CCM Today

These notes are adapted from a presentation given in Vienna in May 2018.

The Two-Step Method

This method has been developed over the past 16 years. It's main contribution is described by the founding group in *Psychoanalysis Comparable and Incomparable* (Routledge, New Library of Psychoanalysis 2008).

It aims to help with the problem of deciding what is a specifically psychoanalytic way of practice and so to help recognize differences so as to allow creative plurality but not "anything goes".

Experience suggests it is very hard to have productive critical discussion of the way *analysts'* work – as opposed to discussion aimed at understanding *patients*. We think it is difficult in part because emotional and/or unconscious responses are often aroused in the analyst and in the workshop participants and also because conversations lack structure and focus. Tension may rise when the group responds to what members feel are the analyst's implicit ideas or uncertainties – something which is not unusual. The tension often reflects some aspects of the complex issues present in the analytic process as well as in analytic group differences in orientations. It may also reflect lack of structure and clarity about what are the deep issues to examine.

The ambition in CCM, is to establish a creatively critical work group and to develop open discussions in and between our Societies, to learn from our colleagues, to engage in research and evaluation, and to provide helpful feedback to each other. Not to achieve this is dangerous for the field because there can then be a retreat to Basic assumption group functioning – with the possibility psychoanalytic groups become inward looking, cannot conduct research or evaluation of what they do and can't give each other real feedback.

The Two-Step Method framework aims to create a ***fics of what an analyst is doing***. Its key features are:

- Use of Step 1 and 2 to create a holding structure.
- A Moderator, also to create structure, and an assumption – the presenter, for the course of the meeting is doing psychoanalysis, the only question is HOW.

Additionally, the moderators get together in an ongoing reflection and learning process and update the method based on experience.

Despite all this it's still hard!

How does it work?

Here is a brief example taken from a recent workshop but with minimal detail.

In a session we are told the details of a patient's dream and associations. The analysts then says:

A1 Before you thought you had a mind defect, a cognitive deficiency; but now you seem to feel you are doing something to yourself.
P. Now I cannot sleep, I am too nervous. Too anxious.
A2 So anxiety and drinking are linked.
P. Right. So it is a plague, a virus. It either comes or it goes. It is of many faces. [Uttered in a trance like state, like a chant].
A3 You are saying you are helpless against it so far.

In Step 0, the analyst will have described the session in the usual way, selecting a session he or she believes is a fairly normal working session – sessions where the analyst is at a loss, etc., are difficult to work with. There will then have been some discussion aimed at helping the group to familiarize themselves with the case and to make a start at understanding the analyst's approach to it.

In Step 1, the group will work through "interventions" such as A1, A2 and A3 debating with each other into which of 6 categories the analyst's interventions fall. We do not actually care which category is agreed but the aim is to have a discussion, focused on the analyst (who mostly stays out of the conversation now), and trying to work out what the underlying purpose of the intervention was. [Interventions can be deliberate occasions of refraining from speaking as well as comments.] The group will work through the main interventions, as they appear to the group members, trying to get an overall feeling for why this analyst intervenes, when, how and for what purpose.

In Step 2, (and each group member will take some active responsibility for thinking about one of the components below when thinking about the point of the analyst's comments during Step 1) the discussion method is a way to go in depth into the core concepts we use in psychoanalytic treatment. Because these concepts are by now very variously understood Step 2 is designed, from an orientation-neutral perspective to allow them to be discussed.

Step 2 is divided into two manifest issues – how the analyst thinks about and listens to the patient's unconscious and how the analyst intervenes to further the treatment. Both are manifest in the sense that that the analyst at least partially will describe them. The other three issues are more abstract and have to be inferred. (The Analytic Situation refers to how the analyst conceives the transference and countertransference).

Example 1: **What is the problem**.
The task here is to try to infer what the analyst thinks is the patient's difficulty and how the analyst thinks it's come about. You try to construct an inference about this from what the analyst does and says including in the group discussion in response to group ideas. Its important then that the group tries to have ideas – not to impose them on the anast but to understand his approach…

Here is a bit more from a presentation:

A "Here we are in a complicated situation. What to do with your momentum this morning? And what we had agreed upon? Either I refuse it and I am a frustrating mother like the one who did not welcome your impulses, or I accept and it gives you a feeling of all power (omnipotence)?" [

This comment gives us the opportunity to think what is the point of this comment, what is it designed to achieve? There is some idea about how history has unfolded, that something was built up in childhood and perhaps repeated now?

We can also ask what does the comment tell us about the way A thinks change will come about from this comment, what was unconscious, how does A think the past comes in to the session (what mechanism), etc. For instance, how does A become the frustrating mother, etc

Example 2: **Analytic Situation**.

The idea here is to think about how the analyst believes the past is creating the present (ie the transference).

What is the mechanism driving such repetition? Is it repetition? Repetition of? How? What is the significance of believing one was the special one with one's father (Consciously? Unconsciously?) and how does it relate to (trying to be?) the special one of one's analyst and failing? (So one is lonely). The seduction play with men (and analyst?) is for what? To remove the feeling of not being special and of being left out and lonely when A takes a holiday?

