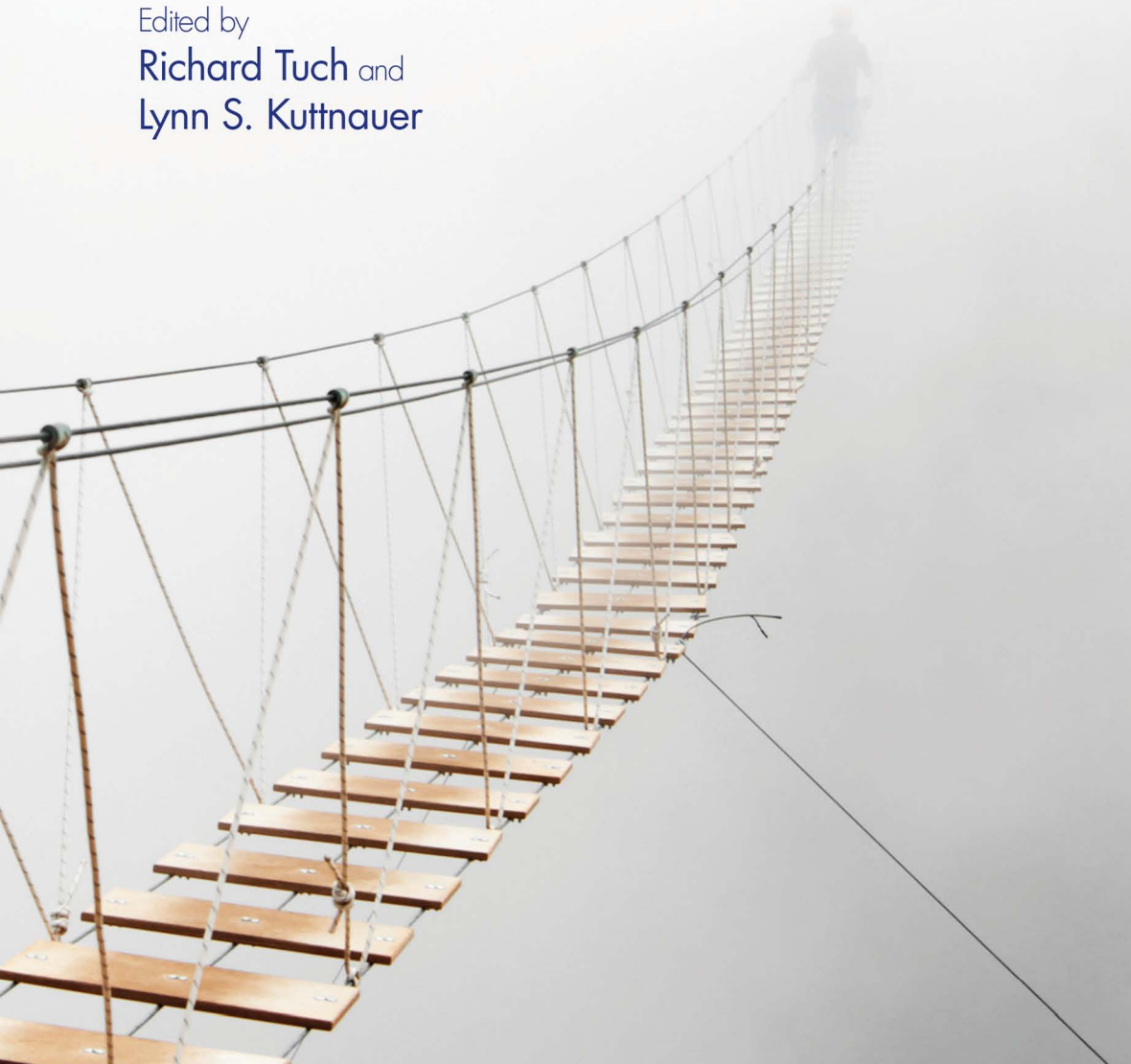
Conundrums and Predicaments in Psychotherapy and Psychoanalysis

