Psychoanalytic Association of New York

Phases of Analysis

The following schematic description delineates many key aspects of a developing analytic process. It is characterized most importantly by processes that focus on the analysis of transference manifestations in relation to the person of the analyst. However, this does not imply that all analyses follow a linear course; few analyses are "typical" and many variations occur in successful analyses. For example:

- There may be sudden shifts in the balance between expressions of transference and resistance, temporary advances and/or regressions, unexpected enactments, crucial insights that are seemingly lost, and external events that impact the analysis (e.g., insurance issues, job changes, educational requirements, marriages, births, deaths, the patient's and/or the analyst's health, and the like). These and many other occurrences require the analyst to be flexible, patient and open to the unexpected with patients and with his or her responses to these situations.
- Transference elements may often be effectively analyzed in relationship to significant others in the patient's life; work with some patients may involve exploration of challenges to the frame repeatedly throughout the analysis or at later phases rather than being restricted to the opening phase.
- The analyst's increasing confidence and clarity of understanding in midphase may alternate with periods of uncertainty or even perplexity. Furthermore, the technical emphasis of the opening phase may differ for some patients with more severe pathology.

We offer the following description of the phases of analysis to candidates of the Institute at PANY as an educational tool that can be useful in discussion with supervisors, SPC advisors, and continuous case instructors, as well as for personal reflection, while simultaneously recognizing that there can be controversy about what constitutes an analytic process.

Opening Phase

The analyst and analysand begin to experience being with each other in this new and unusual relationship in which the patient is invited to share whatever comes to mind while (typically) lying on the couch without face to face contact with the analyst. The patient begins to learn that it is useful to share with the analyst not only symptoms, but a variety of data, such as childhood experiences, what is going on in the here---and---now, dreams, slips of the tongue, visual images, bodily sensations, and thoughts and feelings about the analyst. As the patient starts to appreciate that meanings attached to these experiences may be inter---connected, he or she also begins to understand how to work with this material. A major aspect of analytic work in this beginning period involves helping the patient to become aware of his or her resistances, and to begin to realize the power of these manifestations of defense in order to become attentive to and understand the ways they may appear, as well as the conscious and unconscious affects they are intended to avert. In other words, the patient begins to become aware of the existence of internal conflict. These resistances are often expressed in challenges to the frame in contexts such as establishing analytic frequency, the fee, free associating, using the couch, and the handling of missed sessions and personal questions about the analyst. In addition, both analyst and patient begin to recognize some elements of their transference and countertransference reactions, and the patient becomes increasingly aware that there is a dynamic unconscious. The time period necessary for this beginning work varies widely for different patients; in rare instances it may take months, but more often one to two or three years, and even longer with some patients.

Early Mid-Phase

The analysis and analyst become more and more central emotionally to the patient, and the analysis as a structure and process can become increasingly stable. An initial focus on reporting of symptoms begins to give way to a greater emphasis on the meanings of symptoms and on character. Transference--- countertransference manifestations are gradually clearer as more and more derivatives offer evidence that support the analyst's interpretations, especially as resistances are worked with analytically. They may be experienced in fantasies and enactments expressed verbally or in action. These provide useful material for both patient and analyst to explore, and result in both the patient's fuller awareness of transference and the analyst's greater awareness of both transference and countertransference. The analyst often experiences more confidence in understanding the analysand's psychology and in his or her interventions. This, too, is subject to vicissitudes and challenges to certainty – as evidence may emerge that requires revision of previous interpretations. Some modifications are often observable in the patient's defensive style and ability to reflect on internal states and motivations – including the patient's reflecting upon the internal state of the analyst - as well as resistances to doing so. As this phase develops, with its deepening of the transference (and the patient's fuller appreciation of it), the analyst's interventions may place a greater emphasis on the here-and-now of the patient's mind within the session and less on the external life of the patient.

Advanced (or Deep) Mid-Phase

Typically, the analysis and analyst have become of central importance to the patient. The patient-analyst pair engages in increasingly productive analysis of transference-countertransference patterns that have become more clear, interpretable, and workable, as well as reconstruction of the influence of childhood experiences, including traumatic events that have shaped childhood and current experience. Interpretations of specific content in these areas may become more prominent relative to work on defense and resistance. The patient's productions are usually more coherent, so that links between transference and extra-transference, and past and present become more evident and accessible to the patient and analyst. This may contribute to the analyst's increasing pleasure and/or freedom to interpret. Core conflicts are worked on over and over again in an affectively vivid way in the here-and- now and there-and-then, as various facets of these conflicts become manifest in the patient's life as well as in the analytic situation; the patient can also better appreciate connections between the two. Some significant changes in the nature of the relationship with the analyst, and/or in the patient's life outside the analysis, usually take place. The patient also evidences greater ability to engage in self-analysis; s/he notices new resistances as well as the old defensive patterns and some increased flexibility to use a greater variety of defenses, and a more developed and differentiated affective life.

Termination

The patient has achieved a significant capacity for self-analysis and an appreciation of the conflicts that underlie manifest complaints, although the latter may not always remain conscious. By this time the patient has a fuller, more complex, and nuanced view of the personal narrative presented at the beginning of the analysis, and there is significant improvement in the problems that brought him or her into treatment. Core conflicts and complaints are inevitably revived, although usually - but not invariably - with less intensity, as termination is anticipated. This period offers an opportunity to further elaborate these core conflicts in the context of the impending loss of the analyst as a

representative of old object relationships, as well as a real person and a daily presence. This work is done with a greater sense of independence from the analyst, including a greater capacity for self-analysis. Emotional appreciation of the reality and meanings of loss is inevitable (and necessary for an internalization of the analytic relationship and process to become structured). Themes of loss and mourning are common, as the patient relinquishes idealized fantasies that pertain to the analyst and to him or herself, even after the completion of a successful analysis. The analyst also deals with the loss of the patient and his/her countertransference responses that often mirror the patient's experiences of object loss. Both parties develop an awareness of the limitations of the treatment and an appreciation of what it has accomplished.