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THE PSYCHOLOGY OF THE ANALYST IN TWO CULTURES

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The two papers we are republishing in this issue as part of *The Psychoanalytic Quarterly's* continuing 75th anniversary year commemoration were seminal contributions to what some would say has become *the* subject matter of our time, the psychology of the analyst. Although fifteen years, two continents, and two radically different psychoanalytic cultures separate the publication of Robert Fliess's "The Metapsychology of the Analyst" (1942) and Heinrich Racker's "The Meanings and Uses of Countertransference" (1957a), the similarities between the two papers are as instructive as they are fascinating.

Born in Poland and first educated in musicology, Heinrich Racker (1910-1961) began his analytic training in Vienna, to which the family had escaped from the ravages of World War I. He had to flee once again in 1939, this time from the Nazis, and settled in Buenos Aires, where he completed his training.

Robert Fliess (1895-1970), the son of Freud's one-time friend Wilhelm Fliess, trained in Berlin with Abraham as his analyst. In 1936, he emigrated to New York—like Racker, in flight from the Nazis—and, after establishing a medical practice there, Fliess devoted himself full-time to psychoanalysis, joining the faculty of New York Psychoanalytic Institute.

Both men had interests beyond those evident in these papers. Although best known for his work on countertransference, Racker continued to explore what he called the psychoanalysis of the spirit, the title of one of his books, *Psicoanálisis del Espiritu* (1957b), in which he presented a wide-ranging psychoanalytic view of philosophy, religion, anthropology, music, literature, and film.

Fliess, on the other hand, following this initial foray into the psychology of the analyst, turned his attention to the study of dreams, and thence to what he believed lay behind the amnesia in his patients. He concluded that the frequency of ambulatory psychosis was much higher among the parents of patients than was generally recognized, and their seduction and assault of their own children before the age of four far more common than Freud acknowledged after his abandonment of the seduction theory. Thus, Fliess returned to the very thesis Freud had first proposed to his father, Wilhelm, at a time when Robert was himself a year or two old. Even more curious, he left hints that he had similar suspicions about his own father (Fliess 1956).

Racker's work is generally so well known and so important for many contemporary analysts that I will approach this brief comparison between the two papers by focusing primarily on the more neglected Fliess and leave the elucidation of Racker to the detailed commentaries of LaFarge and Feldman in this issue.

In considering both papers, one is immediately struck by the difference in language, and both may pose some difficulties in that regard for the contemporary analyst. For some readers, Racker, heavily influenced by the Kleinian culture in his adopted Argentina, will appear wild and undisciplined in his clinical speculations, important though they have been for analysts of many persuasions. For others, Fliess will seem buried in the metapsychology that was in favor among his most influential colleagues in New York, notably Hartmann, Kris, and Loewenstein. His orientation is structural and ego psychological, laced with an emphasis on the topographic, as was characteristic of the time, and certain aspects of his metapsychology appear antiquated; I am thinking in particular of his emphasis on the economic and the energic.

This language was the stock in trade for many analysts of the era, but not all. Fliess's paper was first published in 1942, the same year as the classic papers by Deutsch and Hendrick, whose bold narrative style we noted in the last issue of the *Quarterly* (Smith 2007b). To be sure, Fliess takes on a subject few had considered at the time, and while confined by the language and the theory of his own culture, he seems to be stretching that language to break through its

constrictions in order to describe, in precise terms, phenomena we take for granted today.

By the time we reach Racker, however, with a leap over fifteen years and into another hemisphere, the energic and economic aspects of the earlier metapsychology are hardly in evidence. While Racker continues to rely on the three agencies of the structural theory to elucidate his observations, the language is freer, the focus more clinical. But with this freedom, some of the precision is gone, never to come again in subsequent eras of metapsychological imprecision, as Schafer tells us in his commentary in this issue. In fact, some would say that for better and worse Kleinian writing has stayed closer to clinical theory than to metapsychology, and has always lacked the theoretical precision that was characteristic of early mid-century psychoanalysis in New York.

I urge you to be patient with the Fliess paper even if you are tempted to consign it to antiquity. For within its obvious constraints, it is remarkable how much of the analyst's working process Fliess recognizes, and how, like a sculptor trying to create a likeness out of blocks of steel, he can adapt this rigid medium to a nuanced description and understanding of experiences we all share. It is an exercise in the acrobatic use of theory, a tour de force in the use of abstractions to explain the most concrete clinical experiences.

Let us have a closer look. This is the paper in which Fliess coined the term *trial identification*, a concept that has remained a staple of our clinical theory ever since. In fact, although Racker mentions Fliess only once and only in passing, a major portion of Racker's paper deals with precisely the same subject, as, from a different level of abstraction, he elaborates the identifications and counteridentifications that analyst and patient exchange.

Notice that four pages into Fliess's argument, following his mention of trial identification, he, like Racker, tries to define empathy with vastly different linguistic tools. On this particular subject, Fliess's effort is the more elaborate and detailed. Where Racker simply assumes that empathy is synonymous with his notion of concordant identification and emblematic of it, Fliess deconstructs

the process itself at a level of detail that only Sandler (1987) has matched in recent memory.

Fliess takes the phrase "stepping into somebody's shoes" (p. 682)[1] as a colloquial definition of empathy, and it suggests to him that the analyst "introjects himself into the patient's mind." But he concludes that this cannot be so because "it is in the analyst's mind that everything has to occur." Just as the reader thinks Fliess may be tripping over his purely intrapsychic perspective, he surprises us. Empathy, Fliess writes, "can only mean that . . . [the analyst] introjects the patient's mind." He then asks if this would not pose a hazard for the analyst and concludes, "a person who uses empathy on an object *introjects this object transiently, and projects the introject again onto the object"* (p. 682, italics in original).

Is this language we are used to hearing in papers arising in New York in the early 1940s? It sounds suspiciously Kleinian—in fact, suspiciously like Racker—despite the fact that Fliess never once mentions Klein in his paper. A little further along, Fliess tells us that "the most important phase of the curative process . . . is the transformation of practically each and every neurotic conflict into a transference conflict. For only in the transference can any conflict effectively be resolved" (pp. 682-683). Had not Strachey (1934), under Klein's influence, written the same eight years earlier? Perhaps it was Fliess's early experience with Abraham, also Klein's analyst, that links the two traditions, but as we have seen in several other classic papers in this series (Smith 2007a, 2007b), there is evidence here of a more integrated point of view before the two groups split so far apart.

On this last point, the transformation of every neurotic conflict into a transference conflict, Fliess is clear about his disagreement with Freud:

> I am conscious here of differing from Freud, who in "Analysis Terminable and Interminable" declares this impossible . . . . My own experience compels me to call it a test of the

[1] In this article, page numbers from Fliess 1942 and Racker 1957a refer to numbers in the republications in this issue, not to the original *Quarterly* publications of those years.

> proper conduct of an analysis that no pathogenic conflict is allowed to escape from temporarily entering the transference. [p. 683n]

While many would still debate this issue, as Jacobs attests in his commentary on Fliess, it is a perspective that has grown in its impact, worldwide, to the point where transference analysis is considered the measure of contemporary work from many different points of view, as a glance at analysts as diverse as Bird (1972), Gill (1982), Goldberg (1999), Gray (1994), Joseph (1989), Kernberg (1994), and Schwaber (1995) will illustrate.

Fliess, moreover, outlines the process by which "the patient's transference conflicts, while passing through" what he calls (coining another contemporary term) "the psychic '*working metabolism*' of the analyst, have temporarily to become intrapsychic conflicts in the latter" (p. 683, italics added). Thence, after the analyst has "tasted" the patient's "striving," he "projects . . . it, back onto the patient." Here Fliess describes a sequence that will later become elaborated and transformed into the principle of the container and the contained in the work of Bion (1962) and his more recent progeny, and into the more sophisticated understanding of the process of projective identification itself in the work of the contemporary Kleinians, which Feldman describes in his commentary on Racker.

Further along in Fliess's paper, we may object that his use of the concept of *conditioned daydreaming* is too limited for our contemporary tastes, since Fliess insists that the analyst's daydreaming is purely "stimulated from without" (p. 688). Yet, here again, the concept has its own subsequent elaborations—this time in Isakower's (1992) *analyzing instrument*, as Jacobs points out, as well as in Gardner's (1983) particular brand of visual and linguistic musings and in Bion's (1962) and, later, Ogden's (1997) *reverie*.

I do not mean to turn Fliess into a crypto-Kleinian, which he clearly was not, but merely to point out once again how embedded the different languages of psychoanalysis were in every analyst's thinking in the early 1940s. This is no less evident when we examine Racker's predominantly object relational approach, which, as I have

suggested, nonetheless relies on structural theory and the three agencies of the mind.

To be sure, Fliess's commitment to the structural theory and to the examination of changes in ego and superego function dominate his view of the analyst's mind at work, as we can see in his detailed analysis of the problem of the countertransference. And here again, while his perspective on the usefulness of the countertransference is much more limited than Racker's, it is remarkably modern in several respects.

Where Racker defines countertransference as the "totality of the analyst's psychological response" (1957a, p. 732) to the patient, Fliess takes a much narrower view. First he suggests that the countertransference repeats an infantile response and "uses the patient as a substitute for its infantile object" (p. 684). For many analysts of Fliess's generation and after, such an observation would be sufficient evidence to regard countertransference only as an interference (see, for example, Arlow 1979, 1997; Smith 2000). But, all the while acknowledging the danger countertransference poses for the analyst, Fliess suggests that it is the instinctual force generated in this countertransference that is then sublimated and transformed in the genesis of an interpretation, the analyst having now found the emotional heart of the patient through a transient identification. Fliess is describing here the most fundamental technical application of the countertransference, one that runs through every psychoanalytic approach, however varied that application may be: its essential function in the understanding of the patient.

As an elaboration of the analyst's experience of peril, Fliess then outlines—schematically, as does Racker, but again in different language—various danger situations, familiar to us all, that constitute a threat to the analyst's mental health. If the analyst's narcissistic equilibrium is dismantled by absorbing the patient's libidinal strivings, for example, it may result in a form of elation that will lure the analyst outside the observer's position, or induce the analyst to take the patient as a libidinal object. If, on the other hand, the analyst's disruption has its origin in the patient's aggressive striving, it may result in the analyst's adopting a masochistic orientation to-

ward the patient, an identification with the patient as aggressor, or a frank depressive or physical illness.

In this section, Fliess does not appear to be hampered in the least by his metapsychology; rather, he demonstrates the usefulness of its precision as he systematically calls our attention to the risks of our work, and simultaneously offers a way of understanding why we are at risk. Note that Racker covers some of the same territory, both in the paper we republish here and, more fully, in others where he discusses how the "countertransference neurosis" may elicit the analyst's masochistic, manic, paranoiac, and depressive reactions (Racker 1953).

Throughout his paper, Fliess appears to be matching what he has observed about how the analyst works, based on his experience in the consulting room, with what he "knows" is occurring metapsychologically. And at each step he poses a question at once metapsychological and practical:

QUESTION: How can the analyst introject the patient without losing him- or herself as an analyst?

ANSWER: Through trial identification.

QUESTION: How can analysts allow their infantile instinctual responses to be activated without losing their analyzing function?

ANSWER: Through sublimation and transformation of those responses into intellectual ideas, i.e., conjectures and interpretations.

QUESTION: How can analysts allow their narcissistic equilibrium to be endangered without losing their role as a transference object? And how can analysts enter a state of conditioned daydreaming without losing their reality testing?

ANSWER TO BOTH: By developing a work-ego.

The analyst's *work-ego* is another term Fliess coined that has remained with us ever since, and it is this entity, Fliess suggests, that

allows analysts to function in the consulting room at a higher level of "perfection" than they do in their personal lives. Concomitant with the formation of a work-ego, there is also a "limiting" of the "critical function" of the analyst's superego, which leads to the development of a *working conscience* (p. 694), and this allows analysts to sample, however briefly, many of the characteristics of the patient while still preserving their analyzing function and reality testing.

It was Schafer (1983) who once expanded instructively and provocatively on Fliess's concept of the work-ego, when he described analysts

> . . . whose analytic competence and effectiveness you would not seriously doubt and yet who, in their nonanalytic relationships, including those with colleagues, seem to be one or more of the following: rigid, aloof, irritable, ruthlessly controlling, egoistic, flamboyant, shut in, timid, obsessional, paranoid, depressive, or hypomanic. [p. 37]

After noting that many would say such people cannot analyze optimally, Schafer added wryly: "I think it best to suspend judgment on this matter; for how many competent analysts come across as paragons of normality to the those who know them best in their private lives?" (p. 38).

If Fliess's search for perfection and objectivity in the analyst would seem characteristic of his work and of the culture in which he was writing, LaFarge points out that it is not entirely absent from Racker's view. Moreover, while Racker acknowledges the analyst's ever-present subjectivity more fully than does Fliess, neither author considers the analyst's conflicts to be an inevitable, continuous, and necessary part of the work, responsible not only for the misuses of countertransference but also for its benefits, as some of us do today (Smith 2000).

Fliess's hypothesis of the modification of the working analyst's superego, however, points the way to this conclusion and truly ushers in our contemporary era. For, following Fliess's argument, we would have to say that it is the modification of the analyst's superego into a working conscience that has allowed analysts in sub-

sequent epochs to (1) accept and work with the patient's projective identifications in contemporary Kleinian work; (2) share in the polymorphously perverse fantasy life of patients by evoking their own similar fantasy lives, as Kernberg (1994) teaches; (3) collude in some measure with a patient's corrupt or perverse activities, which Goldberg (1999) feels lies at the heart of treating patients with a vertical split; and (4) participate in the inevitable enactments that continuously shape analytic work, which many contemporary analysts find essential to analysis itself (Smith 2006).

Because none of these versions of contemporary analysis could occur without a modification in the analyst's superego, in Fliess's terms, or the development of a working conscience, Fliess's idea of the modified conscience of the analyst would seem to lie at the heart of the therapeutic action of much contemporary work, as well as in the interstices of its more widely publicized misadventures. But without the continuing theoretical discipline that Fliess demonstrates, we have little at our disposal to determine what exactly is a useful loosening of the analyst's conscience and what is not. It is my hope that the contemporary effort to acknowledge the analyst's conflicts as a continuous part of the work will lead to our being able to evaluate these questions more systematically.

Robert Fliess and Heinrich Racker: strange bedfellows, or not so? We invite you to decide for yourselves. I am grateful to our four commentator-scholars for placing these papers in their historical context and for documenting their contemporary relevance.

REFERENCES

Arlow, J. A. (1979). The genesis of interpretation. *J. Amer. Psychoanal. Assn.,* 27(suppl.):193-206.

——— (1997). Discussion from the floor, panel on "Countertransference, Self-Examination, and Interpretation," Midwinter Meeting, Amer. Psychoanal. Assn., New York, December 19.

Bion, W. R. (1962). *Learning from Experience.* London: Maresfield Library, Karnac, 1984.

Bird, B. (1972). Notes on transference: universal phenomenon and hardest part of analysis. *J. Amer. Psychoanal. Assn.*, 20:267-301.

Deutsch, H. (1942). Some forms of emotional disturbance and their relationship to schizophrenia. *Psychoanal. Q.,* 11:301-321.

FLIESS, R. (1942). The metapsychology of the analyst. *Psychoanal. Q.,* 11:211-227.

——— (1956). *Erogeneity and Libido: Addenda to the Theory of the Psychosexual Development of the Human*. Psychoanalytic Series, Vol. I. New York: Int. Univ. Press.

GARDNER, M. R. (1983). *Self Inquiry*. Hillsdale, NJ: Analytic Press, 1988.

GILL, M. M. (1982). *Analysis of Transference, Vol. 1*. New York: Int. Univ. Press.

GOLDBERG, A. (1999). *Being of Two Minds*. Hillsdale, NJ: Analytic Press.

GRAY, P. (1994). *The Ego and Analysis of Defense*. Northvale, NJ: Aronson.

HENDRICK, I. (1942). Instinct and the ego during infancy. *Psychoanal. Q.,* 11:33-58.

ISAKOWER, O. (1992). The analyzing instrument in the teaching and conduct of analytic process, ed. H. M. Wyman & S. M. Rittenberg. *J. Clin. Psychoanal.,* 1:181-222.

JOSEPH, B. (1989). *Psychic Equilibrium and Psychic Change*. London: Routledge.

KERNBERG, O. (1994). Love in the analytic setting. *J. Amer. Psychoanal. Assn.*, 42:1137-1157.

OGDEN, T. (1997). *Reverie and Interpretation*. Northvale, NJ: Aronson.

RACKER, H. (1953). A contribution to the problem of counter-transference. *Int. J. Psychoanal.,* 34:313-324.

——— (1957a). The meanings and uses of countertransference. *Psychoanal. Q.,* 26:303-357.

——— (1957b). *Psicoanálisis del Espiritu*. Buenos Aires, Argentina: Biblioteca de Psicoanálisis de la Asociación Psicoanalítica de Argentina.

SANDLER, J. (1987). The concept of projective identification. In *Projection, Identification, Projective Identification*. Madison, CT: Int. Univ. Press., pp. 13-26.

SCHAFER, R. (1983). *The Analytic Attitude*. New York: Basic Books.

SCHWABER, E. (1995). The psychoanalyst's mind: from listening to interpretation—a clinical report. *Int. J. Psychoanal.,* 76:271-281.

SMITH, H. F. (2000). Countertransference, conflictual listening, and the analytic object relationship. *J. Amer. Psychoanal. Assn.,* 48:95-128.

——— (2006). Analyzing disavowed action: the fundamental resistance of analysis. *J. Amer. Psychoanal. Assn.,* 54:713-737.

——— (2007a). 1932-2007: our 75th anniversary year. *Psychoanal. Q.,* 76:1-7.

——— (2007b). Narrative styles, analytic styles. *Psychoanal. Q.,* 76:317-324.

STRACHEY, J. (1934). The nature of the therapeutic action of psychoanalysis. *Int. J. Psychoanal.*, 15:127-159.

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THE METAPSYCHOLOGY OF THE ANALYST

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Of the two persons involved in the analytic situation, one, customarily not considered a problem, is the object of this brief metapsychologic study. While in the course of the analytic procedure, the patient, gradually sloughing off the personality epitomized in his diagnosis, moves towards becoming truly an individual, the analyst remains from beginning to end what he always is while at work: essentially a "categorical person." It is this person that we shall attempt to describe by subjecting him to as close a scrutiny as the present state of our theory warrants.

The psychoanalyst is molded out of the raw material presented by the individual who intends to devote himself to the calling. Our educational recipe directs us to select a physician with mental health, psychiatric training, and psychological aptitude. After completing a training analysis, lectures and seminars, he will be able to analyze patients, although he will for a while need our periodic advice. Everything in the curriculum of this student consists, as in any other curriculums of professional training, in imparting rational knowledge and experience. Even the training analysis can here hardly be considered as an exception, for the purpose of this procedure—which, as Freud in one of his latest papers has said, as an analysis "can only be short and incomplete"—is accomplished "if

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it imparts to the novice a sincere conviction of the existence of the unconscious, enables him through the emergence of repressed material in his own mind to perceive in himself processes which otherwise he would have regarded as incredible, and gives him a first sample of the technique which has proved to be the only correct method in conducting analyses."[1]

This curriculum is quite in accord with a good deal of the analyst's therapeutic activity, which actually consists in the application of very specialized knowledge to the understanding and correcting of pathological mental conditions in his patients. No one could, however, conduct an analysis with results if he limited himself to such an application. He would be bound to become hopelessly caught in the ambiguities of interpretation and would never convince anyone because he would never have convinced himself of the true nature of what he sees. He would come to feel that he must have overrated his instruction which had not taught him how to grasp the real character of his patient's utterances before it had him render them subject to an at least potentially correct interpretation.

This is precisely the point where the analytic technique appears as but a very particular kind of practical psychology, and where it draws on what the training requirements rightly call "psychological aptitude," which they are equally right in requiring the future analyst to possess as a prerequisite for his training instead of expecting it to appear as a result of it. We may hence turn from his curriculum to the history of our man and acknowledge that we expect nature and possibly infancy to do the better part of the work in creating the infrequent combination of "born psychologist" and passionate theoretician that is indispensable for the mastery of our profession.[2]

[1] Freud (1937). Analysis terminable and interminable. *Int. J. Psychoanal.,* 18, p. 401.

[2] The occurrence of such a combination is naturally much rarer than that of its elements; hence the ever repeated attempts made by so many to dispense with the intricacies of Freud's theoretical contributions, and the lifelong endeavor of others to substitute the application of theory for a full-fledged experience of their own.

This acknowledgment leaves us, however, still curious as to the character of that quality, "psychological aptitude." We are therefore compelled to begin all over again with the candid question: on what does the so-called born psychologist's keenness in sizing up his object's utterances depend? Essentially on his ability to put himself in the latter's place, to step into his shoes, and to obtain in this way an inside knowledge that is almost firsthand. The common name for such a procedure is "empathy"; and we, as a suitable term for it in our own nomenclature, should like to suggest calling it trial identification.[3]

[3] Reik (7) questions that the mechanism is really an identification. "It is said," he explains, "that in order to comprehend another person we must be able to imitate in our own experience what is going on in the other's mind. To me that assumption seems misleading, not because it suggests a difference in the intensity of the experience, but also because at the same time it denotes essential difference in the quality" (p. 194, ff.). It is these doubts which we have to call unjustified, or in other words, the evaluation by Reik of his own description, not the description as such, which is well deserving of quotation, at least of its highlights.

