**Slide:** Fundamentals of Technique in Analytic Therapy

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Good Evening. I’m Mark Winborn. It is a pleasure and honor to be invited to present to this group.This presentation will focus on the subject of technique in Analytical Psychology.

Many people come to Analytical Psychology from other professional fields, with no prior training in psychotherapy of any kind, or were trained in non-psychodynamic counseling or therapy in their primary mental health fields. For individuals coming to training in Analytical Psychology a strong grounding in the framework and technique of psychoanalytic psychotherapy is essential. Historically, Jung’s Analytical Psychology is built on the fundamental foundation of psychoanalytic technique as set forth by Sigmund Freud, just as areEgo Psychology, Kleiniananalysis, Object Relationstherapy, Self Psychology, andIntersubjective analysis. These basic techniques were never repudiated by Jung.

**Slide:** Jung and Freudian Technique/Theory

1. ‘In dealing with individuals, only individual understanding will do. We need a different language for every patient. In one analysis I can be heard talking the Adlerian dialect, in another the Freudian’ (Jung, MDR, p. 131)
2. "So long as one is moving in the sphere of genuine neuroses one cannot dispense with the use of either Freud or Adler.” Jung, CW 16, para 24

Instead Jung added to and enlarged on these techniques. If one is working within Analytical Psychology, a failure to understand and utilize basic psychoanalytic technique is just as problematic as a failure to study typology or the word association experiment.

In other words, Analytical Psychology can be seen as a specialization within a more general field of psychoanalytic therapy. However, many individuals come to Jungian psychology with the expectation of moving into this specialization without understanding the need for a thorough grounding in psychoanalytic therapy. In the Jungian world it is easy to get caught up in the excitement of learning about dreams, fairytales, myths, alchemy, and religious motifs while overlooking the basic knowledge of how to maintain a consistent analytical framework in terms of the methods used.

Many Jungian institutes focus on the process of analysis and presume a familiarity with these fundamentals of analytic therapy. Often there isn’t sufficient room in the curriculum to cover these fundamental skills in analytic therapy which form the foundation of Jungian analysis.