The Clinical Moments Project

Edited by
Richard Tuch and
Lynn S. Kuttnauer



"Psychoanalytic therapies are often assumed to be governed by rigid rules (e.g., one explores the patient's childhood, one tries to be "neutral"). In reality, all analysts create unique integrations of theory, identifications, clinical experience, and their own authentic temperaments. For anyone who wants to know how psychoanalytic therapists really think and behave, this book is indispensable. As we witness seasoned therapists address challenges that have no clear resolution, their individuality comes through vividly, just as it does in actual practice. I recommend this engaging book to anyone who wants to understand what psychoanalysis looks like in real-world clinical situations."

Nancy McWilliams

"This is such a great idea, and the editors have brought together such an all-star cast and keen educational format that it hardly needs my words to support it. I can't think of another book that will so directly grab the curiosity of everyone in the profession. It's irresistible."

Larry Friedman

"Beyond classroom training, supervision, and an analyst's conducted analyses, lies an innovative method of learning involving the presentation of a clinical dilemma in an informal setting to an audience of equals who exchange their reactions from the vantage point of different psychoanalytic schools and cultures. Such a forum, which breaches the confines of formal education and institutionally sanctioned learning, provides a stimulating way for analysts to become increasingly thoughtful about their work. In place of audience participation, this book replicates just such a learning exercise by substituting the voices of master clinicians."

Stefano Bolognini

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Conundrums and Predicaments in Psychotherapy and Psychoanalysis

From time to time therapists find themselves in a bind – faced with a challenging situation, unsure how to proceed. Such a conundrum leaves the therapist on edge, concerned that the success of treatment might rest on how he or she responds to the circumstance. The situation seems to call for more than pat clinical protocol, leaving the therapist uncertain as he or she ventures into novel territory wondering, "What do I do now?"

Conundrums and Predicaments in Psychotherapy and Psychoanalysis: The Clinical Moments Project comprises 12 distinct clinical moments during which the treating/presenting analyst feels him- or herself in just such a quandary. The presented moment comes to a head at a point where the therapist feels uncertain what his or her next and best "move" might be – one that balances the protection of the therapeutic alliance with the need to address a clinical development head-on. Space is then left for 25 well-known analysts ("commentators") of varying theoretical persuasions to weigh in, sharing what they think about the situation and how they imagine they might have proceeded.

In the final analysis, the point of this project is not to determine how the moment "should" have been handled given the input of experts; rather, it aims to illuminate the clinical theories that therapists carry with them into sessions where they operate implicitly, directing their attention to select sorts of data that are then used to fashion an intervention. This, then, is the ultimate lesson of the Clinical Moments Project – to learn how to listen to how therapists listen to the unfolding material. This book will be of great interest to psychoanalysts and psychoanalytic psychotherapists of all persuasions.

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The Clinical Moments Project

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This book is dedicated to Marvin Margolis, M.D., Ph.D. who envisioned and created the Clinical Moments Program, reflecting his lifelong passion of welcoming all and nourishing psychoanalytic thinking.

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Psychoanalytic Institute of Northern California. He has been awarded the Heinz Hartmann Memorial Lectureship at the New York Psychoanalytic Institute in 2002, the Journal of the American Psychoanalytic Association Prize in 2003, and the Karl A. Menninger Memorial Award in 2005. He is an Associate Editor of the *Journal of the American Psychoanalytic Association*, and on the Editorial Board of the *Psychoanalytic Quarterly*. Dr. Wilson has published widely on a variety of topics that cohere around a theory of ethics, desire, and the psychoanalytic process. He is bringing these ideas into a book project, "The Analyst's Desire and the Ethical in Psychoanalysis." He is in private practice in Berkeley, CA.

