Psychotherapy Guidebook

Modern Psychoanalysis

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DEFINITION

The first psychoanalytic patient was Anna O., who described psychoanalysis as "the talking cure." Sigmund Freud learned that when his patients talked to him freely, their hysterical symptoms abated and their neurotic conflicts were, to some degree, resolved.

Modern Psychoanalysis subscribes to Freud's concept and Anna O.'s definition of psychoanalysis but has expanded it to include treatment of narcissistic disorders — problems that develop in the first two or three years of the child's life before language has been learned. These are rooted in the preoedipal stage of the patient's development and they are preverbal in nature. Therefore, ways had to be discovered to deal with resistances that make talking freely about them difficult or impossible. Both Modern Psychoanalysis and classical psychoanalysis derived from Freud's belief that talking promotes cure. But specialization in narcissistic problems of preverbal origin has led the modern psychoanalyst to the definition of cure as the analyst's resolution of the patient's resistance to saying everything. So the emphasis is on the relationship between analyst and patient, including all of

the ramifications of aggression and pleasure; love and hate.

The modern psychoanalyst recognizes the importance of concentrating on the patient fixated in the very early stages and others with fixations considered untreatable by psychoanalysts. Traditionally, the psychoanalyst diagnoses the patient and decides whether or not he is treatable. The modern psychoanalyst differs in that he does not base his decision to treat on his diagnosis but rather on the motivation of the patient to get treatment. Modern psychoanalysts, in fact, take responsibility for any failure in working with schizophrenics, although the patient's cooperation is sought and ultimately essential for cure.

HISTORY

In 1961 Dr. Hyman Spotnitz stated that "special approaches being developed for the treatment of the preverbal personality will facilitate emergence of a more efficient form of psychotherapy for both verbal and preverbal personalities — a modern form of psychoanalysis." Ten years later the Center for Modern Psychoanalytic Studies (now known as the Manhattan Center for Advanced Psychoanalytic Studies) was founded by psychoanalysts who, says Spotnitz, "had for ten to twenty-five years been working as modern psychoanalysts in New York. ..." The term "modern psychoanalysis" describes a specific theory and technique that Spotnitz and his colleagues developed to

advance and further the effectiveness of traditional methods. There are now five institutes training modern psychoanalysts.

Although the name was not used until the 1960s and the Center was established as recently as 1971, Modern Psychoanalysis actually began in the 1940s with a program sponsored by the Jewish Board of Guardians. "The Borderline Project," directed by Yonata Feldman with Spotnitz as the consulting psychiatrist, was designed to "investigate ... borderline and schizophrenic children and their families to learn why these patients did not respond to the existing treatment approaches." (Spotnitz, 1976) As a result of "The Borderline Project's" investigation, "articles on schizophrenia ... outlined a new theory of technique for the ego in need of insulation." These writings document the first exploration of modern psychoanalytic techniques in the treatment of schizophrenics.

TECHNIQUE

Since Freud described it as an "unconscious phenomenon operating in all human relations," transference has been considered the base for the theoretical framework of psychoanalysis. Freud defined psychoanalysis as "any line of investigation which takes transference and resistance as the starting point of its work." Resistance is viewed by the modern psychoanalyst as "a primitive form of communication" that can be used as a major tool in

work with preverbal disorders. When the patient is unable to put the nature of his problem into words, the modern psychoanalyst studies the patient's resistance communications. As narcissistic resistances are resolved, cooperation between analyst and patient is achieved and the patient is able to experience object relationships. In narcissism, ego boundaries are blurred.

When the patient is able to define himself and others, the schizophrenic elements that have been a part of his being for so long subside. If this point of development is reached, the patient has reactions to others because they are like themselves, not because he thinks they are the same as him.

In work with schizophrenic patients, classical techniques run into difficulty due to neglect of the hostility that exists in the transference and the defenses against his aggression that the narcissistically disordered patient brings to the transference. But modern psychoanalysts have learned that "hatred can be a therapeutic force ... [that] binds the schizophrenic patient to his transference object even more firmly than love. [This patient is willing] to master his aggressive impulses provided that the danger that he will act on them is kept to a minimum." (Spotnitz, 1969) Modern psychoanalysts recognize that early in the treatment it is necessary to control the amount of stimulation occurring in the sessions as well as to limit pressures that might cause the patient to put his destructive impulses into action rather than verbalize them. The modern psychoanalyst's immediate goal is to provide a

comfortable, nonstimulating environment so that the patient's communications can be studied and the pent-up aggression (and eventually all thoughts and feelings) released through resolution of the resistances. One of the techniques developed toward this end is a form of psychological reflection. This can be used in two ways, as the following excerpts will describe.