The actor (whom the author uses for exemplification) "has developed in his art what we have all possessed in embryo since our childhood: the capacity to share in the experience of others, not *like* our own, but as our own" (p. 196; italics Reik's). "The psychological condition of analytic conjecture of repressed impulses is a like unconscious change in the ego for the fraction of a minute together with subsequent reversion to the former state, and the power to discern our own former transformed ego objectively in the other person" (p. 196) . . . . "Thus comprehension is preceded by a reproduction of what goes on in the other person's mind: it is an unconscious sharing of emotion seized upon by endopsychic perception. The observation of another is here diverted into observation of the ego, or rather to the observation of a part of the ego, transformed by taking some object into itself" (p. 198).

Why is this not a transient identification? Because it uses one's own latent possibilities? That is characteristic of any identification: the material out of which I erect the other person in me cannot but be my own. It is ultimately for this very reason that the popular description is able to reverse the process by calling it "stepping into somebody else's shoes" (*"sich in jemanden hineinversetzen," "se mettre dans la peau de quelqu'un"*). These locutions seem to follow the subjective accompanying experience, which apparently is an object libidinal one, and as such is nearer to consciousness than the narcissistic concomitant that it entails. This concomitant we saw correctly designated by Reik as the "observation of a part of the ego transformed by taking some object into itself." Could the fact, finally, that only *a part of the ego* participates in the identification be a reason for his withholding the term? This fact, a topographical state of affairs (for which we will account hereafter) makes indeed for what Reik calls a "difference in the quality of the experience" and designates as "essential." The use of this adjec-

A correct metapsychological description of this process would be as follows. We know that the nuclear process in identification is introjection (6). The analyst's identifying with the patient, however, cannot possibly mean—as the idiom "stepping into somebody's shoes" would suggest—that he introjects himself into the patient's mind, for it is in the analyst's mind that everything has to occur. It can only mean that he introjects the patient's mind.[4] But would this be desirable? Would it not convert the analyst partially into the patient, and thereby of necessity restrict affectively the free use of his perception and of his faculty of elaboration? The answer is given by the complete (although merely dynamic) formulation of the process: a person who uses empathy on an object *introjects this object transiently, and projects the introject again onto the object.* This alone enables him in the end to square a perception from without with one from within; it is a trick that one can see operated by anyone who attempts anywhere a psychological evaluation. Any practical psychologist, analytic or nonanalytic, has to be able to perform this particular test just as quickly and reliably and as undisturbedly as, for example, the tea taster, who introjects materially a small sample only long enough to be able to taste it. The psychoanalyst, however, in contradistinction to any other psychologist, will have to apply empathy in a very special situation. It is this unique application, specific for our particular work, which demands here the closest possible study.

The least accessible and the most important phase of the curative process in therapeutic analysis (comparable almost to the commercial factory secret in an industrial manufacturing process) is

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tive in a matter purely experiential is of course indisputable. What we wish to dispute, however, is its use in the corresponding conceptual evaluation. There it obscures the truly essential fact that this "difference in the quality of the experience" is the result of a topographical peculiarity only, not of one concerning the *mechanisms* involved. These mechanisms are illustrated in Reik's own description, and wherever they operate the result can only be called an identification.

[4] More correctly, the patient's ego as the hypothetical subject of the utterances to which empathy is to be directed.

the transformation of practically each and every[5] neurotic conflict into a transference conflict. For only in the transference can any conflict effectively be resolved. The analyst must therefore manage to lend himself to becoming an ideal transference object—not a personal but a merely categorical one. Technique requires him to serve as what might be called a "transference dummy," to be dressed up by the patient, i.e., to be invested with the various traits of his infantile objects. This means no less than that with whomever the patient has had any conflicts, he will temporarily have these conflicts with the analyst.

If we now apply our concept of empathy to the transference, we shall be laying the first theoretical hold on a sequence of intrapsychic events in the analyst during the analytic session. For the formula which we obtain by such application informs us that the patient's transference conflicts, while passing through what might be called the psychic "working metabolism" of the analyst, have temporarily to become intrapsychic conflicts in the latter.

Could we artificially isolate a particular striving of the patient in a transference conflict and view what happens to it when subjected to the analyst's empathy in detail, we should discover the following four phases in this "metabolic" process. (1) The analyst is the object of the striving; (2) he identifies with its subject, the patient; (3) he becomes this subject himself; (4) he projects the striving, after he has "tasted" it, back onto the patient and so finds himself in the possession of the inside knowledge of its nature, having thereby acquired the emotional basis for his interpretation.

Such abstraction has the advantage of making comment possible on each of these phases separately, and of thus acquainting the analyst with the dangers specific to each. He will be able to learn when and how he is threatened with failure in each particular part of his performance.

[5] I am conscious here of differing from Freud, who in "Analysis Terminable and Interminable" declares this impossible (p. 388). My own experience compels me to call it a test of the proper conduct of an analysis that no pathogenic conflict is allowed to escape from temporarily entering the transference.

In the first phase, in which he is the object of the striving of his patient, an instinctual response will be stimulated in the analyst. This is called the "countertransference," but it deserves this name only in the case of the further complication that such response repeats an infantile one and uses the patient as a substitute for its infantile object. The problem of what to do with this induced striving becomes therefore identical with the problem of "handling the countertransference," only with the same qualification. If we say that, if handled properly, the instinctual forces aroused in the analyst will be transformed so as to reinforce his sole and only purpose of intellectual penetration, we pronounce a truism, but afford at the same time a deduction as to the economics of the procedure. For performance will here depend on the completeness of such a transformation, i.e., on all the energy of the striving having been used up in the process of its sublimation.[6] If it has been, it will, so to speak, furnish the momentum for the analyst's entry into the next phase in order to lay hold of the emotional correlate of the object of his curiosity by means of a transient identification.

It is expedient to review this second phase, the identification with the subject of a striving directed at the analyst, in conjunction with the next. For with this third phase, the identification has been accomplished: the patient's striving has been transformed into a narcissistic one in the analyst, who by now has become its subject as well as its object.

This formulation enables anyone familiar with metapsychological terminology to recognize the situation (of which it so far describes the dynamics only) as a "danger situation" (Freud),[7] and therefore prone to stimulate any of the appropriate reactions. It is the analyst's narcissistic equilibrium that is in danger at this point; in other words, his activity potentially threatens his mental health.

[6] We feel entitled to use this concept here for what it is worth. Its discussion requires a different context and does not yield anything that is specific for our subject.

[7] It will be recalled that Freud understood this term—danger situation—as implying the threat of an impending situation which he called the traumatic situation, and that he defined the trauma, the anticipation of which constitutes the danger situation, as a breaking through of the defense against an excessive stimulus (*Reizschutzdurchbruch*).

The more conscientious the worker, the less will he be able to evade this situation or to retreat from it. He may consequently find himself in the grip of the unfortunate alternative of either having the situation revert into an object relation utterly inconsistent with his work, or of suffering any of the ill consequences of a damming up of narcissistic libido. If the patient's striving in question is a libidinous one, this damming of libido will be particularly likely to seek a way out by transforming itself into object libido. The resulting libidinal relation to the patient is bound to interfere with the analyst's role as a transference object in the sense that we found requisite above. But it will equally hamper him in the rest of his functions; for elation will dull the keenness of his watchful psychological penetration and lure him into overstepping his role of observer. If the patient's striving is aggressive, the analyst's corresponding reaction on the object-libidinal level could only be masochistic. But the attitude resulting from such a reaction—an attitude comparable to that of the martyr—is not propitious in analytic therapy. It is no more propitious here than it is, for example, in "progressive" education where it constitutes one of the typical and most frequent misapplications of Freud's findings, and results from an apparently identical constellation: identification with the aggressor, in this instance the child. On the level of narcissism, the corresponding response is bound to be a tendency towards depression[8] or the disposition to physical illness.

[8] It is not an atypical experience to find this masochistic attitude in an analyst who asks for technical advice, and to be consulted later by the same individual about disturbances of a depressive nature.

But while the "masochistic technique" has no counterpart in the experienced, the depressive disequilibration has one in the normal. For even the steadiest and most proficient workers will have noticed at times at least mild oscillations in their *Selbstgefühl*, their narcissistic equilibrium; and I feel that this part of analytic activity, the intrapsychic elaboration of the patient's transference impulses, particularly his aggressive ones, accounts for a symptom which all analysts are likely to develop occasionally: a fatigue, physical as well as mental, that is not quite in proportion to an hour spent in a comfortable chair at a work which while he was doing it did not even impress the analyst as imposing any particular strain.

Here, by the way, is the place to credit Ferenczi with having been the first to ask of the future a special "hygiene" for the analyst in *Die Elastizität der psychoanalytischen Technik in Bausteine zur Psychoanalyse* (4). The passage, which could

The fourth phase, that of reprojecting the striving in question after it had been the analyst's for the brief moment of trial identification, presupposes its having been kept free from admixtures.[9] It is here as it is in bacteriology, where we may transfer a bacterium from an animal onto a medium and back again, and where

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almost serve as a motto for our study, is well worth quoting: "As a problem thus far untouched I wish to point out a possible metapsychology of the psychic processes of the analyst during analysis. His cathexes oscillate between identification (analytic object love) and self-control, and/or intellectual activity. He can afford the enjoyment of a free living-out of his narcissism and egoism only for brief moments in fantasy, not at all in reality. I do not doubt that such an onus, hardly occurring elsewhere in life, will necessitate sooner or later the creation of a special hygiene for the analyst."

Freud (1) himself became well aware of the "dangers of analysis threatening not the passive but the active partner in the analytic situation," and the suggestion, which he finally made, that the analyst turn analysand every five years, may well be taken as his contribution towards such a hygiene.

In between the times of Ferenczi's and Freud's publications Simmel dealt analytically with the psychology of the medical therapist and discussed the well-known phenomenon that the specialist is so frequently a patient in the very field in which he is a physician. Simmel (5) writes: "I am calling such 'specialists' 'partialists' *('Partialärzte')*"; and explains that he does so because "their professional activities are, viewed psychoanalytically, the equivalent of a perversion . . . . What occurs is a kind of organ fetishism which as a countercathexis serves as the energy-source for the repression. For instead of 'transferring' onto the patient, the specialist identifies with him. Instead of reviving the organ of the patient he tries to lay hold of it by introjection, to 'repress' it; by doing so he is bound to become ill himself from the libido-congestion of his ego (or the organ). He reintroverts the relation to his patients, and thus regresses from understanding to introjection, from the communicative 'utterance' to action, from 'Mit-Leid' (sympathy) to 'Mit-Leiden' (sym-pathos, suffering-with, suffering-in-common). I have seen stomach specialists fall ill of gastric diseases, psychiatrists of psychoses, psychoanalysts (from counter-identification instead of countertransference) of neuroses and depressions."

We see the author end his description, which is excellent but for its terminological insufficiencies (they reflect a period in our science when formulating separately the fate of narcissistic and object libido was as yet hardly possible; the reader may be left to correct them for himself), by directly applying it to our theme, for he states tersely that the analyst's field—and hence danger spot—is the psyche.

[9] Barbara Low (6) in dealing with *The Psychological Compensations of the Analyst,* gives a description in contravention (at least of its consequences) to ours, of what in this paper has been called the trial identification, and has been applied especially to the transference. "The essential process," Miss Low

we have to be sure that it has remained uncontaminated by anything that the medium might carry. In other words, we have been able to guarantee that no instinctual additions of our own distort the picture after the reprojection of the striving onto the patient.

The foregoing description has the typical disadvantages of its kind. It is forced to dissociate elements that are in actuality inseparable, and must fail in its attempt to adapt the rigidity of its conceptual abstractions to the flow of events. It could therefore no more cover the fact that the trial identification depicted at such length is but one of the several activities amongst which the analyst steadily oscillates, than it could include an account of the topical qualities of the personality venturing on this trial identification. Such account will have to be given separately and may start with drawing upon another characteristic of the analyst's therapeutic activity.

The psychoanalyst has to proffer towards the patient's utterances what Freud calls "free-floating attention." His activity when he complies with this technical requirement seems to be correctly

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writes, "appears to be a form of introjection and projection directed towards the material presented by the patient, a situation which parallels the relationship between the artist and the external world upon which he works." "The artist," she later explains, quoting Freud, "(for artist here we may substitute analyst) in contact with the external world (for which we may substitute patient) obtains his material, molds and illuminates it by fusion with his own unconscious, and presents it again, thus reshaped, in forms acceptable to reality demands and to the unconscious of the world (the patient)."

This description is quite consistent with the one the author gives of the analyst as "'eating his own meal' side by side with the patient's" and so "reliving his own inner sequence." ("The production and assimilation of this material," she explains, actually "has the closest parallel to the taking in and recombining of actual food material, and the pleasure-activity accompanying the processes.") It is inconsistent, however, with our request that the patient's striving, passing through what we called the analyst's "working metabolism," be kept free from admixtures. The term "working metabolism" we arrived at by modifying Abraham's "psychic metabolism." This modification was predicated upon full awareness of the difference between the narcissistic constellations in analyzing and in other activities, such as mourning, for instance, or, for that matter, artistic creation. The sober metaphor of the tea taster was chosen not because we deny the existence at certain points of an analogy between artistic and therapeutic "creation," but because the point in question seems to us precisely one wherein they differ.

covered by the term: "conditioned daydreaming." The word "conditioned" is used here as it is in "conditioned associations," in contradistinction to free ones. The analyst certainly does not indulge in ordinary "free" daydreaming, where the stimuli come largely from within, for his daydreaming is almost entirely stimulated from without, and by one particular source: the patient's reactions. He keeps close watch on these reactions but restricts this vigilance almost exclusively to one sensory sphere, that of hearing. The eye serves as but an accessory to the ear; smell is almost, the sense of touch completely, excluded, for he reciprocates his patient's motor restrictions. Thereby is obtained one of the prerequisites for daydreaming, which requires a relative restriction of mobility in the same way as night dreaming requires a complete one.

The foremost metapsychological characteristic of the dreamer's personality is its topographical redifferentiation: the dreamer's ego is reduced to a sort of perceptory surface of the id, whose unconscious contents appear as hallucinations restricted only by the superego whose activity is reduced to that of the dream censor. In daydreaming, reality testing is not lost but is temporarily renounced, and the ego obtains, at the price of this renunciation, free access at least to the whole range of the preconscious psychic content. This state of affairs is commonly reflected in the relative coherence of a daydream as compared to a dream; for the primary process has only a limited influence on its formation. By availing ourselves of our preconscious psychic content and of the help of primary processes in elaborating, by means of conditioned daydreaming, upon our analytic perceptions, i.e., the patient's material, we supplement most efficiently our rational elaboration upon this material, both in the transference and elsewhere.

The problem is only how to exploit the advantages of the situation just outlined without incurring its disadvantages. For obviously we can neither at any time renounce the use, without the slightest restriction, of our faculty of reality testing, nor can we ever allow any impairment of the keen operation of any of our intellectual functions (the critical penetration of the material of-

fered, the determining of the course of the treatment as we intend to conduct it after due consideration of a variety of aspects of the case, such of our activities as might be called educational, etc.).

This problem[10] appears at first sight insoluble, because advantages and disadvantages are brought about by the same topographical change; it seems therefore impossible to abolish the latter without losing the former. It is true that we constantly oscillate between the two topographical states, that of full and that of partial differentiation; but this obviously cannot make available to us the uninterrupted use of faculties which seem to depend on one of the two conditions between which the oscillation occurs.[11]

The answer is that the analyst must make possible what rightly seems impossible, because it is actually impossible for the average person, and must do so by becoming a very exceptional person during his work with the patient. To this end he will have to acquire a "work-ego" with the special structure which we are attempting to analyze by means of our metapsychological description. While we have above indicated the peculiarities of this ego in several of its basic functions (perceptions, motor function, sublimation) and thereby touched upon two of its three fundamental relationships, those to id and environment, we have so far neglected its relation to the superego.

This relation is of a particular kind, tends to elude formulation, and yet constitutes the foremost characteristic of the analyst's

[10] Ferenczi (4) saw this problem as early as 1918 and formulated it as concisely as could be done without the use of metapsychological terms not available at that time. In "The Control of the Countertransference" (p. 189), he writes: "Analytic therapy . . . makes claims on the doctor that seem directly self-contradictory. On the one hand it requires of him the free play of association and fantasy, the full indulgence of his own unconscious . . . on the other hand the doctor must subject the material submitted by himself and the patient to a logical scrutiny, and in his dealings and communications may only let himself be guided exclusively by the result of this mental effort . . . . This constant oscillation between the free play of fantasy and critical scrutiny presupposes a freedom and uninhibited motility of psychic excitation on the doctor's part, however, that can hardly be demanded in any other sphere."

[11] We may assume that it was the lack of metapsychological orientation that caused Ferenczi in the paper just quoted to go no further than to require of the analyst the mere ability to perform such oscillation.

work-ego. We have seen this ego subjected to the severest restrictions: its environment is narrowed down to one object; this object, the patient, becoming a categorical one (i.e., an individual as a member of his particular category alone); intercourse with this object is restricted practically to one sphere of perception and one of motor activity, and operating under the obligation to utilize any instinctual stimuli for the sublimated purposes of its work.[12] But we have disregarded the economic aspect in our description.

Economically, such an ego transformation is feasible for the limited working period of the analytic hour largely because the voluntary submission to these severe deprivations constitutes a proportionately intense superego gratification. This results in an ego–superego relation in which the ego, by means of its renunciations, under the conditions and for the duration of the analytic situation, induces the superego to lend its specific powers to the ego's free use. The superego's judicial function becomes thereby what might be called the analyst's "therapeutic conscience"[13] and its function of critical self-observation enables the analyst's ego to achieve that

[12] These restrictions are apt to produce in the analyst an instinctual blocking *(Triebstauung).* If the urge towards discharge finds a path in professional elaboration, it results in technical innovations, especially when supported by other motives for rebellion. Collectively considered, most of these improvements actually consist (as in view of their origin one would expect them to do) in reintroducing all the activities into the situation of which Freud gradually divested it in his period of trial and error in technique.

[13] An analogous transformation of the superego, and on analogous terms, may be obtained by individuals while engaging in other work, e.g., scientific research. Would we hesitate to call the result of such transformation the scholar's "scientific conscience"?

Nietzsche, in a penetrating remark on the genesis of what he calls the "scientific character," seems to indicate the very same metapsychological conception when he writes: "*Die Gewissenhaftigkeit im kleinen, die Selbstkontrolle des religiosen Menschen war eine Vorschule zum wissenschaftlichen Charakter: vor allem die Gessinnung, welche Probleme ernst nimmt, noch abgesehen davon, was persönlich dabei für einen herauskommt . . .*" (*Der Wille zur Macht, Drittes Buch,* p. 469).

"Conscientiousness in small things, the self-control of the religious man was a preparatory school for the scientific character, as was also, in a very preeminent sense, the attitude of mind which makes a man take problems seriously, irrespective of what personal advantage he may derive from them . . ." (*The Will to Power,* Third Book, p. 469. Trans. by A. M. Ludovici.)

singular detachment towards its own psychic content, conscious as well as preconscious, which we found so indispensable for his work.

While we are able to formulate this result, we cannot yet state what brings it about, for a precise description of the ego-superego relation referred to is not afforded by our existing metapsychological symbols.[14] We can at present do no more than, following Freud, indicate the mechanism that seems responsible for the change in relationship.

This mechanism falls under the libido theory; the term for it is displacement of cathexis (*Besetzungsverschiebung*), and Freud, although frequently using this term, only once made a truly topographical application of it. This application occurs in his paper on Humor (2) and is the more suited to serve as a model for our own in that it concerns itself with the identical topic, the ego-superego relation. Freud explains that the humorist's attitude is brought about by a shifting of the psychic accent (*Verlegung des psychischen Akzents*) effected by displacing substantial quantities of cathexis (*Verschiebung grosser Besetzungsmengen*) between superego and ego. With this application the concept of displacement of cathexis graduates, as it were, is admitted by Freud to full membership in terminology, and is even prophesied an important future. When once our reluctance to analyze normal psychic phenomena is overcome, he says, we shall apply the concept of a shift in cathexis to the "explanation of a good many phenomena of normal psychic life" and thus recognize how great a role "their understanding requires us to ascribe to the static conditions as well as to the dynamic changes in the quantities of energy cathected."

The analysis of the analyst analyzing has undoubtedly to be called such an instance. It reveals a divagation (*Ausnahmezustand*) in the normal, that is characterized by the very topographical alteration which displacement of cathexis is supposed to afford. Without entering into the discussion of the concept of displace-

[14] I shall at some other time suggest an addition to these symbols which will increase their formulative powers sufficiently to cope with problems such as this description.

ment of cathexis as such, which would lead us too far into that of narcissism in general, we might, nevertheless, profit by a comparison between humorist and psychoanalyst in reference to the character of their respective ego-superego relations. Both are *Zustände* (Freud), states of mind in so far as they concern us here; both are normal, both transient. But while humor, as Freud explains, "rejects reality, serves an illusion," analysis operates in a (laboratory) situation from which so much of the characteristics of ordinary reality are eliminated that the superego can afford to adopt the same formal character in its attitude towards the ego as in humor, but without the subject's meeting with the disturbing factors that could only be disposed of by indulgence in an illusion. As to their content, the two attitudes are of course antithetic; for in humor the attitude is one of disposing of a reality by means of a joke implying its illusory evaluation; in analysis it is one of acknowledging and evaluating properly a reality which became "psychic reality" by reduction through laboratory conditions. If, however, we disregard this difference in content (which by the way does not fail to reflect itself in the antithesis "reconstruction"—"delusion," as discussed by Freud in his last technical paper [3]), the formal analogy becomes evident. To make it clearly discernible we can even use Freud's own oratoric illustration. He has Humor say: "Look here, this is the world which looks so dangerous. Child's play—just the thing to be joked about."[15] We could have the analyst say: "Look here, this is the (inner) world that seems so dangerous. A child's world—just the thing to be analyzed, i.e., to be reexperienced, and to be understood." Both speeches are soliloquies, since

[15] The quotations from this paper are retranslations of the originals, in which, e.g., Humor's fictitious little speech reads *" 'Sieh' her, das ist nun die Welt, die so gefährlich aussieht. Ein Kinderspiel, gerade gut, einen Scherz darüber zu machen!"* (Freud: Ges. Schr., XI, p. 409). This in its colloquial simplicity, its measured brevity, its musical overtones, as it were, imperceptibly suggests all the qualities of a friendly "talking-down." It could almost be termed a glorified nursery speech, given by the parent derivative in us to the child in us, as envisaged by a literary writer. A translation that lacks this peculiar terseness of the original can appeal only to the rational in the reader.

it is in both cases a narcissistic constellation which they are meant to depict.

