

The Recognition of Modern Psychoanalysis

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To understand why modern psychoanalysis is not more widely recognized, it has to be understood that Dr. Spotnitz expanded the scope of psychoanalysis to deal with schizophrenic patients as well as other serious narcissistic disorders. He modified the classical technique to include interventions other than interpretations; such as joining interventions, and various types of emotional communications.

For example, to behave as an ego syntonic transference object, to preserve a regressed patient's narcissistic or omnipotent defense, Spotnitz might tell a patient who threatened to hit him that he may hit him first. This type of intervention would paradoxically reduce the patient's anxiety because he would then experience the analyst as similar to himself and not as an alien person, along with other treatment modifications, including changing the frequency of sessions to once or twice a week (to control the intensity of the transference, or the level of stimulation), allowing a patient to sit up (if lying down caused too much regression), or using the patients resistances to formulate the analytic contract (instead of specifying it in advance), appears to have been misunderstood by many psychoanalysts, as well as being threatening to historical treatment precedents and traditions.

It may be that by connecting the narcissistic patient's aggressive transference impulses in treatment with similar induced counter-transference feelings in analysts, Spotnitz has challenged the analytic community's defenses against exposing its own unconscious aggressive drives, which have not yet been fully integrated into the prototypical analytic mind. From a historical perspective, it should be remembered that Freud originally admonished analysts to put all their feelings aside when treating patients.

His idea was that it was essential for the analyst to remain detached, in order to be able to objectively interpret the patient's unconscious. This is generally construed to refer to sexual feelings, which were deemed inappropriate between therapist and patient in the Victorian society of Freud's time, but apply today even more significantly to hostile feelings. The original analytic treatment model, which was designed to provide empathy, understanding and acceptance, assumed that a benevolent, loving orientation added the therapeutic process. Thus, if negative feelings were induced in an analyst by a primitively defended angry patient this would threaten an analyst's professional identity or belief in the treatment method.

Spotnitz, on the other hand, proposes that all feelings, even aggressive ones, are natural and evolve as adaptive methods to preserve or protect the self or ego, and thus should be harnessed in treatment through emotional re-education.

The analyst functions as a container or recipient for the explosive impulses of the narcissistic patient, tolerating the induced feelings, he feeds them back in graduated doses as the treatment progresses. By this process, the patient is helped to tolerate and master all his/her feelings. The modern psychoanalytical method is therefore designed to involve the therapist in strengthening the patient's ego through an emotional interactive experience rather than expecting the patient to grow independently through self understanding. These ideas are heretical to the classical view.

From a non-technical perspective, the lack of recognition of modern psychoanalysis can also be attributed to Spotnitz's devotion to a therapeutic orientation. Spotnitz apparently has focused his energy over the years exclusively on treating his patients and supervising his supervisees to the exclusion of trying to get his ideas accepted by rivals or engaging in political battles.

Although modern psychoanalytic theory and technique of treatment is not formally acknowledged in the literature in general; the principles, especially those on counter-transference, as also formulated by such authors as Winnicott, Mahler, Searles, Kohut and others, are well integrated into current psychoanalytic thought.