1. **Slide:** Definition of Technique
   1. By technique we specifically mean the guidelines and methods by which the analytic process takes place.
   2. Technique is not a set of rules, which when rigidly adhered to, define analysis.
   3. **Slide:** Technique addresses the process of analytic work rather than the content that emerges during the work.
   4. It is a set of tools and an attitude which facilitate the engagement of the unconscious as fully as possible while minimizing factors which interfere with the emergence of unconscious material.
2. **Slide:** Technique and Creativity
   1. At times, when first hearing about technique, there can be a preconception that the application of technique is somehow dry and mechanical. However, the use of technique, particularly in the interpretative process, is often where the creative aspect of analysis truly comes alive; when the analyst becomes the poet – carefully weighing words, sensing into the feeling of those words, imagining how the words will fit with the emotional context of what has come before and what will come after, and ultimately attempting to capture in language and tone the essence of something only partially seen, still dancing behind a veil.
   2. The artist, whether poet, dancer, musician, painter, sculpture, or composer, spends thousands of hours practicing the techniques of their craft. Before they can improvise fluidly, jazz musicians spend years learning scales, chord structure, modes, standard progressions, and the technique of their particular instrument. Just as poets develop proficiency with techniques such as rhythm, form, rhyme, metaphor, allusion, and alliteration; there are also technical proficiencies for analysis.
3. **Slide:** Technique as Underlying Structure of Analysis:
   1. Technique addresses the process of analytic work, rather than the content, that emerges during the work. It is a set of tools, when combined with an analytic attitude, which facilitates the engagement of the unconscious while minimizing factors which interfere with the emergence of unconscious material. Technique provides an underlying structure to the analytic process – the unseen but necessary support for the art of analysis. Each analysis will still unfold in its own unique way – despite relying on a common underlying structure of technique that is intended to maximize the engagement of unconscious processes.
4. **Slide:** What Constitutes Technique?:
   1. Beginning and terminating the analysis;
   2. Establishing and maintaining the analytic frame;
   3. Interpretation of the analytic interaction;
   4. The analysis of the transference and counter-transference;
   5. The analysis of defenses;
   6. The analysis of resistance;
   7. Interpretation of dreams(which we won’t be addressing today because that is well covered in most Jungian institutes).
5. **Slide:** Technique and Interpretation:
   1. “Certain principles of technique and especially systematic interpretative inventions remain at the core of all clinical psychotherapeutic and psychoanalytic work.” Steven Levy, *Principles of Interpretation*, 1990, p. viii
6. **Slide:** History of Technique in Jungian Analysis:
   1. For most psychoanalytic institutes the study of technique is foundational to their training programs and they have developed a model of analytic technique in which the concept of interpretation is central.
   2. Jungians, however, have a much more ambivalent attitude about guidelines regarding technique. As Hans Dieckmann (1991) points out, Jungians generally have an aversion to addressing technical guidelines for undertaking an analysis with the exception of dream interpretation and active imagination. Numerous volumes have been written detailing technical guidelines for Jungian dream interpretation yet there only a handful of books which address the subject of technique. As anyone practicing analytic therapy quickly becomes aware, there are often significant stretches of time in many analytic sessions that are not focused on dream work or engaging the patient in active imagination.
   3. **Slide:** As Bovensiepen (2002) puts it: “Even today, several of my Jungian colleagues and I frequently experience a certain gap between Jung's topical theoretical conceptions of the unconscious and transformability of the psyche and his lack of theory for analytic technique…Or perhaps, to express it more poetically, Jungians like ourselves too often have our heads in the clouds, and we can learn from psychoanalytical treatment technique to bring us back down to earth.” (p. 242)
   4. **Slide:** Historically, the primary exception to the Jungian reluctance to consider technical aspects of Jungian analysis has been Michael Fordham and the Society of Analytical Psychology (SAP) in London (Astor, 1995; Samuels, 1986). Fordham and other analysts of the SAP became interested in incorporating elements of psychoanalytic technique and theory in areas where they felt there was inadequate development of the Jungian model. This group become known as the London School - in distinction to the Zurich school – i.e. those analysts who were trained by Jung and his close colleagues in Zurich. As time has gone on, this emphasis on blending psychoanalytic approaches with the classical Jungian approach is no longer exclusive to London and analysts practicing from this perspective are now often referred to as Developmental Jungians (Samuels, 1986).
7. **Slide:** The Goals of Analytic Therapy: We need to have a sense of what our goal is in order to make decisions in the application of technique.The goals are articulated in different ways depending upon the analyst’s theoretical orientation.
8. **Slide:** The Goals of Analytic Therapy
