Creating a Psychoanalytic Mind, A Psychoanalytic Method and Theory

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There are literally several books, dozens of psychoanalytic journals and hundreds of psychoanalytic articles published each month; with this flood of content it often seems an impossibility to separate wheat from chaff. As readers, our hope is that with each new article or book, the material will open unexpected ideational doors and thrust us into revisiting old issues or exploring new ones previously unimagined. In that regard, I am pleased to report that Fred Busch’s most recent book, Creating a Psychoanalytic Mind, is well worth the analyst reader’s attention and reflection.

Over the past four decades Fred Busch has become known as a key exponent of contemporary ego psychology and his interest in defense analysis has received considerable attention. However, in this very compressed 168-page volume Busch reiterates his perspective and, highlighted by recourse to extensive and meaningful clinical examples, does so with wisdom and clarity. His overarching view of the analytic endeavor is encompassed by the book’s title: analysis, in Busch’s view, is not about the discovery of conflicts “there and then,” nor even centrally the experience of transference “here and now,” but about shifting “the inevitability of action to the possibility of reflection” (Busch 2014, pp. xv) and thereby facilitating the ability of the patient to think about his thinking, in short: the creation of an analytic mind.
Busch’s focus on how we work began early in his career when he first noted, as stated in his 1993 paper “In the Neighborhood: Aspects of a Good Interpretation,” that “Listening to discussions of clinical process, one is impressed with how many interpretations seem based less on what the patient is capable of hearing, and more on what the analyst is capable of understanding” (Busch 2014, pp. 3). In Busch’s view our tendency to make analytic interpretive leaps all too frequently leaves the patient confused if he does not understand, or frequently too shaken if he does. In the former situation, the result is disruption in free association, potential artificial acquiescence by the analysand, or an intellectualized knowledge separated from the patient’s experience of himself. In the latter, the patient can be potentially retraumatized with the result of a new application of defensive measures, again stultifying free association and exploration of his mind.

Interestingly, only towards the end of the book in Chapter 13, does Busch clarify the theoretical division which in his view has led to current profound divergences in our approach to clinical work. He references two 1936 papers, one by Ricahrd Sterba, “Fate of the Ego in Analytic Therapy,” the other by James Strachey “The Nature of the Therapeutic Action of Psycho-Analysis,” both addressing mutagenesis in psychoanalysis. While Sterba argues that change occurs via “a split in the ego between the experiencing and observing ego” with then the experience of the transference leading to improved ego synthetic functioning, Strachey counters that what is directly mutative is “the patient’s experience of the (his) unconscious in the transference” (Busch 2014, pp. 164). Busch clearly sees Sterba’s theorizing as consistent with the Structural Model while the latter is closer in feel to the Topographic Model and, in its own way, still arguing for the rapid recovery/re-experience of unconscious material. Busch quotes Strachey as arguing that “interpretations must always be directed to ‘point of urgency’” and optimally are directed
at the id-impulse: “in activity; this is the impulse that is susceptible of mutative interpretation at that time, and no other one” (Strachey 1934, pp. 150).

There are important consequences which flow from this central dichotomy. As Busch explicates throughout his book, an adherence to Sterba’s model leads to close systematic analytic effort to identify defensive operations which, when brought to the analysand’s attention, can enlarge ego capacities and gradually permit of ever more preconscious derivatives emerging in consciousness and ever richer complex thought formulations. Strachey’s view argues for relatively greater activity by the analyst, who by his “reading” the unconscious material -- whether ideas, fantasies, strangulated affects, transference or countertransference manifestations -- acts in some ways as a “magician” in making the formerly “invisible” “visible.” Such active analytic activity can be seen most clearly in Kleinian and interpersonal/intersubjective approaches. Busch reminds us that the topographic model was abandoned precisely due to Freud’s realization that defenses, while dynamically unconscious are very much part of the ego and unless the patient can self-observe (for Busch the beginning phase of analysis), self-reflect (middle phase) and finally self-inquire (termination) on his own productions he remains a prisoner of his mind and the repetition compulsion.

