



# The Negotiation Methods in the Psychology and the Analytical Psychotherapy

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## ► To cite this version:

Svetlana Radtchenko-Draillard. The Negotiation Methods in the Psychology and the Analytical Psychotherapy. 2022. hal-03640599

**HAL Id: hal-03640599**

**<https://hal.science/hal-03640599>**

Preprint submitted on 13 Apr 2022

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# **SVETLANA RADTCHENKO-DRAILLARD**

## **The Negotiation Methods in the Psychology and the Analytical Psychotherapy**

### **Abstract**

The purpose of this article is to present the main studies and to share my experience and research in the application of the methods of negotiation in the clinical work of the psychologist and in the analytical psychotherapy to better understand the essential conditions of the resolution of different conflicts between individuals and the peculiarities of their intersubjectivity in the search for a mutual solution.

**Keywords:** interaction, negotiation, cooperation, competition, conflict resolution, transference, counter-transference

### **Introduction**

From a psychological point of view, negotiation refers to any form of interaction in which individuals with different and conflicting interests communicate and discuss what steps they could take together to resolve the difference of opinion between them. The essential steps must also be followed before any negotiation session: a) study the dispute in question prior to negotiations; b) in assessing the interests of the parties, consideration must be given to the best alternative to the negotiated agreement, c) creativity must be made in trying to find solutions when, on the face of it, the dispute appears intractable: the parties often find themselves in a stalemate when they take firm positions before negotiation and refuse to change them; d) it is necessary to look at how the negotiations will be conducted: each negotiation has its own characteristics; but the following questions must be considered: 1) focus on the interests and not on the positions of the participants; 2) distinguish between the parts and the problem; 3) listen carefully and actively to what each party has said; 4) try to

ensure that all parties "win" by advancing solutions that will benefit everyone, 5) assess the proposals and the progress of the negotiations in the light of the best possible alternative; 6) feel free to interrupt or end negotiations if certain individuals need to discuss a new issue; 7) prepare for the possibility of being confronted with provocative, intimidating, unfair or deceptive behaviour on the part of a participating party, etc. During analytical psychotherapy sessions it is necessary to determine what good and useful of what bad or harmful for the patient and the analyst. During this operation, it is necessary above all to overcome these effects to discern the modality of the intrapersonal conflict structure of patient. And to negotiate well and get along, it is also necessary to know, understand the intentions of the patient and also allow him to know the intentions of the analyst to help him overcome his difficulties or crises. For this reason, finally, in this article I expose the essential research carried out on the involvement of negotiation in the conflicts resolution (intrapersonal, interpersonal, family, professional, group, etc.) and thus my own conclusions from my work of the clinical psychologist and the university teacher-researcher on the methods and principles of negotiation in the activity of psychologists and health professionals.

## **1. The principles and peculiarities of application of negotiation in the professional activity of the psychologist**

The negotiation is the most important way of resolving problems and conflicts, since this process is part of virtually every aspect of daily life, whether individual, interpersonal, family, group, societal, professional, intercultural, national and international. It should be clarified that negotiation is a process of interaction between individuals whose purpose is to resolve their conflicts. Precisely, Deutsch (1949) affirms: "In a co-operative social situation: the goal regions for each of the individuals or sub-units in the situation are defined so that a goal region can be entered (to some degree) by any given individuals or sub-unit only if all the individual or sub-units under consideration can also enter their respective goal-region (to some degree)... the phase 'promotively interdependent goals'. In the competitive social situation: the goal regions for each the individuals or sub-units in the situation are defined so that if a goal-region is entered by any individual or sub-units (...), the other individual or sub-units will, to some degree, be unable to reach their respectable goals (....) the phase *contritely interdependent goals*." [1] In this sense, the Walton and McKersie (1965) negotiating model

contains the following subprocesses: 1) distributive bargaining (refers to how negotiators resolve differences when their interests or positions are in conflict); 2) integrative bargaining (refers to the process of seeking joint gains by either approaching or expanding the pareto-optimal frontier); 3) intra-organizational bargaining (each party therefore has to engage in several levels of intra-organizational – negotiating within the team and with the constituency – in order to build consensus within the party); 4) attitudinal structuring (specifically address these perceptions and proposes ways that negotiators can shape the other party's attitudes to advance either own or their mutual advantage). [2] Stevens (1958) developed the *Conflict-choice model*. For Stevens, everyone is confronted not only with interpersonal conflict, but also with an intrapersonal conflict. Stevens elaborates the effect of *avoidance-avoidance model*: “If, indeed, the avoidance-avoidance paradigm is conceptually appropriate for analysis of the negotiation choice problem, then the possibility of break down must be taken into account in the analysis. (...). It will also serve to decrease the amount of tension experienced by two in equilibrium.” [3] It is also possible to examine the effects of motivational guidance (prosocial or egoistic) on individuals' interpersonal trust in two- or three-person negotiations. According to several researchers who use negotiation in psychological training, individuals motivated by prosociality reach more integrative agreements and fewer dead ends, and report greater confidence, greater problem solving than individuals who have individual and egoistic motivations.