   1. Resolve inner conflicts (traditional Freudian)
   2. Increase insight & consciousness (psychoanalytic and Jungian)
   3. Reduce dissociation in the psyche (psychoanalytic and Jungian)
   4. Create meaning (psychoanalytic and Jungian)
   5. Facilitate Individuation (Jungian)
   6. Ability to tolerate ambivalence in relationships and experience object constancy (Kleinian, Object Relations)
   7. Create psychological structure where the psychological structure to process experience is missing (Bionian)
   8. Fill in the gaps in self structure (Kohutian)
   9. These changes are brought about through the use of technique informed by theory.
9. **Slide:** Analytic Patients:
   1. There are some patients who come to analysis more suited to the analytic process than others.
   2. There is no such thing as an analytic patient.
   3. Analysis is in the mind of the analyst, not in the characteristics or capabilities of the patient.
   4. “Analytic patients” are created through the process of analysis by utilizing analytic technique.
   5. References:
      1. Arnold Rothstein (1995) *Psychoanalytic Technique and the Creation of Analytic Patients,* International Universities Press.
      2. *Levine, Howard (2010)* Creating Analysts, Creating Analytic Patients*, Inter. Journal of Psycho-Analysis,* 91:1385-1404.
10. **Slide:** The Analytic Attitude: The Overall Philosophy– The application of technique needs something to guide it – a philosophy. That philosophy for analytic therapy is “the analytic attitude.”
    1. **Slide:** The Analytic Attitude: A Definition –
       1. *The analytic attitude - “will be evident in the analyst’s remaining curious, eager to find out, and open to surprise. It will be evident also in the analyst’s taking nothing for granted…and remaining ready to revise conjectures or conclusions already arrived at, tolerate ambiguity or incomplete closure over extended periods of time, accept alternative points of view, and bear and contain the experiences of helplessness, confusion, and aloneness that not infrequently mark periods of analytic work with each analysand.”* Roy Schafer, 1983, p. 7.
    2. **Slide:** Jung on The Analytic Attitude: The analyst must "*believe implicitly in the significance and value of conscious realization, whereby hitherto unconscious parts of the personality are brought to light and subjected to conscious discrimination and criticism. It is a process that requires the patient to face his problems and that taxes his powers of conscious judgment and decision. It is nothing less than a direct challenge to his ethical sense, a call to arms that must be answered by the whole personality.”* Jung, CW16, par 315
    3. **Slide:** The Analytic Attitude and the Symbolic Attitude: The symbolic attitude is “*a definite view of the world which assigns meaning to events, and attaches to this meaning a greater value than to bare facts*.” Jung, CW6, par 899
    4. **Slide:** “What is essential in analytic technique is the analyst’s attitude…Other features of the analytic situation such as frequency of sessions and the use of the couch, though important, are not always and absolutely essential.” Arnold Rothstein, 1995, p. 45
    5. **Slide:** The analytic attitude is our compass - our basic orienting tool in the analytic process.
    6. As much as possible, everything we do and how we are as analytic therapists should emerge from an analytic attitude.
    7. **Slide:** Image of Interaction between Analytic Attitude and Technique
11. **Slide:** Basic Principles Underlying the Analytic AttitudeSeveral conceptions are central to maintaining an analytic attitude – psychic reality and psychic determinism.
12. **Slide:** Basic Principles: Psychic Reality
    1. "If I shift my concept of reality on to the plane of the psyche - where alone it is valid - this puts an end to the conflict between mind and matter, spirit and nature, as contradictory explanatory principles...all immediate experience is psychic and that immediate reality can only be psychic...We could well point to the idea of psychic reality as the most important achievement of modern psychology" Jung, CW8, para 681-683
    2. **Slide:** “Experience isn’t what happens to us. Experience is what we do with what happens to us.” Aldus Huxley
13. **Slide:** Basic Principles: Psychic Determinism
    1. Psychic determinism holds that thought, behavior, and feeling are not randomly generated
    2. Within the concept of psychic determinism, Jung identifies influences outside of a historical-causal perspective – the psychoidal realm and synchronicity
    3. Determinism assumes that thought, behavior, and feeling are motivated by some conscious or unconscious prompting
    4. Therefore an assumption is made that all thought, behavior, and feeling are meaningful and communicative, particularly in the analytic session.
14. **Slide:** Interpretation: What is an interpretation?
    1. Following the analytic attitude the first aspect of technique we will address is interpretation. Interpretation is a definitive characteristic of analysis, it is the cornerstone of technique, and it is the primary means by which other aspects of technique are mediated.Contrary to some perceptions, an interpretation isn’t everything that is verbally presented to the patient in a session. It is a specific type of verbal interaction which sets it apart from other types of therapeutic utterances – such as asking questions, reframing patient statements, affective mirroring, empathic statements, or reassurance. While all of these interventions may contribute to the progress of an analysis, only interpretation is specifically intended to facilitate the emergence, understanding, and engagement with the patient’s unconscious.
