

PSYCHOANALYSIS IN THE 21ST CENTURY: EVOLUTION AND
EXPANSION WITHIN CHANGING CONTEXTS

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Our socio-cultural-political contexts might be described as variably but gradually evolving from monolithic/authoritarian/objectivist to pluralistic/egalitarian/constructivist worlds. Within these changing social and intellectual contexts, the theory and clinical practice of psychoanalysis has been evolving and expanding. Theoretically, the paradigm changes from objectivism to constructivism and from intrapsychic to relational field theory, and, now, to systems theory, along with the integration of cognitive psychology, infant and attachment and dream research, and, more recently, neuroscience, has substantially altered psychoanalytic conceptualizations of psychological development, pathogenesis, transference and therapeutic action. These theoretical movements have given rise to a pluralism of models that, in my view, has reinvigorated the field.

Clinically, the application of psychoanalysis has expanded far beyond “neurotics” to patients along the entire diagnostic continuum. The length of psychoanalytic treatment has increased considerably – 10 to 20 years of treatment is almost common – related, in part, to the increased range of patients as well as to the recognition that the analytic relational experience is fundamental to therapeutic change. While the length of treatment has increased, frequency of

sessions has generally decreased, related to treatment, time, and financial considerations. The economically driven insurance and managed health care industry has made it necessary for patients to underwrite financially most, if not all, of their psychoanalytic treatment. These realities frequently limit frequency to less than the three or four times-a-week that has served as the “gold standard” for defining psychoanalysis itself. Traditionally any analytic process that falls below this frequency criterion has been pejoratively rendered as psychoanalytic psychotherapy, even though the analytic process itself may be otherwise indistinguishable (Fosshage, 1997). Ironically, preservation of the frequency criterion seriously limits the scope of psychoanalysis and its relevance.

These changing contexts of the 21st Century behoove us to revisit and update our conceptualization of what psychoanalysis is. What are its essential ingredients as a form of psychotherapeutic treatment? Can we conceptualize psychoanalysis sufficiently broadly to encompass the pluralistic models extant in psychoanalysis today and to capture how it is practiced within our current contexts? Can we reassess and update meaningful criteria for education and certification? It seems obvious that our vision of psychoanalysis must be sufficiently in keeping with how it is practiced within our changing socio-economic-political system to maintain its relevance as a profession. It is because of these changes in our contexts and profession that brings us here today.

I will first examine the traditional intrinsic and extrinsic criteria for psychoanalysis and their applicability to contemporary psychoanalysis. While

these criteria support a particular model, in my view, they no longer capture contemporary psychoanalysis in its theoretical and clinical multiplicity.

Secondly, I will offer, ever so schematically, a broad vision of psychoanalysis that can embrace its theoretical pluralism and current clinical practice. And last, I will outline a few of the implications for education and certification of psychoanalysts. I, of course, will be brief.

The intrinsic criteria for psychoanalysis, as Gill (1984) set forth are: 1) "the centrality of the analysis of transference;" 2) "a neutral analyst;" 3) "the induction of a regressive transference neurosis;" and 4) "the resolution of that neurosis by techniques of interpretation alone, or at least mainly by interpretation" (p. 161). The extrinsic criteria are: 1) "frequent sessions;" 2) "the couch;" 3) "a relatively well integrated patient, that is one who is considered analyzable;" and 4) "a fully trained psychoanalyst" (p. 161).

In 1984, Gill reassessed the extrinsic criteria and correctly, in my view, concluded that none of these criteria validly delimits a psychoanalytic process, for "*no universal meaning of any aspect of the analytic setting may be taken for granted*" (p. 174). For example, "while the couch is ordinarily considered to be conducive to regression, it may enable an isolation from the relationship which has a contrary effect" (p. 174). To this I add that a contemporary non-linear dynamic systems perspective challenges the very concept of regression, for the concept assumes linearity in development that is viewed as no longer accurate. The well-integrated patient criterion is also no longer viable, for contemporary

psychoanalysis has expanded the treatment to patients across the diagnostic spectrum. While formal training along with its designations of “graduated” or “certified” psychoanalyst importantly regulates our profession, it cannot be meaningfully used to define psychoanalysis itself.

Of all the extrinsic criteria *frequency of sessions* has proven to be the most immutable, the defining criterion and dividing line for differentiating psychoanalysis and psychoanalytic psychotherapy. After an exhaustive debate as to whether a minimal of three- or four-times-a-week could best define psychoanalysis, the Consortium agreed to three-times-a-week. Yet, how does the number of sessions per week affect the process? Can it be used to define a psychoanalytic process? Gill (1984) stated succinctly:

It would seem obvious that one can accomplish more with greater frequency simply because there is more time to work. But if greater frequency is frightening to a particular patient, frequent sessions may impede the work despite interpretation. One cannot simply assume that more is better. ... Some take to it like a duck to water and can work despite infrequent sessions, while others never seem to find it congenial (p. 174).

In my view, Gill’s statement accurately reflects clinical experience, as long as we do not prejudge lesser frequency as different and, thereby, alter the process.

