THE OTHER SCENE PSYCHOANALYSIS AND ITS APPLICATIONS

The Psychoanalytic Process

Definitions, problems, solutions

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Freud, it seems, did not pay too much attention to the process of the psychoanalytic cure. The expression "psychoanalytic process" is never mentioned in the *Gesammelte Werke*, although the word "process" itself is quite frequent[1]. In Freud's writing, most occurrences of the word "process" refer to psychological processes. As for the idea of a psychoanalytic process itself, Freud would rather use the similar expression "psychoanalytic work". However, besides some practical advice in the "technical writings", Freud never made it clear how psychoanalytic work was supposed to proceed. There might just be one explicit reference in Freud's writings as to what a psychoanalytic process could look like (Freud, 1913). This explains why the idea of a psychoanalytic process was slow to grow in popularity with psychoanalytic authors.

In the 1950's and 1960's, papers on the analytic process were mostly committed to essentialist characterizations of what its unalterable nature is or should be. In 1968, Phyllis Grenacre could still write: "the concept of the psychoanalytic process emerged gradually, its literature is not very compact, being scattered through papers on theory, technique, and clinical findings" (1968, p. 211). That same year Greenacre's and Rangell's (Rangell, 1968) papers initiated a period of more systematic and intense research on the topic.

[1] About 100 instances for the spelling "*Prozess*" and over 160 for "*Prozeß*".

In the 1980's, authors started to fathom the analytic process from multiple perspectives: classic Freudian structural theory, ego-psychology, developmental psychology, self-psychology, object-relations, Winnicott's concept of play, interaction theory and many, many more. On the one hand, this departure from institutionalized Freudian dogmatism, and its interminable 'return to the sources', allowed for fertile and interesting new examinations of what 'being in analysis' is about (Boesky, 1990, p. 562). On the other hand, it also contributed to a growing babelization (Abrams, 1987, p. 441) of clinical discourse in psychoanalysis.

The growing heterogeneity of psychoanalytic perspectives rapidly gave rise to an increased appeal for consensus. This need seemed all the more urgent since Robert Wallerstein's presidential speech officially acknowledged the plurality of psychoanalysis within the International Psychoanalytical Association (see Wallerstein, 1988). But according to the then President of the IPA, the differences in speech and thought disappear in concrete psychoanalytical practices. According to Wallerstein, whatever the theoretical differences between analysts might be, their practices remain similar; or at least should remain so. However, if this were to be the case, clinical concepts of the analytic process should be first to mirror this practical concordance. Unfortunately, the facts challenged seriously this assumption.

This uncomfortable situation remains unchanged to the present day, and like many other concepts, the exploration of the psychoanalytic process seems to lose its momentum in the ever-growing labyrinth of clinical varieties. But whatever the difficulties of a general agreement are, the process remains an important and useful clinical concept in today's psychoanalysis for the following reasons:

– Whatever the theoretical and clinical orientation of the analyst, therapy outcome conceived in terms of 'cure' or more modestly in terms of change, is supposed to be brought about by the psychoanalytic work. A close inspection of the psychoanalytic process is necessary to get a better understanding of why and how analytic work helps analysands.
– Outcome studies might not be very significant if they cannot be related to a specific psychoanalytic process accounting for the effects (Pires Dos Santos, Tiellet Nunes, & Freitas Ceitlin, 2006; Zepf, 2011). According to Zepf's analogy, assessing psychoanalytic outcome without analytic process is like assessing the efficiency of a medical substance on the basis of mere medical consultations, regardless of actual prescriptions and compliance. 'Seeing' an analyst is not

equivalent to 'being in analysis' (see also Bachrach, Galatzer-Levy, & Skolnikoff, 1991; Vaughan, Spitzer, Davies, & S. Roose, 1997).

– A precise definition of the analytic process is needed to differentiate psychoanalysis from other therapeutic practices (Boesky, 1990; Pires Dos Santos et al., 2006; Zepf, 2011). Without further differentiation of different therapeutic processes, comparative studies remain vague or even arbitrary. And even within the psychoanalytic frame of reference, the inquiry into the actual process allows appraisal of which clinical differences might originate from rival theoretical models.
– The psychoanalytic process accounts for the "core of psychoanalysis" (Pulver, 1999; Zepf, 2011). Consequently, some psychoanalytic institutions have instituted the process as a test for the acquisition of the title of psychoanalyst (cf. Vaughan & S. P. Roose, 1995). Candidates have to show that they are able to bring about and to accompany this process.

As of today, the definition of the psychoanalytic process remains a highly controversial endeavor. "We no longer have a consensus in psychoanalysis about what works and why", deplore Gabbard & Westen (2003, p. 826). Pires Dos Santos et al. reiterate the same observation three years later: "Though of recognized importance, until now it has not been possible to establish a consensus for definition of the term analytic process." (2006, p. 404). Subsequently, while some authors still try to establish a general formula of the psychoanalytic process (Pires Dos Santos et al., 2006; Thomä & Kächele, 2006; Vaughan & S. P. Roose, 1995; Zepf, 2011) others elegantly circumvent the general question to the benefit of more detailed discussions of its constituting subprocesses (Savvopoulos, Manolopoulos, & Beratis, 2011).