Acknowledgments

There are so many individuals we wish to acknowledge for their contributions helping to create and sustain Clinical Moment Programs both in Michigan and in Los Angeles. Insofar as this volume grew more directly out of the Program conducted under the aegis of Lynn Kuttnauer in Los Angeles, we begin by acknowledging those at the New Center for Psychoanalysis (NCP) who were instrumental in championing the idea of transplanting the Program, born at the Michigan Psychoanalytic Institute under the tutelage of Dr. Marvin Margolis, until it was actualized as a thriving monthly program, which is now entering its fifth year of operation in L.A. Initial skepticism about the viability of such a program, given the logistics of L.A.'s sprawling expanse and notorious traffic, gave way as the NCP Board of Directors went on to offer Dr. Kuttnauer free rein in implementing a local Clinical Moments Program, offering assistance by suggesting colleagues willing to aid in this endeavor. I (LK) extend my warmest thanks to my initial Clinical Moments Committee, Drs. Beverly Feinstein, Gittelle Sones, and Mary Le Master Thomsen, who trusted in me, volunteering their time and opening their homes as the Program got underway. Sincerest thanks additionally to our current Clinical Moments Committee members – Drs. Jill Model Barth, Cia Foreman, Michele Gomes, and Janet K. Smith – without whom the program could not have functioned. The Clinical Moments Committee is indebted to NCP and its generous Board of Directors who have granted financial support to our analysts who host Clinical Moments in their homes, which has helped our program thrive.

This book and NCP's Clinical Moments Program would not have existed had it not been for the imagination and persuasiveness of Dr. Marvin Margolis and the hard-working Clinical Moments Committee in Michigan. The founding members are Drs. Kehinde Ayeni, David Dietrich, Lynn S. Kuttnauer, Marc Hirsh, and Marc Rosen.

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Many, many thanks to our dedicated administrative staff, Jean Lewis, Monica Simmons Evans (in Michigan), and Cecilia Peck (in Los Angeles), who tediously update the listserv and send out our monthly Clinical Moments invitations, always paying careful attention to the details.

We are particularly indebted to those who shared their own clinical experiences – our "Clinical Moment Contributors" – hailing both from the New Center for Psychoanalysis in Los Angeles: J. Model Barth, Rina Freedman, Michele Gomes, Lynn S. Kuttnauer, Robert James Perkins, Janet K. Smith, and Richard Tuch – two moments); and from the Michigan Psychoanalytic Institute (Deborah Harms, Bernadette Kovach, and Susan L. Orbach). We are equally indebted to our "Clinical Moment Commentators" (who are, in alphabetical order): Salman Akhtar, Anne Alvarez, Rosemary H. Balsam, Rachel Blass, Stefano Bolognini, Fred Busch, Andrea Celenza, Susan Donner, Morris Eagle, Darlene Bregman Ehrenberg, James L. Fosshage, Robert Alan Glick, Jay Greenberg, Theodore Jacobs, Judy L. Kantrowitz, Edgar Levenson, Joseph Lichtenberg, Albert Mason, Nancy McWilliams, Robert Michels, Irma Brenman Pick, Dominique Scarfone, Donnel Stern, Alan Sugarman, and Mitchell Wilson. Thank you one and all. You did an admirable job!

Special thanks to those at Routledge (notably Kate Hawes and Charles Bath) as well as Kristopher Spring, copy-editor extraordinaire, for helping make this volume a reality. We also wish to express gratitude to all of our patients who have entrusted us with their stories and shared their lives with us – to all of you we are grateful, honored, and humbled. It is a precious gift for which we are immensely appreciative.

To our loved ones, family and friends, nearby and across the miles (you know who you are), a special thanks for your patience and encouragement that have supported us during all the times we had to work rather than play.

Richard Tuch and Lynn S. Kuttnauer

Note

1 Summer months excluded.

Introduction: Moments of Waking and Reckoning

"*Now* What Do I Do?"

