

Appendix 1: Detailed descriptions of the two Working Parties

Working Party on Comparative Clinical Methods (CCM)

Moderators: Dr. Elizabeth da Rocha Barros (Brazil); Dr. Martin Gauthier (CPS-SPM)

The Working Party on Comparative Clinical Methods (CCM) has been designed to allow analysts to talk across theoretical divides. The Clinical Comparative Method developed a “Two Steps Method” in order to propitiate discussion between the groups’ participants. This method was the result of intense work from many analysts and had the participation of David Tuckett, Antonino Ferro, Paul Denis, Helmut Heinz, Roberto Basile, Dana Birksted-Breen and Tomas Bohm, among others, and their experience is described in a book entitled, “Psychoanalysis Comparable and Incomparable”, Routledge (2008).

The CCM WP discussion groups usually work for 12 hours with a group of around 12-15 people maximum, led by two moderators. The Two-Step Method of workshop discussion aims to provide a framework for a group of psychoanalysts from different traditions, languages and cultures to use their differences creatively in order to discuss and compare the way different psychoanalysts work. It is not a supervision of the analyst’s clinical presentation and it is the moderator’s responsibility to stop any comment with that purpose.

This experience of discussion and thinking about another analyst’s implicit theories leads one in turn to understand one’s own implicit models.

“Free discussion” has significant drawbacks for achieving any real understanding of our similarities and differences if and when it becomes a “loose (or unstructured) discussion”. We have learned that a degree of structure can be useful whenever psychoanalysts discuss clinical material. Those who attend the Group have a working task: to use all the curiosity and sensibility at their disposal to understand how the analyst works and to describe and characterize that way of working as close as possible in order to sense how it compares to other ways of working. Quite often, the experience of dealing with different methods makes this an uneasy emotional experience. It is the moderator’s role to hold the group to the work at hand and to do everything possible to facilitate it. He/she needs the group’s support.

The Two-Step Method starts with a presenter, who is a psychoanalyst, presenting a brief background to the case and analytic sessions which represent his way of working with this patient he sees at least three times a week. It is the presenter’s task to present the work and then step back and reflect on emerging discussion from time to time and when asked to do so. Experience suggests that no presenter, however eminent, is fully aware of the ways their working method is similar or different to other methods and may even have misconceptions about that, as we all probably do.

The group members (the Discussants) are there to try to “construct” from the available discussion a “picture” of the presenter’s work which, although it may or may not be what the presenter thought before and may even surprise (or shock) him or her, in some respects makes the best sense of the presented materials and discussion.

In Step 1, the group will reflect in depth on the function and purpose of each “intervention”. What was the purpose of the remark in the analyst’s mind? We have found the discussion to be more useful if limited to the six possible categories developed by our Method. They include: 1) interventions aimed at maintaining the Basic setting; 2) interventions adding an element to facilitate unconscious process; 3) interventions, clarifications, reformulations aimed at making matters conscious; 4) interventions with the aim of designating in the here and now the emotional and fantasy meanings of the situation with the analyst; 5) interventions with the aim of constructions directed at providing elaborated meaning; 6) sudden and apparently glaring reactions not easy to relate to the analyst’s normal method.

In Step 2, members of the group “construct” from their discussion of the clinical material a “picture” of the presenter’s work. The idea is that the first step would be an aid to a second discussion step. When discussing each intervention and the category it falls into, this could lead to a better more systematic understanding of the quality of listening, the understanding of transference and the conceptualization of the analytic process. The group works on the analyst’s explanatory model to explain the patient’s difficulties following these categories: 1) the analytic situation: how does the analyst think about the transference? 2) Listening to the unconscious as it comes into the session; 3) how the analysis works? 4) What is wrong with the patient? 5) How does the analyst think he can further the analytic process?

The long hours of observation plus the experience of debating with colleagues from different orientations make room for the development of tolerance of different views and increase one’s clinical acuity. It also promotes the learning of another way to listen to clinical material, different from supervision, which will help one’s own way of working, teaching and experiencing psychoanalysis.

Working Party on Specificity of Psychoanalytic Treatment Today: Interanalysts Group Work (WPSPTT-IGW)

Moderators: Dr. Philippe Valon (France); Ms. Ronnie Shaw, APN, BC (USA)

WPSPTT-IGW is a research method founded by Evelyne Séchaud, Leopoldo Bleger and Serge Frish who developed the work of the clinical groups by widening the ideas of Johan Norman, Bjorn Salomonsson and Jean-Luc Donnet. This method is based on the analogical relation between analytic sessions and their narration. The WP has found that owing to the associative thinking of analysts working together, the clinical research group functions as a magnifying echo of the transference-countertransference relation between patient and analyst. The small clinical Groups are made up of 12-15 analysts from different analytic cultures working for a day and a half on the same clinical material. The presenter relates no more than necessary of the session content (speech, affects and actions) without giving any indication concerning biography, the history of the analysis or the setting. He/she then remains silent without responding to the questions raised by the group. The fundamental rule is to associate freely to the clinical material. The group thus “constructs” the patient, each participant using his explicit and implicit theoretical references. Through the group work the gap between theory and practice (J.-L. Donnet) thus becomes reality and makes its exploration possible. The presenter then enters the discussion and lends his thoughts and feeling to the group work. This Step enables the group to assess après-coup the constructions worked through during the preceding Step. The group work and research work are separated by time with the research group taking place at a different time and place than the Congress group work. The groups are held in Europe, North America and in Latin America.

Both groups will be in English and translation to French will be woven into the group as is done in the international groups. However, the English language is required.

Limited spaces – Maximum of 16 participants per Group

Act now to register in order to reserve your spot before the groups are totally filled.

Both CCM and WPSPTT-IGW groups will meet at the offices of the CPS (7000, Côte-des-Neiges, Montreal (QC), H3S 2C1) on Wednesday, May 30th from 7:00 to 10:00 p.m. and on Thursday, May 31st from 9:00 a.m. to 5:00 p.m. Registrants are expected to attend both days of the group.