1. **Echoing the ego.** In this method, "The ego's pattern of self-attack is highlighted through the echoing procedure. The therapist uses it to repeat — at times with dramatic emphasis — the patient's expressions of low regard for himself. The unequivocal echoing of this ego in the process of 'low rating' itself strengthens his attitude that he is not fit company for a wonderful object. And yet, however black the ego, the object (or therapist) never moves away. It dedicates itself to meeting the ego's constant need for psychological closeness to an object, the kind of object that will stick with the ego through thick and thin. That is the crucial factor. Hypothetically, this procedure may be said to reverse the original process of ego formation, when the infantile mental apparatus failed to release hostile feelings toward its earliest object since the latter was experienced as being too distant. ... As it is repeatedly demonstrated that expressions of hostility do not drive the object away, the patient tends to discharge his aggression more and more freely in feelings and language…."(Spotnitz, 1969a)

2. **Devaluating the object.** "Instead of echoing the ego's complaint

> about itself, the object can respond 'I'm just as bad' ... resolving another aspect of the infantile defense pattern: the tendency toward object-worship. [Preverbal patients must protect the object at all costs. They are reacting as they did in infancy when the parents' survival was the only assurance of their own.] The greatly needed original object which was experienced as too rarely available also came to be regarded as too valuable to attack. Rather than risk damaging such a wonderful object or driving it even farther away, the infantile mental apparatus began to bottle up its aggressive impulses. Generally, the echoing procedure is employed first. ... object devaluation is usually set in train after the patient has acquired some feeling for the therapist as an external object. After the patient has become fully capable of expressing in the treatment relationship the aggression which objective interpretation may mobilize, the therapist shifts from psychological reflection to interpretation as his judgment dictates." (Spotnitz, 1969a) Modern psychoanalysts do, in fact, offer the patient interpretations as the above statement indicates, but these are made at the patient's request if, in the analyst's judgment, it will aid in resolution of a resistance. It is the patient's interpretations of his problems, showing his own understanding, that are considered truly significant in the modern psychoanalytic process.

The toxoid response is another technique developed by modern psychoanalysts to "immunize" patients from their toxic introjects. In the preoedipal phase the child is in a symbiosis with the mother. They are as one.

If the infant experiences too much hostility from the mother he may deal with it by incorporating it as part of his own being. When the modern psychoanalyst judges that the patient is ready (later, or final stages of treatment) he will give the patient measured doses of the toxic introject. In effect, the modern psychoanalyst helps the patient extroject the toxic elements within. Specifically, he tells the patient the same negative things about himself that the patient has been telling, either symbolically or directly, his psychoanalyst and the world. As a result of this process the patient is able to expel the poisonous self-image he has derived from negative interactions with the mother. This is done to reduce the patient's disposition to emotional upheavals in the future.

APPLICATIONS

Classical psychoanalytic technique as discovered by Freud is designed to treat psychoneurosis and is applied in several steps:

"1) transference is evoked and transference resistance is studied. [Here, resistance is viewed as 4the force in opposition to making the unconscious conscious'];

2) countertransference resistance is recognized and analyzed.] Originally it was believed that this aspect of the treatment — the analyst's feelings for the patient — should be suppressed. But subsequent to Freud this notion was reversed.];

3) transference resistance is interpreted;

4) resistance patterns are worked through;

5) resistance to termination is resolved." (Spotnitz, 1969)

This application of therapeutic principles did not alleviate schizophrenic symptoms because of the defense of the aggression in the patient's transference feelings. Therefore, Modern Psychoanalysis developed some new sequences in applying techniques:

"1) narcissistic transference develops and is analyzed (silently). [In the occurrence of narcissistic transference, the patient assumes that his feelings about himself include his analyst — both have the same interchangeable feelings];

2) the patient's attempts to contact the analyst are studied. [Responses are used] to control the intensity of the resistance;

3) narcissistic countertransference resistance is recognized and analyzed. [The analyst develops feelings that correspond to his patient's];

4) narcissistic transference resistance is effectively influenced through joining ... [echoing the ego];

5) narcissistic transference is worked through;

6) object transference develops and is studied. [The patient has

feelings for the analyst as an object separate from himself];

7) countertransference resistance is recognized and analyzed, [those feelings of the analyst that interfere with the analytic process];

8) object transference is interpreted. [This corresponds with step 3 in classical technique];

9) object transference resistance is worked through;

10) resistance to termination is resolved." (Spotnitz, 1969)

Termination is considered when "the long-range task of resolving the defensive patterns of maladaptations that prevented the patient from completing essential maturational sequences" is completed. This process can be summed up by describing two aspects of the task: 1) the problem interfering with the patient's maturation "must be aroused with sufficient intensity to be identified and understood" and 2) when the analyst understands the behavior repetition of his patients sufficiently he knows how to have therapeutic influence — that which helps the patient to get in touch with feelings long detached from his own awareness.

As a result of causing the original growth problems to reemerge in the transference relationship between analyst and patient, an opportunity is made available to reeducate the patient in more adaptive ways of functioning.

This allows further growth of the personality.