Psychologists who want to use informal (real) or formal (simulation) negotiation must take into account that proper preparation is essential if they are to achieve its objectives at the end of the negotiations. I think that different psychological methods and trainings can organize individuals in the interaction during the negotiation. These methodological approaches can lead to the use of the following research devices: abstract experimental games, simulations, analysis of direct clinical observations, surveys, case studies, conflict analyses, etc. Experimental games play a very important role in the development of the theory of interaction and negotiation. The main types of games are as follows: a) zero-sum games (one person's gain and another's loss -win-lose situation) was first studied by Von Neumann and Morgenstern, 1944); b) non zero-sum games is a search for an acceptable solution for all (one person's gain and another's gain-win-win situation). [4] The Nash bargaining game (1953) is a simple two-person game used to model bargaining interactions. . According to Nash, there are here, for each, a security point, that corresponds to the result below which there is refusal - the best alternative to the negotiated agreement. [5] On the other hand, the simulation of

negotiation is an operating representation, in a simplified form of the relationships that exist between individuals and that symbolises or reproduces to the maximum reality. From my point of view these assertions are comparable to the structure of the negotiation process with its phases of confrontation/counter-confrontation or the positive/negative developments of variety of conflicts.. Several health professionals have found that conflicts in the workplace (private companies, public institutions, hospitals, universities, etc.) and an excessive workload can cause personal discomfort and burn-out. In my opinion, the stimulation positive emotions, including pleasure, through interpersonal negotiation (real or simulation) can significantly reduce individuals' intrapersonal discomfort, stress and burnout. Radtchenko-Draillard (2019) writes: "In order to evaluate the effects of emotional therapeutic stimulation, analytical psychotherapy and interpersonal negotiations through the improvement of pleasure, I carried out a qualitative study (interviews) on the 119 leaders (of French and foreign companies located in Paris and its suburbs). According to my analysis, 75% of male executives and 69% of female executives consider pleasure to be essential in preventing burnout". [6] Another important field of application of negotiation is its use by health or law professionals in extreme situations (hostage-taking, terrorist threats, suicide attempts or self-harm of fragile and psychotic people, etc.). For Miller «In fact, containment and negotiation strategies have been shown to yield a 95 percent success rate in terms of resolving a hostage crisis without fatalities to either hostages or hostage-takers (HTs) a remarkable statistic for any form of lifesaving crisis intervention strategy. Indeed, the success of hostage negotiation strategies may be one of the best arguments for the inclusion of the principles of practical psychology as an essential component of law enforcement training.” [7] Without negotiation, clinical treatment is also doomed to failure; the psychiatrist and psychologist must also be attentive to the surge of urgency, where, in the face of delusions, dangers of the patient, the constraint is sometimes imposed, on which it is imperative to return, to exchange with the patient. However, it should be noted that this is particularly so during negotiations when cultural or linguistic differences between the parties may, on occasion, be a source of misunderstanding. Sexual differences can also play a role in the negotiation process, whether or not the parties are of the same culture. Stereotypes and prejudices, whether based on gender, culture, physical or racial differences, or physics, can cause and reinforce misunderstandings between the parties.

### **3. The function of the negotiation in the psychoanalytic therapy in order to reduce the effects of the transference and of counter- transference**

In the psychoanalytic Freudian theory the transference is a shift of the affect of a representation to a representation of the analyst (psychiatrist, psychologist). It has the double dimension: the actualization of the past and its displacement on the person of the analyst. In this sense Freud distinguishes two transferences: one positive with the displacement of tender feelings and the other negative with the displacement of hostile feelings. The interpretation of the main transferential reactions (for example: hostility, dependence, and eroticization) implies the approval of the patient's emotions, the exploration of his transference, and the discovery of new ways of satisfying his desires and his needs. During the analytical therapy we also see the influence of patient on the unconscious feelings of the analyst. This counter-transference, also has two main types: the counter-transference of the first type refers to all the feelings experienced by the analyst towards the patient whose conscious care allows to deepen his understanding, etc. The second type's counter-transference is linked to the intense emotional reactions to the patient when it leads the analyst to meet his or her own needs rather than the patient's. Lacan (1953) believes that the dyad transference/counter-transference results from a conception of the imaginary symmetry of the link patient and the analyst and the subject is therefore chanted according to its signifiers. Lacan thus distinguishes the empty word and the full word "...first and from the outset clean call of emptiness, in the ambiguous incompetent of a seduction tempted on the other by means where the subject puts his complacency and where he will engage the monument of his narcissism" [8].

