

## TEACHING PSYCHOANALYTIC PSYCHOTHERAPY: VOICES THAT HAVE REACH

**P**sychoanalytic psychotherapy is countercultural. In graduate schools and psychiatric residencies in the twenty-first century, students are faced with a menu of “the psychotherapies” and are often dissuaded from developing skills in a kind of psychotherapy that requires time for its unfolding and immersion in a relationship with another human being. Students are often encouraged to learn approaches that are “evidence-based,” that may be more singularly behavioral or psychopharmacological, and that are “more practical.” Many are skeptical about the effectiveness of psychoanalytic psychotherapy and doubtful that it has a future. This is an educational culture quite different from the one in which many of us from an earlier generation chose our professional paths.

To provide a good beginning, teachers and supervisors must introduce both orienting principles and ways for the student of psychotherapy to imagine *what it is like* to do psychotherapy—at a time before they have had convincing clinical experience or the benefits of a personal therapy or analysis. A psychotherapy text may generate a similar educational experience for the reader by presenting psychoanalytic concepts incisively, by providing accessible metaphors that illuminate the psychotherapeutic process, and by demonstrating the author’s authentic work with patients.

A book on psychoanalytic psychotherapy that sets out to teach today’s students must be engaging, persuasive, and alive. The voice of its author must be believable—one that has “the whole weight of life . . . behind it . . . that will stretch out to the reader, make him prick up his ears and attend” (Alvarez 2005, pp. 9, 16). It is a voice that must have reach.

In her essay “Finding a Voice,” Eudora Welty (1983) provides a metaphor for the ways that the more experienced teacher may assist the novice in finding her own way.

I had the window seat. Beside me, my father checked the progress of our train by moving his finger down the timetable and springing open his pocket watch. He explained to me what the position of the arms of the semaphore meant; before we were to pass through a switch we would watch the signal lights change. Along our track, the mileposts could be read; *he* read them. Right on time by Daddy's watch, the next town sprang into view, and just as quickly was gone.

*Side by side* and *separately*, we each lost ourselves in the experience of not missing anything, of seeing everything, of knowing each time what the blows of the whistle meant. But of course *it was not the same experience*: what was new to me, not older than ten, was a landmark to him. My father knew our way mile by mile; by day or by night, he knew where we were. Everything that changed under our eyes, in the flying countryside, was the *known world* to him, the *imagination* to me . . . [p. 79; emphasis added].

The one—through having lived the journey—knows the landmarks, while the other—having only a beginning—accesses the imagination as a point of entry into new experience. A teacher, a supervisor—and a psychotherapy text—has to stimulate and engage the imagination about the unknown world of psychotherapy while pointing out the known mileposts to prevent the student from becoming disoriented, discouraged, or lost along the way. The student is both accompanied *side by side* and provided room to discover her own “voice” and develop her own unique skills *separately*. Like the writer in the process of finding her writer's voice, the beginning psychotherapist starts with a “voice that you can't quite hear . . . that with any luck will eventually start to sound like [her own]” (Jane Kramer, in Alvarez 2005, p. 11). The new therapist has to find her own voice, and the increasingly more experienced one must learn to live more comfortably—more confidently—with the sound that she is beginning to hear. Through such a process, one voice of experience fosters the development of another.

In this review essay I will show you something of *what* these authors have to say and (perhaps more important, from the vantage point of this essay) *how* they say it—how the text is constructed and how the authors' language captures the ways they think about, engage with, and live within the psychotherapeutic situation. Each author is a seasoned clinician, and the voices we hear in their texts bear the intonations of lifetimes of experience—as students and teachers, as therapists, and as patients themselves. You can decide to what degree each of these four psychotherapy texts engages beginners and guides them

toward becoming more fully developed therapists and assists experienced therapists in staying the course.

THE CRAFT OF PSYCHODYNAMIC PSYCHOTHERAPY. By *Angelica Kaner* and *Ernst Prelinger*. Lanham, MD: Jason Aronson, 2005, 313 pp., \$45.00.

We intend this work to be an introduction to the practice of psychodynamic psychotherapy. . . . It is a craft that offers a kind of adventure in intimacy the likes of which many may never have had. It presents a means to help people address mysteries in their inner lives and ways of being with others and the world at large. We approach psychotherapy as a very special event in the life of the person, an irreplaceable journey through the variegated landscape of an inner world, the heights of its emotional peaks, the depths of its valleys, the meandering and branching of its thematic rivers [p. 2].

