

HYMAN SPOTNITZ

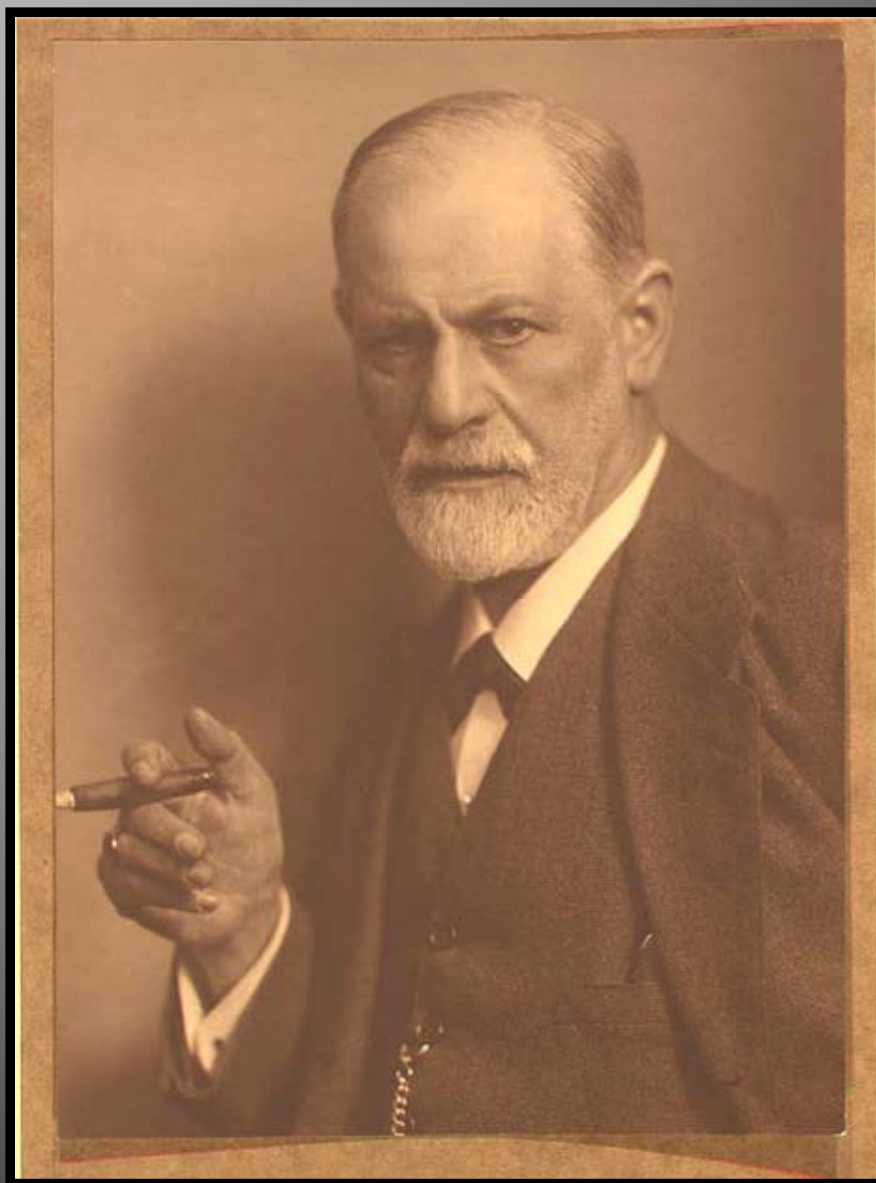
Founder

of

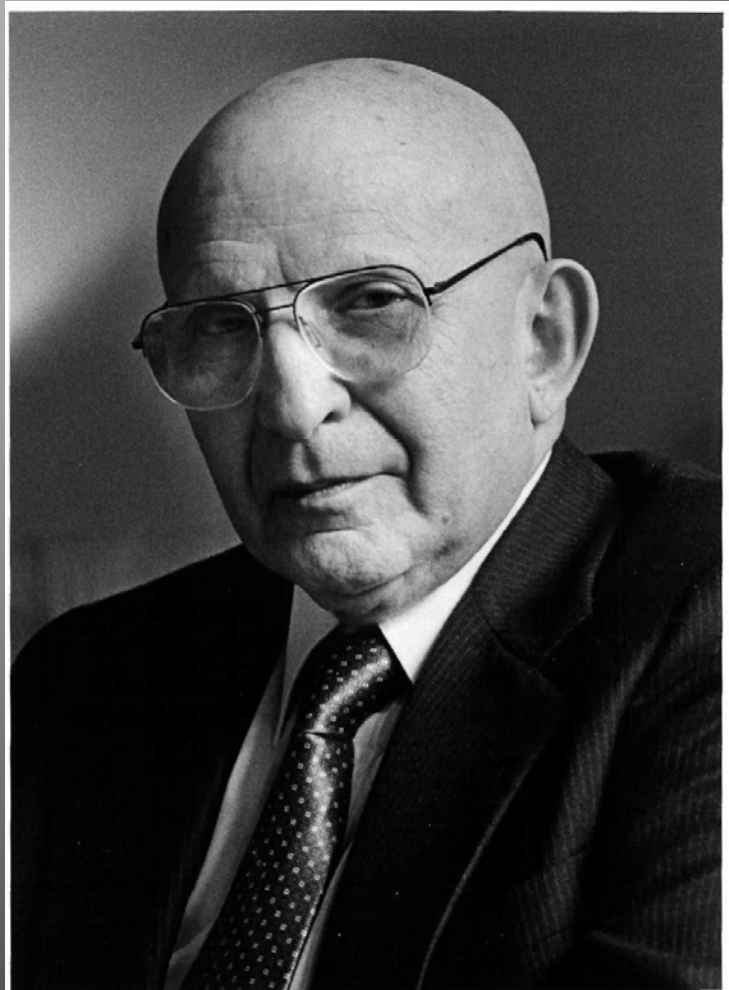
MODERN PSYCHOANALYSIS

SIGMUND FREUD:

Biologist of the Mind



SPOTNITZ:
Neuro-bio-psychoanalyst



Freudian Foundations

Freud's Theory of the Dual Drives provides the theoretical basis for Spitz's understanding of the psychodynamics implicated in schizophrenia and the narcissistic neuroses.

Spitz also took Freud's clinical approach—using transference and resistance as the starting point for its work—and adapted it to treat schizophrenia and narcissistic disorders.

1. Freud: In An Outline of Psychoanalysis, 1940

An instinctual drive must have an aim. That of the erotic drive is to bring people together, to unite them in their mutual interests, and for the preservation of the human race. It is the drive that first operates to bring objects in the mind of the infant.

2. Freud: In An Outline of Psychoanalysis, 1940:

The aim of the aggressive drive, on the other hand, is the destruction of object representations or their precipitates, which contribute to the formation of the infantile ego. The aggressive drive, free from control, operates to destroy and disunite, to fragment the personality, and sever the ties between people.

SPOTNITZ: Walks In Freud's Footsteps

...I believe that "modern psychoanalysis" best indicates that the theory of treatment presented in this book *Modern Psychoanalysis of the Schizophrenic Patient (MPSP)* is basically Freud's theory and Freud's method of therapy, reformulated on the basis of subsequent psychoanalytic investigation.

(*MPSP*, p. 25)

A MAN AHEAD OF HIS TIME

In the 1940's and 50's Spohnitz created a new language in psychoanalysis that reaches the emotional brain. He understood that the primary clinical tool in classical analysis, interpretation, aimed at the rational brain, did not work with narcissistic patients. He pioneered Neuro-Psychoanalysis before it existed as a field.