1. One source or many: conceptualizing the process

Although the idea of a therapeutic process existed since the *Studies on Hysteria* (1895), Freud felt more interested in establishing the etiology of neuroses than by the course of therapeutic action. Freud's early psychoanalytic work, therefore, focused almost exclusively on content analysis[2]. Accordingly, considerations of the clinical and theoretical "context of discovery" remained, for him, of secondary importance. Even Freud's first manifestoes of the psychoanalytic work – *The Interpretation*

[2] For the difference between content analysis and process analysis, see Plassmann, 2010.

of Dreams, *Wit and the Unconscious* and *Psychopathology of Everyday Life* – as well as his first clinical case histories bear witness to this content priority.

It was not until 1913, that Freud explicitly conceptualized the psychoanalytic process:

> The analytic physician can certainly do much, but he cannot exactly determine what he will get done. He initiates a process of resolving existing repressions. He can supervise this process; he can promote it, remove obstacles out of its way, and certainly spoil much of it. But on the whole, once the process has begun, it goes its own way and does not allow for neither its direction, nor the sequence of points it attacks to be stipulated. (Freud, 1999a, p. 463)[3]

This short extract provides the starting point for most of the subsequent investigations on the topic. Although interpretations of its meaning differ, Freud's basic tenets seem clear. Despite the fact that the analyst induces and assists the analytic process, although he can spoil it or bring it to a premature end, he cannot tamper with its 'natural' development. Also, neither the analyst nor the patient can anticipate the outcome of the process. Its aim seems to be predetermined in the sense of a natural development.

The analytic process is supposed to resolve repressions and remove obstacles that might hinder the work in progress. If we summarize repressions and other obstacles as resistance to the psychoanalytic work, we get a good picture of what the end should look like: the psychoanalytic process has been accomplished successfully once resistances have been overcome, and repressions resolved.

A brief survey of the psychoanalytic literature after 1913 – Freud's own work included – shows how much of the 1913 definition changed in the light of subsequent experience and reflection. It seems quite evident that Freud's 1913 definition reflects the theoretical and methodological

[3] In German: „*Gewiß vermag der analytische Arzt viel, aber er kann nicht genau bestimmen, was er zustande bringen wird. Er leitet einen Prozeß ein, den der Auflösung der bestehenden Verdrängungen, er kann ihn überwachen, fördern, Hindernisse aus dem Wege räumen, gewiß auch viel an ihm verderben. Im Ganzen aber geht der einmal eingeleitete Prozeß seinen eigenen Weg und läßt sich weder seine Richtung noch die Reihenfolge der Punkte, die er angreift, vorschreiben*." In the official English translation: „The analyst [...] cannot determine exactly in advance what results he will the effect. He sets in motion a process, that of the resolving of existing repressions. He can supervise this process, further it, remove obstacles in its way and he can undoubtedly vitiate much of it. But on the whole, once begun, it goes its own way and does not allow either the direction it takes or the order in which it picks up its points to be prescribed for it."

assumptions of a specific period in his research, rather than an inalterable essence of what psychoanalytic work is or should be. This suffices to prove the never-ending 'return to the sources' somewhat meaningless. What a psychoanalytic process is or should be depends on the clinical and metapsychological persuasions of he or she who devises it. Hence, choosing a later period in Freud's work, e.g. *Analysis Terminable and Interminable* (1937), would result in a quite different conception of the analytic process.

In his paper *The Psychoanalytic Process. The Search for a Common Ground*, George Frank (1998) calls attention to a most obvious detail: Freud's work does not comprise a single conception of what the psychoanalytic process should be, and aim at. Frank shows how many of the post-Freudian process concepts can be found, in embryonic state, throughout Freud's papers.

As is well known, Freud's first implicit conception of the analytic process at the time of the *Studies on Hysteria* was to bring back repressed memories and affects. This goal persisted even after the abandoning of the so-called "cathartic method". In Freud's own words: "There was a time when we thought [analysis]... was a very simple matter; all that was necessary was for us to discover this unconscious material and communicate it to the patient. But we know already that this was a short-sighted error" (Freud 1916/17, as quoted in Frank, 1998, p. 299).

What Freud had discovered, was that bringing back unconscious content, even taking the form of strong affects, did not suffice to bring about the expected therapeutic results. Even if Freud had previously certified those same perfect successes, his opinion on this matter had changed too. When these previous successes were not successes any longer, something more was required. In 1914, this supplement is the "working-through" of the transference neurosis. Although Freud had used the expression 'transference neurosis' as early as in 1905 (1999b, pp. 118, 119), it had acquired a new meaning ten years later. Transference neurosis was no longer the generic concept for hysteria and obsessional neurosis, but became a specific creation of the analytic situation and process. In this sense, transference neurosis is a new construct that replaces a patient's original neurosis, and that can be worked-through on a relational basis.

Still later, after having introduced his new structural model of the psychological instances, Freud began to doubt working-through of the transference neurosis was sufficient. Apart from working-through, a supplementary strengthening of the Ego now seemed inevitable for therapeutic success (Freud, 1933, p. 86).

Eventually, Freud even considered the analytic process to approximate a "kind of re-education of the neurotic, where mistakes that the parents have made during their education can be corrected (Freud, 1999c, pp. 100-101)".
George Frank rightly adds that in other papers, Freud also conceived of psychoanalysis as "corrective experience" and even, with a slight metaphysical bent, as a way to "liberate and fulfill his own nature" (Cf. Frank, 1998, p. 301)[4].
Frank's argument can be generalized easily: there are as many conceptions of the psychoanalytic process as there are definitions of psychoanalysis. Conflict theorists conceive of the process as conflict resolution, self-psychologists expect reparative self-object transferences, developmental analysts privilege a reworking of separation-individuation (Renik, 2004, p. 1548), analysts following Ferenczi and Franz Alexander provide for corrective emotional experiences, ego psychologists expect the process to convey control over defensive mechanisms, etc.