Following an initial consultation with a new patient, the experienced psychotherapist is already entering the patient's internal world, imagining the possibilities, and considering how the process may unfold with its potential hazards and opportunities. But the beginning psychotherapist cannot see what the veteran can, does not know where to start, and can fathom neither the shape, nor the rhythms, of the drama that may take place. In *The Craft of Psychodynamic Psychotherapy*, Angelica Kaner and Ernst Prelinger begin by providing untraveled therapists metaphors for what psychotherapy is like. Their voices convey the mystery and excitement of the psychotherapeutic journey; their language stimulates the imagination. Passages from works of literature enrich the reader's experience by building bridges from what is known and imagined into the more unknown world of psychotherapy. For example, C. S. Lewis's *The Lion, the Witch, and the Wardrobe* is invoked as an adventure into other, unconscious realms.

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It was the sort of house that you never seem to come to the end of, and it was full of unexpected places [p. 25].

. . . . —if, I say, she had got to another world, I should not at all be surprised to find that the other world had a separate time of its own . . . [p. 42].

In the first half of the text, chapters are organized in sections that are devoted to orienting the beginner (I. Inner Life and Adaptation), to discussing what is required of the therapist (II. Creating a Room of

One's Own), and to shepherding the inexperienced therapist through initial passages in the psychotherapeutic encounter (III. Opening the Door). As an example, the authors provide landmarks in an inventive introduction to psychodynamic principles, followed by commentary about how the therapist creates a unique kind of conversation with the patient that enables him to conduct psychological work—by setting “a tone . . . that conveys to the patient . . . that he is being heard in a manner very different from what he has known” (pp. 132–134).

Kaner and Prelinger do not discuss concepts of transference and countertransference until well into the second half of the book. They bring the reader into “the story of what happens” before they introduce “types of interplay between therapist and patient [that] emerge or recede amidst such flow” (p. 4). The book itself is constructed as “a story of a process, a *journey*” on which the therapist is accompanied “from beginning to end” (p. 4). In the second half of the book, we hear clear explanations of resistance and anxiety, transference and countertransference, and neutrality (IV. The Dynamic Interplay); we are told about listening, being silent, about interpretations, working through, and termination (V. The Nitty Gritty); and we are invited to think about mechanisms of psychotherapy that lead to change (VI. Ingredients of Change). Throughout the text, the authors complement their literary references to storytelling with clinical vignettes that lead into concise descriptions of psychoanalytic concepts.

*The Craft of Psychodynamic Psychotherapy* has provided me wonderful metaphors with which to speak to my inexperienced students about *what it is like* to be a therapist and *what it is like* to be a patient. It appeals to my sensibility as a psychotherapist. As I read this text I felt I was being taken on a journey. This book enlivened me. I think it is because there is so much life in it.

THE THERAPEUTIC PROCESS: A CLINICAL INTRODUCTION TO PSYCHODYNAMIC PSYCHOTHERAPY. By *J. Mark Thompson* and *Candace Cotlove*. Lanham, MD: Jason Aronson, 2005, 311 pp., \$45.00.

*The Therapeutic Process* presents an informative, well-defined, and clinically rich guide to the process of psychodynamic psychotherapy. It is specifically designed to have broad appeal and value for both beginning and more experienced clinicians, as well as those who also teach psychoanalytic psychotherapy. . . . The challenge in the initial

instruction of psychoanalytic psychotherapy is to introduce fundamental concepts and convey the importance of a solid theoretical background, while concurrently addressing the clinician's pressing need to understand the clinical process. . . . The organization of the book is designed to conform to the progression of a psychoanalytic psychotherapy [p. vii].

In this passage from J. Mark Thompson and Candace Cotlove's *The Therapeutic Process*, we can hear a voice quite different from the more lyrical one of the authors of the preceding text. Imagining myself as a beginning therapist as I started reading this book, I initially wanted an approach that would make me feel more closely accompanied and would invite me to use my imagination to envision the life of the psychotherapeutic process. As I read through the first chapter, however, I grasped that the authors were beginning their explication of psychotherapy at a different point of entry: an approach that provides the uninformed and skeptical beginner a rationale for how psychotherapy works.

