

## *Epilogue:*

### *Advice to Therapists*

#### LEARNING TO PRACTICE PSYCHOANALYSIS

I have argued that the analytic relationship is like a game, with analyst and analysand its players. This view of the analytic procedure has implications, not only for its theory and practice, but also for teaching it and learning it.

How do we learn to play games of skill and strategy? It is important that we be clear about the answer to this question, for what is true of games of this sort is also true of psychoanalysis. There are some things about games that can be taught and learned through the printed word and through didactic instruction; there are other things, however, that cannot and that must be acquired through practice.

What can be taught and learned formally are the rules of the game and the principles underlying the aim and structure of the game. I have tried to lay bare these two aspects of psychoanalysis. What cannot be taught and learned formally is *how* to play a particular game, in this case, how to be an analyst or

an analysand. Indeed, it should be obvious that there are serious limitations to doing anything of this sort. After all, one cannot tell players how to play a game; that is their business. It is the very essence of games that the players are free to play or not and, within the rules of the game, to play as they see fit. If a person is coerced—either to play against his will or to play in a certain fashion—then he is no longer a game-player (in the ordinary sense); although such a player may appear to others as though he were playing a game, he will actually be “working,” not “playing.”

None of this is intended to deny that some ways of playing games are more effective than others. I merely wish to call attention to the crucial role of freedom in game-playing; a person whose moves in a game are regulated by others is considered a puppet or a robot. Players are ordinarily expected to be entirely free within the rules of the game. In keeping with this, a good player of almost any game will develop his distinctive style. How does this apply to the analytic situation?

Clearly, both analyst and analysand must be left free to conduct themselves as they see fit, as long as they keep within the rules of the analytic game. The competent analyst will thus develop his distinctive style of analyzing; this style is likely to vary somewhat from patient to patient and may also change as the analyst ages and is subjected to various experiences. The patient must, of course, be even freer to play the role of analysand as he sees fit than is the therapist to play the role of analyst. After all, the aim of the therapy is to observe and analyze the patient's game-playing strategies; if the analyst tells him how to behave, what is there to analyze? The value of the psychoanalytic situation lies in constraining the patient only slightly and in a general way, that is, by certain game rules only, rather than by demands for specific acts of compliance.

In addition to learning the rules and principles of autonomous psychotherapy, the therapist who wishes to become proficient in this activity must practice it. The beginning therapist may profit from “supervision” of his work if the relationship between

him and his supervisor is also autonomous, that is, if the supervisor is the therapist's agent.

What about the therapist's personal analysis? Does it not help him to learn how to be an analyst? I have deliberately omitted discussion of this subject in earlier parts of this book and will not say much about it here.

I believe that it is generally helpful for the therapist to have a personal analysis, but let me add some qualifications. I have serious reservations about the value of coerced "training analyses," practiced in conformity with the requirements of the various psychoanalytic organizations. Though such an "analysis" may help the therapist gain accreditation, it is unlikely to help him become liberated from his inner constraints. Personal analysis, undertaken outside the jurisdiction of an organized training system, is more likely to be personally helpful to the therapist. But here, too, we ought to be sober about what to expect. Having a "good analysis" does not make one a good analyst, nor does knowing one's "blind spots" ensure him against analytic ineptitude.

In other words, I do not consider a personal analysis indispensable for competence in analyzing. Indeed, if the therapist's analysis is autonomous, it can have only one effect: to set him personally free to do what he wishes. Some analyzed therapists may want to practice autonomous psychotherapy; others may prefer to practice differently. The notion that the psychotherapist's personal analysis is bound to make him a better analyst than he would be without it is illogical and probably untrue.

What the analyst needs more than anything else is genuine interest in doing analytic work and a readiness to enter into a relationship with his client on the basis of well-considered principles, rather than with an amorphous therapeutic intent. If such a person has also had a period of analytic work and is thus familiar with the analytic game from the point of view of the analysand as well, so much the better.

There is one more type of instruction that can be useful to prospective game-players, namely, advice about some aspects of the game—in our case, about certain recurrent types of analytic situation. In conclusion, I shall offer some suggestions of this kind for those interested in practicing autonomous psychotherapy.

## ADVICE TO THERAPISTS

### *Forget That You Are a Physician*

If you are a psychiatrist, do not let your medical training get in your way. If you are not medically trained, do not secretly aspire to be a doctor. If the service you propose to sell is analysis, you owe it to your clients and to yourself to be a competent analyst. Competence in another discipline—for example, in medicine—is not an excuse for incompetence in the theory and practice of psychoanalysis.

### *You Are "Helpful" and "Therapeutic" if You Fulfill Your Contract*

Do not feel that you must comply with the patient's requests for nonanalytic services. You are not responsible for the patient's bodily health; he is. You need not show that you are humane, that you care for him, or that you are reliable by worrying about his physical health, his marriage, or his financial affairs. Your sole responsibility to the patient is to analyze him. If you do that competently, you are "humane" and "therapeutic"; if you do not, you have failed him, regardless of how great a "humanitarian" you might be in other respects.

### *You Must Get to Know Your Patient*

You must see the patient often enough and over a long enough period to get to know him well. There must be con-

tinuity in your relationship. To understand and master a new game, some players require more exposure to it than others. If you are a beginning therapist, you would do well to charge less and see your patient more often than you might otherwise. With your first few patients, have at least four weekly sessions and, if possible, five or six. If you see patients only three times a week, you may have difficulty following the moves in the game, and, if only twice a week, your chances of becoming a skilled autonomous psychotherapist are slim.

