Step 2: March 21st 2009 Version.

1. **Phenomena**. What does the analyst consider the problem – i.e. what are the main troubles, complaints, difficulties the patient has (*including the difficulties the patient has evident in the room with the analyst)*?

2. **Explanation**, Describe A's (causal) psychoanalytic explanation(s) for those difficulties. Look particularly at ideas about how conflict, deprivation or traumas create the problem. Some models explicitly combine these, others mainly separate them.

Be sure to establish the meaning of ideas.

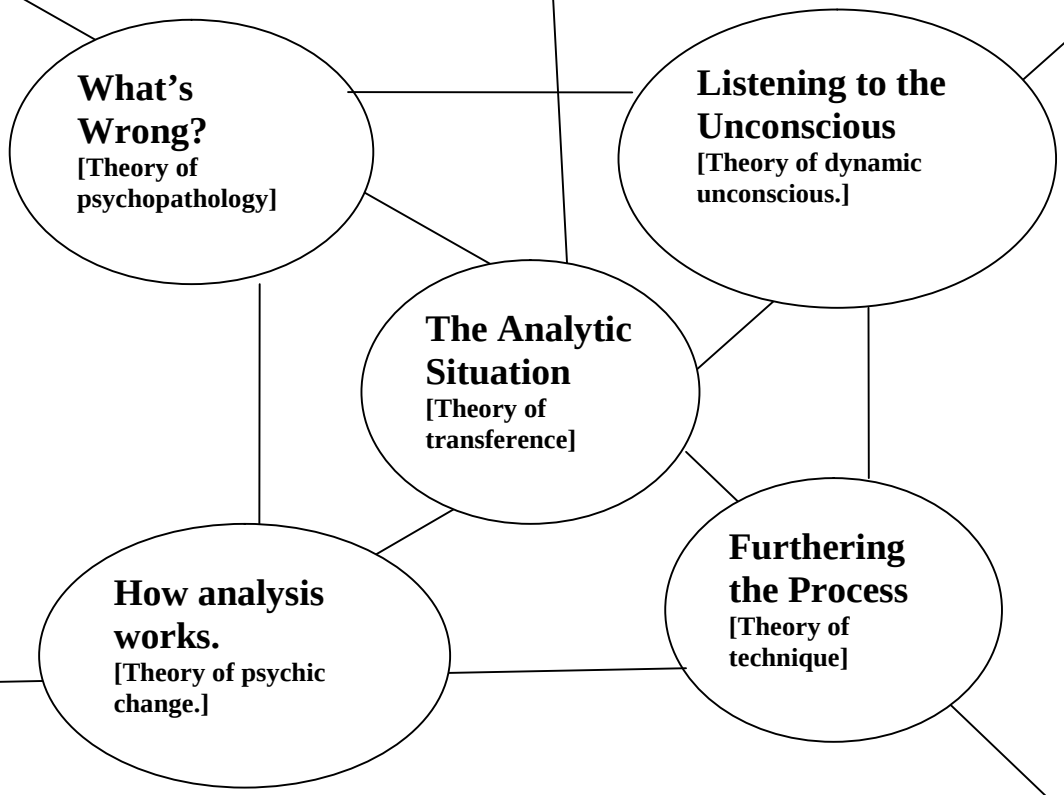
***How what happened in the past "creates" the material in the sessions***.
*Three ways which, by emphasis, are often mutually exclusive.*

A. **Via the relationship**. Past is assumed to come into the present **mainly** by the relationships which are established in session, whether by P, A or both.

B. **Via descriptions**. Past is assumed to come into the present **mainly** by the relationship P is observed by A to have with others, as described in his associations. Details not a main focus.

C. **Via formal regression**. Past is assumed to come into the present **mainly** via processes of representation and symbolisation. Details not a main focus

Describe the way A builds a picture of ***unconscious*** content, relationship, affect or phantasy emerging in session and how it is sensed.
A's vary in (1) what they notice; (2) how (if at all) "face-value" meaning or feeling is transformed into latent meaning or feeling and (3) what sorts of meanings and feelings they observe in themselves and their patients and how they account for them. They also vary in the state of mind they are in and how much explicit transformation into a latent picture they undertake.
Ask: What does A hear described when given reports of external events (conversations, happenings, experiences)? What experiences of the analyst are reported by A and how are they used? Is enactment by P or A in the session noticed? Does A hear internal conflict or the operation of infantile sexuality? Does A recognise unconscious memories emerging? Does A hear unconscious phantasies? Does A attend to how what A has said is received? Does A hear unconscious resistance and transference in the session?




The theory of psychic change is necessarily linked to the theory of pathology – what needs changing.

- What is this analyst's idea of psychoanalytic process in these sessions? What is it that it makes change and how?
- What sorts of experiences does this patient need to have in the sessions and how will these make a difference**?** [For example: insight (in what form into what?); containment (meaning?), space (meaning?), transformation of beta elements to alpha thoughts (meaning?), sustaining a relationship (meaning?), capacity to differentiate self and object (meaning?), etc.]
- What is the role of patients coming to know more about themselves and their history (consciously)?

What interventions (or other modalities) make analysis work? How do the interpretations further an analytic process, are resistance and defence interpreted and how? How are dreams interpreted and why?
Be helped by discussion in Step 1! Each type had a different function: to further the process (as defined by the A), to give P the experience A considers "psychoanalytic". Discussing the interventions shows the assumptions about what an analytical process is and how to get it going and sustain it with this *"type of patient"* .
The group needs to work hard to make sure terms have real meaning.
Be sure to establish if this A does or doesn't interpret (1) the way P experiences A in the session; (2) how P feels about A; (3) Conflicts in P's mind.