In distinguishing between the first interview in classical psychoanalysis and modern psychoanalysis, Evelyn Liegner (1977) suggests that patient selection has more of a role in the former than in the latter. Freud and many of his followers felt that narcissistic disorders were untreatable and that these conditions should be identified rapidly and excluded from psychoanalysis so that the time of the analyst and the money of the patient would not be wasted. Toward this end, rules were spelled out and an assessment made of the patient’s ability to comply with them. In modern psychoanalysis, by contrast, narcissistic disorders are considered treatable, but care must be taken that the first interview not be a wounding experience which might either make the narcissistic patient worse, or drive him away. Liegner approaches this problem primarily from the point of view of technique, i.e. appropriate interventions geared to helping the patient to feel comfortable. Object oriented questioning is prominent in her approach. She does allow for the role of intuitive judgments, and also for the possibility that the analyst may feel that he cannot treat the patient, in which case he should help the patient break off the relationship.

It has been my experience, both in myself and in hearing from other students of modern psychoanalysis, that an approach based on the student’s understanding of “modern psychoanalytic techniques” frequently results in either the patient or the therapist or both feeling attacked and wounded, and a potentially viable analytic relationship being broken off after one or two sessions, or even less than one session. What seems to happen is that the desire to be what Liegner calls “facilitating” gets ahead of the goal of reducing the patient’s anxiety and helping both parties to feel comfortable together. Experienced modern analysts may be able to successfully negotiate the passage between the extremes of frustration on the one hand and gratification on the other, but I believe this is simply too hard for beginning analysts to attempt without a basic level of comfort achieved by having had some analytic experience under their belt already. My advice would be to stress the importance of comfort in the initial interview, even if it means answering—responding to some of the patient’s questions with information—rather than a theoretically more “facilitating” response. In the presence of the anxiety associated with dealing both with a new patient and a new situation, the beginning analyst will usually lack the sensitivity to respond in a truly facilitating manner to the great variety of things which the patient may say or do. If he then tries to be “analytic”, he ends up usually being simply rigid, repeating some formula or intervention which he has heard in some other situation. The patient recognizes that he is not being responded to with sensitivity, becomes more anxious in turn, and the situation deteriorates from there. If the beginning analyst thinks of the interview more as a personal encounter with a stranger and concentrates simply on having a pleasant conversation, or at least a conversation of some kind, rather than on being “analytic” or “therapeutic”, or (hardest of all) trying to induce
the patient to enter into therapy with him, the results are usually satisfactory. Either the
patient and the analyst do reach an agreement on treatment, or if not, their relationship
ends cordially and permits of the patient being helped into a therapy relationship with
someone else instead.

One of my ideas about therapy is that the true test that therapists have to learn is not how
to help patients but how not to harm them. By gradually becoming aware of all the ways
in which a therapeutic relationship can lead to harm for the patient, and avoiding these,
the therapist will in fact be carrying out a complete psychoanalysis. When he thinks
about trying to help the patient, he may easily fall into a trap of reenacting with the
patient the destructive interactions that have occurred in the past. The parental figures,
too, consciously meant to be helpful. Applying this principle to the initial interview, I
would say that the goal should not be to try to help the patient, not even to help him to
stay, but should simply be to try to get through the interview without doing any harm. If
this can be done, the intuitive responses that patient and analyst have for each other may
determine the future of the relationship, and these intuitive judgments may be the best
ones.

My first interview with F.M., a 28-year-old nurses’ aide, occurred on November 19,
1982. In my notes I wrote: ‘‘Referred by woman psychologist upstairs for
psychoanalysis, meeting 3-5 times per week. Psychologist told her that she had done as
much with her as she could; now she needed psychoanalysis. Need for treatment stems
from continuous incest with father during childhood. As further described, father was
constantly after patient. Earliest memory of this was when he made her take all her
clothes off at age 4 as punishment for some minor misdeed…. Father was also violent;
when she got a lock on her door at one point, he broke her door down. She says they
never had actual intercourse because she always fought him off…. I asked about
frequency and she said she understood it would be 4 or 5 times a week. I said this was
flexible; some people came several times a week, others once every two weeks. If it was
up to her, what would she like? Once every two weeks…. I asked her if she had thought
she would want to be treated by a woman or by a man. She said she had just read a book
about father/daughter incest which she related to strongly. In it, the male therapists
mentioned often were wrong in what they did, not understanding, or even siding with the
father…. I asked her if she then wanted me to refer her to a woman therapist, whereupon
she took off her glasses and said actually she would like to be treated by a man. The way
she said it made me think that perhaps she had me in mind, and I asked if I would be the
right person to treat her. She said yes, if that were possible; she did feel quite
comfortable with me…. Patient commented as she left that she felt some new hope.”

The only clue which I had in this interview that she might have positive feelings towards
me was her taking off her glasses. I was reminded by this of a woman I used to know
some years ago who was very nearsighted and who only took off her glasses in very
intimate situations. I did not really know, however, if my understanding of this gesture
based on my past experience was at all applicable in the current situation.
In F.M.’s 50th session on June 9, 1984, the subject of our first interview came up again for the first time in the analysis. My notes on this are as follows: “Her problem is, she gets nervous when new people try to get close; if they like her, she backs off. I said she likes to get to know people more slowly; she agreed. I asked if she felt nervous when she first came here. She responded by laughing, recalling her first visit, said I would think it was funny: when she first came in, and was waiting, I walked by her too close in the waiting room, entering her “space”; she felt I was intruding. I looked at her. She thought I was a patient, felt harassed by me. Then when I introduced myself as her doctor, she thought, Oh, no! Oh my God! I had seemed kind of fresh, the way I almost brushed by her. But as soon as we started talking in the office, she instantly liked me. I have a lot of charm, plus I was empathetic, sympathetic, whatever. Then she was nervous when she realized I was an attractive man, she started blushing, started cutting me off…. I asked why she agreed to have me as a therapist. She said because she was attracted to me. My personality, my charm.”

This woman was terribly wounded as a child, not only because her father used her as a sexual object, but because she was attracted to him. She wanted him to be a good father, a desire which was frustrated, while at the same time her physical attraction toward him (presumably overstimulated by his behavior towards her) confused her and made her all the more vulnerable to being hurt. I was not in a position to assimilate and act on this information in my first interview. In particular I had no idea that she had already begun to react strongly to me before we even entered the office together. However, I avoided hurting her by accepting both the possibility that she might not want me to treat her, and the possibility that she was attracted to me; not trying to get her to do things in a certain way; and working on having a comfortable interview. She has come on an every other week basis since the beginning, with occasionally more frequent sessions. Although in the initial interview I was relatively gratifying and gave her a fair amount of information which she requested and some which she did not request, I subsequently had no trouble in responding to her communication in a less blindly gratifying and more “facilitating” manner. Actually, one might say that the art of psychoanalysis consists in being facilitating in such a way as to be gratifying at the same time. Patients need to learn how to be gratified by learning how to accept frustration! This is a process which cannot occur in the first interview, but only through the development of mutual understanding between analyst and patient as the therapy progresses.

Reference