Mr. P came to feel unloved by everyone . . . [W]hen he felt overwhelmed by work [he] would regress to a position of withdrawal, in which he felt anger toward other people. He then (unconsciously) projected his anger onto these other people, thus creating a situation in which he experienced them as hostile toward him.

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Psychotherapy sought to explore with Mr. P the origin of his anger. As he explored its significance, gradually, Mr. P developed a greater capacity to tolerate his anger and acknowledge that it might belong to him . . . [p. 10].

A foundation of solid psychodynamic understanding of the patient prepares the therapist to create goals—destinations—and to envision the ground over which patient and therapist may travel. This is a more authoritative voice.

The text comprises ten chapters, each of which systematically examines the therapeutic process from the initial evaluation to termination. Each subject is viewed from multiple perspectives that are informed by an entire set of models of the mind and corresponding technical approaches. No theoretical viewpoint is presented as mutually exclusive of the others. For example, in the first chapter, thirteen perspectives are presented for understanding the goals of psychotherapy, ranging from “symptom alleviation” and “unlocking developmental impasses or fixations” to “increasing self-esteem” and “modifying the

superego and ego ideal” to “increase in self-soothing and the ‘capacity to be alone’” and “increase in creativity.” Each perspective is illustrated by incisive clinical examples.

This is an approach to teaching psychoanalytic psychotherapy that is dimensional. It provides the novice with a number of lenses through which to begin to conceptualize the work with patients. For the more advanced practitioner, these views may be employed to inform a more comprehensive approach to technique. For example, in the chapter “Listening,” the authors present five models for working with dreams; these models, they point out, may be employed not only as avenues toward understanding dreams, but also as *modes of listening* to all forms of material in the clinical hour:

The task for the therapist in listening, whether presented with a dream, associations in an hour, or a screen memory, is to receive the patient’s communications with an open mind or “evenly suspended attention” . . . while simultaneously developing and then utilizing a conceptual model within which the patient’s story can be understood. . . . The models encourage the therapist to step back or “decenter” from concern with reality alone, in order to wonder about underlying and more enduring emotional currents [p. 131].

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In a later chapter Thompson and Cotlove describe elements of the working-through process that may serve as markers for its progress. One such dimension is that of mourning, which is discussed in its various types and shadings: “for the loss of a more ideal possibility,” “for the loss of a previous character, experience of the self or identity,” and “for the losses that are inevitably the consequence of illness or psychopathology” (p. 279). Here, and throughout the text, the reader is invited to think about the complexity of the therapeutic process, to look for its textures, and to listen for its stereophonic tones.

The form of *The Therapeutic Process* and the systematic approach of its authors may appeal more to students and advanced practitioners who feel most assisted by teachers who initially provide structured and comprehensive guideposts—the science of psychotherapy—*before* moving on to instruction in the art of the work. This book is written by psychoanalysts who clearly know the landscape of psychoanalytic psychotherapy—and have a *feel* for it. Once I perceived the manner in which they were constructing the psychotherapeutic edifice, I knew that I was in wise and experienced hands.

ROADBLOCKS ON THE JOURNEY OF PSYCHOTHERAPY. By *Jane S. Hall*. Lanham, MD: Jason Aronson, 265 pp., \$45.00.

Once a journey toward self-understanding has begun, impulses to turn back may threaten the process. . . . Inner roadblocks on both sides of the couch impede the journey of psychoanalytic psychotherapy, and these roadblocks are what this book is about. Conscious and unconscious resistances, transference fantasies and fears, the wish to avoid anxiety—these are ubiquitous. . . . When the road becomes dangerous or disappears, it is the therapist who must build bridges, ford rivers, cross deserts, and brave storms, all the while keeping her fearful patient/companion from abandoning the journey [p. 1].