    2. **Slide:** 1st Definition of Interpretation: Interpretation is an invitation for the patient to see their world in a new way.
    3. **Slide:** Flowers and Bees #1
    4. **Slide:** Flowers and Bees #2
15. **Slide:** 2nd Definition of Interpretation: Interpretation provides meaning to what is being experienced.
    1. **Slide:** 3rd Definition of interpretation – “Interpretation is the verbal expression of what is understood about the unconscious situation of the patient.”
    2. **Slide:** Michael Fordham1978 Definition of Interpretation - An interpretation “connects together statements of the patient that have a common source unknown to the patient. So when the analyst tells the patient about the source he makes an inference that goes beyond the actual material at hand."
    3. **Slide:** Interpretive versus Supportive/Suggestive:
       1. Psychoanalytic therapy is interpretive rather than suggestive. . . Principally, the therapist helps through making interpretations . . . The warm relationship is the necessary context for the interpretive actions of the therapist, because interpretations necessarily involve some narcissistic affront to the patient. Auld & Hyman, 1991 (p. 19, 35)
    4. **Slide:** Suggestion versus Interpretation in Analysis:
       1. “Methods of treatment based on suggestion are deceptive makeshifts; they are incompatible with the principles of analytical therapy and should be avoided if at all possible. Naturally suggestion can only be avoided if the doctor is conscious of its possibility. There is at the best of times always enough - and more than enough - unconscious suggestion.” Jung, CW16, par 315
    5. **Slide:** Non-Analytic Interventions
       1. “Analyzing is not giving didactic instructions on how to be a ‘good’ or comfortable analysand, nor is it teaching psychoanalytic generalizations about individual development or the way of the world. Certainly it is not giving advice and reassurance or issuing commands or prohibitions. As a rule, acting in any of these ways is neither analyzing nor preparing the way for interpretation. *Most likely it is setting limits on what can be worked through later in analysis.”* Roy Schafer, 1983, p. 11
    6. **Slide:** The Centrality of Analyzing –
       1. “For the analyst, analyzing is not an alternative to being helpful, it is the analytic way of being helpful.” Roy Schafer, 1983, p. 13
    7. **Slide:** The Supportive Analytic Continuum
    8. **Slide:** The Cycle of Interpretation
       1. Confrontation (Observation): A calling of attention to an act or utterance by the patient.
       2. Clarification (Inference): Combines confrontation with an identification, by the analyst, of a possible unconscious process.
       3. Interpretation: Gives meaning to events, feelings, or experiences which previously had no conscious meaning or for which the meaning was hidden.
       4. Construction: Is a pattern of interpretations, extending over time which give a larger pattern of meaning to a patient’s life.
    9. **Slide:** The Cycle of Interpretation: Examples
       1. Confrontation (Observation):
          1. "Have you noticed how you always seem to hold your purse in your lap in front of you during our sessions?"
          2. Follow-up interpretation to this confrontation: "You seem to feel it is necessary to find a way to protect yourself because you feel it would be painful for both of us know how you feel and what you want."
       2. **Slide:**Clarification (Inference):
          1. “It may be that your tendency to label your thoughts as dumb or off the point is a way of disguising from yourself the important meaning of a seemingly inadvertent thought."
       3. **Slide:** Interpretation:
          1. "I've notice that in our recent sessions you regularly arrive at the end of our time right in the middle of emotionally intense material. I experience this as a way in which you arrange to feel hurt and cutoff from me." (interpretation around sadomasochistic dynamic)
       4. **Slide:** Construction: Summary -"*A complete interpretation* [i.e. construction*]...never takes place in a single analytic hour but may often extend over long periods of time. I would understand this sort of complete and successful interpretation as a conscious, emotionally laden verbal act on the part of the analyst which leads to bringing to consciousness a previously unconscious complex as well as the resistance and the systems of defense that have held this complex fast in the unconscious. A complete and successful interpretation should embrace the three tenses - past, present, and future - and should describe both the contents and the emotional cathexes. Likewise, it should give information about the personal contents and the archetypal core of the complex.* Dieckmann (1991, p. 166
    10. **Slide:** The Cycle of Interpretation: Triangle of Insight
        1. Forming linkages between bits of psychic experience is one of the primary functions of interpretation – links between complexes and ego, between inner and outer, past and present. This slide and the following one depict ways of conceptualizing some of these linkages.
    11. **Slide:** The Cycle of Interpretation: Triangle of Relationship
    12. **Slide:** Priority of Interpretative Interventions –
        1. Stay close to the “here and now” of what is happening
        2. Work with what is happening in the room first before moving to subjects of analysis that exist psychologically outside the room
        3. Engage with what is most affective alive at the moment.
    13. **Slide:** The Correct Interpretation
        1. Barbara Stevens-Sullivan speaking on the subject of interpretation:

“While there is certainly no right way, there are ways that are, if not simply wrong, deeply problematic.”*The Mystery of Analytical Work:*

*Weavings from Jung and Bion*, 2009, p. 11

1. **Slide:** The Initial Interview
   1. Establish Rapport with the Patient
   2. Initial Assessment of the Psychological Situation
   3. Establish the Analytic Contract (time of appointment, frequency, fees, missed sessions, out of session contact)
   4. Guidelines for the Patient in Analytic Therapy (non-censoring of thoughts, use of couch or chair, recording of dreams, consistency of attendance, support discussion of therapeutic relationship)
   5. Use of Trial Interpretation(s)
   6. **Slide:** Initial Interview: Areas of Assessment
      1. Evaluation of Ego Functioning
      2. Character or Personality Structure
      3. Major Complexes
      4. Object Relational Patterns
      5. Defense Processes
      6. Typical State Processes (e.g. *nigredo, sublimatio*, paranoid-schizoid, depressive position)
      7. Preliminary Diagnosis
      8. Of course, this is an ongoing process in which some of these aren’t fully discerned initially but are revealed over course of analysis. But important to consider them, wonder about them during and after initial session.
   7. **Slide:** Initial Interview: Trial Interpretation
      1. Trial interpretations are used in the initial session to assess the intensity of the patient’s defenses and the patient’s capacity to engage in psychological work.
      2. These are interpretations that deal with obvious dynamics evident in the patient's verbalizations.
      3. When the therapist makes such minimal interpretations, the patient gets to experience a sample of therapeutic work (and demonstration that the therapist understands), and the therapist has a chance to see how the client responds to interpretations.
2. **Slide:** Structure of Therapy: The Analytic Frame
3. **Slide:** The Analytic Frame
   1. Sigmund Freud – 1904 “Freud's Psycho-analytic Procedure.” *Standard Edition*, Vol 7: pages 247-254
   2. Sigmund Freud – 1913“On Beginning the Treatment.” *Standard Edition*, Vol 12: pages 121-144
4. **Slide:** The Analytic Frame
   1. Physical setup of the consulting room
   2. The use of couch or chair
   3. The use of the fundamental guideline of free association
   4. The frequency, time, and duration of sessions
   5. Establishment of fees, method of payment, insurance, or third-party payment
   6. Handling of changes to the schedule
   7. Handling of vacations
   8. Guidelines for contact between sessions
   9. The issue of physical contact
   10. Contact with outside parties
5. **Slide:** The Analytic Frame: The Consulting Room: "The set-up of the consulting room itself creates an atmosphere which has meaning." Harry Guntrip, *Personal Relations Therapy,* p. 355
6. **Slide:** Frame as Container – Vas Hermeticum or Sacred Cauldron
7. **Slide:** Analytic Frame as Attitude
   1. “The setting *(frame)* is substantially a mental attitude on the analyst’s part, specifically the mental attitude of introducing the least number of variables in the development of the process…this is why the setting should be conceived fundamentally as an ethical attitude.” Horacio Etchegoyen, 1999, p. 523
8. **Slide:** Analytic Frame as Ritual
   1. Be consistent
   2. Try not to alter your office environment too frequently
   3. Start and stop the session on time (time is symbolic and communicates non-verbally about limitations in the analytic relationship)
   4. Notice how the patient utilizes your space and have the space configured to reflect how they utilize it
   5. Try to maintain the same appointment time(s) week to week
   6. Give first priority to what is happening in the “here and now”
9. **Slide:** Distance, Support, and Relationship: Roles in Analysis
   1. **Slide:** Roles in Analysis
      1. The analyst is not the patient’s friend, although the analyst might feel friendly or even loving toward them.
      2. The analyst is not a substitute mother, father, sibling, or lover.
      3. The analyst creates an opportunity for the patient to discover how their interior life is constructed by serving as a stand in for these figures while attempting to avoid falling into the expectations and patterns the patient anticipates from these figures.
      4. The patient needs to know only a minimal amount about the analyst’s life – not because the analyst must be a blank screen - but because it creates the most freedom for the patient to involve the analyst in their interior drama.
      5. The analyst offers overt support primarily when the patient is extremely fragile or regressed, especially when the patient’s state begins to undermine their capacity to participate in the analytic process.
10. **Slide:** Transference and Counter-Transference Matrix(image)
11. **Slide:** Where there is no transference, our analytic methods are powerless...Michael Balint, T*he Basic Fault, 1968, p. 24.*
12. **Slide:** Transference: Jung’s Ambivalence:
    1. Suddenly he (Freud) asked me out of the blue, ‘And what do you think about the transference?' I replied with the deepest conviction that it was the alpha and omega of the analytical method, whereupon he said, 'Then you have grasped the main thing.’ Jung, CW16, para 358
13. **Slide:** Transference: Jung’s Ambivalence:
    1. I personally am always glad when there is only a mild transference or when it is practically unnoticeable. Jung, 1946, CW16, para 359
14. **Slide:** Transference-Countertransference
    1. The theory of transference-countertransference and the technique of working with it are inextricably connected.
    2. Understanding the theory is largely useless without the technique to interact with the patient about manifestations in the transference-countertransference matrix.
15. **Slide:** Utility of Transference- Countertransference to the Analytic Process
    1. A means of gathering information or data (understanding) in the therapeutic setting.
    2. It constellates an emotional energy, an affective engagement, in the therapeutic relationship.
    3. Serves as a vehicle for transformation the therapeutic process.
16. **Slide:** Transference – Narrow Definition
    1. The unconscious displacement onto the analyst of feelings, thoughts, and behaviors, originally experienced in relation to significant figures during childhood.
    2. There may be an awareness of the feeling, thought, or behavior but the motivation for those experiences are unconscious and are experienced by the patient as though they are occurring solely in reaction to what is happening in the present situation.
17. **Slide:** Transference – Broad Definition
    1. The whole of the patient's experience of the analyst, including:
    2. Repeated patterns based on past experiences (narrow definition).
    3. Needed experiences based on deficits in personality structure.
    4. Needed experiences based on the needs of the patient’s individuation process.
    5. Non-distorted perceptions/experiences of the analyst in the present.
    6. Archetypal influences on the development of the transference.
18. **Slide:** Countertransference – Narrow Definition
    1. The analyst's unconscious reaction to the patient.
    2. The situation in which the analyst's feelings, attitudes, and behaviors toward a patient are derived from earlier situations in the analyst's life that are being displaced onto the patient.
    3. Most narrowly, countertransference is defined as the analyst's reaction to the patient's transference.