SPOTNITZ IDENTIFIES HIMSELF

“As a research psychiatrist specializing in psychoanalytic therapy, I combine the treatment and study of the preoedipal disorders in my practice. And I strive through words and attitudes to advance the science and art of helping each person produce in his own physico-chemical organization—the body’s own laboratory—whatever rearrangement of his physiological and psychological functioning would permit him to feel, think and accomplish what he wants to in life.” (MPSP, p.16)

1. SPOTNITZ AT THE JBG: The Crucible of Modern Psychoanalysis

In the 1940-50's Spotnitz was consulting psychiatrist at The Jewish Board of Guardians (JBG) which functioned as a clinic catering mostly to children and families suffering from narcissistic disorders. The JBG was at the same time a training center and a research forum where psychologists and social workers were trained to do psychotherapy. Here Spotnitz developed his clinical method for the treatment of pathological narcissism and trained many followers who contributed to the further development of what came to be known as "modern psychoanalysis."

2. Spotnitz at the JBG

He established critical models for the further development of a new psychoanalysis with a unified system of clinical thought that specifically addressed the problems of narcissism based on a deep understanding of developmental processes.

His method proved applicable to a wide range of pathologies.

His theory of technique focused on the use of interventions specifically designed to resolve maturational blocks by addressing the emotional brain.

3. Spotnitz at the JBG

Contributed to the development of innovative modalities:

- Individual treatment in which the subject's needs determine the degree of frequency
- Child, adolescent and family treatment
- Group therapy alone or in conjunction with individual treatment
- Developed a modern analytic philosophy of child rearing and family relations which focused on emotional communication.
- Created a new psychoanalytic supervisory model

HYMAN SPOTNITZ

OVERVIEW 1

Trained in medicine, neurology, psychiatry and psychoanalysis.

Challenged and intrigued by Freud's statement that narcissism is untreatable because patients cannot form a transference, he became determined to find a way to treat such patients psychoanalytically.

His primary research interest was the study of schizophrenia. His goal was to develop a treatment that could cure schizophrenia using Freud's psychoanalytic method.

OVERVIEW 2

After successfully treating a schizophrenic patient, he discovered that the illness is psychologically reversible.

In 1969 he published *Modern Psychoanalysis of the Schizophrenic Patient (MPSP)* in which he presented his theory of technique, an adaptation and further elaboration and development of Freud's clinical method.

While adhering to Freud's model of using transference and resistance as points of departure, he introduced the concepts of narcissistic transference and countertransference as indispensable therapeutic tools.

OVERVIEW 3

Spotnitz's theory of technique focuses on specific interventions aimed at resolving preoedipal resistances—also known as resistances to maturation.

Interventions cover a wide range, are based on principles of emotional communication, and are intended to promote ego-reinforcement and ego insulation.

Theory, amplified, contains novel formulations on transference and countertransference, and the use of induced emotions.

OVERVIEW 4: RESEARCH INTERESTS AND FUTURE DIRECTIONS

1. The development of the science and art of replicable interventions.
2. Focus on specificity of treatment.
3. Prophylaxis—including courses on emotional education in school curriculum.
 - a. “The present high incidence of mental illness suggests that such training is too difficult to be entrusted almost exclusively to parents.”

(Psychotherapy of Preoedipal Conditions [PPC], 1976, p. 18)

1. SPOTNITZ ON SCHIZOPHRENIA

Drive-Based Psychodynamic Explanation

Schizophrenia is an organized mental situation, an intricately structured but psychologically unsuccessful defense against destructive behavior.

Both aggressive and libidinal impulses figure in this organized situation; aggressive urges provide the explosive force while libidinal urges play an inhibiting role.

2. SPOTNITZ ON SCHIZOPHRENIA

Drive-Based Psychodynamic Explanation

The operation of the defense protects the object from the release of volcanic aggression (narcissistic rage) but entails (or threatens) the disruption of the psychic apparatus.

Obliteration of the object field of the mind and fragmentation of the ego are among the secondary consequences of the defense. (*MPSP*, p. 57, 1999)

3. SPOTNITZ ON SCHIZOPHRENIA

Drive-Based Psychodynamic Explanation

Aggression, object protection, and sacrifice of the self:
these are the elements that combine to produce the schizophrenic nucleus of the personality. *MPSP*, p.39

The primary forces that scramble the personality in schizophrenia are impulses to destroy the object.

