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SPECIAL SECTION: BRIEF REPORTS

Consultation May Help with Troublesome Counter-Transferences And Dissociated Responses

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Abstract

Freud had conducted psychoanalytic treatment as a solo practitioner who had not utilized either individual or peer group consultation. He relied on self-analysis for dealing with troublesome counter-transferences.

We conducted telephone surveys of 200 members of the American Psychoanalytic Association and email surveys of 1174 members of four New York City psychoanalytic societies. No consultation was reported by 12-55% of groups of respondents. Approximately one-third of all the American analysts contacted utilize no consultation. Since self-analysis can provide only limited help with the analysts' troublesome counter-transferences and dissociated responses, the absence of consultation suggests that such psychoanalytic treatment is sub-optimal. Leaderless peer group supervision, termed "intervision" developed in Germany during the early nineties, and currently 85% of German analysts participate in some form of consultation. It seems plausible that individual or peer group consultation may enhance the quality of psychoanalytic treatment by American psychoanalysts.

Key Phrases: Individual psychoanalytic consultation; peer group psychoanalytic consultation; self-analysis; German "intervision"; peer group consultation for candidates

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Introduction

Troublesome counter-transferences and dissociated responses commonly arise in conducting psychoanalytic treatment, and we are afraid that self-analysis is of limited help in dealing with them. We suggest that those analysts who do not already utilize consultation for help, consider employing either individual and/or peer group consultation.

Freud's Model of the Psychoanalyst

Freud began using hypnotic treatment of patients, but found it unsatisfactory and switched to psychoanalytic treatment. He conducted psychoanalytic treatment as a solo practitioner; there is no evidence he ever utilized either individual consultation or peer group consultation. Apparently, he used self-analysis for help with treatment difficulties, despite his ambivalence about its value. In Freud's five papers on technique (1911-1915) no mention is made of the possibility of individual psychoanalytic consultation.

The Role of Self-Analysis

Freud recommended self-analysis, while clearly ambivalent about its value. He wrote to Fliess (Nov. 14, 1897) "Genuine self-analysis is impossible." (p. 271). Grinberg De Ekboir & Lichtmann (1982) concluded "Freud's self-analysis is not repeatable at all" (p.81). The significant literature about self-analysis, suggests that some analysts find it useful. However, in contradistinction, there is a well-known comment that "A doctor who treats himself has a fool for a patient." If you truly believe in the unconscious, then there seems no alternative recognizing that the value of self-analysis is limited.

The assumption that trained analysts do not need to continue in consultation is, Mander (1993) asserts, a naïve and potentially dangerous self-deception. Zysman (2012) agrees, noting that patient-analyst interactions during a session "are beyond the sphere of conscious recognition by the analyst while at work and often also afterwards." (p. 2.). Gabbard (2000) asserts "Our professional role and identity as analysts should include seeing consultants regularly. … the general spirit of training programs should be that no therapist completely masters counter-transference and that we all need the assistance of colleagues to help us chart the murky waters of the analytic process." (pp. 216, 217). Kirschner (2012a) concurs and adds, "it may be time, at this moment in the evolution of the analytic discipline, to find new ways to involve others as witnesses to analytic practice" (p.1239).

Utilization of Individual and Peer Group Consultation by American Psychoanalysts; An Empirical Study

Since no data were available documenting the use of consultation, we decided to assess the proportion of American analysts who utilize either no psychoanalytic consultation, individual consultation or peer group consultation. We conducted two different, parallel surveys. The first was a telephone survey of 200 members of the American Psychoanalytic Association; the other

was an email survey of the 1174 members of four New York City psychoanalytic societies, two of which would be considered "traditional" while the other two were predominantly "relational". Individual societies are not identified in this report to maintain society anonymity.

