On the Value of Becoming an Analyst

James Grotstein (2009, 300) notes in a paper on projective transidentification, where he is talking about the importance of the patient’s external reality, that “the dedicated psychoanalyst is often prone to remain focused on the internal world of unconscious phantasy, to the exclusion of significantly intruding factors that may emerge in the analysand’s external life, whereas the psychotherapist may do the opposite.” In other words, the psychotherapist is likely to focus on troublesome aspects of the patient’s interpersonal relationships unaware of or unable to adequately address “intruding factors” emanating from the patient’s unconscious object relationships. In this brief essay, I want to consider Grotstein’s observation as it relates to psychoanalytic training and the value of becoming an analyst.

It may at first seem like a shortcoming of psychoanalysis that the analyst may focus primarily on the patient’s inner life. Certainly this can be the case, if external reality is ignored. It is easy to think of examples of this type of error. For example, when the analyst fails to investigate the patient’s signs of serious physical illness or disease, or domestic violence, or driving while intoxicated, or being fired from employment—to mention a few of the infinite possibilities that may be reported to us in the course of analysis. Conversely, the problem with focusing mainly on the outer manifestations of our patients’ psychopathology is that the unconscious sources of his problems remain unexamined, and thus, unchanged. The patient continues to get in fights with his spouse unaware of his hostility toward the analyst; or continues in risky behavior, such as driving while intoxicated, to demonstrate how uncontained he feels when the analyst is not available; or repeatedly fails to show up for his salaried work to express the (hope and) fear of analysis failing.

Grotstein (2009, 300) defends the analyst’s focus saying that “The hope that analysis theoretically offers is to help the analysand to locate his projections into the external object [or situation] that have caused him to respond to [them] as if they were a persecutor. ...The object or the

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external other may in fact be a problematic person—and this is why he is such a good candidate for projection of, for example, feelings of persecution. However, if the patient is going to have any chance of understanding the external situation or himself in relationship with others, he must first understand *his own contribution* or how the external problem is but [a] dramatization of a painful and, often times, entrenched internal object relationship.” I agree with Grotstein on this point, and will add that the surest way to help the patient understand *his own contribution* to the destructive aspect of ingrained internal object relationships is to show him how the problems he experiences with others also occur in his here-and-now relationship with the analyst.

Learning to feel and observe the transference-countertransference relationship while speaking to it in ordinary language, devoid of terms of art like “projection” or “transference” or “splitting”, is an important part of what analytic training enables the already skilled psychotherapist to do. It then becomes possible to hear what the patient is saying both in terms of the manifest content (conscious awareness) and the unconscious undercurrents or implicit object relationships. Thus, the process of becoming an analyst is a bit like learning a second language such that it is possible to hear, say, in French, while speaking in English, and vice versa.

Returning to Grotstein’s point, that analysts tend to focus on understanding the patient’s inner world and unconscious phantasies rather than on “intruding factors” that exist in the patient’s external life, I can say—as one who was a practicing psychotherapist for 23 years before beginning analytic training—that the education I received at NPS has enlarged my understanding, of myself and my patients, in such a way that it is possible to engage in conversation with patients about their interpersonal concerns while keeping in mind the possible unconscious meanings, and when appropriate, to make interpretations that link the two. Furthermore, my training has enabled me (on a good day) to do this within the moment to moment unfolding of the transference-countertransference dance in a way that is often felt by my patient (and me) to be “experience near” and, thus, supportive of ongoing emotional growth and development.
To conclude, analytic training has enlarged my appreciation of the value of both psychic reality and external reality, and the intricate relationship between the two. As a result, I can speak more freely to either realm, understanding that one is but a reflection of the other, without feeling constricted by one reality or the other.

References