2. A hidden inflow: from definition to analogy

When discussing on a more theoretical and especially normative level, psychoanalytic authors seem regularly to forget one of the most common and fundamental assumptions of their discipline: the existence of unconscious motivations. It has almost become a habit with authors writing about the psychoanalytic process, especially when putting forward a scientific or experimental approach, to omit the eloquent analogy Freud added to his 1913 definition:

> "The analyst's power over the symptoms of the disease is similar to male sexual potency. The strongest man can, it is true, generate a whole child, but he cannot create in the female organism a head alone, or an arm or a leg; he cannot even determine the child's sex. He, too, only initiates a highly complicated process, determined by past events, which ends with the severance of the child from its mother." (Freud, 1999a, p. 463)

[4] Freud writes: " […] *der Kranke soll nicht zur Ähnlichkeit mit uns, sondern zur Befreiung und Vollendung seines eigenen Wesens erzogen werden*. (1999d, p. 190)„ („[…] the patient should not be educated to resemble us, but for the liberation and the accomplishment of his own nature.")

Would it be too far-fetched to believe the analyst is not only a rational, pragmatic, professional and "purified" being, but also proves to be motivated by his or her own unconscious wishes and fantasies?

According to Freud's analogy, the analyst is equated to a strong and powerful male, able to engender ("*zeugen*") children, although without control of their developmental process. In turn, the patient appears as a "female organism" – not even a woman[5] – carrying the offspring of the analyst's potency; i.e. the successful analytic cure. On a phantasmatic level, this analytic process depicts a male one-upmanship with a manifest role distribution, quite similar indeed to Freud's conceptions of male activity and female passivity during sexual intercourse. Just as the male's potency is supposed to overcome the female's resistance to sex, the analyst is seen as defeating the passive patient's opposition.

At earlier times in his career, Freud thought that a thorough personal analysis should be able to prevent the future analyst from such phantasmatic interferences. Of course, Freud had not been analyzed himself, so it might have been somewhat easier for him to start with gross idealizations of the analyst's unconscious, the analytic work and its results. His later experience as an analyst compensated for this lack of self-awareness, and led him to accept in how far his first assumptions were exaggerated. Unfortunately, in his published work, Freud himself never associated his technical preferences or his theoretical inclinations to motivating fantasies.

Because of this possibility of phantasmatic over-determination, concepts or models of the psychoanalytic process cannot be limited to the conscious or preconscious levels of the analytic work.

3. The process outsourced: the challenge of subprocesses

Apart from the theoretical, personal, conscious and unconscious layer of the analytic process, there is yet another feature that augments the complexity of the psychoanalytic process. Most authors writing on the analytic process after 1980 accurately challenged the idea of a unitary movement that would follow a single, predetermined direction. There is

[5] This sexual fantasy seems uncannily congruent with the nomological scientific outlook requiring its 'object' to behave in near perfect accordance with determining laws. Thus, in order for an experimental situation to work, human beings have to be identified to ahistorical organisms reacting to stimuli with hackneyed patterns. (Cf. Holzkamp, 1972, p. 54)

indeed nothing like a "continuous and regular action or succession of actions" (*Oxford English Dictionary*) in the analytic work.

As mentioned above, the psychoanalytic process itself is made up of distinct subprocesses. The psychoanalytic work is dependent, amongst others, on free association, defense, resistance, primary and secondary processes, insight, object relations, identifications, progressive appearance of biographic material, conflicts, repetition, working-through, analytic technique, the reconstruction of unconscious fantasies, transference, counter-transference, 'silent work', the "ability to address and objectify the elements of immediate experience in the sessions" (Weinshel, 1990, p. 637), focus, involvement, self-disclosure, the nature of the pathology, etc.

Although this list applies mainly to the patient, similar subprocesses must also be considered in the analyst. Compton (1988) and Weinshel add the following requirements for the analyst: "1) Freedom to experience a wide range of affect and thought in the clinical situation, coupled with the ability to contain and make use of such experience; 2) Maintenance of an attitude of non-judgmental neutrality towards the patient, coupled with consistent attention to understand the patient's experience and to be helpful; 3) A consistent, or even relentless, attempt to convey that understanding of experience to the patient in ways that are within his capacity to accept, and at times when acceptance is at least possible; 4) Abstinence from seeking or providing gratification, advice, counsel, of forms other than the pursuit of understanding and the emotional support inherent in an attitude of helpful interest; 5) Non-involvement in the patient's life outside of the analysis; 6) Maintenance of sufficient frequency and duration of contact so that the treatment experience becomes a central matter in the life of the patient" (Weinshel, 1990, p. 639).

In summary, the psychoanalytic process is composed of an astounding number of subprocesses, inflected on conscious, preconscious and unconscious levels, with technical, theoretical, rational, personal, reflexive, intuitive and phantasmatic features that blend in an elaborate conglomerate. The number of possible subprocesses at work in the analytic process makes definitions of content highly selective and theory-dependent. So if there is to be an agreement on what the analytic process is, this agreement cannot too exclusively rely on a list of constituent elements.