In Jane Hall's *Roadblocks on the Journey of Psychotherapy*, we hear the voice of a veteran psychotherapist and an unrelenting message that it is only "the therapist's commitment to the process and her courage as a guide" (p. 2) that makes it possible for psychotherapy to succeed in the face of powerful obstacles to change—roadblocks that are created by both patient and therapist. As in her earlier work, *Deepening the Treatment*, we also hear the voice of a teacher orienting her student: patients are trapped in enduring patterns of relating to self and others, patterns that are repeated within the therapy. The "single error that is most fatal to the work," the author states, is if "the therapist gives up the wish to understand and replaces it by attempting to direct, advise, or control . . ." (p. 3). This is a clear message to the inexperienced and a stern reminder for the most senior therapist that the therapeutic frame must be maintained for the therapist to assist the patient in the "wish for something better" (p. 213).

Hall's initial approach for the beginner is her discussion, in the first chapter, of transference—"both the motor and the main roadblock in psychoanalytic work" (p. 12). Although she describes a variety of transference-countertransference constellations, she chooses to highlight sadomasochistic enactments as a vehicle to demonstrate in bold relief the intensity, the depth, and the perseverance of the drama of transference as animated in the therapeutic relationship. This focus also provides a lesson for the beginning therapist about the powerful and inevitable nature of countertransference and, how—if not recognized and learned from—it may create a threat to the therapeutic process.

Work with masochistic patients almost always evokes the therapist's anger and sadism. . . . Such patients are highly adept at putting themselves in the line of fire, and when the patient cannot recognize a pattern that is clear to the therapist, the therapist feels exasperated . . . [p. 53].

In two compelling chapters, Hall deepens even the most experienced therapist's understanding of the nature of attachment to abuse and of the technical handling of destructive aggression—rage, hate, envy, and spite, which she describes as “the most powerful quartet of affects” (p. 162). Early on she introduces us to Mr. M, the patient she presents in depth later in the book, with whom she was drawn into the vortex of his internalized sadomasochistic self and object world: “Killing people's hopes, including his own, was the basis of his lifestyle” (p. 58). She courageously describes the realness of her experience with this patient, the desperation she felt, and the action she finally took:

The therapist, feeling useless, punished, abused, and angry, finally issues an ultimatum. . . .

The therapist had to ask herself why she kept persevering, and she thought that it was some combination of not wanting to give up, pity, hatred, her own masochism, and on some level, her horror at the story of this man's childhood. As provoked as she felt, she had invested years of time, energy, and hope in Mr. M, and seeing him depart affected her deeply [pp. 221–223].

Here we see the humanity of a therapist whose best efforts of “empathy, responsibility, and genuine benevolent curiosity” (p. 3) may end in therapeutic impasse or failure. It is helpful for all of us—young or old—to know that we are not alone in such disappointment and self-questioning.

One may criticize this book because it tends to emphasize work with this sort of patient over that with other, healthier ones. However, this is a book about roadblocks, and, as the author tells us, it is “the need to hold on to internalized sadomasochistic object relationships . . . [that is] the most difficult roadblock of all” (p. 213). And beyond this focus, the text provides a broad base of understanding about the psychotherapeutic situation that cannot be described within this limited space, such as discussions of the evolution of key analytic concepts and sensible counsel for the beginning therapist about setting up an office, self-disclosure, receiving gifts, the impact of the therapist's illness, and boundaries.



In the closing chapter, “Light at the End of the Tunnel,” Hall conveys the sense of loss and the questions that remain with every patient and therapist at the end of a psychotherapeutic journey. This is a contemplation on the very nature of exploration in psychoanalytic psychotherapy—even after it is “over.” I, for one, am still haunted by the case of Mr. M.

PSYCHOANALYTIC PSYCHOTHERAPY: A PRACTITIONER’S GUIDE.

By *Nancy McWilliams*. New York: Guilford Press, 2004, 353 pp., \$48.00.

The impetus for this book is my sense that despite an abundance of good writing on the psychotherapy process, we lack an integrative work that introduces students of the art to its essential features—across populations, across pathologies, across the sometimes radically differing paradigms currently in vogue in the psychoanalytic community, across the variations in human misery. . . . It seems to me that instead of teaching novice therapists how to help “classical” patients and then how to make deviations from those techniques in order to help “preoedipal” or “understructured” individuals, a primer on psychodynamic psychotherapy should emphasize the aspects of therapeutic engagements that apply to all clients [pp. ix–xi].