Even as the chapter titles change from “Free Association,” to “Working Through,” to “Working within the Transference,” Busch remains dedicated to one task: to highlight for the patient what stands in the way of his developing a mind which can reflect on itself. Busch’s mantra is go slow, stay close to the clinical material which for the patient is alive
and most directly meaningful, and focus on what prevents the building of more complex mental representations. Interestingly, he finds some support in the French psychoanalytic literature and at one juncture he references Pierre Marty who, commenting on working with psychosomatic patients, says: “It was not a question of looking for the content to give sense … but [to focus] on the inhibition or failures of psychic elaboration” (Busch 2014, pp. 36). In almost every chapter Busch reiterates that interpretations/interventions are best when they spring from unsolicited free association data and are close to clinical material, in the pre-conscious “neighborhood.” One such example is a middle aged male who struggles to “hold on” to the analyst’s words. In a later session he stumbled when reporting that he was worried about his ability to “take in” new information from a male coworker. Busch, clearly aware of the homoerotic implications of both remarks, specifically does not touch id content but chooses to say, “You seemed to notice this phrase ‘take in’ troubled you, but were reluctant to linger on this.” The patient is able to confirm what becomes a shared observation: “I sort of noticed it and put it out of my mind.” Then after a short pause, the patient continues “Now that I can think about it, I imagine taking in a penis. Busch early emphasizes the importance of appreciating state knowledge and process knowledge, referencing Paniagua (who wrote the introduction to this book) and his notion of three surfaces: what the patient knows of his thoughts, what the analyst thinks he knows and the “workable surface” between the two (Paniagua 1991).

Busch believes that such a focus would prevent what he sees as an overuse of transference interpretations. He notes that many analysts appear to be “looking for the transference rather than finding it” (Busch 2014, pp. 99) and sides with Freud’s advice to analyze transference when it manifests as resistance. Busch recounts that a female
supervisee was seeing a male patient who had never had a long-term relationship with a woman, unable to even approach a woman he found attractive. At one point he recounts a humiliating incident from childhood while playing baseball when some girls laughed at his efforts. “I felt like an idiot.” The analyst responded “I wonder if you feel I don’t appreciate your strength.” Whereas, at some level, this might be his concern, it is nowhere in the material. Busch advises to stay with what is preconsciously available, and thinks to say perhaps: “At one time you wanted to show off for a girl how strong you were … and made to feel like an idiot … [perhaps] in your mind, to try [with women] is to fail” (Busch 2014, pp. 39).

There are several important aspects to Busch’s clinical work that should be highlighted. One is Busch’s insistence that free association is our true analytic “royal road.” As he puts it: “In short, I take the position that everything we need to help our patients can be learned by listening to what is coming to the patient’s mind in its polyphonic complexity” (Busch 2014, pp.70). Busch is critical of other theorists and analysts who would move away from this core part of our work. He singles out Levinson (Levinson 1988, pp. 5) who advocates questioning the patient in an effort to “unpack” the patient’s story seeing this as the antithesis of free association. Likewise he chides the Kleinians with an example from the work of Bott-Spillius for jumping in with rapid fire interpretations of unconscious material without privileging the flow of the patient’s associations. In Busch’s view this prevents the development of “mindfulness” and quotes Nina Searl, a disenchanted Kleinian, that our clinical success depends on the “entent to which we can clear the patient’s way … and give him freedom of access to his own mind” (Searl 1936, pp. 487).
Yet another is his feeling that work needs to be done in the “here and now” as that is the patient’s “neighborhood.” Although he gives a nod to Harold Blum and his emphasis on reconstruction, Busch feels recovered memories emerge only in relation to defensive realignment which can be optimally addressed by careful attention to data and open ended efforts at linking. A third is that Busch feels even so-called ego psychologists have attempted to “end run” around defensive activity. In his view the analyst’s efforts to liberate unconscious or pre-conscious affects is also to be avoided. In a pointed manner, Busch criticizes Ralph Greenson, when Greenson “translates” a patient’s “unmixed displeasure” over his wife’s hemorrhoid operation with “I think you really mean that your wife’s hemorrhoids are giving you a pain in the ass.” The patient feels undermined and reacts with what Busch feels appropriate anger “That’s right you son of a bitch!” (Busch 2014, pp. 92).