As a countercheck for the correctness of our analogy, we shall find that we may apply verbally Freud's description of the experience of the humorist's hearer to the daily experience—conscious or unconscious—of the analysand; for he too expects that the analyst "will show signs of some affect; will get angry, will complain, express grief, fright, horror, perhaps even despair and the onlooker-listener is ready to follow him by allowing himself to be stirred by the same emotions. But he becomes frustrated in his readiness for emotion, for the other fails to show affect, and instead makes a joke; the emotional outlay thus saved finds its employment in the enjoyment of humor." An analogous frustration of the patient's readiness for emotion helps to constitute the "abstinence-situation" in which analyzing is done; and the emotional outlay thus saved the analysand finds its indispensable use in the dynamics of the therapeutic process to which he is subjected. The object's experience, however, as described here, but reflects in ours as in the humorist's case the subject's inner experience in analysis as in humor.

The fact, finally, that the narcissistic constellation which makes for this experience is a transient one truly answers the pseudo-vocational problem discussed by Freud, who assures the analyst of his "sincere sympathy in the very exacting requirements of his practice. It almost looks," he says, "as if analysis were the third of these 'impossible' professions in which one can be sure of only unsatisfactory results . . ." And yet, he goes on to explain, "we cannot demand that the prospective analyst should be a perfect human being so that only persons of this rare and exalted perfection should enter the profession." The solution lies precisely in the transient character of the work-ego. It is not the analyst as an individual who approaches that "rare and exalted perfection," but the temporarily built-up person who does so under the circumstances and for the period of his work. The ability in the analyst to achieve (not to feign) this particular transformation is an indis-

pensable although perhaps an "exacting requirement of his practice . . ."[16]

We may summarize our findings in the following inclusive formulation:

> *The predominant characteristics of the analyst's work-ego* (Arbeitsich) *consists of a special temporary displacement of cathexis* (Besetzungswandel), *at present not fully describable, between ego and superego, whereby the latter's function of critical self-observation is utilized for the recognition of instinctual material which has transiently been acquired by identification with the patient. Thus, by virtue of its habitual faculty of practicing self-observation independent of the degree of consciousness of the material observed, the superego enlarges the ego's faculty of perception. By limiting its critical function to that of a "working conscience," it abstains at the same time from acting as daydream censor and from restricting any of the ego's abilities necessary for the work.*

This formula confines itself, as does the present paper, to what is specific for the psychoanalyst in his therapeutic activity. It deliberately neglects the fact that being a therapist—someone who, for a remuneration (in principle) endeavors to cure—implies a very definite personality in itself; one that in our instance will furnish the frame as it were for the analyst's personality as delineated above.

[16] Freud's "Analysis Terminable and Interminable," which incorporates implicitly all his previous technical writing, supplied the chief stimulus for our study. Freud does not in this paper extract the *concept* of the analyst-at-work, which we did, and yet deals with the problem of how to obtain this person in *practice*, which we have neglected. In answer to this latter problem, Freud writes: "We hope and believe that the stimuli received in the candidate's own analysis will not cease to act upon him when the analysis ends, that the processes of ego transformation will go on of their own accord and that he will bring his new insight to bear upon all his subsequent experience. This does indeed happen, and just in so far as it happens it qualifies the candidate who has been analyzed to become an analyst." The cautiousness of this unimpeachable formulation suggests at first sight that it is incomplete, but any supplementing of it lies outside the scope of this paper.

Since this study was undertaken to lay a systematic foundation for dealing with certain clinical problems, it has had to restrict itself to their theoretical aspects. Thus conciseness of scientific abstraction became mandatory for an author who as a clinician would advocate almost anything rather than a rigidity in behavior.

REFERENCES

1. Freud, S. (1937). Analysis terminable and interminable. *S. E.,* 23.
2. ——— (1927). Humour. *S. E.,* 21.
3. ——— (1937). Constructions in analysis. *S. E.,* 23.
4. Ferenczi, S. (1926). The control of the countertransference. Ch. 4 of a paper called "On the Technique of Psychoanalysis." In *Further Contributions to the Theory and Technique of Psychoanalysis.* London: Inst. Psychoanal./Hogarth.
5. Simmel, E. (1926). The "doctor-game," illness and the profession of medicine. *Int. J. Psychoanal.,* 7:470-483.
6. Low, B. (1935). The psychological compensations of the analyst. *Int.J. Psychoanal.,* 16:1-8.
7. Reik, T. (1937). *Surprise and the Psychoanalyst.* New York: Dutton.
8. Graber, G. H. (1937). Die zweierlei mechanismen der Identifizierung. *Imago,* 23:24-48.
9. Christoffel, H. (1937). Bemerkungen über zweierlei Mechanismen der Identifizierung (im Anschluss an G. H. Graber). *Imago,* 23:49-62.

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ON "THE METAPSYCHOLOGY OF THE ANALYST," BY ROBERT FLIESS

BY ROY SCHAFER

In this essay of 1942, Robert Fliess takes an early, historically significant step toward defining the part played in the psychoanalytic process by the analyst's personality. In his key move, Fliess deconstructs the concept *empathy:* he proposes that the ego enters into the analysand's subjective experience through trial identification, achieved and processed in a series of steps, and that this identification is effected by the analyst's work ego. That transformed ego is the product of modified ego–superego relations that involve the superego's transfer to the ego of the cathexes reserved for critical self-evaluation; this transfer allows the ego to develop and regulate trial identifications with analysands' passions and conflicts.

The superego's collaboration with the ego is its permissive response to the ego's having set aside its other narcissistically cathected interests so that it can fulfill its professional and scientific responsibilities. Fliess assiduously situates and articulates his main concepts within the three established metapsychological perspectives: the dynamic, the structural, and the psychoeconomic.

Equally noteworthy is Fliess's bold favoring of individualized accounts of analysts at work. These accounts recognize differences in aptitude and application. The usual "categorical" accounts, although useful in setting forth general principles, cannot adequately render the personal element in the psychoanalytic process. In this regard, Fliess discusses how the analyst's trial identification

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may put him in a "danger situation" (p. 684).[1] Through overidentification, his empathic efforts might miscarry; then the analyst is either led into behavioral departures from an appropriately detached position as observer, or, if the analyst inhibits his impulses to act, his empathic efforts put him into a dammed-up internal state with neurotic consequences.

By this praiseworthy shift from the categorical to acknowledged individual variation, Fliess helps launch psychoanalysis toward its contemporary form. However, his essay warrants criticism as well as praise: his attempts to develop precise and adequate metapsychological descriptions and explanations are not always successful, and his application of metapsychological discourse to practice is not always well formulated. In the discussion section of this article, I will point out some instances in which Fliess seems to advocate disturbing, work-hampering principles of technique, and I will try to show that, in part, they stem from his strict objectivist presuppositions. My critique extends beyond rethinking a now mostly neglected way of theorizing; it raises important questions about theory development in general.

A critique of Fliess's essay must be situated in its time and place: early to mid-twentieth-century North America. Its context comprises the prevailing institutional and collegial trends and conflicts of psychoanalysis. But that critique must also include more general theoretical discussions and critical comments, particularly those that address the fundamental question of what is at stake in proposing any change in psychoanalytic thinking or practice. As a rule, such proposals cannot be judged good or bad in themselves; their merits can be assessed only when they are situated in their theoretical contexts. Consequently, I must mix history and theory. (Critiques that bypass this requirement make change look far too easy.)

Analysts vary, of course, in their conceptions and evaluations of eras and their sequelae; they also vary in their conceptions of

[1] *Editor's Note:* In this article, page numbers from Fliess 1942 refer to the numbering in the republication in this issue, not to the original *Quarterly* publication of 1942.

theories and their consequences. I recognize that my accounts of psychoanalytic eras and theories are only some among numerous others. I also recognize that an adequate treatment of all the relevant variables and their interactions would require a far more complete study than this one.

THE CONTEXT

In Fliess's time, analysts were in an early phase of reviewing and revising Freud's early topographic theory, libido theory, and technical precepts. Their stimulus was Freud's publication of his major essays of 1920, 1923, and 1926: respectively, *Beyond the Pleasure Principle, The Ego and the Id,* and *Inhibitions, Symptoms and Anxiety*. These essays laid the foundation for the modification of many basic psychoanalytic propositions. Throughout the last decades of his career, Freud offered his own fundamental revisions. As late as 1937, his grand and moderating essay, "Analysis Terminable and Interminable," added a new dimension to this project. That dimension might be called *reality testing*. Freud was ready to acknowledge that some of the dominant formulations of the preceding era now seemed remote from the realities of clinical practice and experience. It had become necessary to consider formal propositions and strict precepts in the light of individualized reports of clinical observations, subjective experiences, and modes of practice. One major result of this reality testing was the tempering of analytic claims concerning therapeutic change.

Thus, it was a time when orthodox Freudians were taking on these leading questions: What were the implications of Freud's turn away from a metapsychology of topographic systems and toward a dual instinct metapsychology of psychic structure and function? How could relations with external reality be worked into the new, more inclusive, and experiential view of psychic development, anxiety, and guilt? And how could a less idealized version of the analytic process and its results be developed?

Waelder's 1936 article on multiple function (revisited in the January 2007 issue of *The Psychoanalytic Quarterly*) led the way to-

ward formation of an up-to-date, finely wrought, structural-dynamic point of view. Without neglecting reality relations and unconscious fantasy, Waelder centered his interest on the ego's *inter*systemic relations with id and superego. And Anna Freud (1936), working on the ego's *intra*systemic complexity, further developed Freud's 1926 discussion of defenses and their dynamics.

Fliess's discussion features both intersystemic and intrasystemic processes. He focuses on ego–superego relations and how they can modify the ego functioning of the prototypical or "categorical" analyst at work. To this end, he meticulously considers economic factors: how changes in the distribution of psychic energy empower modified intersystemic and intrasystemic relations and help the ego perform its tasks.

An interlocking of theoretical and collegial interests might be noted at this point. Some of the introductory work leading to Fliess's key concepts had already been done by contributors who were either in disfavor (Ferenczi) or not recognized insiders (Theodor Reik and Barbara Low of Great Britain). Fliess acknowledges these contributions only in footnotes rendered obscure by their abundance and length, and he makes no mention of other and far more significant contributors to the psychology of the analyst as participant. Particularly ignored are those contributors identifiable as Kleinian. Then, in 1942, and for some decades afterward, exclusionary moves of this sort were common in the otherwise scholarly writings of the orthodox, many of whom seem to me to have been identified with Anna Freud's rejection of any ideas that deviated significantly from her version of Freud's legacy. Intense conflicts with Kleinians in Great Britain never having been resolved, the Kleinians remained unmentioned. Anna Freud's loyalist group included Hartmann and Kris, who were, however, busily making their own original contributions, while, like Fliess, presenting their ideas in precise and even extended metapsychological formulations.

Thus, it was the beginning of an age of anxiety. It was a time when technical and theoretical innovations began to be scrupulously examined for their subversive potential. One's clinical capa-

bilities, if not the adequacy of one's personal analysis, might be quickly thrown into question by any actions that discomforted self-appointed sentinels of subtle heresies.

Mindful of the context in which he is writing, Fliess notes that, among other risks, his attempt at rigorous metapsychological formulation might be considered burdensome and unnecessary by the many analysts who were not, as he would wish, "passionate theoretician[s]" (p. 680). Not inappropriately, he expects that his strictly controlled propositions will cause these colleagues to consider him a rigid clinician. Consequently, he ends his essay with an unusual coda in which he declares his commitment to clinical flexibility. (Ironically, in his role as "passionate theoretician," Fliess seems to have been an active promoter of the scrupulosity of some readers.) In order to master psychoanalysis, Fliess writes, the analyst must be not only a passionate theoretician, but also a "born psychologist" (p. 680). Ruefully, he notes the infrequency with which we encounter that combination of theoretical zeal and psychological aptitude.

I believe that Fliess was right to strive at all costs for theoretical rigor and to challenge the idea that it signifies clinical shortcomings. A systematic theory is a specialized discourse. It obliges one to assume a burden that sooner or later can feel onerous: that of being absolutely consistent in one's use of concepts, thereby remaining qualified to engage in coherent dialogue and in a debate that observes ground rules. Discursive ground rules were not then—and never have been—much in evidence in psychoanalytic debates. Some further comments on *discourse* might be helpful here.

The New Orthodox Discourse

Discourse refers to more than a favored vocabulary. A new discourse is a new language. It constructs a new reality. However familiar its words, it both expresses and entails the further development of a new or revised vision of the world. It covers new presuppositions on which to base one's approach to the world and to frame questions of being or becoming—new ways of formulating

hypotheses, asking questions, observing, establishing evidence and ground rules for debate, and weighing conclusions, as well as perhaps even new styles of exposition. I had this sense of discourse in mind when I mentioned earlier that Fliess was breaking new ground by pointing to individual differences among analysts in their subjective experiences and their practices, as well as in their commands of theory; I also considered this in emphasizing that his doing so helped pave the way toward the vast changes in analytic thinking that took place through the remainder of the twentieth century, and that continue today.

Changes in discourse are changes that, when conspicuous in a clinical or theoretical presentation—as they were, for example, in the early days of self psychology and relational theory—prompt the orthodox to declare, "I wouldn't call *that* analysis!" We can trace the course of discursive changes through the past seventy-five years just by skimming through psychoanalytic journals of this period. We find increased interest in and valorization of diversity and controversy, which many analysts believe keep psychoanalysis alive, vigorous, and interesting. Many of our professional meetings are designed to showcase different kinds of change; they present for general consideration arguments for and against the superiority of one or another changed discourse and the practices in which it becomes manifest, and on occasion they include attempts at synthesis.

It does not seem to be Fliess's intention to promote such a vast change. He is intent on solidifying the new status quo. Even though he is cautious in raising his points about identification and individual differences among analysts at work, observing that they might not or do not conform to strictly objectivist requirements, he could nevertheless be charged with undermining analysts' professional ideals and the public (or medical?) image of psychoanalysis as a totally objective, scientific approach to the psychology of human beings. Would such charges be entirely invalid?

And on another front, from inside the profession, Fliess might be considered far too rigid and demanding a theoretician, pedantically exemplifying a severely conscientious, if not obsessional, striving toward absolute metapsychological and technical preci-

sion. Similarly, in a personal communication during the early 1970s, Loewald asserted that this striving toward precision in definition and application hinders creative analytic thinking. He was referring explicitly to the work of Hartmann and his associates, and, I believe, implicitly to my own work on internalization (Schafer 1968) and on action language (Schafer 1976).

Returning to the orthodox discourse under revision that governs Fliess's essay, we note that this discourse is still based on a conception of psychoanalysis as a positivist, Darwinian science. It requires its own kind of expository consistency, coherence, and comprehensiveness. Theoretical formulations at that time were expected to feature distributions and checks on instinctual energy; specification of aims, objects, and specialized functions; and recognition of the important role played by mechanisms, delay of impulse, attention, reality testing, and synthesizing operations. Dedicated to the ideals of the established sciences of his time, Freud aimed for a purely metapsychological language to "explain" or "describe" (usage was mixed) the phenomena that he observed. These phenomena included what he witnessed not only during the clinical process, but also in all aspects of life (child development, sexuality, violence, art, jokes, errors, traditions, social organizations, and so on). Fliess joins Freud in this dedication, but that does not stop him from reworking some established ideas once he better understands their implications.

Heinz Hartmann's View

To further establish the context in which Fliess offers his new ideas, I will mention that Fliess's position was similar to Hartmann's (1939, 1964; see also Rapaport 1967), and will note that those who took this position created a variety of problems and stimulated opposition. Aside from his own truly creative efforts, Hartmann, too, was trying to further the development of metapsychological exactitude and completeness. Both Fliess and Hartmann were acting on the conceptual obligation that comes with theorizing in the territory of drive theory: the obligation to develop and apply metapsychological formulations systematically, rather than

in the imprecise, uncoordinated, and incomplete way that prevailed then—and that, I think, continues today.

Contrary to the continuing charges of many (especially European) critics that these post-Freudian theoreticians reduced psychoanalysis to a superficial psychology of adjustment, I view them as acting particularly on Freud's new and necessary interest in the ego. The ego includes, among its other obligations, the role of mediating relations with external reality and promoting sound reality testing and multiple modes of adaptation. In addition, what now had to be addressed were the influences on the ego's development and functioning of individual differences in endowment, maturation, environmental support, and such hazards of experience as early illness or object loss. Structural theory was needed, and one could no longer take these factors for granted and relegate them to the clinical sphere, or mention them only in footnotes.

However, upon reflection, this theoretical position cannot be stated in absolute terms, for it can be forcefully argued that it is not a privileged one—which is to say that this position can be regarded as merely an alternative form of theorizing. Based on different axioms, different theories foreground different requirements. Other analytic theorists, having no aspiration to write a general psychology, are free to stay close to the bounds of clinical work and so continue to maintain a narrower descriptive and explanatory focus, a focus that foregrounds *meaning*. And some, like Loewald (1980), with existential philosophical leanings, can do otherwise and continue to emphasize meaning.

Meaning

Much of the dissatisfaction with this newer orthodox discourse, I believe, centers around its turning away from meaning. As a theoretician, Hartmann rejected understanding as a basis for theorizing the mind, and in that way set aside concepts focused on meaning. Not that he would deny meaning its place in clinical work—a "talking cure" without meaning would make no sense—but rather that consistent metapsychological formulations (dynamics, structure,

and the psychoeconomics of cathexes) are incompatible with propositions that introduce meaning.

Hartmann followed Freud in developing a particular discourse (the "witch"—metapsychology) that was devoid of psychological content; in this discourse, dynamic content (meaning) cannot explain the propulsive force or the vicissitudes of drive energies, and so cannot account for the workings of the human mind or "psychic apparatus."

Hartmann's creative work encouraged the idea of psychoanalysis as a general psychology. He took care to formulate his propositions about adaptation in abstract, impersonal, biopsychosocial terms. One can note ironically that, even though Hartmann did his best to stay within the tight confines of metapsychology as he understood it—and who better than he?—like Fliess, he can be shown to have been paving the way toward contemporary, meaning-centered object relations theory (Schafer 1995). Particularly his work on adaptation (Hartmann 1939), with its attention to object relations, invites meaning into the discourse.

Object relations are inextricably bound up in meaning. Object-related discourse calls for new modes of conceptualizing the analytic process—for differently rank-ordering the problems to be addressed; for departing from the scientistic, positivist, nineteenth-century-based ideal self-image. It does not seem, however, that contemporary analytic discourse is as consistent as it might be, for it is usually mixed eclectically with dynamic and structural remnants of the old metapsychology. Many analysts still consider it important to touch on old bases along with the new. Judging by what appears in print today, it is only psychoeconomics—just the kind that Fliess emphasizes—that has been pushed to the edges of psychoanalytic theorizing.

But Fliess is writing in 1942, and he finds it necessary and desirable to develop his ideas about the psychology of the analyst (trial identification, the work ego, and relaxed superego function) with a consistent emphasis on the economic point of view. In later mid-twentieth-century writing, one encounters efforts similar to those made by Fliess—burdened efforts, I would say. Examples in-

clude the important, creative, and clinically oriented writings of Reich (1973) on the ego ideal, and of Jacobson (1964, 1971) on depression, moods, and the development of a sense of self. Today, the pursuit of that new orthodox discourse may be seen as only one option available to the "passionate theoretician" (Fliess 1942, p. 680). I believe that each discourse deserves systematizing efforts equivalent to those made by Hartmann, Fliess, and many others.

Some last thoughts on *meaning:* Can efforts to eliminate it ever be successful? Hasn't meaning always been retained in the dynamic perspective; in the ideas that instinctual energies have libidinal and aggressive aims, that they are object seeking, and that they interact, modify each other, and compromise? Hasn't meaning been retained in the prevalence of anthropomorphic formulations of the activities and virtually interpersonal relationships ascribed to the psychic structures?

Think of the dramatized formulations of the omnivorous defense advanced by Eissler (1953), one of the passionate theoreticians of that era, in his famous (or infamous) parameters essay (see also my critique in Schafer 1994). Think, indeed, of Freud's (1923, p. 30) family-style drama of the ego's appealing to the id for love in *The Ego and the Id.* As I see it, references to *purposive* structures, mechanism, and energies can be thought of as, in effect, smuggling operations, crossing strict borders with this contraband—an apparatus of which every aspect seems to be able to think for itself, almost a prequel to ideas about artificial intelligence.

In Fliess's proposal, the analyst's ego is rewarded by the superego for having set aside so many personal interests to do the work; the reward of extra cathexis enables critical self-observation and regulation of the work ego's empathic trial identifications. Does this require us to take for granted the idea that there are cathexes that, even when transferred, retain the observational uses to which they have been put? Or are we to think of an ego that includes necessary self-observational functions, but with no cathexes of its own to empower its putting them to use, and no permission to do so? Or must we detect some unacknowledged,

perhaps unrecognized conceptual leaps that only appear to be sound and seamless theorizing?