4. Process definition: concurrences and divergences

Freud's 1913 definition has undergone a large number of important critiques. By today's standards, the initial definition's shortcomings seem obvious. As A. Green writes unambiguously, Freud's 1913 conception of the psychoanalytic process includes all the dangers that we would refrain from today: it almost exclusively relates to the patient, it supposes a linear movement and it relies on an essentially intellectual inquiry (Green, 2001, pp. 1865-1866).

Challenged by this problem of definition, in 1984 a study group was set up by the Committee on Psychoanalytic Education of the American Psychoanalytic Association. The aim of this study group was to arrive at a clearer understanding of the situation. In order to avoid the obvious divergences between analysts of different orientations, the choice was restricted to a small number of senior supervising analysts qualified as "mainstream" contemporary Freudians (cf. Boesky, 1990, p. 551). They were to meet bi-annually, for five years, in order to address the question of "agreements and disagreements" of existing and possible definitions of the analytic process. According to Boesky, the group was "never instructed nor did the group expect to arrive at an absolutist definition representing the final truth or even an official definition which would carry the imprimatur of the Association" (1990, p. 554). In 1990, *The Psychoanalytic Quarterly* dedicated a whole issue to the concluding remarks of the group's members. But even this hand-picked group of analysts disagreed on many points. However, there were also some basic convergences, and in the following I will briefly review the concluding reflections of Dale Boesky, Allan Compton, Samuel Abrams, Edward Weinshel and Sander Abend.

According to Boesky, one of the fundamental problems hindering an elegant definition of the analytic process is the increasing awareness of the complexity of the analytic situation and process since Freud. Boesky adds: "We also felt that this was not surprising in light of the discoveries of recent decades, which have revealed the psychoanalytic treatment situation to be vastly more complex than had been realized by the early generations of psychoanalysts" (Boesky, 1990, pp. 582-83). With regards to this complication, Boesky proposes two highly general but vague definitions of the process:

- "One could categorize the dimensions of the psychoanalytic process as the changes which take place in the patient over time as a result of collaborative interaction with the analyst" (1990, p. 555),

- "Just as history has been defined as one damned thing after another, so one can define the process of successful psychoanalysis as just one damned resistance after another" (1990, p. 557).
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But Boesky concedes that these new definitions hardly improve on Weinshel's 1984 definition: "The resistance, together with its successful negotiation by the analyst (most often by interpretation), is the clinical unit of the psychoanalytic process" (Weinshel, 1984, p. 69). With the increasing number of process constituents, there is obviously plenty of room for agreements and disagreements. According to Boesky, the five senior analysts of the COPE research group still agreed on seven elements to include in a definition: 1. transference, 2. resistance, 3. dynamic unconscious, 4. intrapsychic conflict, 5. defense, 6. infantile sexuality, and 7. insight bringing about change as well as change resulting in insight (1990, p. 550).

Disagreements were about the locus of the process – to be situated in the patient or in the patient-analyst interaction –, about how to conceptualize change, especially the beloved 'structural change' and most of all about a possible methodology of validation.

In this respect too, Boesky recognizes Weinshel's point that psychoanalytic data changes with different theories, thus making the search for an ideal and unique definition of the process useless.

But whatever the problems encountered might be, Boesky remains convinced "that transference and resistance remain the core of any definition of the psychoanalytic process. Furthermore, I am convinced that the transference as resistance in any specific case is unique and would never, and could never, have developed in the identical manner, form, or sequence with any other analyst" (1990, 572).

Like his colleagues, Allan Compton acknowledges the absence of consensus "about what we are trying to do and how we are trying to do it" (Compton, 1990, p. 596). But he sees a general change for the better: the recognition of the active or interactive role of the analyst in the analytic process. In other words, where Boesky sees disagreement, Compton sees a growing consensus.

Unfortunately, his review of the meanings attributed to the concept of analytic process seems to prove otherwise. He attributed the 'psychoanalytic process' to have four different meanings, all of which do not refer to an interactional pattern: it can designate either changes in the mind of the patient (Rangell, 1968; Abrams, 1984), and/or changes

brought about through the patient/analyst interaction (Dewald, 1978; Weinshel, 1984), it can refer to a process model (Thomä & Kächele, 1987) or simply signify "all of the steps along the way from the start of a patient/analyst contact to its termination" (1990, p. 585). Some analysts, ponders Compton, starting with Freud himself, seem to resist the "salutary changes" of the interactivist point of view.

Be that as it may, Compton strongly and convincingly supports the case of the interactivist conception of the analytic process. Since the analyst does have an impact on the course of the process, simply by the unavoidable selection of the material to be analyzed and interpreted, his "ultimate objectivity as an instrument of science in the consulting room" can no longer be upheld. Notwithstanding Freud's model of the natural sciences experiment, Compton therefore agrees with Thomä & Kächele's social science frame of reference for psychoanalysis.

However, although Compton accepts Boesky's formula, according to which resistance is a "mutual creation" of patient and analyst, he strongly opposes the radical constructivist or post-modern belief, that patients are being *created* in the process. A patient's conflicts and compromise formations will *express* themselves differently with different analysts, and within different frames of reference, but they cannot, or at least should not, be created from ground up by the analyst or the analytic process. Indeed, even today, the self-defeating assumptions of radical constructivism seem largely ignored. If the patient were created by the analyst or the analytic process, these would become the original cause of the patient's newly created suffering. Accordingly, the constructivist would really have psychoanalysis itself become the disease it pretends to cure.