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In *Psychoanalytic Psychotherapy*, Nancy McWilliams speaks with the voice of a mentor in conversation with a student—an experienced and trusted guide passing on what she describes as “the oral tradition of psychotherapeutic practice” (p. xiii). She tells us at the outset, “Most of what I cover here is ultimately about tone” (p. xiv), about which she later elaborates: “my lapses may make this case all the more useful to present in the context of a book whose main emphasis is that the therapist’s tone, expressing the sensibility that informs the interventions, makes more of a difference than any particular technical intervention” (p. 219).

McWilliams begins her text with a meditation on what she terms “the psychoanalytic sensibility” (pp. 27–45). For the teacher and the therapist, this is a sensibility that gives equal weight to both “figure and ground” (p. 40), to both psychodynamic concepts and the underlying values and assumptions that inform the work. For example: “There may not be one true, universal *technique* of psychoanalytic therapy, but there are universal beliefs and attitudes underpinning the effort to apply

psychodynamic principles to the understanding and growth of another person" (p. 27).

Fully the first half of the book is devoted to preparing the beginner by carefully joining explanations of clinical theory with discussions of what these principles are intended to achieve—and by describing what it feels like to be a therapist. For example, in a well-balanced and comprehensive section on "therapy for the therapist" in the chapter "The Therapist's Preparation," the author explains the necessity for the therapist to recognize her defense of contempt/disdain, which may be triggered by shame that is generated by unacceptable aspects of the therapist that are mirrored by the patient: "No client can easily ignore or tolerate a therapist's disdain" (p. 61). The grounding of the beginner in the psychoanalytic sensibility continues throughout the first portion of the book in the chapters "Preparing the Client," "Boundaries I: The Frame," and "Basic Therapy Processes." However, McWilliams writes not only about tone. Throughout the book, she also offers useful guidance, such as approaches to setting limits, a discussion about influences on therapeutic style, and demonstrations of how to engage patients in collaborative psychological work by educating them about the therapeutic process and transference.

Nor is this book written only for novice therapists. Its second half begins with "Boundaries II: Quandaries," a chapter closed with a cautionary tale about the slippery slope of a therapist's attempt to pacify a hungry and malignantly envious patient's demands for special treatment: "Putting out crackers and cheese is reasonable when visitors show up with wine, but not when they arrive with cyanide" (p. 179).

Following this discussion about the greater complexity of the work, McWilliams devotes a chapter-length discussion to two patients representing opposite ends of the clinical spectrum—Molly, a patient whose character structure is in the neurotic range, and Donna, a paranoid-masochistic character at a borderline level of personality organization. These are beautifully written cases that offer therapists, inexperienced or seasoned, the opportunity to see a master clinician at work and to observe McWilliams's application of her self-described orientation of psychoanalytic pluralism. The case of Donna is especially instructive, for few beginning therapists have the opportunity to see how far a patient can come: from the transference-countertransference minefields of extreme acting-out behavior to the achievement of the internalization of limit-setting and the holding environment, through

which the material takes on a more coherent, object-related, and analyzable character.

McWilliams completes her book with chapters that discuss the far-reaching benefits of psychotherapy for the patient (“ancillary lessons”), the occupational hazards for the therapist, and approaches to “self-care” for the therapist who is in it for the long run. She closes with the same wise mentor’s voice with which she began, as if she were saying, “This is what it’s like to live the life of a therapist—the good and the bad of it. This is what you’re in for.”

Although we fail with some clients, most of our clients get better. . . . Over the long haul, they usually reward us with their gratitude, but we are often grateful to them, as well. Watching a client grow psychologically is the closest analogue we have in professional life to the experience of watching a beloved child change into a self-assured adult. Nothing is like it [p. 283].

## CONCLUSION

To my mind, each of these books has reach. Speaking in its own voice and through its own idiom of psychotherapy, each engages, guides, and accompanies the reader through a complex terrain, and in the end each provides a sense of what this work is like. These are major achievements for any book on psychoanalytic psychotherapy. No one text—or set of texts—stands alone as sufficient to teach this subject without the assistance of teachers, supervisors, and a personal psychotherapeutic/psychoanalytic experience. However, if I were marooned on a desert island and left in charge of a psychotherapy program for psychiatric residents or graduate students in social work or psychology—and had these, and only these, four books with me—I could go a considerable distance. And if I were on this island all by myself, these texts would help me contemplate ways I would become a better therapist once I returned to civilization.

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## REFERENCES

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