Professional and Educational Concerns

I recall the 1950s, '60s, and '70s as periods when, to a great extent, analysts who were writing, teaching, or being trained were burdened by pressures from education committees, journal review boards, and program committees and membership committees of the American Psychoanalytic Association and local institutes. One instance of this: a colleague of mine presented a paper at a society meeting in which he proposed that value judgments might play a part in analysts' criteria for drawing distinctions between primary and secondary gain in symptom formation, and his discussant later pulled him aside and told him that, by raising the question of values, he was indicating his own need for more personal analysis.

Another instance: a paper of mine, "The Loving and Beloved Superego in Freud's Structural Theory" (1960), was first returned to me with an acceptance note from the periodical to which I had submitted it, but also with numerous notations of "inexact" alongside my many references to classic formulations. Indeed, I had not consistently been literally *exact,* but there was scarcely a notation entered about my having misrepresented that literature or strayed from the metapsychological fold. Once the editors were satisfied that they had exacted exactitude, publication moved forward.

I was, and still am, thrilled to have had that paper read and accepted by so informed and careful a critic. (I flattered myself to think it was Hartmann himself, then on the editorial staff of that journal and one of my idols.) I also note with satisfaction that, in Fliess's discussion of the work ego, written a decade earlier, he had relied, as I had, on Freud's (1927) thoughts about humor, and specifically on the role superego flexibility plays in humor.

The fact that metapsychological theory grew more and more complex and difficult to master in the hands of the passionate the-

oreticians of those years should not be regarded—as it was by many—as a demonstration that things were going too far or becoming "too Talmudic." In this realm, there is no going *too far;* having started with instinctual drives, there are only debatable turns to take on the way to working out the energic and structural aspects of the expressions, interactions, and transformations of instinctual drives. Perhaps the only reasonable alternative would be to raise questions about the use of a Darwinian model for system building. In these ways, one can hope to identify and perhaps resolve problems inherent in a theory's axioms and their consequences.

TRIAL IDENTIFICATIONS AND THE WORK EGO

Fliess proposes that the analyst achieves an understanding of the analysand's emotional experience by venturing (I use the word advisedly) a brief identification with the analysand. In keeping with the strict but narrow and naive, positivist, scientific conception that prevailed then (and too often now), the analysand continues to be presented as a mind under absolutely detached observation. No provision is made for legitimate two-person interaction. Boundaries between self and object are sharp and secure. The analyst's ego undergoes no changes in response to the analysand's projections and manipulations. What the analyst observes and "tastes" is the real thing and is not influenced by his predilections.

Thus, through the quick and certain "taste" achieved via trial identification, the analyst is thought to experience the analysand's state *exactly,* and so to know just what that emotional experience *is.* As described, it is best that the analyst's trial be kept brief and limited, lest the analyst, now a carrier of the analysand's libidinal or aggressive cathectic charges, succumb to the danger of being impelled either to act as the analysand would, or to inhibit expression and thus become vulnerable to—as a result of the "damming up" of instinctual energy—neurotic symptom formation (Fliess 1942, p. 685).

Clearly, Fliess is presenting these incorporated cathexes as toxic. He does not have available the later proposals by Hartmann (1964) that, to cover all contingencies, metapsychology requires partly neutralized energies, i.e., partly delibidinized and deaggressivized instinctual energies—proposals that might have prevented Fliess from stating his position in such alarmist terms.

Mainly, however, I believe that Fliess is basing his cautiousness on fallacious use of empirical observations. Certainly, there are occasions when analysts overidentify with analysands and break the analytic frame. Today, however, when our view of the relationship is no longer an unreal, aseptic model of the analyst's detached observation of another mind, and when strict subject–object distinctions are not presupposed, we might think that those analysts who engage in such an extreme identification are expressing pronounced countertransference tendencies of their own. Perhaps they have been projecting into their analysands some type or intensity of personal conflicts—or, more likely, these analysts are responding to projective identifications from their analysands that connect up with personal vulnerabilities, and, as a result, they are engaging in an enactment with them. In this regard, Sandler (1976) proposed the concept of *role responsiveness*—that is, the analyst's being subtly influenced by the analysand to actualize a role in a charged transference fantasy (mother, master, slave, lover, abuser, etc.).

Fliess introduces an additional difficulty by using the model of the "damming up" of instinctual energy (p. 685) to explain neurotic phenomena. Presumably, what is dammed up is the emotional charge of the patient's cathexes, the drive energies that the diligent analyst may not discharge. In 1942, the model of damming up had yet to be systematically replaced by a model that fit the new orthodox metapsychological discourse: a multiple function model, such as that outlined by Waelder (1936), or one with a more developed psychoeconomic theory, such as that proposed by Hartmann and his principal co-workers, Kris and Loewenstein (1964), or some attempt to achieve an integration of both. For many, it remained a question of either/or.

I might mention in this regard my having once heard Waelder respond dismissively to Ernst Kris's challenge to him during a psychoanalytic meeting. (It took place, as I recall, in the 1960s in New Haven, at a time when Kris could speak confidently as an especially articulate, pioneering figure in expanding the new orthodox discourse.) When asked why he was not thinking about psychoeconomics in the new way, Waelder replied, "I haven't found it useful." I could sense the gasps of many in the audience.

DISCUSSION

In the course of setting the historical and theoretical context of Fliess's essay, I have mentioned a number of his unsatisfactorily formulated propositions. The brief supplementary list that follows is centered on a set of interrelated or overlapping propositions touching on technique, and it recycles some of what has come before. But first, a few last comments on the importance of Fliess's innovations.

It is not difficult to see a large, forward-moving significance in Fliess's set of proposals. He is edging into contextual formulations of meaning. Although these formulations depend on concretized or personified use of structural terms, they introduce us to notions of psychic structure as steadily adapting to situational and relational factors. That is to say, we can now take into account that T is appropriate and possibly helpful here, and then because X also means Y and Z, not so there, and then because, in that context, T also means J and K, then such-and-such, etc. In that historical context, Anna Freud (1936) had already taken a step toward future discourse with her concept of defense by altruistic surrender, wherein otherwise warded-off expressions of open aggression are permissible when made on behalf of another—that is, when it means doing good.

This entire shift is away from static and toward a processual view of psychic functions and meanings and their organization; and, though not intended to be so and certainly not prescient, this view is recognizably in accord with modern, intersubjective con-

ceptions of the analytic process. The old metapsychological focus was in the early stage of no longer holding sway; and no amount of lengthy footnotes (such as we encounter in Fliess's essay) could reinforce it.

In my reading, Fliess shows that he is aware he is formulating his ideas in conceptually *ideal* forms; he is not asserting what *should* take place. But one introduces a problem by using ideal conceptualizations: many analysts forget that these formulations, like those based on polarizing concepts, are not empirical conclusions, and that they are intended only to initiate discussion and examination with a clear point of reference. Sooner or later, however, the author gets to be understood as having set a standard, and to have established the precept that practices not meeting this standard are flawed. Then conceptual formulations come to be taken as rules rather than, as intended, clarifications of exposition.

Can this problem be avoided? Can we ever do without ideal concepts? I suppose this rule-making propensity reflects the difficulties that we analysts have with our own unconscious ideals and superego injunctions. We are trying to relieve the human misery of others in more or less ambiguous circumstances and often in the face of oppositional defenses, our own as well as those of our analysands. Can we entirely escape some unconscious longing for forbidding guidelines to follow and impossible standards to meet? In any case, such wrong-headed precepts certainly intensify any tendency toward that gnawing sense that one's analyses may be less than satisfactory; and it is well known that they can lead candidates either to despair about ever mastering their vocation, or to cynical denials of subjective experience and actual practices.

Here are, in conclusion, some supplementary notes on the attributes of disturbing, theory-derived formulations:

1. The forbidding presupposition that the ego is a firm, tightly constructed and sharply delineated entity, rather more like an observation post or control tower than an abstract, incompletely integrated version of a complex human being trying to make special psychoana-

lytic sense of an analysand's associations, expressive movements, and behavior—and sometimes simply trying to make *any* sense of them. Thus, the dehumanizing formulation: "The analyst certainly does not indulge in ordinary 'free' daydreaming, where the stimuli come largely from within, for his daydreaming is almost entirely stimulated from without, and by one particular source: the patient's reactions" (Fliess 1942, p. 688). Similar is the reference to the analyst's "intellectual penetration" of the analysand through trial identification as "its sole and only purpose" (p. 684). How can one think of real analysts as capable of achieving such a totally detached position?

2. There is no recognition or sanction of the mutually influential, interactive features of the analytic relationship and thereby of the co-creation of the analytic material and process. Implicitly, working from and with the cues provided by countertransference responses are made out or implied to be cases of the analyst's rationalizing attempts to make capital of miscarried trial identifications.

3. The analyst is consistently portrayed in the active role, never as passive recipient of influences from the analysand. This portrait is readily transformed into an implied demand that the analyst maintain the illusion that he is an impermeable human being, rather than a responsive one who can come to understand at least some of what it is that, coming from the other, is occasioning each response, as well as what it is that is coming from one's self—and, more exactly, from the mode of interaction already in place.

4. Purist aims are affirmed, despite their deviation from Freud's (1937) moderating stance. These aims imply that the analyst is omniscient. For example, "*no* patho-

genic conflict is allowed to escape from temporarily entering the transference" (Fliess 1942, p. 683n, italics added). Similarly: "Performance will here depend . . . on *all* the energy of the striving having been used up in the process of its sublimation" (p. 684, italics added). No further comment.

REFERENCES

Eissler, K. (1953). The effect of the structure of the ego on psychoanalytic technique. *J. Amer. Psychoanal. Assn.,* 1:104-143.

Fliess, R. (1942). The metapsychology of the analyst. *Psychoanal. Q.,* 11:211-227.

Freud, A. (1936). *The Ego and the Mechanisms of Defense.* New York: Int. Univ. Press, 1946.

Freud, S. (1920). *Beyond the Pleasure Principle. S. E.,* 18.

——— (1923). *The Ego and the Id. S. E.,* 19.

——— (1926). *Inhibitions, symptoms and anxiety. S. E.,* 20.

——— (1927). Humour. *S. E.,* 21.

——— (1937). Analysis terminable and interminable. *S. E.,* 23.

Hartmann, H. (1939). *Ego Psychology and the Problem of Adaptation.* New York: Int. Univ. Press, 1958.

——— (1964). *Essays on Ego Psychology.* New York: Int. Univ. Press.

Hartmann, H., Kris, E. & Loewenstein, R. M. (1964). *Papers on Psychoanalytic Psychology.* New York: Int. Univ. Press.

Jacobson, E. (1964). *The Self and the Object World.* New York: Int. Univ. Press.

——— (1971). *Depression: Comparative Studies of Normal, Neurotic, and Psychotic Conditions.* New York: Int. Univ. Press.

Loewald, H. W. (1980). *The Writings of Hans Loewald.* New Haven, CT/London: Yale Univ. Press.

Rapaport, D. (1967). *The Collected Papers of David Rapaport,* ed. M. M. Gill. New York: Basic Books.

Reich, A. (1973). *Psychoanalytic Contributions.* New York: Int. Univ. Press.

Sandler, J. (1976). Countertransference and role responsiveness. *Int. Rev. Psychoanal.,* 3:43-48.

Schafer, R. (1960). The loving and beloved superego in Freud's structural theory. *Psychoanal. Study Child,* 15:163-188.

——— (1968). *Aspects of Internalization.* New York: Int. Univ. Press.

——— (1976), A *New Language for Psychoanalysis.* New Haven, CT/London: Yale Univ. Press.

——— (1994). A classic revisited: Kurt Eissler's "The Effect of the Structure of the Ego on Psychoanalytic Technique." *Int. J. Psychoanal.,* 75:721-728.

——— (1995). In the wake of Heinz Hartmann. *Int. J. Psychoanal.,* 76:223-235.

WAELDER, R. (1936). The principle of multiple function: observations on over-determination. *Psychoanal. Q.,* 5:45-62.

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REVIEW OF "THE METAPSYCHOLOGY OF THE ANALYST," BY ROBERT FLIESS

BY THEODORE J. JACOBS

Of all the changes that have taken place in psychoanalysis in the past three decades, arguably the greatest has been the radical shift that has occurred in our view of the contribution that the analyst's psychology makes to the psychoanalytic process. Few endeavors more emphatically underscore both the enormous advances that have been made in this area, and the tendency of contemporary views of the analyst's role to ignore the insights of our predecessors, than rereading Robert Fliess's classic 1942 paper, "The Metapsychology of the Analyst."

Perhaps nothing better illustrates the gulf that separates modern thinking from that of Fliess and his contemporaries than the opening sentences of Fliess's paper, which make clear that the analyst's psychology, while interesting to study, was not considered a source of difficulty: "Of the two persons involved in the analytic situation," he writes, "one, customarily not considered a problem, is the object of this brief metapsychologic study." He then follows this with the statement that "while [in analysis] . . . the patient . . . moves towards becoming truly an individual, the analyst remains from beginning to end what he always is while at work: essentially a 'categorical person'" (p. 679).[1] By *categorical*, Fliess means, essentially,

[1] *Editor's Note:* In this article, page numbers from Fliess 1942 refer to the numbering in the republication in this issue, not to the original *Quarterly* publication of 1942.

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an interpreting agent, a figure whose role is to offer insight, but who, for all intents and purposes, lacks a human dimension.

Or, put another way, for Fliess the analyst is able to master whatever human tendencies may interfere with his functioning as a "categorical person." Consistent with this idea is Fliess's later statement that:

> The analyst must . . . manage to lend himself to becoming an ideal transference object—not a personal but a merely categorical one. Technique requires him to serve as what might be called a "transference dummy," to be dressed up by the patient, i.e., to be invested with the various traits of his infantile objects. [1942, p. 683]

We have, then, some three decades after Freud published his technique papers, the maintenance of the idealized notion that the analyst can attain strict objectivity, and that his proper—and sole—role is that of interpreter of the patient's unconscious conflicts and strivings as they appear in the transference. Like Strachey (1934) and other contemporaries, Fliess held that "only in the transference can any conflict effectively be resolved" (p. 683), a view that is prevalent today in our current emphasis on the here and now and the importance of capturing the transference moment.

Totally absent from Fliess's paper is any reference to Ferenczi's (1919) idea concerning the impact of the analyst's personality and conflicts on the treatment, nor is there any acknowledgment that mutual influences are at work in analysis, or of Freud's idea that unconscious messages are regularly transmitted between patient and analyst. What we have instead is strict adherence to Freud's contention that it is desirable—and possible—for the analyst, like the surgeon, to put aside all human feelings and, essentially, to operate on the patient, using as his instrument a working self that has been cleansed of the contamination caused by personal feelings and reactions or by conflicts aroused in the analyst. While acknowledging that countertransference exists, Fliess holds that intrapsychic operations regularly taking place in the analyst (described in his paper in metapsychological terms) can eliminate

countertransference distortions, thus cleansing the analyst's working instrument. I will return to this issue shortly.

One suspects that issues of loyalty to Freud, as well as fears of Ferenczi's influence and of wild, undisciplined behavior on the part of colleagues, influenced Fliess and others who held this idealized and sanitized view of the analyst's functioning. Fliess's narrow and quite rigid position, however, was not universally endorsed by all his colleagues. Quite aside from Ferenczi's (1919) work, other analysts raised issues that went well beyond the scope of Fliess's restrictive formulations—issues that, in fact, anticipated questions in the forefront of current discussion and debate.

Stern (1924) spoke of two kinds of countertransference: that stemming from the analyst's personal conflicts, and that arising in response to the patient's transference. It is the latter, Stern said, that is useful in analysis. The former constitutes an obstacle to understanding. To use himself effectively, Stern maintained, the analyst must meet the patient's transference with a transference of his own; that is, his approach must not be too intellectual or too focused on cognitive understanding. Rather, he must permit his feelings and fantasies to arise and must allow his unconscious to resonate with that of the patient in order to grasp the latter's unconscious communications. This perspective embraces much of what was to come later, including Isakower's (1992) notion of the analytic instrument, Reich's (1951) concern with the neurotic aspects of countertransference, and Sandler's (1976) idea that, optimally, the analyst functions not only with freely hovering attention (Freud 1912), but also with free-floating responsiveness.

Deutsch (1926) also spoke of the way in which the analyst receives and utilizes the patient's material. The patient's associations, she held, become an inner experience for the analyst. This mode of processing the material, which gives rise to fantasies and memories on the part of the analyst, is, she claimed, the basis for all intuition and intuitive empathy.

Other authors, too, anticipated current issues in countertransference. By pointing out that the patient's psychosexual conflicts evoke developmentally similar conflicts in the analyst, Glover

(1927) touched on an issue that is much discussed today: the way in which the patient's material resonates with and evokes memories of parallel psychological experiences in the analyst (Blum 1980; Jacobs 1991; Levine 1997; McLaughlin 1981; Poland 1988). This issue is currently the subject of neurophysiological research, as well as of efforts by analysts to learn how such subjective reactions can best be utilized in the clinical situation.

Glover (1927) attempted to distinguish countertransference proper from counterresistance in the analyst. While few analysts today believe that such distinctions can be meaningfully made, Glover's interest in the analyst's as well as the patient's resistance also foreshadowed a matter of current concern: the way in which resistances are mutually constructed by patient and analyst (Boesky 1990; Hoffman 1991).

Strachey (1934) recognized the fact of mutuality in analysis—that is, the interaction of patient and analyst, and he pointed out that the mutative transference interpretation can be effective only when there is an emotional force field (or strong emotional engagement) between patient and analyst. Thus, although he did not refer to countertransference as such, Strachey (1934) helped set the stage for the recognition both of the intersubjective aspects of analysis and the fact that the analyst's emotional participation, expressed in large measure through his countertransference responses, is an indispensable element in the therapeutic action of analysis.

Low (1935) anticipated the views of Renik (1993) by taking issue with Freud's contention that countertransference can and should be mastered. This, she believed, was a fantasy, and she argued not for the exclusion of the analyst's countertransference reactions, but for their usage in analysis. It is through the analyst's subjective experiences, she held, that he or she can arrive at a correct understanding of the patient. This latter aspect of Low's position was elaborated and developed in different forms by the British object relations school, by the Kleinians, and by a number of contemporary American analysts.

Other issues at the forefront of modern psychoanalytic thinking also arose in the 1930s and '40s. Balint and Balint (1939) spoke of

the question of self-revelation, noting that analysts inevitably reveal much about themselves through their character traits and their ways of working. And they pointed out that patients regularly pick up these cues and, preconsciously, possess a good deal more knowledge about their analysts than may be apparent.

Thus, the idea that the analyst's subjectivity constitutes a variable pathway to understanding the unconscious of the patient—the central notion that links contemporary views of countertransference—has a long history in psychoanalysis. What characterizes modern thinking and distinguishes it from Fliess's views is the understanding that the analyst's psychology is an active force that exerts an ongoing influence on the analytic process. There is much debate as to whether the analyst's subjectivity, including his countertransference responses, operates (or should operate) solely as a vehicle for understanding the unconscious of the patient—that is, primarily the patient's displaced and warded-off aspects of the self—or whether these responses also inevitably create new experiences that are an inherent and indispensable part of the therapeutic action of analysis. There is general agreement, however, that the analyst's subjectivity, in all its forms, plays a major role in all that transpires in an analysis.

The role of action, too, has come to the fore as a central means by which communication takes place in analysis. There has been much appreciation in recent years of nonverbal behavior, not only as communication, but also as a way in which patient and analyst seek to regulate both the responses and behaviors of others, and their own affective states as well. Many analysts now view the analytic process as a continuous series of enactments, large and small, conscious and unconscious, that cannot be consciously contained, that are an inherent part of the analytic material, and whose analysis has the potential to yield fresh insights.

As opposed to Fliess's idea that, through his training, aptitude, and self-discipline, the analyst can master his countertransference and function as a clear-sighted, unencumbered, interpreting instrument, free of the tendency to act out his own conflicts and impulses, modern analysts take a humbler—and more realistic—view

of their own limitations. Not only is countertransference inevitable, they believe, but many colleagues join Renik (1993) in his conviction that countertransference is inevitably acted out in one form or another before it can be consciously grasped. For these analysts, therefore, the idea of containment of one's countertransference reactions is a myth. And, further, many analysts agree with Boesky (1990), who has stated that, unless the analyst gets caught up emotionally with his patient in a way that he has not anticipated, the analysis will not proceed to a satisfactory conclusion.

This viewpoint—that unexpected emotional involvements, troublesome countertransference responses, continual enactments, and the mutual influence of unconscious messages transmitted between patient and analyst are inescapable and potentially useful features of analytic work—is a far cry from Fliess's picture of the controlled and contained analyst managing his subjective responses by means of sublimation and other intrapsychic transformations that allow him to maintain a neutral, objective, therapeutically effective stance. In Fliess's view, the analyst is not an active, responsive, emotionally engaged player, but rather an analytic *function,* a construct of the mind, a "categorical person."

Given the enormous changes—and the significant advances—in our understanding of the analyst's contribution to the analytic process that have taken place over the past sixty years, how shall we view Fliess's paper? Is it merely of historic interest, a marker of a time when, under the sway of Freud's view of analysis (and especially of his writings on technique), analysts like Fliess maintained a limited and narrow, but also idealized, conception of the analyst's role in treatment?