### *Do Not Let Yourself Be Coerced by "Emergencies"*

If you have conducted yourself autonomously at the beginning of the treatment and have progressed satisfactorily to the contractual phase of the relationship, one of the major threats to the therapy is an emergency. Remember your contract, and do not be coerced by an emergency to abandon it. It is unimportant whether the emergency is real or whether the patient is testing you to see whether you will maintain your analytic role. (In any case, you will not be able to find out unless you do.) Here is an example. The patient, a homosexual, is arrested by the police. Do you intervene? No; this is a problem for the patient and his attorney.

If you intervene in an emergency, you engage the patient in another game and vitiate your usefulness as analyst. For instance, your patient may be depressed; you may want to hospitalize him and treat him with electroshock. In my view, this is like interrupting a bridge game to advise your partner on managing his business or getting a divorce. The advice may be good, bad, or indifferent, but it is not part of a game of bridge. In the analytic game, once you step out of it, you may find it difficult or impossible to get back in again. This is an important characteristic of contractual psychotherapy, and both you and your patient must recognize it.

### *Do Not Misconstrue the Patient's Feelings and Ideas about You*

What the patient feels and thinks about you is as "real" as what anyone else feels and thinks. Though it may be reasonable to label some of his feelings and thoughts "transference," remember that, in doing so, conduct is being judged, not described. As a working hypothesis, assume that, in proportion as the patient is preoccupied with you as a person and as a source of approval and love, he is avoiding the responsibility for deciding what he wants to do with himself. He thus tries to solve the problem of having to give meaning to his life by attaching himself to the meaning you have given yours. You betray him if you encourage his doing so.

### *Your Life and Work Situation Must Be Compatible with the Practice of Autonomous Psychotherapy*

If you practice autonomous psychotherapy, you will have to exhibit an attitude of "live and let live" toward your patients. It will be difficult for you to do this if you are coerced and harassed by others or if, outside your analytic practice, you engage in activities that require you to coerce and harass others. For example, if you are a resident in a state hospital or a candidate in an analytic institute, how will you be able to leave your patients alone when your superiors do not leave you alone? Will you be able to let your patients become freer than you are yourself?

Perhaps you will conclude that the only way you can be your own master is to be in full-time private practice. There is much to be said for this. Unfortunately, however, it is difficult to spend all one's time practicing analysis. If you see eight or ten patients day in and day out, the chances are that the level of your work may not be consistently high. A good solution to this dilemma is to combine analytic work with other activities

compatible with it, for example, with teaching, research, or writing.

### *Do Not Take Notes*

The psychoanalytic relationship is a personal encounter. You are not doing anything to the patient—at least no more than he is doing to you. You are not the observer and he the observed. Both of you play dual roles as participants in a relationship *and* as observers of it. What effect would note-taking have on your relationship with your mother, wife, or friend? Thus, do not be oblivious to the metacommunicative implications for the patient of your act of note-taking.

In any case, ask yourself why you want to take notes. To help you remember what the patient tells you? It will not do that, but *not* taking notes might. To record a case history? What will you do with it? To record material for research purposes? You can jot down what you think you will need after the interview or at the end of the day. If you are uncertain about the sort of thing you will need, notes will serve no purpose; a detailed account of the patient's "productions" is a useless document.

### *You Are Responsible for Your Conduct, Not for the Patient's*

This is the central principle of autonomous psychotherapy. You are not responsible for the patient, his health (mental or physical), or his conduct; for all this, the patient is responsible. But you are responsible for your conduct. You must be truthful; never deceive or mislead the patient by misinforming him or withholding information he needs. Do not communicate about him with third parties, whether or not you have his consent to do so. Make every effort to understand the patient by trying to feel and think as he does. Finally, be honest with yourself and critical of your own standards of conduct and of those of your society.

In sum, you must be an analyst.

## *Index*

- abandonment, wish to avoid, 210
- abstinence, 186–188
- acting-out, 164
- Adler, Alfred, 42, 46, 55
- Adler, Mortimer J., 19 n.
- advice, to therapists, 214–220; education as, 51
- Age of Enlightenment, 18
- Alexander, Franz, 12 n., 55
- anaclitic therapy, 45
- analysand, as patient or student, 55–56, 82–84, 91
- analysis, aim of, 17; defined, 116; historical origins of, 33–34; termination of, 137–150, 206–213; *see also* psychoanalysis
- analyst, "active" and "passive," 58; advice to, 214–220; patient's questions about, 158–160; position of in interview, 34; promises of, 113–115; strategic behavior of, 53; as teacher, 50–51; in termination, 137–150, 206–213; as therapist, 64, 82; *see also* psychoanalyst; therapist
- analyst–patient relations, 72–77; *see also* patient–therapist relations
- analytic contract, 101–102, 104–136, 178–205; conditions necessary for, 199–201; duration of, 211–213; implementing of, 179–185; termination of, 137–150, 206–213
- analytic game, 3–4; preliminary definition of, 169–175; *see also* game
- analytic situation, analysis of, 190–201; nature of, 37–38; privacy of, 154; *see also* analysis
- analytic training, 26, 117–118
- anxiety, 25, 52, 187
- appointments, cancellation of, 180–182; requests for, 156–157; scheduling of, 154, 156–158, 176
- Arendt, Hannah, 77
- authoritarian family, 15
- autonomous psychotherapy, 7, 23, 38; advice to therapist in, 214–220; analytic contract in, 101–102, 104–136, 137–150, 199–201, 206–213; conflict and cooperation in, 98–101; contractual phase in, 104–136; diagnosis in, 88–91; frequency of sessions in, 165–166, 169; game-model analysis of, 66–69; initial contact in, 81–92, 153–166; methods of, 153–213; seeker–avoider relationship in, 72–77; terminal period in, 137–150, 206–213; theory of, 81–150; trial period in, 93–103, 167–177; *see also* psychoanalysis; psychoanalytic treatment