

“Intimacy-in-the-analytic-situation” as clinical concept: A systematic review of psychoanalytic literature¹

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Abstract

The purpose of this presentation is to determine what clinical phenomenon is referred to when psychoanalysts think of intimacy in the psychoanalytic situation, and if there is a consensus or divergent opinions on this issue. The methodology will be the following: 1. Dictionaries of Philosophy and of the English language will be reviewed to provide a set of terms that cover the semantic field of “intimacy” (such as closeness, togetherness, affinity, rapport, privacy, attachment, familiarity, etc.). 2. These terms will allow, as keywords, to conduct a literature review on major search engines in psychoanalytic journals. 3. The selected articles will be analyzed searching for clinical references to the intimacy situation or process. 4. Based on these analyses a phenomenological model characterizing the essential features of “intimacy-in-the-analytic-situation” will be developed (how it appears in the clinical field, how it evolves, in which contextual conditions, etc.)

Introduction

In these ‘postmodern times’ we have become aware of a trend towards fragmentation lying at the root of the psychoanalytic method (Jiménez, 2015). Accordingly, practical and theoretical diversity constitutes an inevitable fact in psychoanalysis. It is well known that there is a lack of consensus about how to decide between competing and sometimes mutually contradictory theories, and how to integrate divergent concepts and theories. In the face of the growing

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plurality of orientations and positions in psychoanalysis some sharp questions emerge: Is psychoanalytic knowledge doomed to an endless fragmentation? Can a constructive dialogue between psychoanalysts adhering to different orientations and traditions take place so that the boundaries between theoretical and practical divergence may be outlined? These questions don't have so far definite answers and remain as an open task to psychoanalysis as an academic discipline.

One of us (JPJ) had the privilege of having been invited to participate at the *Committee on Conceptual Integration*, called by the former IPA president Charles Hanly (2009–2013), to explore the possibility to integrate concepts which, originating in different psychoanalytic traditions, differ with respect to their basic assumptions and philosophies. In view of the theoretical and clinical diversity of psychoanalytic concepts, the committee developed a method to compare the different versions of concepts and their underlying theories, to place them in a frame of reference, which would allow a more objective assessment of the similarities and differences. The Committee conceived a psychoanalytic concept as a semantic space with fuzzy boundaries. In order to grasp the complexity and richness of the concepts analysed, the Committee developed some basic dimensions, tailor-made to each concept, to describing, first, the concept of enactment (Bohleber, Fonagy, Jiménez et al. 2013) and, second, the concept of unconscious phantasy (Bohleber, Jiménez, Scarfone et al. 2015). One of the dimensions applied in semantic analysis was what the Committee called the clinical phenomenology of the concept. The assumption behind this dimension is that all theoretical concepts in psychoanalysis should have some link to the so-called "clinical reality". In this vein, a clinical phenomenology of the concept "intimacy-in-the-analytic-situation" attempts to describe the concept from a "bottom-up" perspective, that is, from the immediate experience of the analyst working in session. In previous papers one of us (JPJ) applied this approach to describe the clinical phenomenology of perversion (Jiménez 2005), of psychoanalytic practice (Jiménez 2009), and of the concept of unconscious phantasy (Jiménez 2016). But, constructing a phenomenology of the concept of intimacy-in-the-analytic-situation is not an easy task, for this is a concept that does not belong to the central

concepts in psychoanalysis, unlike unconscious fantasy and enactment. As a matter of fact, compared to concepts like empathy and subjectivity, intimacy, with a few exceptions, is absent in psychoanalytic discourse, and in indices. However, with the emergence of the relational approach, the concept of intimacy is moving toward the foreground (Kupersmidt & Silver 2013).

Brief outline of the method

The guiding question that the method intends to answer is: *how to capture the process according to which the concept of intimacy appears in the mind of the analyst when he/she tries to describe a particular emerging phenomenon in the analytic situation?* The answer is: by reviewing the psychoanalytic literature. Psychoanalytic literature is the main cauldron where the accumulated practical experience of psychoanalysts crystallizes and where psychoanalytic theory is constructed, disseminated and transmitted from generation to generation. If we want to know and compare traditions and orientations in psychoanalysis, we must consult psychoanalytic journals. It is certainly necessary to have a method to separate the wheat from the chaff among so much publication accumulated over time. The review should therefore be systematic and include criteria for inclusion and exclusion of articles to be considered.

1st Step: Outlining the semantic field of “intimacy”. Following Heidegger’s assertion that “language is the house of Being; in its home man dwells”, we start our inquiry with words and its etymology. Words have synonyms which, taken together, determine a family of words with differentiated semantic neighbourhood or nearness to the central term. English online dictionaries were consulted to select the relevant meanings to our search. In the same sense, a dictionary of philosophy was consulted.