I believe that there is considerably more than that to Fliess's paper, that it touches on an aspect of the analyst's functioning that is little spoken of today, and that modern analysts can learn a good deal from the paper. First of all, it is one of the few in the literature that attempts to conceptualize and delineate the shifts and changes that take place within the analyst's mind as he struggles to understand his patient's communications and to respond usefully to them. We speak rather generally today about the analyst's subjectivity and its importance in treatment, but rarely do we find in

the contemporary literature an effort such as Fliess made to deconstruct the concept of subjectivity and to demonstrate just how it functions to affect both the interpretive process and the analytic work as a whole. The need for such a formulation seems to me to be great, especially on the part of those authors who favor an intersubjective or relational view of analytic work, and of those modern Freudians who maintain that the analyst's use of his countertransference is one of his most effective tools.

While the metapsychological framework that Fliess employed in his paper is no longer in vogue, the model that he offered, one seeking to delineate the way in which the analyst receives, processes, and transforms the material of the hour, is very much worth emulating. While we no longer hold, as Fliess did, that the analyst's own history, conflicts, biases, etc., can be so effectively dealt with that they play no role in his interventions, we have no contemporary model comparable to Fliess's that seeks to delineate the psychological processes taking place within the analyst as he uses information from within and without, including his memories, fantasies, and associations, to gain insight and to forge useful interpretations.

Some effort along these lines was made by Arlow in his paper "The Genesis of Interpretation" (1979), but this effort has not been followed up in a way that utilizes Fliess's method of offering a detailed account of the transformational steps that occur in the mind of the analyst at work. In light of the current multiplicity of theories concerning the role of the analyst in treatment, it would be especially interesting to compare accounts of the psychology of the analyst as conceptualized by the various schools.

In this classic paper, Fliess was the first to employ the term *trial identification*. Since that time, it has become part of the analytic lexicon and is used primarily to describe a key aspect of empathy. Often, however, this term as currently used does not stress, as Fliess did, the importance of emotional depth in the process. As employed today, trial identification suggests a brief, unconscious identification by means of which the analyst transiently puts himself in the place of the other. In that way, he samples the patient's psychological state so as to know it from the inside out, as it were.

What Fliess emphasized in his paper, however, is something that is often missing in our understanding of empathy. He stressed the fact that for a period the analyst must *become* the patient; emotionally, he *is* the patient, and thereby is subject to all the turmoil and all the pain that the patient feels. Fliess believed that this aspect of analytic work presents a danger to the analyst's mental health. In his view, to really know the patient and to be able to offer interpretations born of conviction, the analyst must temporarily eliminate the boundaries between himself and the patient. This is a challenging—and is a sense, radical—idea, even in today's world. In Fliess's day, it must have been an even more threatening one.

Much contemporary writing focuses on the interaction of two minds, on enactments between the two participants in analysis, and on the interplay between them in the here and now. The emphasis is on the analyst's ability to detect and interpret these complex interactions. A corollary of this perspective is the need for the analyst to be in a state of alertness, and to keep his eyes and ears attuned to all that is happening between himself and the patient. This, of course, requires the use of conscious awareness and focused attention. But rarely mentioned as necessary for the grasping of the unconscious of another is the required shift in the analyst's mind from alert attentiveness to a more open, relaxed, nonfocused condition, which involves a degree of regression and an alteration in his or her level of consciousness. It is this state of mind, I believe, that Fliess is implicitly referring to when he points out that to truly understand the mind of the patient, the analyst must enter into a state in which the boundaries between self and other are temporarily removed.

This, I believe, is an important message for contemporary analysts to attend to—one that has significant implications for analytic technique, especially at a time when our insistent focus on catching every nuance of the here and now has made it difficult for the analyst to allow for the shifts in his own mind that are necessary for the relaxing of boundaries to take place, and for the analyst to truly enter into the inner world of his patient. While Fliess offers us an unrealistic picture of the analyst, one in which countertransference

is effectively eliminated, he stresses something important: that in a world that values countertransference, enactment, interaction, and the like, it is important to remember that the analyst is always employing his "work-ego" (1942, p. 689). That is, he is always containing, altering, transforming, and sublimating his subjective responses into a form—a product—that can be offered to the patient as a useful intervention.

Today, that very transformation, the subject of Fliess's paper, is often underemphasized or totally neglected. We hear a good deal about reactions and counterreactions, transference and countertransference, but little about the creative transformation of the analyst's inner experiences. As anachronistic and limited as the paper is, in it Fliess reminds us that it is not the overall psychology of the analyst that is important in the analytic process, but his *working* psychology. This working psychology is a unique entity, assembled for and operative only in the treatment situation, and is characterized by the processes of transformation in which the raw material that makes up the analyst's psychology—his desires, conflicts, prohibitions, dreams, and daydreams—is processed and transmuted into a new entity. The resulting aim-directed or working psychology functions, as does the mind of the artist, to forge something creative and valuable—an interpretation—out of the stream of words and sensations, sights and sounds, that floods it from within and without.

In relating how this happens, then, how this morass of material is processed and transmuted in the mind of the analyst, Fliess describes processes that have much in common with creative composition as depicted by writers and artists. Thus, the analyst whom Fliess envisions, that nonhuman, abstract, "categorical person," in fact has more in common with the creative artist than we—and perhaps Fliess himself—at first realized.

REFERENCES

Arlow, J. (1979). The genesis of interpretation. *J. Amer. Psychoanal. Assn.*, 27:193-206.

Balint, M. & Balint, A. (1939). On transference and countertransference. *Int. J. Psychoanal.*, 20:223-230.

Blum, H. (1980). The value of reconstruction in adult psychoanalysis. *Int. J. Psychoanal.*, 61:39-52.

Boesky, D. (1990). The psychoanalytic process and its components. *Psychoanal. Q.*, 59:580-584.

Deutsch, H. (1926). Occult processes occurring during psychoanalysis. In *Psychoanalysis and the Occult,* ed. G. Devereux, 1974, p. 134.

Ferenczi, S. (1919). On the technique of psychoanalysis. In *Further Contributions to the Theory and Technique of Psychoanalysis.* New York: Basic Books, 1952, pp. 177-189.

Fliess, R. (1942). The metapsychology of the analyst. *Psychoanal. Q.,* 11:211-227.

Freud, S. (1912). Recommendations to physicians practising psycho-analysis. *S. E.,* 12.

Glover, E. (1927). Lectures on technique in psychoanalysis. *Int. J. Psychoanal.*, 8:311-338.

Hoffman, I. (1991). Discussion: towards a social constructivist view of the psychoanalytic situation. *Psychoanal. Dialogues,* 1:74-105.

Isakower, O. (1992). The analyzing instrument in the teaching and conduct of analytic process, ed. H. M. Wyman & S. M. Rittenberg. *J. Clin. Psychoanal.,* 1:181-222.

Jacobs, T. (1991). *The Use of the Self: Countertransference and Communication in the Analytic Situation.* Madison, CT: Int. Univ. Press.

Levine, H. (1997). The capacity for countertransference. *Psychoanal. Inquiry,* 17:44-68.

Low, B. (1935). The psychological compensations of the analyst. *Int. J. Psychoanal.*, 16:1-8.

McLaughlin, J. (1981). Transference, psychic reality and countertransference. *Psychoanal. Q.*, 50:639-664.

Poland, W. (1988). Insight and the analytic dyad. *Psychoanal. Q.*, 55:244-271.

Reich, A. (1951). On countertransference. *Int. J. Psychoanal.*, 32:25-31.

Renik, O. (1993). Analytic interaction: conceptualizing technique in the light of the analyst's irreducible subjectivity. *Psychoanal. Q.*, 64:585-591.

Sandler, J. (1976). Countertransference and role-responsiveness. *Int. Rev. Psychoanal.*, 3:43-47.

Stern, A. (1924). On the countertransference in psychoanalysis. *Psychoanal. Rev.*, 2:166-174.

Strachey, J. (1934). The nature of the therapeutic action of psychoanalysis. *Int. J. Psychoanal.,* 15:127-159.

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THE MEANINGS AND USES OF COUNTERTRANSFERENCE

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I

Freud describes transference as both the greatest danger and the best tool for analytic work. He refers to the work of making the repressed past conscious. Besides these two implied meanings of transference, Freud gives it a third meaning: it is in the transference that the analysand may relive the past under better conditions and in this way rectify pathological decisions and destinies. Likewise three meanings of countertransference may be differentiated. It too may be the greatest danger and at the same time an important tool for understanding, an assistance to the analyst in his function as interpreter. Moreover, it affects the analyst's behavior; it interferes with his action as object of the patient's reexperience in that new fragment of life that is the analytic situation, in which the patient should meet with greater understanding and objectivity than he found in the reality or fantasy of his childhood.

What have present-day writers to say about the problem of countertransference?[1]

[1] I confine myself in what follows to papers published since 1946. I have referred to a previous bibliography in another paper (17).

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Lorand (16) writes mainly about the dangers of countertransference for analytic work. He also points out the importance of taking countertransference reactions into account, for they may indicate some important subject to be worked through with the patient. He emphasizes the necessity of the analyst being always aware of his countertransference, and discusses specific problems such as the conscious desire to heal, the relief analysis may afford the analyst from his own problems, and narcissism and the interference of personal motives in clinical purposes. He also emphasizes the fact that these problems of countertransference concern not only the candidate but also the experienced analyst.

Winnicott (24) is specifically concerned with "objective and justified hatred" in countertransference, particularly in the treatment of psychotics. He considers how the analyst should manage this emotion: should he, for example, bear his hatred in silence or communicate it to the analysand? Thus, Winnicott is concerned with a particular countertransference reaction insofar as it affects the behavior of the analyst, who is the analysand's object in his re-experience of childhood.

Heimann (11) deals with countertransference as a tool for understanding the analysand. The "basic assumption is that the analyst's unconscious understands that of his patient. This rapport on the deep level comes to the surface in the form of feelings which the analyst notices in response to his patient, in his countertransference." This emotional response of the analyst is frequently closer to the psychological state of the patient than is the analyst's conscious judgment thereof.

Little (15) discusses countertransference as a disturbance to understanding and interpretation and as it influences the analyst's behavior with decisive effect upon the patient's re-experience of his childhood. She stresses the analyst's tendency to repeat the behavior of the patient's parents and to satisfy certain needs of his own, not those of the analysand. Little emphasizes that one must admit one's countertransference to the analysand and interpret it, and must do so not only in regard to "objective" countertransference reactions (Winnicott) but also to "subjective" ones.

Annie Reich (21) is chiefly interested in countertransference as a source of disturbances in analysis. She clarifies the concept of countertransference and differentiates two types: "countertransference in the proper sense" and "the analyst's using the analysis for acting out purposes." She investigates the causes of these phenomena, and seeks to understand the conditions that lead to good, excellent, or poor results in analytic activity.

Gitelson (10) distinguishes between the analyst's "reactions to the patient as a whole" (the analyst's "transferences") and the analyst's "reactions to partial aspects of the patient" (the analyst's "countertransferences"). He is concerned also with the problems of intrusion of countertransference into the analytic situation, and states that, in general, when such intrusion occurs the countertransference should be dealt with by analyst and patient working together, thus agreeing with Little.

Weigert (23) favors analysis of countertransference insofar as it intrudes into the analytic situation, and she advises, in advanced stages of treatment, less reserve in the analyst's behavior and more spontaneous display of countertransference.

In the first of my own two papers on countertransference (17), I discussed countertransference as a danger to analytic work. After analyzing the resistances that still seem to impede investigation of countertransference, I attempted to show without reserve how oedipal and preoedipal conflicts as well as paranoid, depressive, manic, and other processes persist in the "countertransference neurosis" and how they interfere with the analyst's understanding, interpretation, and behavior. My remarks applied to "direct" and "indirect" countertransference.[2]

In my second paper (18), I described the use of countertransference experiences for understanding psychological problems, especially transference problems, of the analysand. In my principal points, I agreed with Heimann (11) and emphasized the following

[2] This differentiation accords in essentials with Annie Reich's two types of countertransference. I would add, however, that also when the analyst uses the analysis for his own acting out (what I have termed "indirect" countertransference), the analysand represents an object to the analyst (a "subtransferred" object), not merely a "tool."

suggestions. 1. Countertransference reactions of great intensity, even pathological ones, should also serve as tools. 2. Countertransference is the expression of the analyst's identification with the internal objects of the analysand, as well as with his id and ego, and may be used as such. 3. Countertransference reactions have specific characteristics (specific contents, anxieties, and mechanisms) from which we may draw conclusions about the specific character of the psychological happenings in the patient.

The present paper is intended to amplify my remarks on countertransference as a tool for understanding the mental processes of the patient (including especially his transference reactions)—their content, their mechanisms, and their intensities. Awareness of countertransference helps one to understand what should be interpreted and when. This paper will also consider the influence of countertransference upon the analyst's behavior toward the analysand—behavior that affects decisively the position of the analyst as object of the reexperience of childhood, thus affecting the process of cure.

Let us first consider briefly countertransference in the history of psychoanalysis. We meet with a strange fact and a striking contrast. The discovery by Freud (7) of countertransference and its great importance in therapeutic work gave rise to the institution of didactic analysis which became the basis and center of psychoanalytic training. Yet countertransference received little scientific consideration over the next forty years. Only during the last few years has the situation changed, rather suddenly, and countertransference become a subject examined frequently and with thoroughness. How is one to explain this initial recognition, this neglect, and this recent change? Is there not reason to question the success of didactic analysis in fulfilling its function if this very problem, the discovery of which led to the creation of didactic analysis, has had so little scientific elaboration?

These questions are clearly important, and those who have personally witnessed a great part of the development of psychoanaly-

sis in the last forty years have the best right to answer them.[3] I will suggest but one explanation.

The lack of scientific investigation of countertransference must be due to rejection by analysts of their own countertransferences—a rejection that represents unresolved struggles with their own primitive anxiety and guilt. These struggles are closely connected with those infantile ideals that survive because of deficiencies in the didactic analysis of just those transference problems that later affect the analyst's countertransference. These deficiencies in the didactic analysis are in turn partly due to countertransference problems insufficiently solved in the didactic analyst, as I shall show later. Thus we are in a vicious circle; but we can see where a breach must be made. We must begin by revision of our feelings about our own countertransference and try to overcome our own infantile ideals more thoroughly, accepting more fully the fact that we are still children and neurotics even when we are adults and analysts. Only in this way—by better overcoming our rejection of countertransference—can we achieve the same result in candidates.

The insufficient dissolution of these idealizations and under-lying anxieties and guilt feelings leads to special difficulties when the child becomes an adult and the analysand an analyst, for the analyst unconsciously requires of himself that he be fully identified with these ideals. I think that it is at least partly for this reason that the Oedipus complex of the child toward its parents, and of the patient toward his analyst, has been so much more fully considered than that of the parents toward their children and of the analyst toward the analysand. For the same basic reason transference has been dealt with much more than countertransference.

The fact that countertransference conflicts determine the deficiencies in the analysis of transference becomes clear if we recall that transference is the expression of the internal object relations; for understanding of transference will depend on the ana-

[3] Michael Balint (2) considers a similar problem, the scarcity of papers on the system of psychoanalytic training. Investigation of this problem leads him to several interesting remarks on the relationship between didactic analysts and candidates. (See footnote 5.)

lyst's capacity to identify himself both with the analysand's impulses and defenses, and with his internal objects, and to be conscious of these identifications. This ability in the analyst will in turn depend upon the degree to which he accepts his countertransference, for his countertransference is likewise based on identification with the patient's id and ego and his internal objects. One might also say that transference is the expression of the patient's relations with the fantasied and real countertransference of the analyst. For just as countertransference is the psychological response to the analysand's real and imaginary transferences, so also is transference the response to the analyst's imaginary and real countertransferences. Analysis of the patient's fantasies about countertransference, which in the widest sense constitute the causes and consequences of the transferences, is an essential part of the analysis of the transferences. Perception of the patient's fantasies regarding countertransference will depend in turn upon the degree to which the analyst himself perceives his countertransference processes—on the continuity and depth of his conscious contact with himself.

To summarize, the repression of countertransference (and other pathological fates that it may meet) necessarily leads to deficiencies in the analysis of transference, which in turn lead to the repression and other mishandling of countertransference as soon as the candidate becomes an analyst. It is a heritage from generation to generation, similar to the heritage of idealizations and denials concerning the imagoes of the parents, which continue working even when the child becomes a father or mother. The child's mythology is prolonged in the mythology of the analytic situation,[4] the analyst himself being partially subject to it and collaborating unconsciously in its maintenance in the candidate.

Before illustrating these statements, let us briefly consider one of those ideals in its specifically psychoanalytic expression: the ideal of the analyst's objectivity. No one, of course, denies the existence of subjective factors in the analyst and of countertransference in itself; but there seems to exist an important difference between what is generally acknowledged in practice and the real

[4] Little (15) speaks, for instance, of the "myth of the impersonal analyst."

state of affairs. The first distortion of truth in "the myth of the analytic situation" is that analysis is an interaction between a sick person and a healthy one. The truth is that it is an interaction between two personalities, in both of which the ego is under pressure from the id, the superego, and the external world; each personality has its internal and external dependences, anxieties, and pathological defenses; each is also a child with its internal parents; and each of these whole personalities—that of the analysand and that of the analyst—responds to every event of the analytic situation.[5] Besides these similarities between the personalities of analyst and analysand, there also exist differences, and one of these is in "objectivity." The analyst's objectivity consists mainly in a certain attitude toward his own subjectivity and countertransference. The neurotic (obsessive) ideal of objectivity leads to repression and blocking of subjectivity and so to the apparent fulfillment of the myth of the "analyst without anxiety or anger." The other neurotic extreme is that of "drowning" in the countertransference. True objectivity is based upon a form of internal division that enables the analyst to make himself (his own countertransference and subjectivity) the object of his continuous observation and analysis. This position also enables him to be relatively "objective" toward the analysand.

II

The term countertransference has been given various meanings. They may be summarized by the statement that for some authors countertransference includes everything that arises in the analyst as

[5] It is important to be aware of this "equality" because there is otherwise great danger that certain remnants of the "patriarchal order" will contaminate the analytic situation. The dearth of scientific study of countertransference is an expression of a "social inequality" in the analyst–analysand society and points to the need for "social reform"; this can come about only through a greater awareness of countertransference. For as long as we repress, for instance, our wish to dominate the analysand neurotically (and we do wish this in one part of our personality), we cannot free him from his neurotic dependence, and as long as we repress our neurotic dependence upon him (and we do in part depend on him), we cannot free him from the need of dominating us neurotically.

Michael Balint (2) compares the atmosphere of psychoanalytic training with the initiation ceremonies of primitives and emphasizes the existence of superego "intropressure" (Ferenczi), which no candidate can easily withstand.

psychological response to the analysand, whereas for others not all this should be called countertransference. Some, for example, prefer to reserve the term for what is infantile in the relationship of the analyst with his analysand, while others make different limitations (Annie Reich [21] and Gitelson [10]). Hence efforts to differentiate from each other certain of the complex phenomena of countertransference lead to confusion or to unproductive discussions of terminology. Freud invented the term countertransference in evident analogy to transference, which he defined as reimpressions or reeditions of childhood experiences, including greater or lesser modifications of the original experience. Hence one frequently uses the term transference for the totality of the psychological attitude of the analysand toward the analyst. We know, to be sure, that real external qualities of the analytic situation in general and of the analyst in particular have important influence on the relationship of the analysand with the analyst, but we also know that all these present factors are experienced according to the past and the fantasy—according, that is to say, to a transference predisposition. As determinants of the transference neurosis and, in general, of the psychological situation of the analysand toward the analyst, we have both the transference predisposition and the present real and especially analytic experiences, the transference in its diverse expressions being the resultant of these two factors.

Analogously, in the analyst there are the countertransference predisposition and the present real, and especially analytic, experiences; and the countertransference is the resultant. It is precisely this fusion of present and past, the continuous and intimate connection of reality and fantasy, of external and internal, conscious and unconscious, that demands a concept embracing the totality of the analyst's psychological response, and renders it advisable, at the same time, to keep for this totality of response the accustomed term "countertransference." Where it is necessary for greater clarity, one might speak of "total countertransference," and then differentiate and separate within it one aspect or another. One of its aspects consists precisely in *what is transferred* in countertransference; this is the part that originates in an earlier time and that is especially the infantile and primitive part within total countertransference.

Another of these aspects—closely connected with the previous one—is *what is neurotic* in countertransference; its main characteristics are the unreal anxiety and the pathological defenses. Under certain circumstances, one may also speak of a countertransference neurosis (15, 17).

To clarify better the concept of countertransference, one might start from the question of what happens, in general terms, in the analyst in his relationship with the patient. The first answer might be: everything happens that *can* happen in one personality faced with another. But this says so much that it says hardly anything. We take a step forward by bearing in mind that in the analyst there is a tendency that normally predominates in his relationship with the patient: it is the tendency pertaining to his function of being an analyst, that of understanding what is happening in the patient. Together with this tendency there exist toward the patient virtually all the other possible tendencies, fears, and other feelings that one person may have toward another. The intention to understand creates a certain predisposition, a predisposition to identify oneself with the analysand, which is the basis of comprehension. The analyst may achieve this aim by identifying his ego with the patient's ego or, to put it more clearly although with a certain terminological inexactitude, by identifying each part of his personality with the corresponding psychological part in the patient—his id with the patient's id, his ego with the ego, his superego with the superego, accepting these identifications in his consciousness. But this does not always happen, nor is it all that happens. Apart from these identifications, which might be called *concordant* (or *homologous*) *identifications,* there exist also highly important identifications of the analyst's ego with the patient's internal objects, for example, with the superego. Adapting an expression from Helene Deutsch, they might be called *complementary identifications.*[6] We will consider these two kinds of identification and their destinies later. Here we may add the following notes.