This book is about clinical moments of a certain sort – isolated instances in the course of an ongoing treatment that stand out because they present a clinical conundrum that leaves the therapist in a quandary about how best to proceed. The therapist's training along with his/her own clinical experience fail to provide much guidance about how to respond to what seems like a precarious predicament. Different options spring to mind, and much seems to ride on how he/she decides to respond to the situation at hand: A less than ideal intervention runs the risk of creating an unbridgeable rupture in his/her relationship with the patient; a more ideal intervention stands a chance of furthering the treatment by strengthening the therapist's bond with his/her patient. Under such conditions, anxiety rules the day, blurring the analyst's vision and making it hard for him/her to act in a clear-minded fashion. Maintaining or regaining the ability to think analytically when under fire is, in part, a product of the adequacy of the therapist's own psychotherapy or psychoanalysis, which helps him/her develop the ability to transcend the experience of being single-mindedly immersed in the emotions of the moment in order to think about the situation from a more distant and disciplined perspective.

This book is the outgrowth of the Clinical Moments Program that began in Michigan under the tutelage of Dr. Marvin Margolis, Training and Supervising Analyst at the Michigan Psychoanalytic Institute and Past President of The American Psychoanalytic Association.

When Dr. Lynn Kuttnauer, an analyst at the Michigan Psychoanalytic Institute, moved to Los Angeles, she brought with her the Clinical Moments Program, instituting it at the New Center for Psychoanalysis (NCP), where it is beginning its fifth year of operation. Each month, an NCP analyst hosts the program, inviting into their homes community-based psychotherapists, psychotherapists-in-training, psychiatric residents, and academics (anthropologists, sociologists, etc.) who are curious about psychoanalysis. Attendees are provided a meal, after which they are invited to participate in a discussion triggered by the presentation of a clinical moment in which a dicey situation has come to a head, leaving the treating/presenting analyst in a quandary about how best to proceed. Before sharing what he/she decided to do, the

floor is opened for participants to weigh in about their thoughts and reactions in response to the facilitators' instructions: If you were the therapist and found yourself confronted with this situation, how would you feel? How do you think you'd react? What would guide your thinking and your decision? What aspects of the moment did you consider salient? What sort of intervention do you think might best facilitate the unfolding process while also protecting the treatment? The goal of the exercise is to explore the range of ways in which therapists of every ilk think about the situation and think they might go about responding to the situation, revealing the participant's core beliefs about how therapy brings about change. While the presented moment lends itself to theorizing about how best to respond given the circumstances, in the final analysis determining how the treating had best proceed is frankly impossible. Facilitators work hard to help steer the discussion away from abstract theorizing about the case, which is largely considered irrelevant relative to the task at hand.

This volume contains a dozen such moments that had previously been presented either in Michigan or in Los Angeles as part of the Clinical Moments Program. In place of comments provided by the gathering's attendees, this book substitutes the responses of a roster of 25 invited commentators – outstanding, international psychoanalysts, each of whom has contributed substantially to the psychoanalytic literature. We refer to the book as the *Clinical Moments Project* to distinguish it from the *Clinical Moments Program* – the live, attended, monthly, in-home presentations of problematic clinical vignettes. The theoretical orientation of these master clinicians runs the gamut from modern ego psychologists, to Kleinians, to interpersonal psychoanalysts, to self psychologists – with a dash of Lacan, Bion, Green, Gray, Ferro, Winnicott, Fonagy, Ogden, Weiss & Sampson, and Kernberg thrown in for good measure. Half of our commentators serve on the editorial boards of major psychoanalytic journals (some serving as Editor-in-Chief or Associate Editors). Four were awarded the prestigious Mary S. Sigourney Award for Outstanding Achievement in the Advancement of Psychoanalysis. Our commentators are on the faculty at such prestigious universities as Harvard, Yale, Columbia, Rutgers, Cornell, NYU, and the University of London and while most reside in the States, practicing[1] in New York City, Englewood and Flemington (New Jersey), Boston, Brookline, and Lexington (Massachusetts), Bethesda, Philadelphia, New Haven, San Francisco, San Diego, and in Beverly Hills and Woodland Hills (Southern California), some commentators practice in London, Montreal, Bologna, and Jerusalem.

