People out of each tradition are too religiously devoted to their particular theories to be able to sit back and say what are the assumptions here?


This class has two aims. First, it is designed to explore the historical themes and perspectives pertaining to therapeutic action, beginning with Freudian thought (particularly Freud’s contemporaries’ reactions and revisions) and then moving forward through a variety of key theorists whose visions of therapeutic action remain in certain respects as valuable and influential today as they were during this past century. This will include examining as well our contemporary perspectives on therapeutic action and change, including ideas about the role of implicit/procedural phenomena, enactment, emergence, and unpredictability. Second, this class will focus on a critical examination of these perspectives with an eye toward synthesizing, integrating, and expanding upon their essential spirit and meaning. Thus, you will be encouraged, through clinical case presentation by class participants, to develop and explore your own ideas about what constitutes useful change and about how to effect such change in your clinical work.

By way of background: We all love good stories, perhaps especially clinical ones, where, for a brief time, we can experience vicariously or perhaps watch dispassionately what someone else does, how someone else heals, or even how one gets into hot water with his or her patient. Despite our continued longing for and infatuation with new theories, it seems that the mainstay of psychoanalytic writing remains a good story, one in which we eagerly witness through the keyhole the struggles as well as the (familiar and occasionally disingenuous) happy endings. We hope to glimpse something that might work next time with our patients, what it means to interpret or to enact and to live through it. We want to know what works, because so often the currency of our work is mystery, uncertainty, and perplexity.

As enticing talking theory is for some, many just want to know what works, what counts for therapeutic action. And of course that makes sense. Some might say we’re not in it just for the adventure of it all, right? We want to effect useful change. The obsession with “evidence-based” treatment, in some sectors of our
field, serves as one (albeit unnerving) example of our need to know what works and, unfortunately, of our human proclivity to systematize, codify, and standardize a putatively universal approach to curing presumably mainstream human psychopathology. The more extreme caricature of this particular brand of epistemological yearning is reflected in the “Just tell me what to do—I don’t want to have to think about it myself” mentality, often found at conferences and in other public arenas. Of course as contemporary psychoanalysts, we hope to eschew any notions and approaches that lean on universalizing what can only be witnessed and experienced on an individual-by-individual, dyad-by-dyad basis. However, even as contextualists and systems thinkers, we do remain concerned with how we might define useful change, on a person-by-person basis, and with how we might conceptualize how to effect such change. Hence, we think about therapeutic action, as did Freud and all his successors.

Things get tricky, though, when we consider that to ask what works and what is useful change also means asking, as analysts, what are our possible actions and what needs changing. Enter theory here, because these questions rest on enormous epistemological questions and answers, about which we do not all agree. If we speak about changing the psyche, we first must have a perspective on what the psyche is, or is not. If we speak about actions, say, verbal interpretation, we first must have some ideas about what it means to speak and proffer an opinion, including the attitudes we have about such an opinion and about the sources of the emergence of such an opinion (e.g., this is my truth, this is the truth, this is my speculation, this is my imagination, this is my spontaneity, this is our construction, etc.). Even more complicating, if indeed we speak about actions, we cannot exclude considerations of what goes on within the realm of the implicit, the nonconscious, the prereflective. Some argue that’s where the action really resides. Most certainly, that’s usually the realm in which our attitudes get conveyed, at least initially. And it is our attitudes, ultimately, that are central to our understanding therapeutic action and change.

**Bibliography**

**Week 1**


Meeting 2


Meeting 3

Meeting 4


Meeting 5


Meeting 6


Educational Objectives:
1. To explore and understand the historical roots and development of our ideas about therapeutic action in psychoanalysis.

2. To understand how these ideas have informed and influenced our more contemporary assumptions of therapeutic action in psychoanalysis.

3. To apply these perspectives of therapeutic action, historical and contemporary, to our own clinical experiences and to obtain a more personal sense of what is useful clinically.