1. The concordant identification is based on introjection and projection, or, in other terms, on the resonance of the exterior in

[6] Helene Deutsch (4) speaks of the "complementary position" when she refers to the analyst's identifications with the object imagoes.

the interior, on recognition of what belongs to another as one's own ("this part of you is I") and on the equation of what is one's own with what belongs to another ("this part of me is you"). The processes inherent in the complementary identifications are the same, but they refer to the patient's objects. The greater the conflicts between the parts of the analyst's personality, the greater are his difficulties in carrying out the concordant identifications in their entirety.

2. The complementary identifications are produced by the fact that the patient treats the analyst as an internal (projected) object, and in consequence the analyst feels treated as such; that is, he identifies himself with this object. The complementary identifications are closely connected with the destiny of the concordant identifications: it seems that to the degree to which the analyst fails in the concordant identifications and rejects them, certain complementary identifications become intensified. It is clear that rejection of a part or tendency in the analyst himself—his aggressiveness, for instance—may lead to a rejection of the patient's aggressiveness (whereby this concordant identification fails) and that such a situation leads to a greater complementary identification with the patient's rejecting object, toward which this aggressive impulse is directed.

3. Current usage applies the term "countertransference" to the complementary identifications only; that is to say, to those psychological processes in the analyst by which, because he feels treated as and partially identifies himself with an internal object of the patient, the patient becomes an internal (projected) object of the analyst. Usually excluded from the concept countertransference are the concordant identifications—those psychological contents that arise in the analyst by reason of the empathy achieved with the patient and that really reflect and reproduce the latter's psychological contents. Perhaps it would be best to follow this usage, but there are some circumstances that make it unwise to do so. In the first place, some authors include the concordant identifications in the concept of countertransference. One is thus faced with the choice of entering upon a terminological discussion or of accepting the term in this wider sense. I think that, for various reasons, the wider sense is to be preferred. If one considers that the ana-

lyst's concordant identifications (his "understandings") are a sort of reproduction of his own past processes, especially of his own infancy, and that this reproduction or re-experience is carried out as response to stimuli from the patient, one will be more ready to include the concordant identifications in the concept of countertransference. Moreover, the concordant identifications are closely connected with the complementary ones (and thus with "countertransference" in the popular sense), and this fact renders advisable a differentiation but not a total separation of the terms. Finally, it should be borne in mind that the disposition to empathy—that is, to concordant identification—springs largely from the sublimated positive countertransference, which likewise relates empathy with countertransference in the wider sense. All this suggests, then, the acceptance of countertransference as the totality of the analyst's psychological response to the patient. If we accept this broad definition of countertransference, the difference between its two aspects mentioned above must still be defined. On the one hand we have the analyst as subject and the patient as object of knowledge, which in a certain sense annuls the "object relationship," properly speaking; and there arises in its stead the approximate union or identity between the subject's and the object's parts (experiences, impulses, defenses). The aggregate of the processes pertaining to that union might be designated, where necessary, "concordant countertransference." On the other hand we have an object relationship very like many others, a real "transference" in which the analyst "repeats" previous experiences, the patient representing internal objects of the analyst. The aggregate of these experiences, which also exist always and continually, might be termed "complementary countertransference."[7]

A brief example may be opportune here. Consider a patient who threatens the analyst with suicide. In such situations, there sometimes occurs rejection of the concordant identifications by the analyst and an intensification of his identification with the threatened object. The anxiety that such a threat can cause the analyst

[7] In view of the close connection between these two aspects of countertransference, this differentiation is somewhat artificial. Its introduction is justifiable only considering the above-mentioned circumstances.

may lead to various reactions or defense mechanisms within him—for instance, annoyance with the patient. This—his anxiety and annoyance—would be contents of the "complementary countertransference." The perception of his annoyance may, in turn, originate guilt feelings in the analyst and these lead to desires for reparation and to intensification of the "concordant" identification and "concordant" countertransference.

Moreover, these two aspects of "total countertransference" have their analogy in transference. Sublimated positive transference is the main and indispensable motive force for the patient's work; it does not in itself constitute a technical problem. Transference becomes a "subject," according to Freud's words, mainly when "it becomes resistance," when, because of resistance, it has become sexual or negative (8, 9). Analogously, sublimated positive countertransference is the main and indispensable motive force in the analyst's work (disposing him to the continued concordant identification), and also countertransference becomes a technical problem or "subject" mainly when it becomes sexual or negative. And this occurs (to an intense degree) principally as a resistance—in this case, the analyst's—that is to say, as counterresistance.

This leads to the problem of the dynamics of countertransference. We may already discern that the three factors designated by Freud as determinant in the dynamics of transference (the impulse to repeat infantile clichés of experience, the libidinal need, and resistance) are also decisive for the dynamics of countertransference. I shall return to this later.

III

Every transference situation provokes a countertransference situation, which arises out of the analyst's identification of himself with the analysand's (internal) objects (this is the "complementary countertransference"). These countertransference situations may be repressed or emotionally blocked, but probably they cannot be avoided; certainly they should not be avoided if full understanding is to be achieved. These countertransference reactions are governed by the laws of the general and individual unconscious. Among these the law of talion is especially important. Thus, for example, every posi-

tive transference situation is answered by a positive countertransference; to every negative transference there responds, in one part of the analyst, a negative countertransference. It is of great importance that the analyst be conscious of this law, for awareness of it is fundamental to avoid "drowning" in the countertransference. If he is not aware of it, he will not be able to avoid entering into the vicious circle of the analysand's neurosis, which will hinder or even prevent the work of therapy.

A simplified example: if the patient's neurosis centers round a conflict with his introjected father, he will project the latter upon the analyst and treat him as his father; the analyst will feel treated as such—he will feel treated badly—and he will react internally, in a part of his personality, in accordance with the treatment he receives. If he fails to be aware of this reaction, his behavior will inevitably be affected by it, and he will renew the situations that, to a greater or lesser degree, helped to establish the analysand's neurosis. Hence it is of the greatest importance that the analyst develop within himself an ego observer of his countertransference reactions, which are, naturally, continuous. Perception of these countertransference reactions will help him to become conscious of the continuous transference situations of the patient and interpret them rather than be unconsciously ruled by these reactions, as not seldom happens. A well-known example is the "revengeful silence" of the analyst. If the analyst is unaware of these reactions, there is danger that the patient will have to repeat, in his transference experience, the vicious circle brought about by the projection and introjection of "bad objects" (in reality, neurotic ones) and the consequent pathological anxieties and defenses; but transference interpretations made possible by the analyst's awareness of his countertransference experience make it possible to open important breaches in this vicious circle.

To return to the previous example: if the analyst is conscious of what the projection of the father-imago upon him provokes in his own countertransference, he can more easily make the patient conscious of this projection and the consequent mechanisms. Interpretation of these mechanisms will show the patient that the present reality is not identical with his inner perceptions (for, if it

were, the analyst would not interpret and otherwise act as an analyst); the patient then introjects a reality better than his inner world. This sort of rectification does not take place when the analyst is under the sway of his unconscious countertransference.

Let us consider some applications of these principles. To return to the question of what the analyst does during the session and what happens within him, one might reply, at first thought, that the analyst listens. But this is not completely true: he listens most of the time, or wishes to listen, but is not invariably doing so. Ferenczi (6) refers to this fact and expresses the opinion that the analyst's distractibility is of little importance, for the patient at such moments must certainly be in resistance. Ferenczi's remark (which dates from the year 1918) sounds like an echo from the era when the analyst was mainly interested in the repressed *impulses,* because now that we attempt to analyze resistance, the patient's manifestations of resistance are as significant as any other of his productions. At any rate, Ferenczi here refers to a countertransference response and deduces from it the analysand's psychological situation. He says, "We have unconsciously reacted to the emptiness and futility of the associations given at this moment with the withdrawal of the conscious charge." The situation might be described as one of mutual withdrawal. The analyst's withdrawal is a response to the analysand's withdrawal—which, however, is a response to an imagined or real psychological position of the analyst. If we have withdrawn—if we are not listening but are thinking of something else —we may utilize this event in the service of the analysis like any other information we acquire. And the guilt we may feel over such a withdrawal is just as utilizable analytically as any other countertransference reaction. Ferenczi's next words, "the danger of the doctor's falling asleep . . . need not be regarded as grave because we awake at the first occurrence of any importance for the treatment," are clearly intended to placate this guilt. But better than to allay the analyst's guilt would be to use it to promote the analysis—and, indeed, so to use the guilt would be the best way of alleviating it. In fact, we encounter here a cardinal problem of the relation between transference and countertransference, and of the therapeutic process in general. For the analyst's withdrawal is only an

example of how the unconscious of one person responds to the unconscious of another. This response seems in part to be governed, insofar as we identify ourselves with the unconscious objects of the analysand, by the law of talion; and, insofar as this law unconsciously influences the analyst, there is danger of a vicious circle of reactions between them, for the analysand also responds "talionically" in his turn, and so on without end.

Looking more closely, we see that the "talionic response" or "identification with the aggressor" (the frustrating patient) is a complex process. Such a psychological process in the analyst usually starts with a feeling of displeasure or of some anxiety as a response to this aggression (frustration) and, because of this feeling, the analyst identifies himself with the "aggressor." By the term "aggressor," we must designate not only the patient, but also some internal object of the analyst (especially his own superego or an internal persecutor) now projected upon the patient. This identification with the aggressor, or persecutor, causes a feeling of guilt; probably, it always does so, although awareness of the guilt may be repressed. For what happens is, on a small scale, a process of melancholia, just as Freud described it: the object has to some degree abandoned us; we identify ourselves with the lost object;[8] and then we accuse the introjected "bad" object—in other words, we have guilt feelings. This may be sensed in Ferenczi's remark quoted above, in which mechanisms are at work designed to protect the analyst against these guilt feelings: denial of guilt ("the danger is not grave") and a certain accusation against the analysand for the "emptiness" and "futility" of his associations. In this way, a vicious circle—a kind of paranoid ping-pong—has entered into the analytic situation.[9]

Two situations of frequent occurrence illustrate both the complementary and the concordant identifications and the vicious circle these situations may cause.

[8] It is a partial abandonment and it is a threat of abandonment. The object that threatens to abandon us and the persecutor are basically the same.

[9] The process described by Ferenczi has an even deeper meaning. The "emptiness" and "futility" of the associations express the empty, futile, dead part of the analysand; they characterize a depressive situation in which the analysand is alone and abandoned by his objects, just as has happened in the analytic situation.

1. One transference situation of regular occurrence consists in the patient's seeing in the analyst his own superego. The analyst identifies himself with the id and ego of the patient and with the patient's dependence upon his superego; and he also identifies himself with this same superego—a situation in which the patient places him—and experiences in this way the domination of the superego over the patient's ego. The relation of the ego to the superego is, at bottom, a depressive and paranoid situation; the relation of the superego to the ego is, on the same plane, a manic one insofar as this term may be used to designate the dominating, controlling, and accusing attitude of the superego toward the ego. In this sense, we may say, broadly speaking, that to a "depressive-paranoid" transference in the analysand there corresponds—as regards the complementary identification—a "manic" countertransference in the analyst. This, in turn, may entail various fears and guilt feelings, to which I shall refer later.[10]

2. When the patient, in defense against this situation, identifies himself with the superego, he may place the analyst in the situation of the dependent and incriminated ego. The analyst will not only identify himself with this position of the patient; he will also experience the situation with the content the patient gives it: he will feel subjugated and accused, and may react to some degree with anxiety and guilt. To a "manic" transference situation (of the type called "mania for reproaching") there corresponds, then—as regards the complementary identification—a "depressive-paranoid" countertransference situation.

The analyst will normally experience these situations with only a part of his being, leaving another part free to take note of them in a way suitable for the treatment. Perception of such a countertransference situation by the analyst and his understanding of it as a psychological response to a certain transference situation will enable him the better to grasp the transference at the precise moment when it is active. It is precisely these situations and the analyst's behavior regarding them, and in particular his interpreta-

[10] Cesio (3) demonstrates in a case report the principal countertransference reactions that arose in the course of the psychoanalytic treatment, pointing out especially the analyst's partial identifications with objects of the patient's superego.

tions of them, that are of decisive importance for the process of therapy, for they are the moments when the vicious circle within which the neurotic habitually moves—by projecting his inner world outside and reintrojecting this same world—is or is not interrupted. Moreover, at these decisive points the vicious circle may be reinforced by the analyst, if he is unaware of having entered it.

A brief example: an analysand repeats with the analyst his "neurosis of failure," closing himself up to every interpretation or repressing it at once, reproaching the analyst for the uselessness of the analysis, foreseeing nothing better in the future, continually declaring his complete indifference to everything. The analyst interprets the patient's position toward him, and its origins, in its various aspects. He shows the patient his defense against the danger of becoming too dependent, of being abandoned, or being tricked, or of suffering counteraggression by the analyst, if he abandons his armor and indifference toward the analyst. He interprets to the patient his projection of bad internal objects and his subsequent sadomasochistic behavior in the transference; his need of punishment; his triumph and "masochistic revenge" against the transferred parents; his defense against the "depressive position" by means of schizoid, paranoid, and manic defenses (Melanie Klein); and he interprets the patient's rejection of a bond which in the unconscious has a homosexual significance. But it may happen that all these interpretations, in spite of being directed to the central resistance and connected with the transference situation, suffer the same fate for the same reasons: they fall into the "whirl in a void" *(Leerlauf)* of the "neurosis of failure." Now the decisive moments arrive. The analyst, subdued by the patient's resistance, may begin to feel anxious over the possibility of failure and feel angry with the patient. When this occurs in the analyst, the patient feels it coming, for his own "aggressiveness" and other reactions have provoked it; consequently he fears the analyst's anger. If the analyst, threatened by failure, or, to put it more precisely, threatened by his own superego or by his own archaic objects which have found an *"agent provocateur"* in the patient, acts under the influence of these internal objects and of his paranoid and depressive anxieties, the patient again finds himself confronting a reality like

that of his real or fantasied childhood experiences and like that of his inner world; and so the vicious circle continues and may even be reinforced. But if the analyst grasps the importance of this situation, if, through his own anxiety or anger, he comprehends what is happening in the analysand, and if he overcomes, thanks to the new insight, his negative feelings and interprets what has happened in the analysand, being now in this new positive countertransference situation, then he may have made a breach—be it large or small—in the vicious circle.[11]

IV

We have considered thus far the relation of transference and countertransference in the analytic process. Now let us look more closely into the phenomena of countertransference. Countertransference experiences may be divided into two classes. One might be designated "countertransference thoughts"; the other "countertransference positions." The example just cited may serve as illustration of this latter class; the essence of this example lies in the fact that the analyst feels anxiety and is angry with the analysand—that is to say, he is in a certain countertransference "position." As an example of the other class, we may take the following.

At the start of a session, an analysand wishes to pay his fees. He gives the analyst a thousand-peso note and asks for change. The analyst happens to have his money in another room and goes out to fetch it, leaving the thousand pesos upon his desk. During the time between leaving and returning, the fantasy occurs to him that the analysand will take back the money and say that the analyst took it away with him. On his return, he finds the thousand pesos where he had left it. When the account has been settled, the analysand lies down and tells the analyst that, when he was left alone, he had fantasies of keeping the money, of kissing the note goodbye, and so on. The analyst's fantasy was based upon what he already knew of the patient, who in previous sessions had expressed a strong disinclination to pay his fees. The identity of the analyst's fantasy and the patient's fantasy of keeping the money may be explained as spring-

[11] See Chap. V, example 8.

ing from a connection between the two unconsciouses, a connection that might be regarded as a "psychological symbiosis" between the two personalities. To the analysand's wish to take money from him (already expressed on previous occasions), the analyst reacts by identifying himself both with this desire and with the object toward which the desire is directed; hence arises his fantasy of being robbed. For these identifications to come about, there must evidently exist a potential identity. One may presume that every possible psychological constellation in the patient also exists in the analyst, and the constellation that corresponds to the patient's is brought into play in the analyst. A symbiosis results, and now in the analyst spontaneously occur thoughts corresponding to the psychological constellation in the patient.

In fantasies of the type just described and in the example of the analyst angry with his patient, we are dealing with identifications with the id, with the ego, and with the objects of the analysand; in both cases, then, it is a matter of countertransference reactions. However, there is an important difference between one situation and the other, and this difference does not seem to lie only in the emotional intensity. Before elucidating this difference, I should like to emphasize that the countertransference reaction that appears in the last example (the fantasy about the thousand pesos) should also be used as a means to further the analysis. It is, moreover, a typical example of those "spontaneous thoughts" to which Freud and others refer in advising the analyst to keep his attention "floating" and in stressing the importance of these thoughts for understanding the patient. The countertransference reactions exemplified by the story of the thousand pesos are characterized by the fact that they threaten no danger to the analyst's objective attitude of observer. Here the danger is rather that the analyst will not pay sufficient attention to these thoughts or will fail to use them for understanding and interpretation. The patient's corresponding ideas are not always conscious, nor are they always communicated as they were in the example cited. But from his own countertransference "thoughts" and feelings the analyst may guess what is repressed or rejected. It is important to recall once more our usage of the term "countertransference," for many writers, perhaps the

majority, mean by it not these thoughts of the analyst but rather that other class of reactions, the "countertransference positions." This is one reason why it is useful to differentiate these two kinds of reaction.

The outstanding difference between the two lies in the degree to which the ego is involved in the experience. In one case, the reactions are experienced as thoughts, free associations, or fantasies, with no great emotional intensity, and frequently as if they were somewhat foreign to the ego. In the other case, the analyst's ego is involved in the countertransference experience, and the experience is felt by him with greater intensity and as true reality, and there is danger of his "drowning" in this experience. In the former example of the analyst who gets angry because of the analysand's resistances, the analysand is felt as really bad by one part of the analyst ("countertransference position"), although the latter does not express his anger. Now these two kinds of countertransference reaction differ, I believe, because they have different origins. The reaction experienced by the analyst as thought or fantasy arises from the existence of an *analogous situation* in the analysand—that is, from his readiness in perceiving and communicating his inner situation (as happens in the case of the thousand pesos)—whereas the reaction experienced with great intensity, even as reality, by the analyst arises from *acting out* by the analysand (as in the case of the "neurosis of failure"). Undoubtedly, there is also in the analyst himself a factor that helps to determine this difference. The analyst has, it seems, two ways of responding. He may respond to some situations by *perceiving* his reactions, while to others he responds by *acting out* (alloplastically or autoplastically). Which type of response occurs in the analyst depends partly on his own neurosis, on his inclination to anxiety, on his defense mechanisms, and especially on his tendencies to repeat (act out) instead of making conscious. Here we encounter a factor that determines the dynamics of countertransference. It is the one Freud emphasized as determining the special intensity of transference in analysis, and it is also responsible for the special intensity of countertransference.

Let us consider for a moment the dynamics of countertransference. The great intensity of certain countertransference reac-

tions is to be explained by the existence in the analyst of pathological defenses against the increase of archaic anxieties and unresolved inner conflicts. Transference, I believe, becomes intense not only because it serves as a resistance to remembering, as Freud says, but also because it serves as a defense against a danger within the transference experience itself. In other words, the "transference resistance" is frequently a repetition of defenses that must be intensified lest a catastrophe be repeated in transference (20). The same is true of countertransference. It is clear that these catastrophes are related to becoming aware of certain aspects of one's own instincts. Take, for instance, the analyst who becomes anxious and inwardly angry over the intense masochism of the analysand within the analytic situation. Such masochism frequently rouses old paranoid and depressive anxieties and guilt feelings in the analyst, who, faced with the aggression directed by the patient against his own ego, and faced with the effects of this aggression, finds himself in his unconscious confronted anew with his early crimes. It is often just these childhood conflicts of the analyst, with their aggression, that led him into this profession in which he tries to repair the objects of the aggression and to overcome or deny his guilt. Because of the patient's strong masochism, this defense, which consists of the analyst's therapeutic action, fails and the analyst is threatened with the return of the catastrophe, the encounter with the destroyed object. In this way, the intensity of the "negative countertransference" (the anger with the patient) usually increases because of the failure of the countertransference defense (the therapeutic action) and the analyst's subsequent increase of anxiety over a catastrophe in the countertransference experience (the destruction of the object).

This example also illustrates another aspect of the dynamics of countertransference. In a previous paper (20), I showed that the "abolition of rejection"[12] in analysis determines the dynamics of transference and, in particular, the intensity of the transference of the "rejecting" internal objects (in the first place, of the superego).

[12] By "abolition of rejection," I mean adherence by the analysand to the fundamental rule that all his thoughts are to be expressed without selection or rejection.

The "abolition of rejection" begins with the communication of "spontaneous" thoughts. The analyst, however, makes no such communication to the analysand, and here we have an important difference between his situation and that of the analysand and between the dynamics of transference and those of countertransference. However, this difference is not so great as might be at first supposed, for two reasons: first, because it is not necessary that the free associations be *expressed* for projections and transferences to take place, and second, because the analyst communicates certain associations of a personal nature even when he does not seem to do so. These communications begin, one might say, with the plate on the front door that says *Psychoanalyst* or *Doctor.* What motive (in terms of the unconscious) would the analyst have for wanting to cure if it were not he that made the patient ill? In this way, the patient is already, simply by being a patient, the creditor, the accuser, the "superego" of the analyst; and the analyst is his debtor.

V

The examples that follow illustrate the various kinds, meanings, and uses of countertransference reaction. First are described situations in which the countertransference is of too little intensity to drag the analyst's ego along with it; next, some situations in which the intense countertransference reaction intensely involves the ego; and finally, some examples in which the repression of countertransference prevents comprehension of the analysand's situation at the critical moment.

