ANALYSIS ONCE A WEEK

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Forty years ago, Harold Kelman (1945) explored the possibilities and limitations of analysis when the patient could be seen only once a week. Conditions were far different from what they are today. World War II had stirred up enormous interest in psychoanalysis when there were relatively few trained analysts. These were located almost exclusively in the larger cities. In addition to geography, considerations of time and money limited some patients to one session a week. Kelman felt that with a competent analyst and a patient who had "incentive, stamina and tolerance for analytic work," analysis could be carried out on a once-a-week basis. He stated specifically that he considered this analysis and not psychotherapy. However, he felt that for the great majority of patients more frequent sessions were necessary.

Of course, it all started with Freud (1913), who saw patients every day but Sundays and holidays. Over the years, the number of sessions was reduced, but most analysts felt that unless there were three to five sessions per week, it was not analysis. Greenacre (1954) expressed this position very clearly. She recommended that treatment "should begin with five sessions a week, but that after the relationship between analyst and analysand has been consolidated, it may be reduced to three or four times a week." She cautioned that infrequent spacing of sessions would prolong treatment and increase the risk of inadequately working through of negative transference. Furthermore, she felt that a greater number of patients seen at infrequent intervals would be too taxing for the analyst.

No one really knows what other analysts do in their day-to-day work with patients (Bird, 1972). There probably is a wide discrepancy between what they do and what they say they do. My own impression is that many


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analysts see patients once or twice a week, but don't talk about it. Bieber (1985) is one of the few nationally known analysts who openly states that he sees most of his patients on a once- or twice-a-week basis. He also states that he is indifferent to whether it is called analysis or psychotherapy, as long as it is competently done. For the past two decades, a significant portion of my practice consisted of patients seen only once a week. With most of these, it was definitely psychotherapy. With a few, however, I felt that we were involved in a "cooperative process of working toward increasing awareness, taking place in the matrix of a unique, evolving human relationship" (Portnoy, 1974). In my opinion, this was analysis, albeit with some technical modifications.

TECHNICAL CONSIDERATIONS

Except for the use of the couch, I follow the usual guidelines for the conduct of analysis as closely as possible. I am careful to give a minimum of reassurance or advice, avoid unnecessary contact with relatives and friends, and do not prescribe medication whenever I can possibly avoid it. After the initial interview (interviews) and arrangements about fees, time, and so forth, the patient is told the fundamental rule. There is an occasional patient who needs little more than this. He uses the time productively, starts off the session as if the previous one had been the day before, brings in dreams, and so forth. He maintains the continuity of the treatment process largely by himself and picks up unfinished themes from previous sessions. With such patients, no modifications in the conventional technique are required.

Most once-a-week patients require more active intervention. While I start off each session waiting for the patient to speak, I do not allow long silences to continue early in treatment. I ask questions to help him get started and to indicate those areas in which I am interested. Kelman (1963) advocated that the question and answer method should be used more extensively in analysis. In my experience, I have found it helpful. Later on in the course of treatment, long silences are allowed and, when appropriate, analyzed. If the patient is talking without really saying anything, I stop him at some point and steer him into another area which I feel has greater potential. Since an entire week will elapse between sessions, I try to accomplish something at each meeting. There is a real danger of trying to do too much in the hour.

With a greater number of patients seen more infrequently, I find it harder to have all the significant details about each patient readily available and not confuse one with another. For example, at one time, I had patients whose wives were named: Audrey, Adrienne, Arlene, Eileen. I, therefore,