(*MPSP*, p.69)

1. Spotnitz-The Work of the Analyst

I have conceptualized my clinical role as that of a maturational agent. (*PPC*, p.16)

I usually accept full responsibility at the beginning of treatment ...I have been increasingly impressed with the fact that it is the psychotherapist who has the primary task of making change possible. (*PPC*, p.16)

. . .*The desire for personality maturation* needs to be created as an aspect of the treatment relationship. (*MPSP*, p.39)

2. Spotnitz-The Work of the Analyst

Getting the patient to express his anger in language or behavior is viewed by some therapists as a major problem to work on in treating the schizophrenic patient.

This view is incorrect; the cathartic approach is not curative. The problem is, rather, to study and resolve the forces that prevent the patient from expressing anger in language. (MPSP, p. 215)

3. Spotnitz-The Work of the Analyst

In treating an extremely narcissistic individual, it is helpful to operate on the assumption that two-way nonverbal communication goes on from the initial contact without either party necessarily being aware of it. (*MPSP*, p. 246)

The analyst *does not reveal his emotional responsiveness in his manner of conducting the treatment.*

(This operational principle is stressed because I have observed that it is often violated.)

CONCEPT OF THE TREATMENT

1. The degree of tension to which the patient is exposed is judiciously controlled.
2. To liberate the patient from pressure to act on aggressive impulses, a treatment climate in which the patient will feel and verbalize them is maintained.
3. The patient is helped to resolve the immediate obstacles to the verbal discharge of these impulses.

(*MPSP*, p. 74)

THE NEUROBIOLOGY OF COMMUNICATION

An excessive tie-up of neurons in fixed and pathological patterns, and overactivity or underactivity of certain neuron systems are generally associated with mental illness. (MPSP, p.96)

To control the mobilization of aggressive impulses by the patient and secure their release in language, the analyst adheres rather strictly to a narrow range of communication. This militates against the threat of iatrogenic regression.

(MPSP, p.106)

THE NEUROBIOLOGY OF COMMUNICATION: A Flexible Approach

In general, the *higher the developmental level* at which the patient enters treatment, the *broader the range therapeutic communication* that he can tolerate and the less urgent it is for the analyst to operate strictly within that range.

(*MPSP*, p. 106)

CLINICAL CONCEPTS

- ▣ Narcissistic Transference, Positive and Negative
- ▣ Object Transference, Positive and Negative
- ▣ Anaclitic Transference, Positive and Negative
- ▣ Narcissistic Countertransference, Positive and Negative
- ▣ Object Countertransference, Positive and Negative
- ▣ Objective Countertransference
- ▣ Subjective Countertransference
- ▣ Oscillating Transference-Countertransference States

CLINICAL CONCEPTS

- ▣ Emotional Contagion, Positive and Negative
- ▣ Emotional Induction, Positive and Negative
- ▣ Emotional Communication, Pos. & Neg.
- ▣ The Schizophrenic Reaction
- ▣ The Schizophrenic Defense
- ▣ Ego Insulation, Ego Reinforcement
- ▣ Brain Synchronicity in Groups
- ▣ Object Field of the Mind
- ▣ Objectification of the Ego (Proj Identif)
- ▣ Egotization of the Object

ON INTERVENTIONS

An intervention is of value only when it helps the patient move out of a pattern of resistant behavior that is being engaged in "right *now*."

Any type of intervention that helps the patient to say what he really feels, thinks, and remembers without causing narcissistic injury (Lucas, 1983) is designated as a *maturational communication*. (MPSP)

INTERVENTIONS AND NEUROSCIENCE

We are in the process of learning how to apply the specific interventions that will facilitate the therapeutic handling of the hereditary, constitutional, and environmental factors that make their presence felt in the analytic relationship and are being recognized in modern neuroscience.

INTERVENTIONS

- Commands
- Object (Factual) Oriented Questions, Neg-Pos
- Ego-Oriented Questions
- Joining, Ego Syntonic and Ego-Dystonic
- Mirroring, Reflecting
- The Toxoid Response (Immunization)
- The Maturational Interpretation
- The Maturational Communication
- Constructive Emotional Interchange
- Object Oriented Approaches

SOME DEFINITIONS

The term “joining” denotes the use of one or more ego-modifying techniques to help the patient move out of a repetitive pattern. Indirectly, by reducing the pressure for impulse discharge, the joining of resistance (defense) has the effect of reinforcing the preoedipal personality.