Each clinical moment is commented upon by two different commentators,[2] who were asked to comment on their assigned moment by answering the same sorts of questions listed in the previous paragraph. In most cases,[3] commentators offered their input without knowing how the treating analyst had decided to respond to the presented dilemma. The specific direction for commentators reads as follows:[4]

> We are hoping that you will react to the moment by reflecting on the situation at hand: What do you "make" of the situation? What does it bring to mind? What aspect(s) of the presented material strike you as salient, and why? What theories does the moment call forth? Which clinical experiences does it evoke? We are interested, first and foremost, with what the moment stimulates in the way of thoughts, feelings, and behavioral inclinations. Naturally, we are also interested in hearing about how you imagine you might have intervened, but that is secondary. Your chosen intervention does not throw into question the validity of the treating/presenting analyst's intervention, which was based on a somewhat different set of data that was then viewed from a somewhat different perspective vis-à-vis the material. We are also interested in hearing about how your imagined response to the situation is informed by your own theory of therapeutic action – how do you think your response might help further the treatment? In summary, we are interested in how you think and how you listen to the clinical material. What do you pay attention to, given that you can't possibly pay attention to everything? What guides your thinking and train of thought? How you think when you listen?

The roster of commentators includes (in alphabetical order): Salman Akhtar, Anne Alvarez, Rosemary H. Balsam, Rachel Blass, Stefano Bolognini, Fred Busch, Andrea Celenza, Susan Donner, Morris Eagle, Darlene Ehrenberg, Jim L. Fosshage, Robert Alan Glick, Jay Greenberg, Ted Jacobs, Judy Kantrowitz, Edgar Levenson, Joe Lichtenberg, Albert Mason, Nancy McWilliams, Robert Michels, Irma Brenman Pick, Dominique Scarfone, Donnel Stern, Alan Sugarman, and Mitchell Wilson. The Editors made efforts to assign commentators who would rely on different clinical theories to comment on the same clinical moment. We are indebted to these commentators, who've gone out of their way and rolled up their collective sleeves to help us out with this project.

We are equally indebted to those clinicians who generously presented their own clinical work and were subjected to the heavy editorial hand of one of the Editors (R.T.). The clinical moments that appear in this book have been contributed by analysts from both the New Center for Psychoanalysis in Los Angeles (J. Model Barth, R. Freedman, M. Gomes, L. Kuttnauer, J. Perkins, J. Smith, and R. Tuch – two moments) and the Michigan Psychoanalytic Institute (D. Harms, B. Kovach, N. Kulish, and S. Orbach). Presenting one's own clinical work is fraught with the dangers associated with exposing one's work to the potential critique of both readers and commentators, who – from the comfort of their armchairs – might imagine themselves responding to the moment at hand in a better way than did the treating/presenting analyst, which is a dubious claim to the extent that no one can know for sure how they'd respond if they were in the moment themselves. The advantage afforded the treating/presenting analyst by virtue of his/her having a first-hand

experience of the patient cannot be discounted nor replicated by those observing the process from a distance.

It is important that readers understand the influence that the Editors had in the preparation of this book. Dr. Kuttnauer, who heads up the Clinical Moments Program in Los Angeles, chose which moments would be included in this volume from among those that had been presented both in Los Angeles and in Michigan. The Editors collaborated in writing the *Editors' Introduction* that appears like an abstract before each moment. Furthermore, in certain cases, one of the Editors (R.T.) also penned some of the brief essays – *The Moment in Context* – which preface the moments themselves. Other than being provided help with editing what they had written, moment contributors had a relatively free hand fashioning the presentation of their work. The same applies to commentators who likewise had a free hand fashioning how they responded to the moment assigned to them save for the fact that some were asked to shorten their contributions, to conform to a strict word count limit.

Commentators' responses

One of the directions given to each of our commentators was to comment about how they imagine they might have *intervened* had they been in the treating/presenting analyst's shoes, which – admittedly – is a hypothetical proposition. The Editors recognized that such a request was unreasonable given the fact that commentators would be lacking the requisite experience of being viscerally in the room with the patient and, accordingly, would not be privy to the full expanse of potential data needed to know, with any degree of certainty, how they might have intervened had they been in the room. Accordingly, thinking that commentators are in a position to comment about how treatment *should* have been conducted, relative to how the treating/presenting analyst had handled matters, grants commentators undue authority. Despite this nagging limitation, we pressed on believing that our commentators' responses would still be of interest and might well prove valuable.