19. **Slide:** Countertransference – Broad Definition
    1. The therapist's experience of the patient, including:
    2. Therapist's unresolved conflicts projected onto the patient (narrow definition).
    3. Reactions to the patient based on the patient’s projections and projective identification processes, that is, the unconscious interpersonal pressure to conform to the role demands of the patient.
    4. Non-distorted perceptions/experiences of the patient in the present.
    5. Archetypal influences on the development of the countertransference
20. **Slide:** Counter-Resistance& Countertransference
    1. Just as the patient can resist the analysis, the analyst can also resist the analysis in a wide variety of ways. Some examples include:
       1. Falling asleep
       2. Failing to maintain an analytic frame
       3. Being inhibited by fears of upsetting the patient
       4. Being reluctant to offer interpretations
       5. Needing to always be seen in a positive light
21. **Slide:** Transference and the Analytic Process
    1. The emergence of the transference, the understanding and interpretation of the transference, and the working through of the transference all become aspects of the transformative process.
22. **Slide:** Working in the T/CT Matrix
    1. The analyst can only understand what they can be potentially conscious of in themselves. To work with or in the T/CT matrix the analyst must be open their own instincts, fantasies, somatic processes, and feelings.
    2. In Jungian terms, this is the capacity to be open to our own shadow before being receptive to the shadow of our patients.
    3. Only by doing this does it become possible to recognize and accept these qualities in another person without anxiety or rejection.
23. **Slide:** Working in the T/CT Matrix
    1. Listening closely for what is rejected, avoided, obscured, or denied in the patient.
    2. Identifying temporarily with the patient’s thoughts, desires, sensations, and feelings.
    3. Surrendering to our own free associations which Freud referred to as “free floating attention” and which others refer to as “analytic reverie.”
    4. Those processes in the analyst which interfere with reverie are part of the analyst’s countertransference.
24. **Slide:** Working in the T/CT Matrix – Magnet and Architect(summary)
    1. "The analyst herself becomes both the magnet that draws out the reenactment of unconsciously internalized systems of self and object and the architect of the transitional arena where such self and object experiences become free to play and reconfigure themselves in more harmonious ways. Magnet and architect, as they volley between foreground of active interpretive work and background of containment and holding, bring into focus the necessity of discovering an optimal tension between interpreting the past and co-creating the new." (p. 157) Jody Messler Davies (1994).
25. **Slide:** Transference Interpretation
    1. In terms of transference interpretation it is important not to try to dissolve or take away the distorted aspects of the transference too quickly.
       1. “Carrying the Transference”
       2. “Taking the Transference”
       3. To do otherwise implicitly communicates that you are not a safe container for the patient’s unintegrated psychological material.
26. **Slide:** Transference Interpretation
    1. Transference interpretation often begins with observations like:
    2. “It seems as though you see me as \_\_\_\_\_\_,” or,
    3. “It strikes me that what you’re saying about \_\_\_\_\_ might also reflect some of your feelings about me.”
    4. The implicit communication from the analyst is, “This is a safe place to talk about your feelings about me directly without fears of reprisal, shame, or exploitation.”
    5. Over time, the analyst can then begin to assist the patient in seeing how their inner world influences their perceptions/ experience of their outer world, especially the therapeutic relationship, so that they can gradually participate in allowing those perceptual patterns to transform.
27. **Slide:** Countertransference Interpretation:
    1. The main decision in making countertransference interpretations is whether to speak directly from the analyst’s countertransference (i.e. self-revelation), for example, “I find myself feeling angry about what you’ve said,” or to speak from the countertransference, i.e. to use the analyst’s countertransference to inform what is said in an interpretation but without revealing directly the material that contributed to the interpretation Ogden (1997) and Cwik (2011) both advocate for speaking from rather than about the analyst’s countertransference:
    2. **Slide:**“As is the case with other highly personal emotional experiences of the analyst, he does not often speak with the analysand directly about his experiences, but attempts to speak to the analysand from what he is thinking and feeling. That is, he attempts to inform what he says by his awareness of and groundedness in his emotional experience with the patient.”(Ogden 1997, p. 158).For example, with one patient I was aware of a desert scene in my mind which seemed strongly connected to what the patient was discussing about their life. I could have simply shared the image and said, “As you’re talking I’m having a strong image come to mind of a desert.” However, I felt this wasn’t sufficiently metabolized. The image was still too closely connected to me, i.e. the image as it entered my reverie. I needed to translate my image into words more closely associated with the patient’s experience. Upon further reflection, I chose to say, “In what you’re describing I have a strong sense that everything feels rather dry to you, as though you’re out in a desert with nothing to drink, and have no hope of quenching your thirst with anything around you.”
28. **Slide:** Defenses
    1. *Nothing is so difficult as not ­deceiving oneself.— Ludwig Wittgenstein*
29. **Slide:** Definition of Defense
    1. Traditionally defense describes the ego's active struggle to protect against perceived dangers and limit anxiety – e.g. loss of a of love object, loss of love, rejection, disapproval, judgement, conflicted feelings, etc.
    2. Defense can also be used to describe the efforts of the activated complex to maintain autonomy within the psyche.
    3. Defenses are used to avoid, cast away, or deny aspects of one’s own experience in order to minimize internal discord. Therefore, defenses are directly related to the creation of Shadow.
    4. Fordham and later Kalsched have added a category of defenses operating on a more primitive level which serve protect the Self from being destroyed, overwhelmed, fragmented, or to prevent further trauma. These are referred to as defenses of the Self as opposed to ego defenses.
30. **Slide:** Purpose ofDefenses
    1. The avoidance or management of overwhelming affect, often anxiety.
    2. The maintenance of self-esteem.
    3. The protection of the ego, other complexes, and Self structures against perceived threats (inner or outer).
31. **Slide:** Complexes and Defenses (diagram)
    1. Memories
    2. Images
    3. Feelings
    4. Behavioral Patterns
    5. Defenses
    6. Cognitive Sets
    7. Specific Values or Attitudes
    8. Physiological States
32. **Slide:** Defenses are Fundamental
    1. Defenses account for the split between conscious and unconscious realms of activity
    2. The presence of defenses forms the foundations for all aspects of the technique and structure of analytic therapies.
