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Models of Therapeutic Action

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Section II: Susan Kattlove, MD

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? 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?

***Session 1. April 8
Towards Pluralism***

Greenberg, J. (2011). Theories of therapeutic action and their clinical consequences. In Gabbard, Litowitz, & Williams (Eds.), *Textbook of psychoanalysis* (2nd ed., pp. 269-282). American Psychiatric Publishing. [Download from the [Reading folder](#) or request from 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. *International Journal of 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 15
A Fundamental Tension: Conflict Vs. Deficit***

Killingmo, B. (1989). Conflict and deficit: Implications for technique. *International Journal of Psycho-Analysis*, 70, 65-79. [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.

Optional:

Buie, D. H. (2013). Core issues in the treatment of personality-disordered patients. *Journal of the American Psychoanalytic Association*, 61(1), 11-23. [PEP Web Link](#)

Session 3. April 22
A Hole in the World: Trauma

Benjamin, J. (2004). Beyond doer and done to: An intersubjective view of thirdness. *Psychoanalytic Quarterly*, 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 will discuss a sophisticated theoretical paper which focus 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:

Ghent, E. (1990). Masochism, submission, surrender—Masochism as a perversion of surrender. *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 29
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, J. (1969). The nature of the therapeutic action of psychoanalysis. *International Journal of Psycho-Analysis*, 50, 275-292. (Original work published 1934). [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. May 6
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* (pp. 237-258). [PEP Web Link](#)

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:

Ogden, T. H. (2002). A new reading of the origins of object-relations theory. *International Journal of Psycho-Analysis*, 83(4), 767-782. [PEP Web Link](#)

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

Session 6. May 13
Insights from Baby Whisperers

Winnicott, D. W. (1949). Hate in the counter-transference. *International Journal of Psycho-Analysis*, 30, 69-74. [PEP Web Link](#)

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:

Fraiberg, S., Adelson, E., & Shapiro, V. (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. [Download from the [Reading folder](#) or request from library@bpsl.org].

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 20

How Growth Occurs: Examining Micro-Events

The Boston Change Process Study Group (BCPSG). (2002). Explicating the implicit: The local level and the microprocess of change in the analytic situation. *International Journal of Psycho-Analysis*, 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 8. May 27

The Role of the Analyst’s Internal Process

Layton, L. (2006). Racial identities, racial enactments, and normative unconscious processes. *Psychoanalytic Quarterly*, 75(1), 237-269. [PEP Web Link](#)

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.

Optional:

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

Session 9. June 3

What Do We Do When We Interpret?

Schwaber, E. A. (1990). Interpretation and the therapeutic action of psychoanalysis. *International Journal of Psycho-Analysis*, 71, 229-240. [PEP Web Link](#)

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 10
A Relational Perspective

Hoffman, I. Z. (1994). Dialectical thinking and therapeutic action in the psychoanalytic process. *Psychoanalytic Quarterly*, 63, 187-218. [PEP Web Link](#)

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:

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

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.