Two hundred members' names were randomly selected from the Roster of the American Psychoanalytic Association and telephoned individually; of these, 20 phone numbers were not responsive. Those 180 responding were each queried by phone by J.S. using a script: "(1) Are you in active practice? (2) During the last six months have you utilized either no consultation, or a formal individual consultation and/or peer group consultation. Please call at 212.787.4270 and leave an anonymous response. For a representative result, it is important that, whether or not you are in active practice, you respond". In the second, later and larger survey, that same script was distributed in an email message to their own member lists of each of four New York City Societies. An additional prodding email request was sent one week after the first email request. Thus, a total in both surveys of 1,354 analysts were contacted. Results are presented in Table 1.

Table 1

Survey of Analysts' Use of Consultations

	APsaA	NYC Analytic Societies			
		1.	2.	3.	4.
Contact Medium	Phone	Email	Email	Email	Email
Number Contacted	180	262	178	242	492
Number Responses	70	12	29	31	106
Response Rate	39%	5%	16%	13%	21%
% Indiv. Consult.	46%	58%	24%	16%	43%
% Peer Group Cons.	41%	75%	72%	39%	69%
% No Consul. Repor.	15%	17%	24%	55%	12%

Discussion of Consultation Survey

As the table indicates, two different survey mechanisms were queried; personal phone calls and email requests. Clearly, the survey response rate was much higher when personal contact was made by telephone (39%) than by email (5-21%). Further, we speculate - though we have no evidence - that lacking immediate pressure or motivation to respond, analysts unable to report either individual consultation or peer group consultation, might be more reluctant to respond at all, similar to previous assumptions, that analysts with few or no patients in analytic treatment may have failed to respond to the practice survey. If this latter hypothesis is sensible, the percent of analysts reporting no consultation, 12% - 55%, may be an underestimation; i.e.,

perhaps the average of 33%, or one-third, practice as solo practitioners, utilizing no consultation – as Freud did. Consequently, the percent reporting individual and peer group consultation may be an overestimation; the results indicate that Individual Consultations range from 16% to 58%, and Peer Group Consultations range from 39% to 75%, suggesting that peer group consultation may be used somewhat more frequently than individual consultation.

Models of Psychoanalytic Treatment in Germany

Leaderless peer group supervision, termed "intervision", (to distinguish it from leader-run peer group supervision) developed in Germany during the early nineties, and, recently, Stehle (2000) reports that 85% of German psychoanalysts in private practice regularly take part in some form of continuing clinical education. "Intervision" is an important part of post-graduate work, and participants regularly register on average for 23 "intervision" sessions per year, thus, making it a commonly accepted part of private practice in Germany.

Schunter describes intervision in the Ulm group (personal communication):

> "To meet in a study group constellation with colleagues well known to each other and to feel well in a critical discourse puts narcissistic issues in the background. In this way, subtle counter-transference attitudes and response sets, diagnostic errors, blind spots, enactments, technical errors, but also reaction about negative courses of treatments, etc., can be handled easier".

Another supplementary statement (personal communication) has been provided by the former President of the German Psychoanalytic Association (2012), Christoph Walker, (christoph.walker@t-online.de), a member of the Tübingen group:

> "Basically I couldn´t imagine my work as psychoanalyst without the collegial exchange in 'intervision' groups. The group I am most committed to consists of four members, two women and two men and has met weekly in the early afternoon for the last 22 years.
>
> I consider that the most relevant aspect is a stable, reliable frame, which supports the growth of confidence among us. In this atmosphere we can cultivate a readiness to talk about what is really difficult in spite of all the associated negative affects. This enables members to be confronted with "one's blind eye" without shame and devaluation. Members are encouraged to remain curious and the change from presenting one's own case material to listening to others' cases increases awareness of both knowing and not knowing, and enables the communication of the uncomfortable. The group is a container which enables exploration of the analyst's frustration, of what has changed, and also of what was not present in analysand or analyst. The collegial relationships enable explorations and changes of clinical and theoretical concepts".