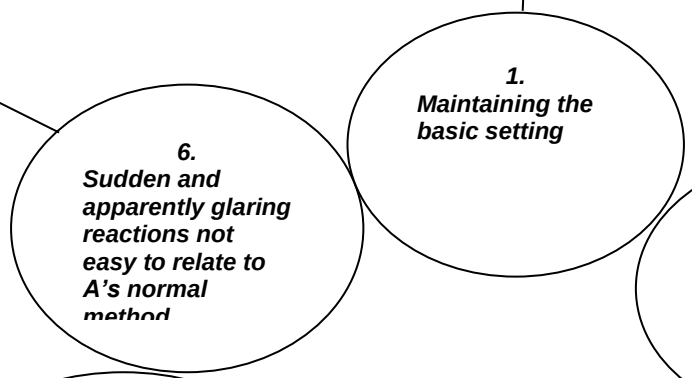
How are the A's feelings and thoughts giving information and about what? Or creating the analytic relationship?

Are the A's feelings constructed – transformed into unconscious signals? Is countertransference information about what the patient is experiencing (construction, inference) versus countertransference as part of a co-creation of a field both experience. (Frightened object repeats)

In these ways we try to think deeply about core concepts as they are used in daily work.

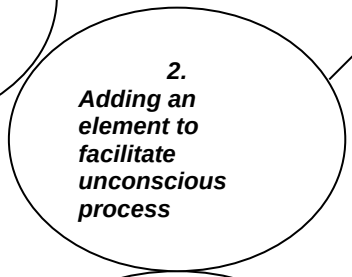
For each intervention (Including if analyst implies deliberately did not speak) start by considering why the analyst thought s/he should speak **at this point**. Then ask if you think the PURPOSE of the comment was mainly 1,2,3,4,5,6 below.

Step 1



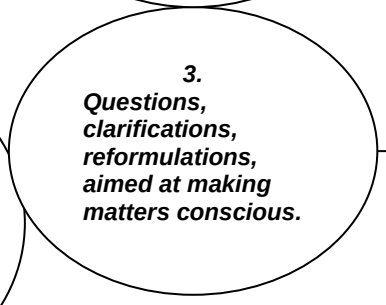
Basic behaviour creating the setting in simple ways.
For example: "You have forgotton your coat", "My holiday begins on Friday".

(There are circumstances where these comments might be 6 or even 3 – that's for debate! *Such debate may help to see how this A thinks of the analytic situation*.)

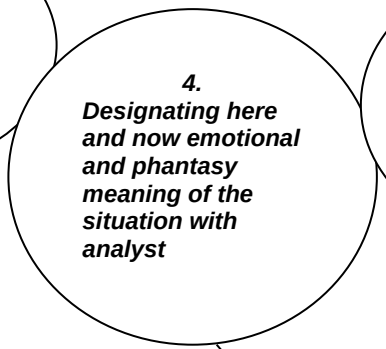


Comments here are likely to be ambiguous, polysemic and brief – aiming (with a specific idea of ucs process) to encourage more association or linking but at **the unconscious** rather than conscious level. *So an opportunity to see what is meant by dynamic unconscious and psychoanalytic process*.
For instance – "Walls? "A mouth with teeth!" "A bedroom!" "Not feeling hateful?"

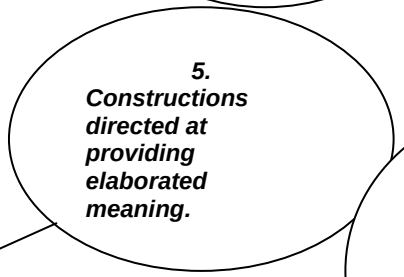
Note: No comment can escape the conscious or unconscious but some comments are more directed at one than the other. As one participant put it: "a certain type of wording, i.e. repeating a word that seemed to be central, is basically different from, let's say, clarification, or designation of what is happening in the here and now".



Such comments apparently make the patient conscious of some observations and so enable one to wonder why that matters to A.. You will recognise them compared to 2 because they are likely to be more saturated (i.e. to have a clear and unambiguous rather than more ambiguous meaning). Compared to a 4 when they concern the analytical relationship they will be more atemporal or apersonal. The discussion why an intervention might be not 4 or 3 etc. is more important than the outcome.
Examples: How do you think of a wall? "What are you thinking?" "What's going on in your mind2. "Do you think there is a pattern in the way you are here and how you are with your wife?". "You quite often seem to be irritated by your boss". "I think you feel you don't want to talk about that". "It seems to me you get anxious when you think about coming to see me". "There was a purpose but it collapsed". "Tell me more about that feeling". "Any associations?" "The process of cutting yourself is happening now" (*apersonal? But not atemporal so marginal to 4*)



These comments **must be specific to the emotional or phantasy meaning situation in the current session** –here and now. Distinguish from comments more generally about the analytic relationship. Usually this will mean that the analyst will specify "you" feel "x" about "me" now or vice versa. But precisely this is for group discussion.
Examples; "You feel I am far too interested in you". "I just made made you anxious". "You feel guilty t you have not paid me today" "I think you feel I have become grandiose and very pleased with myslef" "You hate it that I said something just then and you think you should do the whole thing."