In order to reduce these effects of transference and counter-transference, it is possible to use the methods of interpersonal negotiation. This situation of negotiation is so similar to that of therapeutic work. When contradictory objectives are activated simultaneously, they do not evade each other or suppress each other, they contribute to the formation of an intermediate objective of arrangement, compromise or mutual pact. In this situation, negotiation can move from the distributive dimension (comparable to the transfer/counter-transfer situation) to the integrative dimension which includes communication, cognition and intersubjective exchange. Concretely, negotiation creates a situation of balance between the confrontation and the concordance of the desires of each individual (analyst and patient). As Freud (1937-1939) writes 'To create a fresh conflict would thus only be to make of analysis longer and

more difficult. (...) . Nobody thinks of purposely conjuring up new situations of suffering in order to make it possible for a latent instinctual conflict to be treated'' [9]. Other transferential reactions consist of repetitive reactivation of significant childhood relationships projected on the person of the analyst. Evidently, it is possible to compare these situations with those in the negotiation. But let us recall that the negotiation can be distributive in which the competition between them would be related to their rigidity and defiance, which often remain frozen on their initial positions and produce biased reactions. Under these conditions the therapeutic attitude of the analyst must adapt to various constraints, labile investments and oscillating transferential movements of the patient and neutralize them.

The dynamic processes of the psychoanalytic cure that we examine depend only partially on the conditions of the framework. Intense regressive movements, transferential and counter-transferal reactions (positive or negative), can occur in a very distended setting. One can just as well think of the conditions of the frame according to what we discount or dreads the dynamic process of negotiation and also the variables related to the dynamic process and the pulsed game in the field of transference and of counter-transference. Unlike the framework, they are hardly dependent on the therapist's initiatives. Thus, the associative listening of the therapist is linked to the associative activity of the patient. A therapeutic alliance organized on the "pact" side at the end of the interpersonal negotiation would assume on the side of the analyst to have to maintain or support a solution of continuity acceptable to the patient. The construction of this therapeutic link is made of restraint, neutrality, sufficient distance. The link is not built on the satisfaction of the patient's requests, but on the contrary on the reserve to satisfy them, on a form of restriction, suspension, or even subtraction taking the form of withdrawal, refusal. Several parameters should be considered here: attention to preconscious, or unconscious, operations relating to reality and to the causes and consequences of the various conflicts. With regard to the methodological approach, it is possible to use the following empirical devices in these situations: experimental games and role-playing games, negotiation simulations, real case analysis, real negotiation scenarios, etc. After several consultations with six very experienced psychoanalysts (psychiatrists and psychologists in Paris) on the methods application of negotiation in analytical psychotherapy we came to the conclusion that they can be applied in three main fields: 1) in the initial training of psychoanalysts, 2) in the establishment of therapeutic alliance (analyst/ patient), 3) in the case of reduction of transfer / counter-transfer effects by the method the self-psychotherapy of analyst or with his colleague-analyst. In my opinion during the various methods of

negotiation, psychologists can study the sources of intrapersonnel and interpersonal conflicts and also possible errors in taking the patient's assessment to adapt the methods of correction. Finally to add, during this therapeutic work, the transmission of resolving solutions from intrasubjective negotiation to intersubjective negotiation (and vice versa) could well be accomplished by the transindividual discourse of the individuals concerned (analyst and patient).

## **Conclusion**

Negotiation cuts across all dimensions of human life. All individuals negotiate every day and in all spheres of our existence (with family, friends, colleagues, neighbours, etc.) with the aim of resolving a divergence of interests, reconciling different desires, dreams, disagreements, etc. The involvement of negotiation methods in professional work makes it possible to help psychologists to find solutions that are both original and effective, simply because they take into account the needs and interests of each individual. And to be a good negotiator, it is necessary to have a series of therapeutic skills (confidence, positivity, rationality, flexibility, etc.). In analytical psychotherapy the interactions are translated into a series of concrete acts, tactical movements, and each one has a repertoire, which is unique to it. This is how the dynamics of interaction are orchestrated on the basis of the points to be discussed. In this interactive chain, one must rather distinguish, in each of two persons in the presence, what is transference of what is counter-transference. This is where the basis for negotiation is formed to establish the therapeutic link between the analyst and the patient. Conformity would then be the result of the approximation between two opposing persons: that of the analyst and that of the patient. In addition, if the alliance and the transference: the counter-transference are the two sides of the therapeutic link, they differ in the bringing into play of the temporality: the transfer is a knotting of the objectal link of the past in the present, it is transport of the past into the present, reminiscence, on the other hand, the therapeutic alliance after interpersonal negotiation, takes its source and articulates the link in a relationship from the present to the immediate future. In this situation, the intersubjective consistency appears to be an essential factor in adapting their response during analytical psychotherapy. During this work, the transmission of the limiting solutions of the intrasubjective negotiation to the intersubjective negotiation (and vice versa) is carried out through the transpersonal discourse the patient and the response of the analyst. Thus, the conclusions highlight the fact that there are the same



mechanisms of intersubjectivity in negotiation as in the resolution of different conflicts or problems and also in the practice of analytical psychotherapy.

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