Three Aspects of Therapeutic Practice

Many forms of psychotherapy are taught as sets of procedures for the therapist to engage in. Sometimes those procedures are spelled out in considerable detail in treatment manuals. Psychoanalytic therapy also has its procedures, but they are not usually taught via detailed treatment manuals. This is not because psychoanalysts don't consider the details of what therapists do to be unimportant. But there is a strong emphasis in analytic thinking and practice upon the importance of what is happening in the immediacy of the moment and where this moment fits within the larger context of the treatment and of the patient's life. These emphases make manualization difficult.

Nevertheless, psychoanalysts do have opinions about procedures, and they argue with each other about them. Much of the reading we will do over the next two years will either be concerned with broad themes related to practice or concern the details of particular clinical examples. It is important to remember that where analysts stand on both the "nuts and bolts" described below and the spirit of practice is, at least in part, a function of theoretical orientation. Below is a brief sample of questions and topics that analysts continue to think about regarding practice. Some of these may seem unimportant from your own perspective, but one of the recurrent themes of psychoanalytic practice is a willingness to consider the significance of the seemingly trivial. The following are three aspects of practice that have been the subject of debate within psychoanalysis: basic procedures for working (a "frame"); how the therapist listens; how the therapist responds.

Basic Procedures:

How do you begin a course of therapy? With a formal assessment, or do you ask about the person's life, problems, relationships, etc., as these topics come up spontaneously in session? If you do some sort of intake assessment, what do you include in it? Do you do any sort of education about how therapy will proceed, about what the patient's and your roles are in the process?

Fees: How do you set the fees for your work? Do you set them or does someone else (the institution where you work or an insurance company)? How are they collected? At the session? Via a bill? Do you handle the billing or does someone else? How do you handle a request for a reduced fee? How do you present raising your fee?

The time and place of meeting for sessions: How often do you meet? How important is it to meet consistently—every week at the same day(s) and time(s), or does the meeting time change from week to week? How long are sessions, and are you consistent, or do you vary the length of sessions? How do you handle absences, your own (holidays, vacations, when an urgent matter prevents you from attending) and the patient's (cancellations and no shows)? Do

you meet in person or online? How do you arrange the space where you meet (if you have that option)? Do you meet face to face or use the couch?

How do sessions begin? Is there a standard opening comment that you make, like “What’s on your mind?” of “What would you like to talk about today?” or something more casual, like “Hello, how are you?” Or do you simply wait for the patient to speak? Does how you begin vary depending upon the patient, what has been happening in prior sessions, or even what sort of mood you or the patient is in?

How do you end a session? Do you have a set phrase, like “Our time is up” or “We’ll continue next time?” or “See you on Thursday”? Do you offer a summative statement about what was discussed? May you offer support (“This was an intense session. How are you doing?”)?

Listening

Do you listen to the person talking, or to what they are saying? That is, are you listening to who is coming through in their speech, or are you trying to follow (or find) the thread of their narrative? How important is it, and what does it mean to be open-minded in one’s listening? Can you listen without preconceptions or agenda? Are you alert to assumptions you have, or open to discovering your assumptions as you listen? Beyond the content of what the patient says, do you attend to the patient’s manner of speaking? Do they speak hesitantly, definitively, with a tone of pleading, or whining, or accusation? Do you notice what is missing in their speech? For example, one person talks endlessly about their mother, but hardly at all about their father or siblings. Another person talks about their anger and frustrations with their job and the people in their life—are they ever sad? Do they ever ask for help in the face of all that they feel angry about?

Perhaps the attention to what is missing can be described as listening for rather than to. If I feel something is missing, I must have some sense of things to speak about that are important and are not being said. What do I think is important? Am I particularly attuned to affect, sex, gender, family dynamics, aggression, trauma, dreams, self-esteem, shame, relational patterns—either in their life outside of therapy or in how they are relating to me? Do I listen for their strengths and assets as well as their vulnerabilities and limitations?