Several ideas come together in the sense A talks about things that have been observed together – not necessarily in one session. [*An opportunity to explore why this helps or perhaps not – A's theory of psychic change]*
Example: "Maybe you set limits to me like you do to your mother. I am becoming like your nagging and oppressing "mother analyst". While I nag you with more and more questions you become…."

This category is designed to explore if A has a concept of mistakes (*CT enactment perhaps or the analytic filed as bidirectional*) and whether this is noticed or considered in session**.** The aim is to bring out underlying ideas and rationales. This category should not be used to supervise the analyst – the analysts must see the comment as a mistake in some way.
Example: "We need to understand this!" [An apparently 1 or 3 type remark but eventually judged by A and group to be 6 – because what had happened before had clearly disturbed the A and this was an enactment of his irritation.
Example: "That's quite normal" – said in a moment of anxiety by A when there was an external noise, but then realised by A to prevented associations.

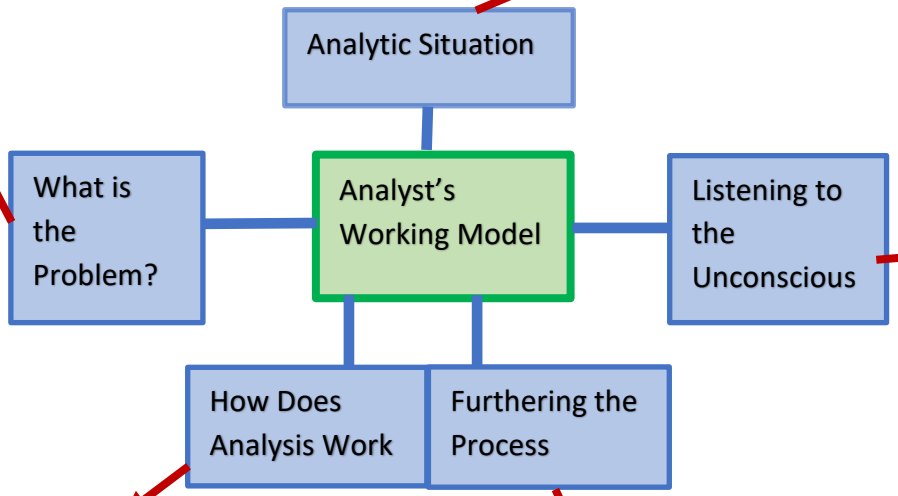
Step 2 Vienna 2017 version – Guide to 14 Questions in search of answers to help to construct what is the analyst's working model and the supporting evidence.

*Here we aim to note in a simple way what the analyst **seems to think is the patient's problem** (**in and out of sessions**) and to construct the analyst's **theory of psychopathology** – as evident in the discussion of the sessions in the group.*

1. Is there a ***theory that P's problems today are generated by infantile conflict*** and of what sort? How does it work?
2. Is there a ***theory that P's problems today*** are caused by failures in his or her infantile environment and if so of what sort? How do they manifest now?

11. *Here we aim to construct the analyst's theory of transference – i.e.* ***how they suppose the P's infantile past come into the present in the session and how they come to know this?***

a. Through parallels A sees between patient's different narratives [and the supposed situation in the analysis.]
b. Via the way the patient is understood to experience the analyst in the session / *through enactments of affects and representations in the patient coming from past but attributed to present*
c. Via the field that A and P jointly create in their interaction (*through enactments of affects and representation in the patient* ***and in the analyst*** *coming from past but attributed to present).*
d. By distinguishing the past through particularities **in the patient's language** - double senses, analogies, repetitions, lapses.



In a session a patient talks, pauses (etc.) and the analyst listens perhaps also becoming aware of his/her thoughts and feelings. ***We have 3 questions to try to differentiate models:***

12. **Setting Focus**: Overall, is the analyst using evenly suspended/hovering attention or rather a more conversational style.
13. **Mode of listening**: Using observation, empathic (sensing patient's experience as speaks), subjective (using A's subjective responses) and/or intersubjective (watching effect on each other) listening?
14. **Content of listening**: Noticing emotions, resistances, conscious meanings and parallels, opportunities for translation of meaning (this means that).

Here we aim to construct the analyst's theory of psychic change drawing conclusions from discussion of the sessions

3. *Does the **theory about change involve a different or new object** and of what sort?*
4. *Does the theory involve **interpretation,** of what and to achieve what?*
5. *Does the theory include an idea that patients may have difficulties **taking in** interpretations?*
6. *Does the theory include a notion of **analytic neutrality,** of what sort and why is it important to make analysis work?*

Here we aim to construct each analyst's technique – i.e. ***what it is they actually say and do to bring change*** *according to their theory of change.*

7. **How** does the analyst create a new object in the sessions?
8. **Why** are interventions made and with what priority and **how do they contribute** to the analyst's interpretive aims?
9. **How** does the analyst try to address any problems s/he think the patient has to take in interpretations?
10. How does the analyst **implement** analytic neutrality?