“Contact functioning replaces the subjectively determined timing of classical interpretation with what might be called “demand feeding,” in which the timing and type of communication are what the subject asks for.”

(Meadow, 1974)

HYMAN SPOTNITZ: UNSUNG HERO

“Between 1960 and 1970, some remarkable works appeared, the majority of which came from the Kleinian school, which could not fail to arouse the admiration of the reader. Certain bold and even adventurous therapeutic undertakings were reported concerning patients that few analysts had the courage to take into treatment. Herbert Rosenfeld, Hanna Segal, Betty Joseph, W.R. Bion were the heroes of this epic in the discovery of unknown territories.” (p. 59)

A. Green (2005) *Key Ideas for a Contemporary Psychoanalysis*

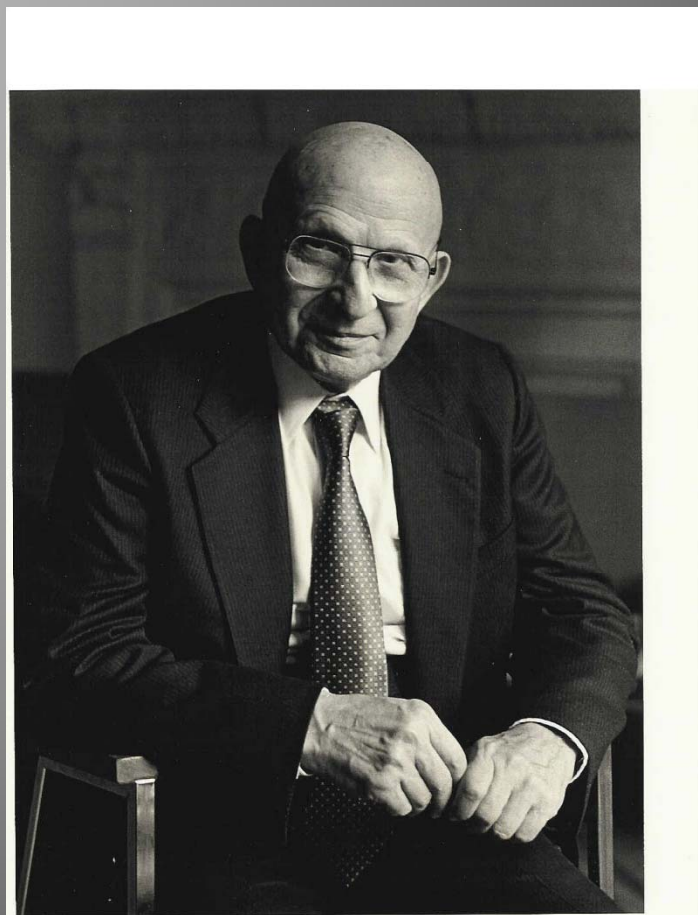
Spotnitz: the Talking Cure

" Speech affects the mind and through the mind's physical structure – the nervous system – the chemistry of the body. It would probably take hundred's of years to compound the exquisitely precise chemicals which each patient needs to get well and stay well. But his body has its own chemical laboratory; and the psychotherapist, through his words and attitudes, tries to stimulate it to produce those chemicals. The personality can be employed in an infinite number of ways to create different psychological effects and control the dosages for each patient and situations. To advance the science and art of producing psychological stimuli is the concern of the research minded practitioner. *(The Couch and the Circle, 1961, p.233)*

The Goal of Modern Analysis

The patient who has successfully undergone modern psychoanalysis emerges in a state of emotional maturity. With the full symphony of human emotions at his disposal, and abundantly equipped with psychic energy, he experiences the pleasure of performing at his full potential. When this state has been stabilized, modern psychoanalysis has achieved its ultimate goal.

HYMAN SPOTNITZ



1908-2008