So, Compton argues, if there is no naturally emerging independent process of analysis, if there is no resolution of transference (transference being an unavoidable psychological phenomenon in all human beings), if both the analyst and the patient are and remain conflicted human beings, and if the personality of the analyst as well as his theoretic references contribute to shaping the analytic process, then there cannot be anything like a "right", "true", "real" or "valid" process. Exit the normative understanding of the process. What remains, according to Compton, is the empirical outcome assessment (1990, p. 590) and empirical micro-studies on limited process-outcome conjunctions (1990, p. 595).

Compton adds that the "the utility of isolated, individual analysts convincing themselves and others of the correctness of a theory by illustrative patient moments or hours is largely exhausted" (1990, p. 596).

For him, the period of enumerative induction, when every analyst could bring up practical illustrations of his or her favorite personal theory, is over (1990, p. 594)[6]. Enumerative induction might be an interesting "pedagogical device", but it proves nothing.

Abrams' account of the agreements and disagreements is less general than those of his colleagues, but it illustrates one type of disagreement in a quite detailed conceptual and clinical analysis. According to Abrams, there is one basic opposition and one subdivision that need to be taken into account when discussing the analytic process. The basic and necessary opposition is between the integrative and the developmental conception and practice of psychoanalysis. The developmental conception itself has to be subdivided in two different groups of meanings: the more precise development concepts of developmental psychology and the vaguer, highly equivocal notions of development used by the object-relation theorists.

The integrative point of view – the one Abrams embraces – conceives of the analytic process as "as a setting in which patients revive pathogenic features of their early lives, differentiate them further within an evolving treatment interaction, and bring the features together in a new way" (Abrams, 1990, p. 650). The conceptual framework of the integrative approach is made up by the 'classical' drives, ego- id-superego structure, conflict and transference. Transference represents a "derivative of the past emerging in the therapeutic partnership".

The developmental point of view underscores the interpersonal aspect of the process. In its wider object-relations outlook "therapeutic relationship is more than a partnership in discovery and a vehicle to convey the past; it *generates experiences* which initiate the cure" (1990, pp. 651, 666). The mutative effects are not so much attributed to the intrapsychic integrative processes of the patient, than to the effects of the new kind of relationship.

Abrams offers a very clear-cut picture of the practical consequences of these conceptual differences, by a short vignette of a patient's second analysis with him. Relating the differences as reported by this patient and later by this patient's first analyst (he happened to meet and discuss with, during a conference), Abrams shows how extensively the two practices can differ, very much to the disagreement of the patient, who dearly regretted his more sympathetic and supportive first analyst. But, according to Abrams, the supportive comfort was privileged at the expense of a

[6] While this is true for the classical enumerative induction of the so-called Nicod's rule, its Bayesian re-assessment might very well escape easy criticism. (See Harman, 1968)

deeper and more unpleasant reflective work. Reading Abrams, one cannot avoid having the impression that the developmental approach resembles a fuzzy aggregate of unwarranted intuitions about an obscure psychological "growth", resulting in a soothing soul massage rather than in an introspective self-apprehension.

Weinshel in his turn acknowledges the impossibility of reaching a generalized consensus on what a psychoanalytic process should be. He argues that the plurality and heterogeneity of psychoanalysis has considerably grown since 1984; the year of his first paper on the topic. And, according to Weinshel, there seems to be no reason to believe opinions will converge in any near future (Weinshel, 1990, p. 633). He was very right of course.

Although this growing divergence might seem disturbing, Weinshel acknowledges that it does not go without benefits. In general, argues Weinshel, (American) psychoanalysts have become more realistic, more modest and more in tune with their clinical observations. The belief in complete psychoanalytic "cures" has waned in favor of a more sober conception of beneficial changes in compromise formations. Psychological conflict in general cannot be eliminated; it should be sufficient for an analysis to obtain the best possible resolution of past conflicts. Also, the hope for a complete dissolution of either resistance or transference seems vain. What really counts is a "careful and persistent analysis" of resistance and transference.

Weinshel maintains his 1984 definition of the psychoanalytic process, adding an amendment in accord with Abend's critique (Abend, 1986). Weinshel's first formulation described the analytic process as "a special interactive process between two individuals, the analysand and the analyst. ... [that] requires that there be two people working together, that there be object relationships, identifications, and transferences" (Weinshel, 1984, p. 67). In 1990, Weinshel adds: "my current concept of the process would include those more "general" factors (such as transference, the establishment of a psychoanalytic situation, free association, the reconstruction of unconscious fantasies, and a host of others-all of which have, however, been co-opted by a whole variety of psychotherapies) and what I consider to be the more "unique" element, the unit of the psychoanalytic process, "the resistance together with its successful negotiation by the analyst."" (1990, p. 67)

According to Weinshel, of course, these elements should not be held to be too exclusive as causes of the changes brought about during analysis.

There remains a "wide variety of extra-analytic factors" (1990, p. 636) that should not be underestimated.

More than his colleagues, Abend takes issue with the plurality of psychoanalysis. This problem, he writes, "has never been more important, or more troublesome, than at the present time" (Abend, 1990, p. 545). He consequently emphasizes those qualities of the process that "seem to enable large numbers of analysts to recognize the work of others as authentically psychoanalytic in nature" (1990, p. 534). To be able to do so seems to be the first "direct stimulus" for a clarification of the concept of the analytic process.