2nd Step: Refining the search. Psychoanalysis is a discipline that speaks many languages, but to narrow the search we limit to articles in English that contain as keywords “intimacy” and “analytic situation”. We restricted to use PEP (*Psychoanalytic Electronic Publishing*) as the largest psychoanalytic search

engine, defining inclusion and exclusion criteria to constrain the quest to a more specific description of the phenomenon

3rd Step: Trying to grasp the “clinical reality”. The selected articles were analyzed searching for clinical references to intimacy in the analytic situation.

4th Step: Constructing a phenomenological model. Based on these analyses, we developed a phenomenological model characterizing the essential features of intimacy-in-the-analytic-situation (how it appears in the clinical field, how it evolves, in which contextual conditions, facilitators, barriers, risks, etc.)

Results

1. Outlining the semantic field of “intimacy”. In Latin *intimare* means “to put or bring into, to impress, to make familiar”; *intimus* is the superlative of *intus* – “within”–, and means “inmost, innermost, most intimate”. *Intimus* means then the most hidden, secret and profound, and the verb *intimare* refers to the action of putting or bringing into, of impressing, of making familiar. In *Tesaurus.com*, we found 22 words related to intimacy, and each of these words has a similar number of synonyms. Among these, the main meanings are *closeness*, *familiarity*, *warmth*, and *affection*. There are however two other meanings that are relevant to psychoanalysis (*Dictionary.com*): *privacy*, especially as suitable to the telling of a secret, which relates to the issue of confidentiality and the publication of clinical cases, and *sexual intercourse*, a topic of indisputable ethical importance. The query to a dictionary of philosophy (Ferrater Mora 1969) added interesting connotations. One of the meanings of ‘intimate’ is “to get something material through the gaps or interstices of a thing,” where ‘intimacy’ can be understood as “interpenetrability.” However, ‘intimacy’ is used more to refer to something spiritual and personal, and not something material. The dictionary concludes that the term ‘intimacy’ refers to an emergent experience between two or more people. Therefore, intimacy is not only subjective, but also intersubjective. Philosophically then, ‘intimacy’ refers to the subjective experience, shared by two or more people, of being, as it were, personally ‘interpenetrated’.

2. Using PEP as search engine. Using the keyword ‘intimacy’ in the title, we found 101 sites between 1964 and 2017. Out of them, 13 included the word ‘definition’, and 21 contain clinical illustrations and/or vignettes. 46 contain the word ‘analytic situation’ in the title, and ‘intimacy’ in the content. There is no particular year with greater density of articles. The years that have more references are 2004 with 9, and 2007 with 7 mentions. The rest of the years show few articles, or none, on the subject. No clear tendency to increase interest in the subject in recent years was found. This result shows that the concept of intimacy by no means belongs into the more central or popular concepts in psychoanalysis. As comparison, PEP produced 983 sites using the search criterion of “Unconscious Phantasy” spelt with *Ph*, and 3,257 under “Unconscious Fantasy” spelt with *F* (Jiménez 2016).

Since our aim was to find the more precise clinical description of the concept intimacy-in-the-analytic-situation we selected as inclusion criterion articles that contain operationalized definition of intimacy and clinical illustrations and/or vignettes, and we excluded articles that focus on the subject of privacy and confidentiality, as well as on the topic of intimacy and sexual intercourse.

3. Constructing a phenomenological model. The qualitative study of the selected sample of articles from psychoanalytic journals reached up to the point of saturation, that is, it kept going until the next article did not provide new information, it was redundant information. The study of the sources allowed us to distinguish seven meaningful categories to describe the phenomenon of intimacy-in-the-analytic-situation

1. Definition. Many authors offer a definition of intimacy (Hatfield 1982; Alperin 2001; Kirman 1980; Ehrenberg 2010). Out of these definitions two basic perspectives emerge: The first one is intimacy as a subjective experience: the sense that what one most feels to be the one’s self, is actively engaged with other; for the patient, intimacy is the experience of feeling emotionally understood by the analyst. More recent papers emphasize, however, that it is not only an experience of the patient but of the analyst as well. In this sense,

intimacy-in-the-analytic-situation is a *shared experience* by the patient and the analyst, a point of maximum and acknowledged contact at any given moment in the relationship without fusion, without violation of the separateness and integrity of each participant (Ehrenberg 2010). The second perspective is intimacy as an interactive process by which the patient-analyst dyad attempts to move toward a complete communication in all levels, something that goes on between the analyst and the patient, each regarded by the other as an authentic center of initiative and selfhood. (Ingram 1992, p.414).

Intimacy is then, and at the same time, a subjective experience, and an intersubjective, shared experience by patient and analyst. From the point of view of subjectivity, intimate moments are moments of immersion, of full awareness that we are 'in the same' but without being 'the same'. It is a momentary experience that last until it is recognized, observed and mentalized. Intimacy is emotional and mental closeness with the other, and at the same time is realization of separateness, of self-efficacy and competence in both members of the dyad.