    3. Defenses are unavoidable and necessary to healthy functioning in life and relationships.
    4. When over-utilized or held defenses limit choice, distort reality, and create patterns of perceptual, behavioral, affective, and cognitive rigidity.
    5. Working through defenses in analysis facilitates psychic flexibility and resilience, both necessary conditions for individuation to occur.
33. **Slide:** List ofDefenses (list on slide)
34. **Slide:** Clinical Utility of Understanding Defenses
    1. Ongoing reflection on an individual’s defense mechanisms answers the question:
       1. *“By what means has this person survived?”*
    2. An ongoing awareness of the individual’s defenses in therapy will sensitize the therapist to the way those survival strategies come into the therapy session and therapeutic relationship.
35. **Slide:** Defense Interpretation: Example
    1. “Have you noticed that after I make a comment, you frequently stop reporting all your thoughts and feelings and focus exclusively on the comment I have made? You may be doing this to avoid what you feel when I appear to know something about you that catches you off guard."
36. **Slide:** Resistance
37. **Slide:** Origins of Resistance
    1. In *Interpretation of Dreams* (1899) Freud says, “Whatever disturbs the progress of the work is a resistance.”
    2. Freud observed that despite the fundamental rule of free association, resistances continued.
    3. Freud shifted his focus to analyzing and interpreting the patient’s resistance.
    4. Freud came to realize that the resistance must be interpreted before the repressed contents can be interpreted.
38. **Slide:** Resistance
    1. The resistance from the ego is a defense against anxieties stirred by the analysis.
    2. It refers to the way the patient’s defenses become activated in the therapeutic process.
    3. Resistance includes all behavior, both conscious and unconscious, during treatment that standing in opposition to the therapeutic process; e.g. silence, forgetting, lateness, failure to pay bill, excessive verbalization or production of dreams, or avoidance of certain subjects.
    4. The resistance to the development of a transference is one of the most common forms of resistance.
    5. All of these actions stand in opposition to the patient’s conscious desire to improve.
39. **Slide:** Resistance Interpretation: Example
    1. “I’ve you noticed that you are silent every time I make reference to our relationship. You seem to feel that if you speak openly about your feelings about me that you’ll somehow be swallowed up by them and lose control of yourself.”
40. **Slide:** Unconscious Communication and Interpreting the Analytic Interaction
    1. The Session as Dream **–** anunconscious communication in analysis means treating the entire experience of each session as a dream – to listen on multiple levels – both to the surface meanings and implicit meanings. It means to apply the analyst’s knowledge utilized during dreamwork to the entire session. Applying knowledge of unconscious dramatic action, word play, symbol, metaphor, image, and archetype to all of the interaction taking place, not just the dream – imbuing all of the interaction with the **‘as if’** quality of psychic reality that floats just beneath the concrete surface meaning of the interaction.
41. **Slide:** Unconscious Communications
    1. Specifically, refers to communication (whether verbal, non-verbal, behavioral, affective) in which the surface or manifest content appears to be about something else but it is referring to an encoded or latent message.
    2. Discussed in many places but takes a prominent place in the system of psychoanalytic technique developed by Robert Langs.
    3. Langs refers to this as encoded communications or derivative communications.
    4. **Example**: From session with AG on 1/31/13: A patient, a therapist also, is telling me about hearing from a former child patient, now an adolescent, via Facebook.  Her former patient has written to tell her how much my patient helped him. My patient has maintained contact with her patient's mother via Facebook.  My patient is discussing her recognition that she shouldn't be in contact with the boy because of boundary issues but seemed unaware that contact with the mother is also a boundary issue.  She indicates that she knows she should "defriend" the boy on Facebook after acknowledging his message but is having difficulty doing so. I inquired about what felt difficult about that. She said she didn't want him to feel rejected and was afraid they might need to contact her in the future. At that point I said, "Perhaps there is a fantasy you have in the background of your thoughts in which you wonder how you will maintain a feeling of connection with me after we end our therapy."  She replies "Yes, that's sad to think about that. I don't know how to do that. I don't know if I can or if I even want to try to do that."
42. **Slide:** Changes in Analytic Therapy
    1. Traditional Psychoanalytic - the resolution of psychic conflicts through the use of interpretation to promote affectively engaged insight which in turn leads to lasting structural change.
    2. Jungian - uses insight as a tool for increasing consciousness and out of consciousness then arises the possibility of individuation. Part of this process would include the de-potentiation of complexes which interfere with the individuation process.
43. **Slide:** Changes Central to Jungian Analysis
    1. the capacity to tolerate complexity, ambiguity, and not knowing
    2. the capacity to symbolize
    3. the capacity to imagine
    4. the capacity to reflect on one’s experience
    5. the capacity to maintain cohesion of the Self during periods of affective intensity
    6. Increased emotional resilience
    7. Increased psychological flexibility
    8. Increased capacity for conscious choice in life
44. **Slide:** Termination
    1. I find that most people who have been in analytic therapy for a length of time generally know when they’ve gotten what they needed to get from the experience.
    2. Reasons for analysis to end prior to such knowing:
       1. When the patient repeatedly undermines the analytic contract.
       2. When there is no energy or new material entering the sessions over a prolonged period of time.
       3. When the analyst’s counter-transference reactions interfere with their effective functioning in the role of analyst.
45. **Slide:** Termination
    * 1. Under ideal circumstances a general termination date is agreed upon months in advance.
      2. Patients less overtly connected to an analytic process frequently don’t see the need for a prolonged termination phase, but it should still be suggested.
      3. Often aspects of the transference, especially feelings of dependency and/or anticipated abandonment, will intensify during the approach to the termination date.
      4. This is typically part of the working through of the transference rather than a signal to continue the analysis.
46. **Slide:** Review
    1. The technique of analytic therapy articulates how the process of therapy can organized and carried out in such a way that creates the optimal setting for the unconscious to reveal itself; that is to become manifest during the analytic interaction. At the same time the process is also be oriented to reduce the variables which might interfere with that emergence. This is the tension that technique attempts to hold in analysis.
47. **Slide:** Announcement for next book