1. A woman patient asks the analyst whether it is true that another analyst, named N, has become separated from his wife and married again. In the associations that follow, she refers repeatedly to N's first wife. The idea occurs to the analyst that the patient would also like to know who N's second wife is, and that she probably wonders whether the second wife was a patient of N. The analyst further supposes that his patient (considering her present transference situation) is wondering whether her own analyst might not also separate from his wife and marry her. In accordance with this suspicion, but taking care not to suggest anything, the analyst asks whether she is thinking anything about N's second wife. The analy-

sand answers, laughing, "Yes, I was wondering whether she was not one of his patients." Analysis of the analyst's psychological situation showed that his "spontaneous thought" was possible because his identification with the patient in his oedipal desires was not blocked by repression, and also because he himself countertransferred his own positive oedipal impulses, accepted by his conscious, upon the patient.

This example shows how, in the analyst's "spontaneous thoughts" —which enable him to attain a deeper understanding—there intervenes not only the sublimated positive countertransference that permits his identification with the id and the ego of the patient, but also the (apparently absent) "complementary countertransference" —that is, his identification with the internal objects that the patient transfers and the acceptance in his conscious of his own infantile object relations with the patient.

2. In the following example, the "spontaneous thoughts," which are manifestly dependent upon the countertransference situation, constitute the guide to understanding.

A woman candidate associates about a scientific meeting at the Psychoanalytic Institute, the first she had attended. While she is associating, it occurs to the analyst that he, unlike most of the other didactic analysts, did not participate in the discussion. He feels somewhat vexed, he thinks that the analysand must have noticed this, and he perceives in himself some fear that she consequently regards him as inferior. He realizes that he would prefer that she not think this and not mention the occurrence; for this very reason, he points out to the analysand that she is rejecting thoughts concerning him in relation to the meeting. The analysand's reaction shows the importance of this interpretation. She exclaims in surprise: "Of course, I almost forgot to tell you." She then produces many associations related to transference which she had previously rejected for reasons corresponding to the countertransference rejection of these same ideas by the analyst. The example shows the importance of observation of countertransference as a technical tool; it also shows a relation between a transference resistance and a countertransference resistance.

3. On shaking hands at the beginning of the session, the analyst, noticing that the patient is depressed, experiences a slight sense of guilt. The analyst at once thinks of the last session, in which he frustrated the patient. He knows where the depression comes from, even before the patient's associations lead him to the same conclusion. Observation of the countertransference ideas, *before* and *after* the sessions, may also be an important guide for the analyst in understanding the patient's analytic situation. For instance, if a feeling of annoyance before entering the consulting room is a countertransference response to the patient's aggressive or domineering behavior, the annoyance may enable the analyst to understand beforehand the patient's anxiety which, at the most superficial layer, is fear of the analyst's anger provoked by the patient's behavior. Another instance occurs in the analyst who, before entering his consulting room, perceives a feeling of guilt over being late; he realizes that he often keeps this analysand waiting, and that it is the analysand's pronounced masochistic submission that especially prompts him to this frustrating behavior. In other words, the analyst responds to the strong repression of aggression in the patient by doing what he pleases and abusing the patient's neurosis. But this very temptation that the analyst feels and yields to in his behavior, and the fleeting guilt feelings he experiences for this reason, can serve as a guide for him to comprehend the analysand's transference situation.

4. The following example from analytic literature likewise shows how the countertransference situation makes it possible to understand the patient's analytic situation in a way decisive for the whole subsequent course of the treatment. It is interesting to remark that the author seems unaware that the fortunate understanding is due to an unconscious grasp of the countertransference situation. I refer to the "case with manifest inferiority feelings" published by Wilhelm Reich (22). After showing how, for a long period, no interpretation achieved any success or any modification of the patient's analytic situation, Reich writes: "I then interpreted to him his inferiority feelings toward me; at first this was unsuccessful, but after I had persistently shown him his conduct for several days, he presented some communications referring to his tremen-

dous envy not of me but of other men, to whom he also felt inferior. And then there emerged in me, like a lightning flash, the idea that his repeated complaints could mean only this: 'The analysis has no effect upon me—it is no good, the analyst is inferior and impotent and can achieve nothing with me.' The complaints were to be understood partly as triumph and partly as reproaches to the analyst." If we inquire into the origin of this "lightning idea" of Reich, the reply must be, theoretically, that it arose from identification with those impulses in the analysand or from identification with one of his internal objects. The description of the event, however, leaves little room for doubt that the latter, the "complementary countertransference," was the source of Reich's intuition—that this lightning understanding arose from his own feeling of impotence, defeat, and guilt over the failure of treatment.

5. Now a case in which repression of the countertransference prevented the analyst from understanding the transference situation, while his later becoming conscious of the countertransference was precisely what brought this understanding.

For several days, a patient had suffered from intense anxiety and stomachache. The analyst does not understand the situation until she asks the patient when it first began. He answers that it goes back to a moment when he bitterly criticized her for certain behavior, and adds that he has noticed that she has been rather depressed of late. What the patient says hits the nail on the head. The analyst has in truth felt somewhat depressed because of this aggression in the patient. But she has repressed her aggression against the patient that underlay her depression and has repressed awareness that the patient would also think, consciously or unconsciously, of the effect of his criticism. The patient was conscious of this and therefore connected his own anxieties and symptoms with the analyst's depression. In other words, the analyst scotomatized the connection between the patient's anxiety and pain and the aggression (criticism) perpetrated against her. This scotomatization of the transference situation was due to repression of the countertransference, for the aggression that the patient suspected in the analyst, and to which he responded with anxiety and gastric pains

(self-aggression in anticipation) existed not only in his fantasy, but also in the analyst's actual countertransference feelings.

The danger of the countertransference being repressed is naturally the greater, the more these countertransference reactions are rejected by the ego ideal or the superego. To take, for instance, the case of a patient with an almost complete lack of "respect" for the analyst, it may happen that the analyst's narcissism is wounded and he reacts inwardly with some degree of annoyance. If he represses this annoyance because it ill accords with the demands of his ego ideal, he deprives himself of an important guide in understanding the patient's transference; for the patient seeks to deny the distance between his internal (idealized) objects and his ego by means of his manic mechanisms, trying to compensate his inferiority feelings by behavior "as between equals" (in reality inverting this situation with the idealized objects by identification with them) and defending himself in this way against conflict situations of the greatest importance. In like manner, sexual excitement in the analyst may point to a hidden seductive behavior and erotomanic fantasies in the analysand, as well as to the situations underlying these. Repression of such countertransference reactions may prevent access to the appropriate technique. What is advisable, for instance, when the patient exhibits this sort of hypomanic behavior is not merely analytic "tolerance" (which may be intensified by guilt feeling over the countertransference reactions), but, as the first step, making the patient conscious of the countertransference reactions of his *own* internal objects, such as the superego. For just as the analyst reacted with annoyance to the almost total "lack of respect" in the patient, so also do the patient's internal objects; for in the patient's behavior there is aggressiveness against these internal objects, which the patient once experienced as superior and as rejecting. In more general terms, I should say that patients with certain hypomanic defenses tend to regard their conduct as "natural" and "spontaneous," and the analyst as "tolerant" and "understanding," repressing at the same time the rejecting and intolerant objects latently projected upon the analyst. If the analyst does not repress his deeper reactions to the analysand's associations and behavior, they will afford him an excellent guide for showing the

patient these same repressed objects of his and the relationship in which he stands toward them.

6. In analysis, we must take into account the *total* countertransference as well as the total transference. I refer, in particular, to the importance of paying attention not only to what has existed and is repeated, but also to what has never existed (or has existed only as a hope)—that is to say, to the new and specifically analytic factors in the situations of analysand and analyst. Outstanding among these are the real new characteristics of this object (of analyst or of analysand), the patient–doctor situation (the intention to be cured or to cure, to be restored or to restore), and the situation created by psychoanalytic thought and feeling (as, for instance, the situation created by the fundamental rule, that original permission and invitation, the basic expression of a specific atmosphere of tolerance and freedom).

Let us illustrate briefly what is meant by "total transference." During a psychoanalytic session, the associations of a man, under treatment by a woman analyst, concern his relations with women. He tells of the frustrations and rejection he has endured, and his inability to form relationships with women of culture. There appear sadistic and debasing tendencies toward women. It is clear that the patient is transferring his frustrating and rejecting imagoes upon the analyst, and from these has arisen his mistrust of her. The patient is actually expressing both his fear of being rejected by the analyst on account of his sadism (deeper: his fear of destroying her and of her retaliation) and, at bottom, his fear of being frustrated by her—a situation that in the distant past gave rise to this sadism. Such an interpretation would be a faithful reflection of the transference situation, properly speaking. But in the total analytic situation, there is something more. Evidently, the patient needs and is seeking something through the session as such. What is it? What is this specific present factor, what is this prospective aspect, so to speak, of the transference situation? The answer is virtually contained in the interpretation given above: the analysand seeks to connect himself with an object emotionally and libidinally, the previous sessions having awakened his feelings and somewhat disrupted his armor; indirectly he is asking the analyst whether he

may indeed place his trust in her, whether he may surrender himself without running the risk of suffering what he has suffered before. The first interpretation refers to the transference only as a repetition of what has once existed; the latter, more complete interpretation refers to what has existed, and also to what has never existed and is hoped for anew from the analytic experience.

Now let us study an example that refers to both the total transference and total countertransference situations. The illustration is once again drawn from Wilhelm Reich (22). The analysis has long centered around the analysand's smile, the sole analyzable expression, according to Reich, that remained after cessation of all the communications and actions with which the analysand had begun treatment. Among these actions at the start had been some that Reich interpreted as provocations (for instance, a gesture aimed at the analyst's head). It is plain that Reich was guided in this interpretation by what he had felt in countertransference. But what Reich perceived in this way was only a part of what had happened within him; for apart from the fright and annoyance (which, even if only to a slight degree, he must have felt), there was a reaction of his ego to these feelings, a wish to control and dominate them, imposed by his "analytic conscience." For Reich had given the analysand to understand that there is a great deal of freedom and tolerance in the analytic situation, and it was this spirit of tolerance that made Reich respond to these "provocations" with nothing but an interpretation. What the analysand aimed at doing was to test whether such tolerance really existed in the analyst. Reich himself later gave him this interpretation, and this interpretation had a far more positive effect than the first. Consideration of the total countertransference situation (the feeling of being provoked, *and* the "analytic conscience" which determined the fate of this feeling) might have been from the first a guide in apprehending the total transference situation, which consisted in aggressiveness, in the original mistrust, *and* in the ray of confidence, the new hope which the liberality of the fundamental rule had awakened in him.

7. I have referred above to the fact that the transference, insofar as it is determined by the infantile situations and archaic ob-

jects of the patient, provokes in the unconscious of the analyst infantile situations and an intensified vibration of archaic objects of his own. I wish now to present another example that shows how the analyst, not being conscious of such countertransference responses, may make the patient feel exposed once again to an archaic object (the vicious circle) and how, in spite of his having some understanding of what is happening in the patient, the analyst is prevented from giving an adequate interpretation.

During her first analytic session, a woman patient talks about how hot it is and other matters which to the analyst (a woman candidate) seem insignificant. She says to the patient that very likely the patient dares not talk about herself. Although the analysand was indeed talking about herself (even when saying how hot it was), the interpretation was, in essence, correct, for it was directed to the central conflict of the moment. But it was badly formulated, and this was so partly because of the countertransference situation. For the analyst's "you dare not" was a criticism, and it sprang from the analyst's feeling of being frustrated in a desire; this desire must have been that the patient overcome her resistance. If the analyst had not felt this irritation or if she had been conscious of the neurotic nature of her internal reaction of anxiety and annoyance, she would have sought to understand why the patient "dared not" and would have told her. In that case, the lack of courage that the analyst pointed out to the patient would have proved to be a natural response within a dangerous object relationship.

Pursuing the analyst's line of thought and leaving aside other possible interpretations, we may suppose that she would then have said to the analysand that something in the analytic situation (in the relationship between patient and analyst) had caused her fear and made her thoughts turn aside from what meant much to her to what meant little. This interpretation would have differed from the one she gave the patient in two points: first, the interpretation given did not express the object relationship that led to the "not daring" and, second, it coincided in its formulation with superego

judgments, which should be avoided as far as possible.[13] Superego judgment was not avoided in this case because the analyst was identified in countertransference with the analysand's superego, without being conscious of the identification; had she been conscious of it, she would have interpreted, for example, the feared aggression from the superego (projected upon the analyst) and would not have carried it out by means of the interpretation. It appears that the "interpretation of tendencies" without considering the total object relationship is to be traced, among other causes, to repression by the analyst of one aspect of his countertransference, his identification with the analysand's internal objects.

Later in the same session, the patient, feeling that she is being criticized, censures herself for her habit of speaking rather incoherently. She says her mother often remarks upon it, and then she criticizes her mother for not listening, as a rule, to what she says. The analyst understands that these statements relate to the analytic situation and asks her: "Why do you think I'm not listening to you?" The patient replies that she is sure the analyst is listening to her.

What has happened? The patient's mistrust clashes with the analyst's desire for the patient's confidence; therefore the analyst does not analyze the situation. She cannot say to the patient, "No, I will listen to you, trust me," but she suggests it with her question. Once again, interference by the uncontrolled countertransference (the desire that the patient should have no resistance) converts good understanding into a deficient interpretation. Such happenings are important, especially if they occur often. And they are likely to do so, for such interpretations spring from a certain state of the analyst and this state is partly unconscious. What makes these happenings so important is the fact that the analysand's unconscious is fully aware of the analyst's unconscious desires. Therefore, the patient once again faces an object that, as in this case,

[13] If the interpretations coincide with the analysand's superego judgments, the analyst is confused with the superego, sometimes with good reason. Superego judgments must be shown to the analysand but, as far as possible, one should refrain from uttering them.

wishes to force or lure the patient into rejecting his mistrust, and that unconsciously seeks to satisfy its own desires or allay its own anxieties, rather than to understand and satisfy the therapeutic need of the patient.

All this we infer from the reactions of the patient, who submits to the analyst's suggestion, telling the analyst that she trusts her and so denying an aspect of her internal reality. She submits to the previous criticism of her cowardice and then, apparently, "overcomes" the resistance, while in reality everything is going on unchanged. It cannot be otherwise, for the analysand is aware of the analyst's neurotic wish, and her transference is determined by that awareness. To a certain degree, the analysand finds herself once again, in the actual analytic situation, confronting her internal or external infantile reality, and to this same degree will repeat her old defenses and will have no valid reason for really overcoming her resistances, however much the analyst may try to convince her of her tolerance and understanding. This she will achieve only by offering better interpretations, in which her neurosis does not so greatly interfere.

8. The following more detailed example demonstrates: (a) the talion law in the relationship of analyst and analysand; (b) how awareness of the countertransference reaction indicates what is happening in the transference and what at the moment is of the greatest significance; (c) what interpretation is most suitable to make a breach in the vicious circle; and (d) how the later associations show that this end has been achieved, even if only in part—for the same defenses return and once again the countertransference points out the interpretation the analysand needs.

We will consider the most important occurrences in one session. An analysand who suffers chiefly from an intense emotional inhibition and from a "disconnection" in all his object relationships begins the session by saying that he feels completely disconnected from the analyst. He speaks with difficulty, as if he were overcoming a great resistance, and always in an unchanging tone of voice which seems in no way to reflect his instincts and feelings. Yet the countertransference response to the content of his associations (or, rather, of his narrative, for he exercises a rigid control over his

ideas) does change from time to time. At a certain point, the analyst feels a slight irritation. This is when the patient, a physician, tells him how, in conversation with another physician, he sharply criticized analysts for their passivity (they give little and cure little), for their high fees, and for their tendency to dominate their patients. The patient's statements and his behavior meant several things. It was clear, in the first place, that these accusations, though couched in general terms and with reference to other analysts, were directed against his own analyst; the patient had become the analyst's superego. This situation in the patient represents a defense against his own accusing superego, projected upon the analyst. It is a form of identification with the internal persecutors that leads to inversion of the feared situation. It is, in other words, a transitory "mania for reproaching" as defense against a paranoid-depressive situation, in which the superego persecutes the patient with reproaches and threatens him with abandonment. Together with this identification with the superego, there occurs projection of a part of the "bad ego," and of the id, upon the analyst. The passivity (the mere receptiveness, the inability to make reparation), the selfish exploitation, and the domination he ascribes to the analyst are "bad tendencies" of his own, for which he fears reproach and abandonment by the analyst. At a lower stratum, this "bad ego" consists of "bad objects" with which the patient had identified himself as a defense against their persecution.

We already see that it would be premature to interpret this deeper situation; the patient will first have to face his "bad ego": he will have to pass in transference through the paranoid-depressive situation in which he feels threatened by the superego-analyst. But even so, we are still unsure of the interpretation to be given, for what the patient said and did has even at the surface still further meanings. The criticism he made to the other physician about analysts has the significance of rebellion, vengeance, and provocation; and, perhaps, of seeking for punishment as well as of finding out how much freedom the analyst allows, and simultaneously of subjugating and controlling this dangerous object, the analyst.

The analyst's countertransference reaction made clear to the analyst which of all these interpretations was most strongly indicated, for the countertransference reaction was the living response to the transference situation at that moment. The analyst felt (in accordance with the law of talion) a little anxious and angry at the aggression he suffered from the patient, and we may suppose that the patient in his unconscious or conscious fantasy sensed this annoyance in the internal object toward which his protesting behavior was directed, and that he reacted to this annoyance with anxiety. The "disconnection" he spoke of in his first utterance must have been in relation to this anxiety, since it was because of this "disconnection" that the analysand perceived no danger and felt no anxiety. By the patient's projection of that internal object, the analyst is to the patient a tyrant who demands complete submission and forbids any protest. The transgression of this prohibition (the patient's protest expressed to his friend, the physician) must seem to the analyst—in the patient's fantasy—to be unfaithfulness, and must be responded to by the analyst with anger and emotional abandonment; we deduce this from the countertransference experience. In order to reconcile the analyst and to win him back, the patient accepts his anger or punishment and suffers from stomachache—this he tells in his associations, but without connecting the two experiences. His depression today is to be explained by this guilt feeling and, secondarily, by the object loss resulting from his increased "disconnection."

The analyst explains, in his interpretation, the meaning of the "disconnection." In reply, the patient says that the previous day he recalled his conversation with that physician, and that it did indeed cause him anxiety. After a brief pause, he adds: "And just now the thought came to me, well . . . and what am I to do with that?" The analyst perceived that these words once again slightly annoyed him. We can understand why. The patient's first reaction to the interpretation (he reacted by recalling his anxiety over his protest) had brought the analyst nearer to satisfying his desire to remove the patient's detachment. The patient's recollection of his anxiety had been at least one forward step, for he thus admitted a connec-

tion that he usually denied or repressed. But his next words frustrated the analyst once again, for they signified: "that is of no use to me, nothing has changed." Once again, the countertransference reaction pointed out to the analyst the occurrence of a critical moment in the transference, and that here was the opportunity to interpret. At this moment also, in the patient's unconscious fantasy, must have occurred a reaction of anger from the internal object—just as actually happened in the analyst—to which the interpretation must be aimed. The patient's anxiety must have arisen from just this fantasy. His anxiety—and with it his detachment—could be diminished only by replacing that fantasied anger by an understanding of the patient's need to defend himself through that denial ("well . . . what am I to do with that?"). In reality, the analyst, besides feeling annoyed, had understood that the patient had to protest and rebel, close himself up and "disconnect" himself once again, deny and prevent any influence, because if the analyst should prove to be useful the patient would fall into intense dependence, just because of this usefulness and because the patient would be indebted to him. The interpretation increased this danger, for the patient felt it to be true. Because of the analyst's tyranny—his dominating, exploiting, sadistic character—this dependence had to be prevented.

The analyst, by awareness of his countertransference, understood the patient's anxiety and interpreted it to him. The following associations showed that this interpretation had also been accurate.

The patient said shortly afterward that his depression had passed off, and this admission was a sign of progress because the patient was admitting that there was something good about the analyst. The next associations, moreover, permitted a more profound analysis of his transference neurosis, for the patient now revealed a deeper stratum. His underlying dependence became clear. Hitherto the interpretation had been confined to the guilt feelings and anxiety that accompanied his defenses (rebellion, denial, and others) against this very dependence. The associations referred to the fact that a mutual friend of the patient and of the analyst had a few days before told him that the analyst was going away on holiday that

night, and that this session would therefore be his last. In this way, the patient admits the emotional importance the analyst possesses for him, a thing he always used to deny. We understand now also that his protest against analysts had been determined beforehand by the imminent danger of being forsaken by his analyst. When, just before the end of the session, the analyst explains that the information the friend gave him is false, the patient expresses anger with his friend and recalls how the friend has been trying lately to make him jealous of the analyst. Thus does the patient admit his jealousy of the analyst, although he displaces his anger onto the friend who roused his anxiety.

What has happened? And how is it to be explained?

The analyst's expected journey represented, in the unconscious of the patient, abandonment by internal objects necessary to him. This danger was countered by an identification with the aggressor; the threat of aggression (abandonment by the analyst) was countered by aggression (the patient's protest against analysts). His own aggression caused the patient to fear counteraggression or abandonment by the analyst. This anxiety remained unconscious, but the analyst was able to deduce it from the counteraggression he perceived in his countertransference. If he had not interpreted the patient's transference situation, or if in his interpretation he had included any criticism of the patient's insistent and continuous rejection of the analyst or of his obstinate denial of any bond with the analyst, the patient would have remained in the vicious circle between his basic fear of abandonment and his defensive identification with the persecutor (with the object that abandons); he would have continued in the vicious circle of his neurosis. But the interpretation, which showed him the analyst's understanding of his conduct and of the underlying anxiety, changed (at least for that moment) the image of the analyst as persecutor. Hence the patient could give up his defensive identification with this image and could admit his dependence (the underlying stratum), his need for the analyst, and his jealousy.