Abend's list of necessary specifications amounts to six: 1. acknowledgment of a dynamic unconscious, 2. identification an alteration of resistance or defense, 3. recognition of the importance of childhood, especially infantile sexuality, 4. transference, 5. change in mental activity, and 6. the array of elements that make up the analytic situation. This array comprises diverse aspects like the session frequency, the purpose and goal of the work, technique and its errors, which Abend would principally attribute to counter-transference, and neutrality. Obviously, what does make up an analytic situation is the most controversial point in Abend's list.

It appears that, contrarily to his colleagues, Abend has in mind a strongly normative conception of the process. The right definition of the psychoanalytic process is needed to judge other analyst's as well as one's own adherence to an ideal (1990, p. 539). Departures from this ideal might be inevitable, according to Abend, but the ideal seems no less crucial. Apart from the necessity of a general criterion of what is psychoanalysis and what not, Abend does not make clear what this importance might be. Still, from a more practical point of view, Abend admits that his list would not allow to distinguish "good psychoanalysis from not-so-good psychoanalysis, nor perhaps from those treatments that would more properly be described as psychoanalytic psychotherapy" (1990, p. 540).

In summary, the agreement of these authors, all belonging to the same theoretical orientation, seems somewhat trivial. The analytic process is what happens, or should happen, when an analyst and an analysand work together. This work rests on the fundamental technical rule of psychoanalysis; free association. And since it brings together two individual beings with their own personalities, experiences, conscious and unconscious thoughts, wishes, resistances, fantasies and transferences, no

two analytic processes are perfectly alike. For more important questions concerning the aim of the process, the causes of its efficiency and the possibility of clinical validation, disaccord prevails.

5. The process watered down: a modest solution

The plurality of conceptions and interpretations of the analytic process, as well as the extent of disagreements, especially between analysts of different orientations, should not encourage facile critique. The difficulty of grasping a complex psychological situation is far from being characteristic of psychoanalysis. To give one example of how this difficulty arises even under the most controlled conditions of experimental psychology, one could state of Hurlburt & Schwitzgebel's most interesting discussion on the empirical exploration of inner experience. These authors show how even a controlled experimental situation, supported by undisputed objective data, easily allows for divergence and even contradiction in interpretation (Hurlburt & Schwitzgebel, 2007). The difficulty of reaching an agreement in psychology, or social sciences in general, might not always just pertain to methodological shortcomings. This difficulty is an unavoidable consequence of the uncompassable complexity of the object: the inner life and the interaction of several inner lives in a common work.

In this respect, it would seem unrealistic to expect the multidimensional and inevitably subjective psychoanalytic process to guarantee a level of precision, unambiguity and accuracy that even experimental designs fail to attain. What is needed in this situation cannot be provided by a more precise and consensual concept and definition of one process that fits all. The interpretative 'violence' of this train of thought becomes especially apparent if the analytic process acquires the normative status of a manualized or standardized procedure. Worse: a strong and fixed belief in a normative process model turns analysis into the self-fulfilling prophecy of the analyst's or, on a larger scale, the analytic institutions prejudices (Masling & Cohen, 1987), at the expense of the analysand.

The concept of psychoanalytic process remains extremely useful, even without the absolutist, dogmatic or normative overload. On one the hand, this dismissal implies renouncing the reassuring feeling of safety provided by standardized treatment procedures[7]. But, on the other hand, it does not

[7] The paradox of claiming the radical singularity of each psychoanalytic process together with the normative expectation of a 'common ground', i.e. a shared essence for all difference

entail the lazy indifference of a lighthearted constructivism embracing the "equal validity" (Boghossian, 2007, p. 73) of everyone's own 'story' on the analytic process. The fact that a single body of evidence allows for rational disagreement in interpretation does not evidence the self-defeating assumption of radical constructivism.

But the problem remains: a defined process that takes account all that goes on between an analyst and a patient, starting from the first appointment to the last session, including all relevant extra-clinical happenings, seems hardly possible. Selection of relevant material is inevitable. However, what distinguishes relevant from irrelevant material depends essentially on the conscious, preconscious and unconscious choices of the analyst. Therefore, a moderate constructivism – i.e a constructivism that does not leap from the faith in inalterable objective facts to an 'anything goes' attitude – seems inevitable.

Since 1984, Thomä & Kächele have been working on a model of the psychoanalytic process that should be able do justice to this intricate situation. They suggest a process model that simultaneously encompasses most clinical definitions of the psychoanalytic process, and that remains operational in experimental contexts at the same time (Kächele, Schachter, & Thomä, 2009). According to G. Fischman's fortunate formula, Thomä & Kächele propose a "third way", between the extremes of positivism and hermeneutics, and between laboratory research and clinical experience (Fischman, 2009, p. 25).

To avoid the pitfalls of standardized treatment as well as of post-modern indifferentism, Thomä & Kächele take over E. Peterfreund's distinction between "stereotyped approaches" and "heuristic processes" (Peterfreund, 1983). Stereotyped approaches are characterized by expeditious large-scale formulations stemming from theoretical bias, trials the get the patient to understand these preliminary principles, interpreting the patient's refusal to understand or obtemperate as resistance. They rely on the conviction that the analyst has a privileged access to the patient's truth, because the analyst's subjective feelings of certainty count as evidence. They are further characterized by intellectualized jargon, by interpretations without associations and by self-confirming conduct (1983, pp. 52-54). The heuristic procedure, on the other side, is "nonconfrontational and nonauthoritarian" (1983, p. 199). Here, the analyst is not in possession of truths, he has no predetermined goal in

processes seems the escape authors heavily drawn towards a general regulation of psychoanalytic practice.