Consider listening to someone who talks a lot, but their speech is choppy, broken up; they seem to keep changing the subject and you can’t see any link between topics, or they frequently contradict themselves, and you’re confused and frustrated. This leads to another question about listening. Do you listen to yourself, as you listen to them in session, or after the session is over? A therapist in this situation might ask themselves, “I know why I’m confused by this person (they are all over the place in their speech), but why am I frustrated? There’s a simple answer: I want

to help them and if I can't make sense of what they are saying, how can I help them? But maybe I am trying too hard to help. Do efforts to help them make them nervous so that they start to unravel and become scattered in their speech? Maybe being helped makes them feel small and childish, or even threatened. Am I too invested in being helpful, either for personal reasons of my own, or as a response to how lost they seem to be, or both? Paying attention to my frustration as I listen in this context opens several questions about the patient and what I think I'm doing. What if what is most helpful at this point is to keep listening without understanding? Must I understand?"

Do you just "listen" in attending to the person? Are you not also looking: at how they fidget, or hold themselves stiffly, or bend over staring at the floor, never looking at you; or smile though they have just said something sad; or determinedly try to keep telling their story as clearly as they can while tears are streaming down their face?

Do you "listen" or attend to things that aren't directly observable, like a certain atmosphere in the room, where things become calmly quiet, or ominously so; or where you feel a tension or oppressive weight in the session that is not just something in the patient but that both of you are feeling?

Responding

Interpretation is often thought of as the quintessential psychoanalytic technique, but the majority of analytic responding fits under a number of other headings.

Letting the person know you're listening. Via "backchannel" or "minimal encourager" expressions, like "uh-huh," "hmm," "I see," "yeah." Via more direct expressions of interest, "tell me about that." Via your bodily posture and facial expressions. Silence can be an indication of listening and an invitation to say more.

Reflections and Empathic Expressions. "That sounds (scary, intense, so affirming, infuriating, etc.)." More elaborated expressions: "You were looking for support and they couldn't be bothered." "You wanted to trounce him with a good put down, but it came off as silly and you felt embarrassed."

Requests for Clarification. "You said your mom was supportive, even though she could also be mean sometimes. You told me a story of her being mean. Can you describe a time when she was supportive?"

Suggestions, Recommendations, or Advice. Direct: "I think it might be worth talking to someone about an anti-depressant." Indirect: "What do you think will happen if you confront your sister at the family reunion?" "I wonder how it would have played out if instead of calling him an asshole you told him how hurt you were?"

Making an Observation (saying something about what you're hearing or seeing that you think may be helpful for the patient to notice or think about). "You often tell me about interactions with your sister but rarely mention your brother." "Whenever you say something critical about your husband you always add an excuse or explanation for what he did." "The threatening animal in the dream has blue eyes—like your father."

Confrontation. "The billing department tells me you haven't paid your bill in two months." "You're going to have to lower your voice. I can't think when you scream like that." "You are telling me I'm a total disappointment to you as a therapist. You began the session telling me how helpful and kind I've been—how do we understand this change in your experience of me?" "You have been complaining about the headaches of dealing with various bureaucracies as you manage your mother's estate. You haven't said much lately about how you feel about her dying—it seems like you're avoiding those feelings here."

Interpretation (described in *Psychoanalytic Terms and Concepts* as connecting aspects of the patient's conscious experience with those mental experiences he has actively kept from awareness). "You have talked at length about your worries about how you'll come across at this dinner party. I wonder if your anxiety focuses you on an imagined social failure, so that you lose sight of how much you desire a social triumph, that you'd really like to be the star of the evening. You 're afraid to have such a social ambition, afraid it makes you a narcissist like your mother." "When I've suggested a couple of ways to look at this situation as more hopeful, you've gotten quiet and seem annoyed. I wonder if you experience my more positive take as a demand for you to look on the bright side, or even that I expect you to find a simple solution for the problem. Perhaps this feels like another instance of what you experienced as a kid, where no one saw how overwhelmed you were."

How a therapist approaches any of these aspects of therapeutic practice will be shaped by their theoretical orientation, their personal predilections, their sense of what a particular patient needs, as well as some broader sense about what therapy is for, or what benefits it has to offer. These are topics we'll return to many times in the next two years, learning about the variety of ideas various analysts have had about them.