2. Psychological roots. There is broad theoretical and empirical agreement that supports the idea that the yearning for intimacy is a primary human need that underpins social learning, an essential aspect for the survival of the human being. In psychoanalytic therapy the primary modes of relating to others may emerge in the transference-countertransference matrix. Old attachment systems are activated in the patient and in the analyst. Both participants arrive at the analytic encounter with their particular ways of relating, and with the same yearnings of being in intimacy with the other (Yerushalmi, 2013). In this sense, "the desire for intimacy is inborn" (Alperin 2001, p.138).
3. Facilitators. Being the yearning for intimacy an inborn need, it does not have to be promoted; "it simply occurs through the analyst's creation of an emotional environment where the patient feels safe revealing all of his or her thoughts and feelings" (Alperin 2001, p.147). So, the first facilitator of intimacy is the construction of a secure relational atmosphere. However, security is constantly subverted by the emergence of perceived threats, by anxieties of harm

emerging in either of the two members of the dyad. Collaborative analytic exploration of moments of disagreement and detachment can lead to moments of intimacy. The development of intimacy and emphatic identification between the self-states of one member of the dyad may facilitate intimacy, empathic identification, and ultimately compassionate acceptance between the self-identification of the other member. This process is bidirectional and mutually facilitating (Burton 2012).

4. Barriers. The yearning for intimacy may vary in intensity for various psychobiological reasons. Research in early mother-infant relationship has taught us about the relevance for intersubjectivity of the development of attunement and synchrony in the rhythms of psychobiological processes of both members of the dyad. Being intimacy an intersubjective phenomenon, the withdrawal of one impacts the possibility of approaching the other. Analyst coldness, lack of spontaneity, too rigid an analytical framework can inhibit the development of interpersonal processes that lead to intimate moments in the therapeutic situation. In the same way, a sloppy and inconsistent frame promotes mistrust and inhibition in the patient and, with it, can prevent the development of moments of intimacy. Interventions that validate little and embarrass the patient inhibit the unfolding of moments of intimacy. People who value self-definition over affiliation will find it difficult to create an atmosphere of intimacy. In both members of the dyad, dynamic reasons such as intrapsychic conflicts can inhibit the development of intimacy (Alperin 2001). In the psychoanalytic literature we find a broad list of intrapsychic barriers that prevent closeness that goes from fears of fusion, damage and abandonment to sexual anxieties.
5. Risks or Perils. The authors of our sample agree that intimacy in the analytic relationship, albeit necessary to produce psychological change, implies risk of confusion and loss of boundaries. Too much closeness or validation can be as disturbing as too much coldness or detachment. Moreover, the fear of transgressions can lead the analyst to detach from his patient, thus impacting the possibility of the emergence of intimacy. But the experience of intimacy

can, in turn, arouse longings for more closeness, which can enhance urges of crossing the limits of the therapeutic relationship. Holding a balance in this situation involves a work of mourning on the part of both therapist and patient. The attainment of intimacy in the analytic situation is always momentary and this can be more or less frustrating.

6. Temporal profile. Intimacy is a momentary intersubjective phenomenon and as such is not static and may fluctuate from one moment to the next. In the context of the spiral of reciprocal impact, more often than not the optimal balance between closeness and distance is over- or undershot so that there is some kind of intrusion or else over-cautiousness. In either case there is a failure on the part of psychoanalyst and patient to meet at the 'intimate edge' (Ehrenberg 2010, p. 127).
7. Intimacy and therapeutic change. The increasing relevance of the idea intimacy-in-the-analytic-situation should be understood in the context of the contemporary shift from interpretation as the central and unique factor of change in psychoanalysis to the idea that there is 'something more than interpretation' that underpins all psychoanalytic interventions (BCPSG 2002). If patients experience the relationship with the analyst as providing a safe environment for independent exploratory behaviour, this will strengthen their ability to stop defensive reactions and will improve their ability to learn more adaptive ways to confront what were previously threatening situations. Repeated experiences of intimacy along psychoanalytic treatment is "what move patients from operating within closed systems of enactments, characterized by old object relational patterns/transferences, rigidity, dissociation, narrowing of consciousness and deadening hypnoidal states, to the open systems of new object relational patterns characterized by fluidity, expansion of consciousness and greater complexity, association, and healing" (Burton 2012, p. 662).

Conclusions

The choice of the topic of intimacy for this congress reveals the growing importance for the understanding of psychological change that IPA-psychoanalysis attributes to the detailed study of the therapeutic bond and to the unfolding of the intersubjective relationship between analyst and patient. This panel is also a shift of the focus from general, theory-driven explanation of psychological change to moment-to-moment description of 'what's going on here between patient and analyst' that can shed new light to how psychological change is brought about. We have presented a method that allows collecting the clinical experience of numerous analysts, moving away from great theories that tend to distance us from patients, and trying to capture the freshness of those original moments that seem to constitute the common ground of our discipline.

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