mind (1983, p. 67), but only a "method to discover some answers and possible truths". Working heuristically, the analyst does not need recur to therapeutic jargon, it suffices to call 'a fig a fig and a spade a spade'.
Thomä & Kächele depart from the positivist and scientist claims of Freudian psychoanalysis in that they limit their process model to its purely heuristic use. In order to deal with the incommensurable plurality of psychoanalytic orientations, they propose a social science approach of the process. Their "Ulm process model" is based on the following preliminary assumptions:

- transference neurosis is to be understood as an "interactional representation" (Thomä & Kächele, 2006, p. 362) of the patient's conflicts in the analytic situation;
- transference neurosis is largely dependent on the analyst;
- the analyst's individuality, his "personal equation" as well as his theoretical adherences, are an inevitable part of the analytic work dynamics;
- the analytic process does not unfold as a predetermined natural movement or along fixed developmental patterns;
- extra-clinical events in the patient's life matter, and require flexible management by the analyst.

These presuppositions lead Thomä & Kächele to the following process-model "axioms":

1. "The patient's free association do not lead to the discovery of the unconscious portions of conflicts by themselves.
2. The psychoanalyst selects according to his immediate tactical and strategic long-term goals.
3. Psychoanalytic theories are meant to develop hypotheses, which must constantly be tested by trial and error.
4. The usefulness of the therapeutic means proves itself with the desired change in the patient; if this change fails to occur, the means must be modified.
5. Myths of uniformity in psychoanalysis and psychotherapy lead to self-deceptions." (*ibid.*)

According to both authors, the analytic work oscillates between free floating attention and free association on the one hand, focalized attention and working-through of selected topics on the other. Free floating

attention and free association lead to individual, thematic features of the patient's symptoms and their underlying conflicts. These focuses are not chosen by the analyst or the patient, but appear within the analytic interaction. They allow for trial-and-error "individual theories" or "mini-theories" (Moser, 1992), far from general concepts and theoretical models like the Oedipus-Complex or drive-theories.

Thomä & Kächele also agree with Sampson & Weiss (Sampson & Weiss, 1986) that a therapeutic process occurs each moment of the common work and not just at some privileged junctures. The psychoanalytic process is thus defined by on "ongoing, temporally unlimited focal therapy with a changing focus" (2006, p. 363). A focus can change within a single session, or persevere over a number of sessions, disappear and reappear again at a later time.

During the interactive analytic process, focuses crystallize under three conditions: the analyst is to be able to bring up meaningful hypotheses about the unconscious motives of the patient, he succeeds in bringing the patient's attention and interest to these motives, and the patient establishes an emotional and affective interest for these topics. This does not mean the unconscious motives are *created* during the process; they preexist as causes of the patient's trouble or affliction. What *is* being created in the process is the specific order of the crystallization sequence and meaningful arrangement of the topics that result from the patient's needs, and the analyst's possibilities.

This idea of a social science model for the analytic process opens up a most interesting further perspective that is not addressed by Thomä & Kächele. If the analytic process is to be conceived of as a social process, it should be able to take into account emergent *social* properties of the common work, which cannot simply be reduced to psychoanalysis, or to psychology as a whole. For an analysis of a truly *social* process, even the two-body psychology of the interactivist approach would fall short of clinical phenomena as "joint creation of patient and analyst" (Boesky, 1990, p. 573).

Starting from Freud's first definition, the psychoanalytic process has progressively proved to be of an impressive complexity. It runs the gamut from conscious theoretical choices to unconscious fantasies, from institutional claims to personal and practical preferences, and from social to individual processes. The scope of the questions, controversies and disagreements arising from the enquiries seems to be no smaller than the questions raised by the nature of psychoanalysis itself. There is obviously

no simple answer to what a psychoanalytic process *is*, and the normative attempt to establish what it *should* be displaces the problem and begs the question.

Bibliography

Abend, S. M. (1986). Some problems in the evaluation of the psychoanalytic process. *Psychoanalysis. The Science of Mental Conflict. Essays in Honor of Charles Brenner* (A. D. Richards & M. S. Willick., pp. 209-228). Routledge.

Abend, S. M. (1990). The psychoanalytic process: motives and obstacles in the search for clarification. *Psychoanalytic Quarterly*, *59*, 532-549.

Abrams, S. (1987). The Psychoanalytic Process: A Schematic Model. *International Journal of Psycho-Analysis*, *68*, 441-452.

Abrams, S. (1990). The psychoanalytic process: The developmental and the integrative. *Psychoanalytic Quarterly*, *59*, 650-677.

Bachrach, H. M., Galatzer-Levy, R., & Skolnikoff, A. (1991). On the Efficacy of Psychoanalysis. *Journal of the American Psychoanalytic Association*, *39*, 871-916.

Boesky, D. (1990). The psychoanalytic process and its components. *Psychoanalytic Quarterly*, *59*, 550-584.

Boghossian, P. (2007). *Fear of knowledge: Against relativism and constructivism* (Oxford University Press.). Oxford.

Compton, A. (1988). The idea of a psychoanalytic process. *Committee on Psychoanalytic Education-Study Group on Psychoanalytic Process*.

Compton, A. (1990). Psychoanalytic process. *Psychoanalytic Quarterly*, *59*, 585-598.

Fischman, G. (2009). *L'évaluation des psychothérapies et de la psychanalyse: Fondements et enjeux*. Elsevier Masson.