Our commentators' responses to the question "What do you think you would have done?" reflect the diversity of how psychoanalysts in general think about the task of conducting psychoanalysis. We had assumed from the outset that a significant number of commentators would continue to prioritize the *offering of interpretations* as their chief tool, with insight seen as the most efficacious method of bringing about psychoanalytically induced psychic change (making the unconscious conscious). This is epitomized in the comments offered by Rachel Blass (Chapter 2):

> The analyst's task is a limited one … It is not to respond to needs, to help attain designated life goals, or to improve the patient's feelings about herself or her coping capacities. Rather, it is to understand the

> unconscious dynamics of the patient's mind, the phantasies that determine how she sees the world and especially how she distorts it, including herself. It is to grasp what she doesn't want to know, the parts of herself that she has denied and split off because she has found them unbearable. And it is to convey these understandings to the patient in a way that allows the split-off parts to be reintegrated. In other words, coming to know unconscious truth is what is curative analytically.

Blass goes on to underscore that such insight is not meant to be gained didactically or to exist merely intellectually, writing: "It is because what's curative is not knowing *about* what's going on unconsciously, but coming to live it in an integrated way, that transference interpretation is, to my mind, the only possible analytic intervention."

There is general agreement that a patient's issues had best become actualized in the here and now – through enactments, transference reactions, and the like – bringing the patient face-to-face with his/her complexes on a gut level, thus ensuring that treatment is more than just an intellectualized exercise. Susan Donner (Chapter 9), writing in response to a clinical moment involving a 5-year-old boy named Adam who'd been treated in analytic play therapy, notes how the analyst's participation in play "was absolutely necessary for the meanings of the actions, symbols, roles, and affects to *come alive* and to help give meaning to previously unrepresented or sequestered … memories, fantasies, and internal states" (italics added).

Donner speculates that a play sequence might:

> allow Adam's terrors and traumas to be elaborated and re-experienced in a separate and different form, potentially less terrifying and toxic to Adam's experience of himself and his object … In an effort to master trauma, play sequences and enactments can operate as an opportunity to have a "do-over," as children call it on the playground.

The commentators' responses make clear just how hard it can be to demarcate related clinical phenomena: analytic methods (clinical approaches), theories of action (the mechanisms thought to account for psychoanalytically facilitated psychic change), and therapeutic goals (what is thought to result from successful analytic treatment). Our commentators' responses run the gamut, as would be expected of analysts chosen to represent a cross-section of analysts. Some prioritize certain sorts of interventions over others and they envision treatment resulting in different sorts of outcomes brought about as the result of an array of hypothesized therapeutic actions.

Some commentators think chiefly *intrapsychically* (Busch, Chapter 1; Celenza, Chapter 5; Scarfone, Chapter 7; Sugarman, Chapter 9), envisioning treatment – first and foremost – as resolving internal conflicts that had kept certain affects, memories, impulses, or split-off aspects of the self out of

conscious awareness. In this vein, Rachel Blass (Chapter 2) addresses the therapy-propelling effect that ensues when the analyst frustrates certain of the patient's needs, which the patient may interpret as indicating that they are bad or unlovable. This, in turn, unleashes murderous impulses toward the analyst, which – in turn – may trigger guilt, fear, and conflict over one's destructiveness. Blass goes further by offering an interesting perspective on the concept of empathic failures (the subject of Chapter 2): that the tendency to hold the analyst singularly accountable for behaving in ways that become designated as empathic failures *arguably reflects a short-sighted, one-person psychological perspective*; alternately, considering the same phenomena from a two-person, intersubjective perspective redistributes responsibility by envisioning the phenomena as co-constructed. This thought-provoking perspective on empathic failures places self psychology and the broader relational school in direct conflict.