Finally there is Busch’s view of what he describes as “language action.” This kind of communication (using words, tone timbre to “do something”) stands closer to the unconscious and therefore is more prevalent in those patients with earlier and more severe disturbances. Language action and/or physical acts are the source of perhaps all countertransference-transference enactments and manifestations. Busch specifically warns analysts to avoid what he calls a “Descartian somersault” using “I feel, therefore you are” interventions. Instead he urges analytic restraint and close attention to clinical material to ascertain the hidden action communications. Busch’s training as a psychologist has made him keenly aware of the work of Piaget and he sees a resonance between language action and Piagetian pre-operational thinking. Busch describes this kind of thinking, as Flavell has described, a “before the eye reality” (Busch 2014, pp. 61) which makes the patient “unable to reconstruct a chain of reasoning … he thinks but he
cannot think about his thinking (Flavell 2011, pp. 156) and reminds us that early intelligence is based on action encoded in a sensory-motor schema. Consequently our first clinical task with such patients is to link their productions (in words and deeds) to create the capacity to be self-aware of one’s own thoughts.

Creating a Psychoanalytic Mind has been very stimulating for this reviewer as I suspect it will be for others. There are two matters that I feel a need to comment on. The first is that I think Fred Busch is perhaps too quick to dismiss the effect of aggression on thinking, almost viewing language action, not as a potential regressive phenomenon but rather as a developmental deficit. This seems most clear in his strong admonition to refrain from “jumping” at countertransference interpretations particularly of aggressive content which he believes would confound the clinical work. I would like to focus for a paragraph on Busch’s clinical example because I would argue that there are at least two roads to Rome.

At one juncture, Busch was treating a young man. His mother had been repeatedly very depressed with multiple hospitalizations during his latency. His childhood “job” was first and foremost to take care of this depressed woman who, for her part, called him her “little potato” quietly growing out of sight unless needed. Busch reveals his need for semi-urgent surgery which would occasion a six-week absence from the office and is stunned at the nonchalant, indifferent attitude of his patient, who goes on talking about other matters. Busch goes on to speak first of the sources in his own life of his sudden emotional reaction to his patient; subsequently he intervenes by commenting on the cadence of this patient’s speech and his difficulty following the material. This ultimately led to the patient acknowledging feeling selfish and blotting out his feelings to avoid them. Later associations led to a fantasy that Busch was having chest pain or ill and then
to how he felt he had to remain chipper while his mother died of cancer “pretending like I didn’t know the end was near.” Hypothetically let’s say another analyst spoke directly about the apparent callousness of this man and perhaps even suggested that Busch was now the patient’s “little potato.” I suspect that the interchange may well have led to the same remorse, the same conflict of loving Busch/mother and fearing for him/her out of the patient’s repressed hatred for this dominating and cruel mother. I can see Busch’s approach is the more tempered but I fail to see its clear superiority.

Finally I am entirely in agreement with Busch in his rejection of psychoanalysis as a

*principally* dyadic affair. This model, most clearly central in interpersonal and intersubjective approaches, has found favor, in part I believe, because of its innate seductiveness. Gone is the often exhausting tedious task of focusing on the analysand’s data with the frequent accompanying feeling of being “out of the picture.” As co-creationist, the analyst can find comfort in being active and visible. In bringing in the transference at every turn, he makes himself the center of the patient’s attention, becomes the prescient one and in doing so makes the work far more narcissistically satisfying.

Whereas it is true that the analysis is a conversation which could not exist without the analyst’s understanding and communicated wisdom, our goal is to create an analyzed person who will be able to work with his conflicts *long after* the analysis is over and analyst and patient separate forever. The unconscious is eternal and new efforts at repression, even after the most exhaustive of analyses, all too quickly cover over painfully won understanding and insight. Dr. Busch’s focus on free association, linking for the patient defensive operations and thereby allowing for ever richer self-conceptualizations, offers7 the best hope that even after termination, the patient will feel
equally eternally free in his “internal theater,” to rediscover the unconscious desires and fantasies which forever are seeking expression in his mental life.


