will determine the quality of this emotional response. It may seem a bit unusual to concede concepts and theories such an outstanding place for developing one's psychoanalytical stance. But as outlined earlier they constitute more or less the oedipal element in working as an analyst. The conceptual clarity or confusion of an analyst or candidate is determined by the quality of his explanatory models. There is a tight interconnection between personality, personal analysis and the analyst's favorite models. Of course the latter are widely determined by his training and the prevailing theoretical orientation in a training institute.

Understanding the emotional demand of a patient and the ensuing emotional storm, appreciating and deeply understanding the value of free association, thinking in terms of transference and countertransference, and being able to conceptually think about what is happening and what one is doing in the session – these elements together seem to be a very modest equipment for a candidate at the end of his training. But for me they form the basis on which future development can take place. If they are missing or unsatisfactorily developed, the future development of an analyst can go awry. I think that every psychoanalytic school or orientation can agree with these fundamental requirements. If they build up a stable set of elements in the mind of a young analyst he then may develop his own ideas and contribute to further the internal coherence of our science and to fight the “anything goes” (Tuckett, 2005) that sometimes seems to dominate contemporary psychoanalytic practice and theory. This development is necessary for our survival and for regaining our place in the discourse of science and society.

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