

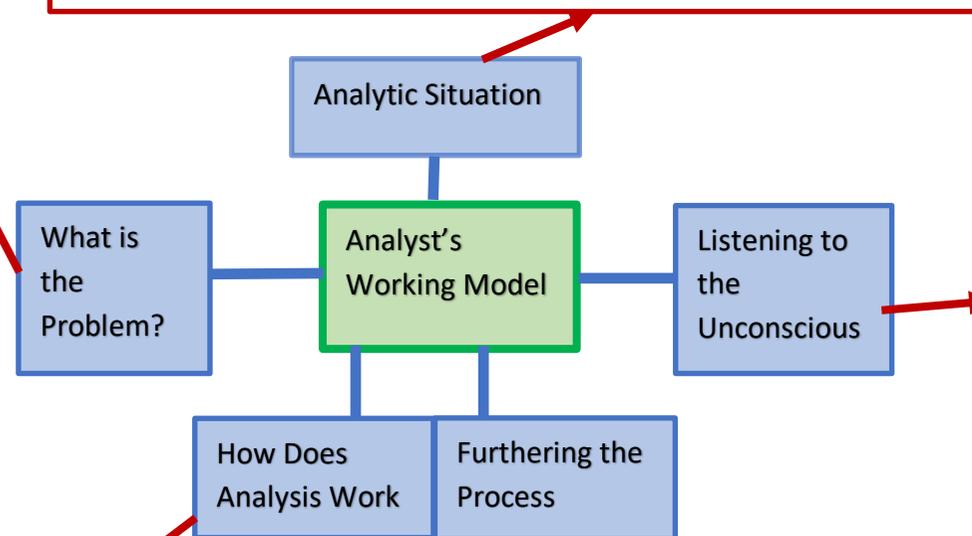
Step 2 Vienna 2017 version – Guide to 14 Questions in search of answers to help to construct what is the analyst’s working model and the supporting evidence.

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?