Bibliography

Astor, J. (1995). Michael Fordham: Innovations in analytical psychology. London: Routledge.

Auld, F.&Hyman, M.(1991).*Resolution of inner conflict: An introduction to psychoanalytic therapy*,Washington, DC: American Psychological Association Press.

Balint, M. *(1968). The basic fault.* New York: Brunner/Mazel.

Bovensiepen, G. (2002). Symbolic attitude and reverie. *J. Anal. Psychol.*, 47:241-257

Cwik, A.J. (2011). Associative dreaming: Reverie and active imagination. *J. Anal. Psychol.*, 56:14-36.

Dieckmann, H. (1991) *Methods in Analytical Psychology: An introduction*. Wilmette, IL: Chiron. (also available in German as [*Methoden der analytischenPsychologie: EineEinfuhrung*)](http://www.amazon.com/Methoden-analytischen-Psychologie-Einfuhrung-German/dp/3530163007/ref=sr_1_16?ie=UTF8&qid=1424106074&sr=8-16&keywords=hans+dieckmann).

Etchegoyen, R.H. (2005). *Fundamentals of psychoanalytic technique*. London: Karnac.

Fordham, M. (1978). *Jungian psychotherapy.* London: Karnac.

Freud, S. (1899). *Interpretation of dreams.*

Freud, S. (1904). Freud's psycho-analytic procedure.*Standard Edition*, Vol 7: pages 247-254.

Freud, S. (1913) On beginning the treatment.*Standard Edition*, Vol 12: pages 121-144.

Guntrip, H. (1994). *Personal relations therapy.* Hillsdale, NJ: Aronson.

Jung, C.G. – *Collected Works*, Volumes6, 8, and 16.

Levine, H. (2010).Creating analysts, creating analytic patients*, Inter. Journal of Psycho-Analysis,* 91:1385-1404.

Levy, S. (1990). *Principles of interpretation: Mastering clear and concise interventions in psychotherapy.* Northvale, NJ: Aronson.

Messler Davies, J. (1994). Love in the afternoon: A relational reconsideration of desire and dread in the countertransference. *Psychoanal. Dial.*, 4:153-170

Neumann, E. (1990). *Depth psychology and the new ethic.* Boston: Shambhala.

Ogden, T.H. (1997). Reverie and interpretation. *Psychoanal. Q*., 66:567-595

Rothstein, A. (1995) *Psychoanalytic technique and the creation of analytic patients.* International Universities Press.

Samuels, A. (1986). Jung and the post-Jungians. London: Routledge.

Schafer, R. (1983). *The analytic attitude*. New York: Basic Books.

Stevens Sullivan, B. (2009). *The mystery of analytical work: Weavings from Jung and Bion.* London: Routledge.

Wolkenfeld, F.  (1991). The parallel process phenomenon revisited.In Robert Lane (Ed.) *Psychoanalytic approaches to supervision (pp. 95-112),* London: Routledge.