The greater proportion of German psychoanalysts utlizing "intervision" than American analysts may well be attributable to the German insurance system in which psychoanalytic patients do not pay for psychoanalytic treatment directly; insurance companies pay for their treatment which is covered by the approximately $3000 per year the patient pays for insurance. In return, the state regulated insurance companies expect that psychoanalysts like any medical specialty has to care for quality assessment where consultation has become an established routine in Germany..

Conclusion

Our survey indicates that approximately one-third of American psychoanalysts continue to use Freud's solo practice model of psychoanalytic treatment, and obtain *no* analytic consultation. Two thirds of American analysts utilize either individual consultation or peer group consultation.

It seems clear that self analysis can provide only limited help with the analyst's troublesome counter-transferences and dissociated responses. Although we know of no empirical study comparing analytic treatment effectiveness by analysts who utilize no consultation to analysts who use some consultation, it seems plausible to expect that individual or group consultation will be helpful to the treating analyst, and the German insurance companies seem to agree.

In addition, psychoanalytic education already uniformly provides candidates with the experience of the usefulness of individual consultation, in the form of supervision. Psychoanalytic educators might explore why some candidates do not extend this experience after graduation to individual psychoanalytic consultation. We suggest, also, that candidates be provided with the experience that peer group consultation can also be helpful in the hope that the model will be sustained in their postgraduate years.

References

Freud, S. (1897). Letters to Fliess. In J. Strachey (Ed. & Trans.). *The Standard Edition of the Complete Works of Sigmund Freud* (Vol. 1, pp. 87). London, UK: Hogarth Press

Freud, S. (1911). The handling of dream-interpretation in psychoanalysis. In J. Strachey (Ed. & Trans.). *The Standard Edition of the Complete Works of Sigmund Freud* (Vol. 12, pp. 89-96). London, UK: Hogarth Press (original work published 1911).

Freud, S. (1912). Recommendations to physicians practicing psychoanalysis. In J. Strache (Ed. & Trans.) *The Standard Edition of the Complete Works of Sigmund Freud* (Vol. 12. pp.109-120). London, UK: Hogarth Press (Original work published 1912).

Freud, S. (1913). On beginning the treatment (Further recommendations on the techniqueof psychoanalysis I) In J. Strachey (Ed. & Trans.) *The Standard Edition of the Complete Works of Sigmund Freud* (Vol. 12, Pp. 121-144). London, UK: Hogarth Press (original work published 1913).

Freud, S. (1914). Remembering, repeating and working through (Further recommendations on the technique of psychoanalysis) In J. Strachey (Ed. & Trans.) *The Standard Edition of the Complete Works of Sigmund Freud* (Vol.12 pp. 145-156). London, UK: Hogarth Press (original work published 1914).

Freud, S. (1915). Observations on Transference Love (Further Recommendations on the technique of psychoanalysis III (1915 [1914]). London, UK: Hogarth Press (original work published 1914).

Gabbard, G. O. (2000). Disguise or consent: Problems and recommendations regarding the publication and presentation of clinical material. *International Journal of Psychoanalysis, 81*, 1071-1086.

Grinberg De Ekboir, J., Lichtmann, A. (1982). Genuine self-analysis is impossible. *International Revue of Psycho-Analysis, 9*, 75-83.

Kirschner, L. A. (2012a). Toward an ethics of psychoanalysis: A critical reading of Lacan's ethics. *Journal of the American Psychoanalytic Association, 60*, 1223-1242.

Mander, G. (1993). Dyads and triads: some thoughts on the nature of therapy supervision.*Journal of the Institute of Psychotherapy and Counseling* 1:1-10.

Stehle, S. (2000). *Evaluation von Struktur - und Ergebnisqualität psychoanalytischer Tätigkeit in Deutschland.* (Evaluation of structure and outcome quality within the psychoanalytic profession). Dissertation Freie Universität, Berlin.

Zysman, S. (2012). The fourth blow to narcissism: theories, clinical practice and the analyst's unconscious. E-Newsletter, International Psychoanalytic Association, December, pp. 1-3.