Does frequency affect analytic work? Of course it does, but variably so. Does frequency fundamentally alter the analytic process? In my view, it does not

need to. As long as the analyst sees the work as psychoanalytic, frequency will affect, but not fundamentally alter the process. Surveys suggest that most analysts today conduct their “analytic work” on lesser frequency. Just as the Meninger Project (Wallerstein, 1986) helped us to recognize that psychoanalysis uses both interpretive and supportive/expressive measures, unshackling ourselves from the frequency criterion will enable us to update psychoanalysis in keeping with current practice, supporting its enlarged scope and applicability. In so doing, we would remove what all too often becomes a disruptive artifact in psychoanalytic treatment. Think of the implications for education, practitioners and our profession if we keep training psychoanalysts exclusively for a process rarely used and pejoratively view a process that is more frequently practiced.

Let us turn to the intrinsic criteria by which psychoanalysis has been defined. They are, again, the centrality of the analysis of transference, a neutral analyst, the induction of a regressive transference neurosis and the resolution of that neurosis by techniques of interpretation alone, or at least mainly by interpretation.

The hallmark of psychoanalysis has been the analysis of transference. In contrast to the intrapsychically based classical model of transference referring to distorting displacements and projections, a contemporary re-conceptualization of transference, what I (1994) refer to as the organizing model, crucially affects other intrinsic criteria. The organizing model refers to expectancies, selective attention, attribution of meanings and interpersonal interaction patterns that

develop on the basis of lived experience. Importantly these implicit patterns and explicit attitudes can be analyzed as they are activated or deactivated within not only the analytic but other relationships as well.

The induction of a regressive transference neurosis, an intrinsic criterion, is no longer viable within an organizing model of transference. Regression, to reiterate, posits linearity in development that is no longer viewed as accurate in systems based models of developmental. Additionally, the term transference neurosis, as Arnold Cooper (1987) pointed out, refers to a more intense relationship with the analyst, a quantitative distinction that does not warrant a terminological distinction.

The concept of the “neutral analyst” with its objectivist underpinnings has needed to be substantially reformulated within these constructivist times. For example, Gill (1994) suggested that it is the analyst’s awareness of the mutual influence between patient and analyst and his attempt to make that influence clear that comprises the analyst’s neutrality (also see Aron, 1991; Greenberg, 1986; Hoffman, 1991; and Stolorow, 1990).

Do we use interpretation exclusively or primarily to analyze the transference? The answer is more complex than we thought. Relational field theory reveals that an interpretive action aiming for insight is simultaneously co-creating a relational experience. The recent emphasis on “implicit relational knowing” (Stern, D., et. al., 1998) has additionally supported the importance of implicit relational experience within the analytic dyad. Psychological

reorganization, in my view, occurs along three general pathways: (1) interpretation leads to insight and simultaneously creates a new relational experience, both contributing to gradual psychological reorganization; (2) creating a new relational experience, for example, a moment when a patient feels “heard,” leads to insight (without interpretation) when this current experience is placed in juxtaposition with old expectancies, both incrementally contributing to psychological reorganization; and (3) new implicit relational learning either transforms or establishes new implicit knowing without ever becoming explicit. These different pathways to therapeutic change offer an explanation for the Menninger Project's findings that interpretive and supportive/expressive techniques lead to similar, indistinguishable, and longstanding structural change.

So how might we envision contemporary psychoanalysis so that it is sufficiently reflective and inclusive of the pluralism of models? The *principal domain of inquiry* for psychoanalytic work is the patient’s experiential world. The analyst’s subjectivity shapes inquiry and, thus, variably becomes subject to exploration as well. The *central aim* of psychoanalysis is to transform psychological disturbance and facilitate a patient’s development and vitality. The *process* in achieving this aim is "the unfolding, illumination, and transformation of the patient's subjective world" (Stolorow, et. al., 1987, p. 126) and the co-creation of growth-promoting implicit and explicit relational experience. The *exploratory stance* of empathic inquiry that seeks understanding

from within the patient's frame of reference is fundamental to analytic work. It is, in my view, variously combined with other perspectives, for example, what I have termed the other-centered, that is, what it feels like to be an other in a relationship with the patient, and the analyst's self perspectives (Fosshage, 1995, 2003). I believe that all analysts variably use these listening/experiencing perspectives that serve as bases for analysts' interactions and for exploration and understanding of patients' experiential worlds and analytic intersubjective encounters.

In keeping with contemporary theoretical and clinical developments, I have proposed this broad conceptualization of psychoanalysis to replace the traditional, and now outdated, intrinsic and extrinsic criteria. What are some of the implications for education and certification? I suggest the following: 1) a psychoanalytic curriculum presents a range of contemporary models; 2) a psychoanalytic education includes focus on different change processes, informed by multidisciplinary research; 3) frequency of sessions remain variable for control cases and training analyses and are determined on the basis of analysands' needs; and 4) analytic work at different frequencies of sessions are supervised to prepare the candidate for psychoanalysis as currently practiced.

I offer this conceptualization, based on the contributions of many, as an emergent vision of psychoanalysis, needed to bring us into the twenty first century, enabling us to remain flexible and adaptive to the changing needs and contexts of our patients and psychoanalytic candidates.

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