Many of our commentators do not agree with the proposition that transference interpretations and insight are the quintessential curative agents in psychoanalysis. In Chapter 11, Edgar Levenson notes:

> Of dynamic formulations, there is no end. There is never a clear priority amongst often mutually exclusive perspectives on events. The mutative impact may come more from the expansion of the narrative and the patient's subsequent tolerance of multiple viewpoints and ambiguity than from the achievement of some superordinate view that make it all clear at last; or, even, some superordinate experience with the therapist that makes healing possible.

Darlene Ehrenberg, working from an interpersonal theoretic perspective, notes "I do not make 'interpretations' … I agree with Winnicott (1969) that this often prevents the patients from being able to come to things on their own." Some "classically oriented" analysts will likely argue that by offering *tentative rather than conclusive* (saturated) interpretations, they signal to the patient their openness to a patient's saying it isn't so, but Ehrenberg is likely to retort that this does not go far enough to mitigate the chance patients will hear interpretation as if spoken by an oracle, no matter how humble his/her delivery may be.

Fred Busch (Chapter 1), working in the tradition of a modern ego psychologist, somewhat surprisingly (given his more classic-seeming approach to treatment), also eschews the direct offering of interpretations and favors "working at the surface" by, first, drawing a patient's attention to behaviors that he believes are indicative of the fact that underlying psychological factors are at work behind the scenes – factors he wishes to explore with the patient as the two collaborate to understand what such behaviors might mean. Busch eschews doing the patient's work for him/her by spoon-feeding him/her interpretations; rather, he works to make clear to the patient the identified evidence (e.g., manifest behaviors) that is leading him to form certain conclusions. Busch tends to share his observations of the patient with the

patient rather than cutting to the chase by telling the patient what his/her behavior means. He takes care, in particular, to avoid "saturated interpretations" that proclaim, in no uncertain terms, what an identified bit of manifest behavior means, which leaves the patient no opening to entertain alternate possibilities or disagree with the analyst's interpretation. Writing about the patient presented in this first chapter, Busch writes:

> Notice I'm not telling [the patient] what's making him uncomfortable, but leaving it open for exploration … if he's able. Why is this important? Mainly because I believe we can only explore with the patient what he's ready to explore. Prematurely suggesting ideas to a patient usually closes thinking rather than opening it.

These ideas are in line with those offered by James L. Fosshage, who references his work with co-workers Lichtenberg and Lachmann (Lichtenberg, Lachmann, & Fosshage, 2003) in their description of how an empathic listening stance helps create a "spirit of inquiry" – which they believe to be the most efficacious prevailing psychoanalytic stance an analyst can assume.

Some of our commentators believe that certain patients can tolerate neither interpretations themselves nor the experience of being interpreted because they have yet to sufficiently formulate (symbolize) their experiences to then be able to retrieve those experiences from the recesses of their minds in a *fully formed format*, as is thought to be the case when it comes to psychic content that has been repressed and is, accordingly, formatted and hence ultimately reportable by the patient once the need to repress recedes. Donnel Stern (Chapter 5) writes that "Interpretation just doesn't work when you're dealing with psychic states that haven't been symbolized, because while there's 'something' there, the something is not recognizable." He further argues that one needn't make the unconscious conscious in order to foster psychoanalytically induced change; rather, all an analyst need do with certain sorts of patients is transcend inclinations to see the patient in a limiting way, which then frees the analyst to begin to interact with the patient in a somewhat different fashion, from the vantage point of a more expanded view of who the patient is. Stern concludes by noting: "because I see him differently I will now treat the patient differently than before, and in response he will feel differently than before."

Some of our commentators theorize that treatment exerts its effect by providing the patient with developmentally needed experiences (e.g., selfobject needs) that the patient hadn't been provided during his/her formative years. Controversy is particularly intense when it comes to the question of whether such a provisional model of therapeutic action (framed by Janet Smith in Chapter 7) can adequately account for the sorts of changes that come about as a result of an analysis. In Chapter 4, Anne Alvarez opines that analysis can repair deficits leading to a patient's potentially experiencing the transference as healing. Referring specifically to the patient presented in the moment she