Frank, G. (1998). The Psychoanalytic Process: The Search for Common Ground. *Psychoanalytic psychology*, *15*(2), 297-304.

Freud, S. (1933). Neue Folge der Vorlesungen in die Psychoanalyse. *Gesammelte Werke XV* (pp. 235-289). Frankfurt: Fischer Verlag, 1999.

Freud, S. (1999a). Zur Einleitung der Behandlung (1913). *Gesammelte Werke VIII* (pp. 454-478). Frankfurt am Main: Fischer.

Freud, S. (1999b). Drei Abhandlungen zur Sexualtheorie [1905]. *Gesammelte Werke V* (pp. 27-145). Frankfurt am Main: Fischer.

Freud, S. (1999c). Abriß der Psychoanalyse (1940). *Gesammelte Werke XVII*. Frankfurt am Main: S. Fischer.

Freud, S. (1999d). Wege der psychoanalytischen Therapie (1919). *Gesammelte Werke XII* (pp. 181-194). Frankfurt am Main: S. Fischer.

Gabbard, G. O., & Westen, D. (2003). Rethinking therapeutic action. *The International Journal of Psychoanalysis*, *84*(4), 823-841.

Green, A. (2001). Mythes et réalités sur le processus psychanalytique. *Revue française de psychosomatique*, *19*(1), 57. doi:10.3917/rfps.019.0057

Greenacre, P. (1968). The psychoanalytic process, transference, and acting out. *International Journal of Psycho-Analysis*, *49*, 211-218.

Harman, G. H. (1968). Enumerative induction as inference to the best explanation. *The Journal of Philosophy*, *65*(18), 529-533.

Holzkamp, K. (1972). Verborgene anthropologische Voraussetzungen der allgemeinen Psychologie. *Kritische Psychologie. Vorbereitende Arbeiten* (pp. 35-73). Frankfurt a. M.: Fischer.

Hurlburt, R. T., & Schwitzgebel, E. (2007). *Describing inner experience?: proponent meets skeptic*. MIT Press.

Kächele, H., Schachter, J., & Thomä, H. (2009). *From Psychoanalytic Narrative to Empirical Single Case Research* (Routledge.). New York. Retrieved from http://www.psychoanalysisarena.com/from-psychoanalytic-narrative-to-empirical-single-case-research-9780881634891

Masling, J., & Cohen, I. (1987). Psychotherapy, clinical evidence, and the self-fulfilling prophecy. *Psychoanalytic Psychology*, *4*(1), 65-79.

Moser, U. (1992). Two butterflies on my head, or, why have a theory in psychoanalysis. *'Two butterflies on my head': Psychoanalysis in the interdisciplinary dialogue* (pp. 29-46). New York: Springer.

Peterfreund, E. (1983). *The Process of Psychoanalytic Therapy*. Hillsdale, New Jersey: The Analytic Press.

Pires Dos Santos, M. J., Tiellet Nunes, M. L., & Freitas Ceitlin, L. H. (2006). The Clinical Concept of Analytic Process: A Conceptual Investigation. *International Journal of Psycho-Analysis*, *87*, 403-422.

Plassmann, R. (2010). Inhaltsdeutung und Prozessdeutung. *Forum der Psychoanalyse*, *26*, 105-120.

Pulver, S. E. (1999). The psychoanalytic process and mechanisms of therapeutic change. *Psychoanalysis - The major concepts* (Burness E. Moore, Bernard D. Fine., pp. 81-94). New-Haven, CT: Yale University Press.

Rangell, L. (1968). The psychoanalytic process. *The International Journal Of Psycho-Analysis*, *49*(1), 19-26.

Renik, O. (2004). Intersubjectivity in psychoanalysis. *Int. J. Psycho-Anal.*, *85*, 1053-1056.

Sampson, H., & Weiss, J. (1986). Testing hypotheses: The approach of the Mount Zion psychotherapy research group. *The psychotherapeutic process: A research handbook* (Leslie S. Greenberg & William M. Pinsof., pp. 591-614). The Guilford Press.

Savvopoulos, S., Manolopoulos, S., & Beratis, S. (2011). Repression and splitting in the psychoanalytic process. *The International Journal Of Psycho-Analysis*, *92*(1), 75-96. doi:10.1111/j.1745-8315.2010.00363.x

Thomä, H., & Kächele, H. (2006). *Lehrbuch der psychoanalytischen Therapie. Bd. 1: Grundlagen* (3rd ed.). Berlin, Heidelberg, New York: Springer.

Vaughan, S. C., & Roose, S. P. (1995). The Analytic Process: Clinical And Research Definitions. *International Journal of Psycho-Analysis*, *76*, 343-356.

Vaughan, S. C., Spitzer, R., Davies, M., & Roose, S. (1997). The Definition And Assessment Of Analytic Process: Can Analysts Agree? *Int. J. Psycho-Anal.*, *78*, 959-973.

Wallerstein, R. S. (1988). One psychoanalysis or many? *International Journal of Psycho-Analysis*, *69*, 5-21.

Weinshel, E. M. (1990). Further observations on the psychoanalytic process. *Psychoanalytic Quarterly*, *59*, 629-649.

Zepf, S. (2011). Der psychoanalytische Prozess und Freuds Konzepte Übertragung und Übertragungsneurose. *Psychoanalyse* (Psychosozial-Verlag., Vol. 2, pp. 301-329). Gießen.