And now once again in this new situation countertransference will show the content and origin of the anxiety that swiftly drives

the analysand back to repetition of the defense mechanism he had just abandoned (which may be identification with the persecutor, emotional blocking, or something else). And, once again, interpretation of this new danger is the only means of breaking the vicious circle. If we consider the nature of the relationship that existed for months before the emotional surrender that occurred in this session, if we consider the paranoid situation that existed in the transference and countertransference (expressed in the patient by his intense characterological resistances and in the analyst by his annoyance)—if we consider all this background to the session just described, we understand that the analyst enjoys, in the patient's surrender, a manic triumph, to be followed of course by depressive and paranoid anxieties, compassion toward the patient, desires for reparation, and other sequelae. It is just these guilt feelings caused in the analyst by his manic feelings that may lead to his failure adequately to interpret the situation. The danger the patient fears is that he will become a helpless victim of the object's (the analyst's) sadism—of that same sadism the analyst senses in his "manic" satisfaction over dominating and defeating the bad object with which the patient was defensively identified. The perception of this "manic" countertransference reaction indicates what the present transference situation is and what should be interpreted.

If there were nothing else in the analyst's psychological situation but this manic reaction, the patient would have no alternative but must make use of the same old defense mechanisms that essentially constitute his neurosis. In more general terms, we should have to admit that the negative therapeutic reaction is an adequate transference reaction in the patient to an imagined or real negative countertransference in the analyst.[14] But even where such a negative countertransference really exists, it is a part only of the analyst's psychological response. For the law of talion is not the sole determinant of the responses of the unconscious; and, moreover, the conscious also plays a part in the analyst's psychological responses. As to the unconscious, there is of course a tendency to repair,

[14] Cf. Little (15, p. 34).

which may even create a disposition to "return good for evil." This tendency to repair is in reality a wish to remedy, albeit upon a displaced object, whatever evil one may have thought or done. And as to the conscious, there is, first, the fact that the analyst's own analysis has made his ego stronger than it was before, so that the intensities of his anxieties and his further countertransference reactions are usually diminished; second, the analyst has some capacity to observe this countertransference, to "get out of it," to stand outside and regard it objectively; and third, the analyst's knowledge of psychology also acts within and upon his psychological response. The knowledge, for instance, that behind the negative transference and the resistances lies simply thwarted love, helps the analyst to respond with love to this possibility of loving, to this nucleus in the patient, however deeply it be buried beneath hate and fear.

9. The analyst should avoid, as far as possible, making interpretations in terms that coincide with those of the moral superego.[15] This danger is increased by the unconscious identification of the analyst with the patient's internal objects and, in particular, with his superego. In the example just cited, the patient, in conversation with his friend, criticized the conduct of analysts. In so doing, he assumed the role of superego toward an internal object which he projected upon the analyst. The analyst identified himself with this projected object and reacted with unconscious anxiety and with annoyance to the accusation. He inwardly reproached the patient for his conduct, and there was danger that something of this reproach (in which the analyst in his turn identified himself with the conduct of the patient as superego) might filter into his interpretation, which would then perpetuate the patient's neurotic vicious circle. But the problem is wider than this. Certain psychoanalytic terminology is likely to reenforce the patient's confusion of the analyst with the superego. For instance, "narcissism," "passivity," and "bribery of the superego" are terms we should not use literally or in paraphrase in treatment without careful reflection, just because they increase the danger that the patient will confuse the

[15] Something similar, although not connected with countertransference, is emphasized by Fairbairn (5).

imago of the analyst with that of his superego. For greater clarity, two situations may be differentiated theoretically. In one, only the patient experiences these or like terms as criticism, because of his conflict between ego and superego, and the analyst is free of this critical feeling. In the other, the analyst also regards certain character traits with moral intolerance; he feels censorious, as if he were indeed a superego. Something of this attitude probably always exists, for the analyst identifies himself with the objects that the patient "mistreats" (by his "narcissism," or "passivity," or "bribery of the superego"). But even if the analyst had totally solved his own struggles against these same tendencies and hence remained free from countertransference conflict with the corresponding tendencies in the patient, it would be preferable to point out to the patient the several conflicts between his tendencies and his superego, and not run the risk of making it more difficult for the patient to differentiate between the judgment of his own superego and the analyst's comprehension of these same tendencies through the use of a terminology that precisely lends itself to confusing these two positions.

One might object that this confusion between the analyst and the superego neither can nor should be avoided, since it represents an essential part of the analysis of transference (of the externalization of internal situations), and since one cannot attain clarity except through confusion. That is true; this confusion cannot and should not be avoided, but we must remember that the confusion will also have to be resolved, and that this will be all the more difficult, the more the analyst is really identified in his experience with the analysand's superego and the more these identifications have influenced negatively his interpretations and conduct.

VI

In the examples presented, we saw how to certain transference situations there correspond certain countertransference situations, and vice versa. To what transference situation does the analyst usually react with a particular countertransference? Study of this ques-

tion would enable one, in practice, to deduce the transference situations from the countertransference reactions. Next we might ask, to what imago or conduct of the object—to what imagined or real countertransference situation—does the patient respond with a particular transference? Many aspects of these problems have been amply studied by psychoanalysis, but the specific problem of the relation of transference and countertransference in analysis has received little attention.

The subject is so broad that we can discuss only a few situations and those incompletely, restricting ourselves to certain aspects. We must choose for discussion only the most important countertransference situations, those that most disturb the analyst's task and that clarify important points in the double neurosis, *la névrose à deux*, that arises in the analytic situation—a neurosis usually of very different intensity in the two participants.

1. What is the significance of countertransference anxiety?

Countertransference anxiety may be described in general and simplified terms as being of depressive or paranoid character.[16] In depressive anxiety, the inherent danger consists in having destroyed the analysand or made him ill. This anxiety may arise to a greater degree when the analyst faces the danger that the patient may commit suicide, and to a lesser degree when there is deterioration or danger of deterioration in the patient's state of health. But the patient's simple failure to improve and his suffering and depression may also provoke depressive anxieties in the analyst. These anxieties usually increase the desire to heal the patient.

In referring to paranoid anxieties, it is important to differentiate between "direct" and "indirect" countertransference (17). In direct countertransference, the anxieties are caused by danger of an intensification of aggression from the patient himself. In indirect countertransference, the anxieties are caused by danger of

[16] See Klein (12,13). The terms "depressive," "paranoid," and "manic" are here used simply as descriptive terms. Thus, for example, "paranoid anxieties" involve all the fantasies of being persecuted, independently of the libidinal phase or of the "position" described by Klein. The following considerations are closely connected with my observations upon psychopathological stratification (19).

aggression from third parties onto whom the analyst has made his own chief transferences—for instance, the members of the analytic society, for the future of the analyst's object relationships with the society is in part determined by his professional performance. The feared aggression may take several forms, such as criticism, reproach, hatred, mockery, contempt, or bodily assault. In the unconscious, it may be the danger of being killed or castrated or otherwise menaced in an archaic way.

The transference situations of the patient to which the depressive anxieties of the analyst are a response are, above all, those in which the patient, through an increase in frustration[17] (or danger of frustration) and in the aggression that it evokes, turns the aggression against himself. We are dealing, on one plane, with situations in which the patient defends himself against a paranoid fear of retaliation by anticipating this danger, by carrying out himself and against himself part of the aggression feared from the object transferred onto the analyst, and threatening to carry it out still further. In this psychological sense, it is really the analyst who attacks and destroys the patient; and the analyst's depressive anxiety corresponds to this psychological reality. In other words, the countertransference depressive anxiety arises, above all, as a response to the patient's "masochistic defense"—which at the same time represents a revenge ("masochistic revenge")—and as a response to the danger of its continuing. On another plane, this turning of the aggression against himself is carried out by the patient because of his own depressive anxieties; he turns it against himself in order to protect himself against reexperiencing the destruction of the objects and to protect these from his own aggression.

The paranoid anxiety in "direct" countertransference is a reaction to the danger arising from various aggressive attitudes of the patient himself. The analysis of these attitudes shows that they are themselves defenses against, or reactions to, certain aggressive ima-

[17] By the term "frustration," I always refer to the subjective experience and not to the objective facts. This inner experience is determined by a complementary series, at one end of which is primary and secondary masochism, and at the other end, the actual frustrating happenings.

goes; and these reactions and defenses are governed by the law of talion or else, analogously to this, by identification with the persecutor. The reproach, contempt, abandonment, bodily assault—all these attitudes of menace or aggression in the patient that give rise to countertransference paranoid anxieties—are responses to (or anticipations of) equivalent attitudes of the transferred object.

The paranoid anxieties in "indirect" countertransference are of a more complex nature since the danger for the analyst originates in a third party. The patient's transference situations that provoke the aggression of this "third party" against the analyst may be of various sorts. In most cases, we are dealing with transference situations (masochistic or aggressive) similar to those that provoke the "direct" countertransference anxieties previously described.

The common denominator of all the various attitudes of patients that provoke anxiety in the analyst is to be found, I believe, in the mechanism of "identification with the persecutor"; the experience of being liberated from the persecutor and of triumphing over him, implied in this identification, suggests our designating this mechanism as a manic one. This mechanism may also exist where the manifest picture in the patient is quite the opposite, namely, in certain depressive states; for the manic conduct may be directed either toward a projected object or toward an introjected object, it may be carried out alloplastically or autoplastically. The "identification with the persecutor" may even exist in suicide, inasmuch as this is a "mockery" of the fantasied or real persecutors, by anticipating the intentions of the persecutors and by one doing to oneself what they wanted to do; this "mockery" is the manic aspect of suicide. The "identification with the persecutor" in the patient is, then, a defense against an object felt as sadistic that tends to make the patient the victim of a manic feast; and this defense is carried out either through the introjection of the persecutor in the ego, turning the analyst into the object of the "manic tendencies," or through the introjection of the persecutor in the superego, taking the ego as the object of its manic trend. Let us illustrate.

An analysand decides to take a pleasure trip to Europe. He experiences this as a victory over the analyst, both because he will free himself from the analyst for two months and because he can afford this trip whereas the analyst cannot. He then begins to be anxious lest the analyst seek revenge for the patient's triumph. The patient anticipates this aggression by becoming unwell, developing fever and the first symptoms of influenza. The analyst feels slight anxiety because of this illness and fears, recalling certain previous experiences, a deterioration in the state of health of the patient, who still however continues to come to the sessions. Up to this point, the situation in the transference and countertransference is as follows. The patient is in a manic relation to the analyst, and he has anxieties of preponderantly paranoid type. The analyst senses some irritation over the abandonment and some envy of the patient's great wealth (feelings ascribed by the patient in his paranoid anxieties to the analyst); but, at the same time, the analyst feels satisfaction at the analysand's real progress, which finds expression in the very fact that the trip is possible and that the patient has decided to make it. The analyst perceives a wish in part of his personality to bind the patient to himself and use the patient for his own needs. In having this wish, he resembles the patient's mother, and he is aware that he is in reality identified with the domineering and vindictive object with which the patient identifies him. Hence the patient's illness seems, to the analyst's unconscious, a result of the analyst's own wish, and the analyst therefore experiences depressive (and paranoid) anxieties.

What object imago leads the patient to this manic situation? It is precisely this same imago of a tyrannical and sadistic mother, to whom the patient's frustrations constitute a manic feast. It is against these "manic tendencies" in the object that the patient defends himself, first by identification (introjection of the persecutor in the ego, which manifests itself in the manic experience in his decision to take a trip) and then by using a masochistic defense to escape vengeance.

In brief, the analyst's depressive (and paranoid) anxiety is his emotional response to the patient's illness; and the patient's illness

is itself a masochistic defense against the object's vindictive persecution. This masochistic defense also contains a manic mechanism in that it derides, controls, and dominates the analyst's aggression. In the stratum underlying this we find the patient in a paranoid situation in face of the vindictive persecution by the analyst—a fantasy which coincides with the analyst's secret irritation. Beneath this paranoid situation, and causing it, is an inverse situation: the patient is enjoying a manic triumph (his liberation from the analyst by going on a trip), but the analyst is in a paranoid situation (he is in danger of being defeated and abandoned). And, finally, beneath this we find a situation in which the patient is subjected to an object imago that wants to make of him the victim of its aggressive tendencies, but this time not in order to take revenge for intentions or attitudes in the patient, but merely to satisfy its own sadism—an imago that originates directly from the original sufferings of the subject.

In this way, the analyst was able to deduce from each of his countertransference sensations a certain transference situation; the analyst's fear of deterioration in the patient's health enabled him to perceive the patient's need to satisfy the avenger and to control and restrain him, partially inverting (through the illness) the roles of victimizer and victim, thus alleviating his guilt feeling and causing the analyst to feel some of the guilt. The analyst's irritation over the patient's trip enabled him to see the patient's need to free himself from a dominating and sadistic object, to see the patient's guilt feelings caused by these tendencies, and also to see his fear of the analyst's revenge. By his feeling of triumph, the analyst was able to detect the anxiety and depression caused in the patient by his dependence upon this frustrating, yet indispensable, object. And each of these transference situations indicated to the analyst the patient's object imagoes—the fantasied or real countertransference situations that determined the transference situations.

2. What is the meaning of countertransference aggression?

In the preceding pages, we have seen that the analyst may experience, besides countertransference anxiety, annoyance, rejec-

tion, desire for vengeance, hatred, and other emotions. What are the origin and meaning of these emotions?

Countertransference aggression usually arises in the face of frustration (or danger of frustration) of desires which may superficially be differentiated into "direct" and "indirect." Both direct and indirect desires are principally wishes to get libido or affection. The patient is the chief object of direct desires in the analyst, who wishes to be accepted and loved by him. The object of the indirect desires of the analyst may be, for example, other analysts from whom he wishes to get recognition or admiration through his successful work with his patients, using the latter as means to this end (17). This aim to get love has, in general terms, two origins: an instinctual origin (the primitive need of union with the object) and an origin of a defensive nature (the need of neutralizing, overcoming, or denying the rejections and other dangers originating from the internal objects, in particular from the superego). The frustrations may be differentiated, descriptively, into those of active type and those of passive type. Among the active frustrations is direct aggression by the patient, his mockery, deceit, and active rejection. To the analyst, active frustration means exposure to a predominantly "bad" object; the patient may become, for example, the analyst's superego which says to him "you are bad." Examples of frustration of passive type are passive rejection, withdrawal, partial abandonment, and other defenses against the bond with and dependence on the analyst. These signify frustrations of the analyst's need of union with the object.

In summary, we may say that countertransference aggression usually arises when there is frustration of the analyst's desires that spring from Eros, both those arising from his "original" instinctive and affective drives and those arising from his need of neutralizing or annulling his own Thanatos (or the action of his internal "bad objects") directed against the ego or against the external world. Owing partly to the analyst's own neurosis (and also to certain characteristics of analysis itself) these desires of Eros sometimes acquire the unconscious aim of bringing the patient to a state of dependence. Hence countertransference aggression may be provoked

by the rejection of this dependence by the patient who rejects any bond with the analyst and refuses to surrender to him, showing this refusal by silence, denial, secretiveness, repression, blocking, or mockery.

Next we must establish what it is that induces the patient to behave in this way, to frustrate the analyst, to withdraw from him, to attack him. If we know this, we shall know what we have to interpret when countertransference aggression arises in us, being able to deduce from the countertransference the transference situation and its cause. This cause is a fantasied countertransference situation or, more precisely, some actual or feared bad conduct from the projected object. Experience shows that, in somewhat general terms, this bad or threatening conduct of the object is usually an equivalent of the conduct of the patient (to which the analyst has reacted internally with aggression). We also understand why this is so: the patient's conduct springs from that most primitive of reactions, the talion reaction, or from the defense by means of identification with the persecutor or aggressor. In some cases, it is quite simple: the analysand withdraws from us, rejects us, abandons us, or derides us when he fears or suffers the same or an equivalent treatment from us. In other cases, it is more complex, the immediate identification with the aggressor being replaced by another identification that is less direct. To exemplify: a woman patient, upon learning that the analyst is going on holiday, remains silent a long while; she withdraws, through her silence, as a talion response to the analyst's withdrawal. Deeper analysis shows that the analyst's holiday is, to the patient, equivalent to the primal scene; and this is equivalent to destruction of her as a woman, and her immediate response must be a similar attack against the analyst. This aggressive (castrating) impulse is rejected and the result, her silence, is a compromise between her hostility and its rejection; it is a transformed identification with the persecutor.

To sum up: (a) The countertransference reactions of aggression (or of its equivalent) occur in response to transference situations in which the patient frustrates certain desires of the analyst. These frustrations are equivalent to abandonment or aggression

which the patient carries out or with which he threatens the analyst, and they place the analyst, at first, in a depressive or paranoid situation. The patient's defense is in one aspect equivalent to a manic situation, for he is freeing himself from a persecutor.[18] (b) This transference situation is the defense against certain object imagoes. There may be an object that persecutes the subject sadistically, vindictively, or morally, or an object that the patient defends from his own destructiveness by an attack against his own ego (19); in these, the patient attacks—as Freud and Abraham have shown in the analysis of melancholia and suicide—at the same time the internal object and the external object (the analyst). (c) The analyst, who is placed by the alloplastic or autoplastic attacks of the patient in a paranoid or depressive situation, sometimes defends himself against these attacks by using the same identification with the aggressor or persecutor as the patient used. Then the analyst virtually becomes the persecutor, and to this the patient (insofar as he presupposes such a reaction from his internal and projected object) responds with anxiety. This anxiety and its origin is nearest to consciousness, and is therefore the first thing to interpret.

3. Countertransference guilt feelings are an important source of countertransference anxiety; the analyst fears his "moral conscience." Thus, for instance, a serious deterioration in the condition of the patient may cause the analyst to suffer reproach by his own superego, and also cause him to fear punishment. When such guilt feelings occur, the superego of the analyst is usually projected upon the patient or upon a third person, the analyst being the guilty ego. The accuser is the one who is attacked, the victim of the analyst. The analyst is the accused; he is charged with being the victimizer. It is therefore the analyst who must suffer anxiety over his object, and dependence upon it.

[18] This "mania" may be of "superego type," as, for instance, "mania for reproaching" (identification with the persecuting moral superego), which also occurs in many depressive and masochistic states. It may also be of a "pre-superego type" (belonging to planes underlying that of moral guilt), as occurs, for instance, in certain erotomanias, for erotic mockery is identification with the object that castrates by frustrating genitally (19).

As in other countertransference situations, the analyst's guilt feeling may have either real causes or fantasied causes, or a mixture of the two. A real cause exists in the analyst who has neurotic negative feelings that exercise some influence over his behavior, leading him, for example, to interpret with aggressiveness or to behave in a submissive, seductive, or unnecessarily frustrating way. But guilt feelings may also arise in the analyst over, for instance, intense submissiveness in the patient even though the analyst had not driven the patient into such conduct by his procedure. Or he may feel guilty when the analysand becomes depressed or ill, although his therapeutic procedure was right and proper according to his own conscience. In such cases, the countertransference guilt feelings are evoked not by what procedure he has actually used, but by his awareness of what he might have done in view of his latent disposition. In other words, the analyst identifies himself in fantasy with a bad internal object of the patient, and he feels guilty for what he has provoked in this role—illness, depression, masochism, suffering, failure. The imago of the patient then becomes fused with the analyst's internal objects, which the analyst had, in the past, wanted (and perhaps managed) to frustrate, make suffer, dominate, or destroy. Now he wishes to repair them. When this reparation fails, he reacts as if he had hurt them. The true cause of the guilt feelings is the neurotic, predominantly sadomasochistic tendencies that may reappear in countertransference; the analyst therefore quite rightly entertains certain doubts and uncertainties about his ability to control them completely and to keep them entirely removed from his procedure.

The transference situation to which the analyst is likely to react with guilt feelings is then, in the first place, a masochistic trend in the patient, which may be either of a "defensive" (secondary) or of a "basic" (primary) nature. If it is defensive, we know it to be a rejection of sadism by means of its "turning against the ego"; the principal object imago that imposes this masochistic defense is a retaliatory imago. If it is basic ("primary masochism"), the object imago is "simply" sadistic, a reflex of the pains ("frustrations") originally suffered by the patient. The analyst's guilt feelings refer

to his own sadistic tendencies. He may feel as if he himself had provoked the patient's masochism. The patient is subjugated by a "bad" object, so that it seems as if the analyst had satisfied his aggressiveness; now the analyst is exposed in his turn to the accusations of his superego. In short, the superficial situation is that the patient is now the superego, and the analyst the ego who must suffer the accusation; the analyst is in a depressive-paranoid situation, whereas the patient is, from one point of view, in a "manic" situation (showing, for example, "mania for reproaching"). But on a deeper plane, the situation is the reverse: the analyst is in a "manic" situation (acting as a vindictive, dominating, or "simply" sadistic imago), and the patient is in a depressive-paranoid situation (19).

4. Besides the anxiety, hatred, and guilt feelings in countertransference, there are a number of other countertransference situations that may also be decisive points in the course of analytic treatment, both because they may influence the analyst's work and because the analysis of the transference situations that provoke such countertransference situations may represent the central problem of treatment, clarification of which may be indispensable if the analyst is to exert any therapeutic influence upon the patient.

Let us consider briefly only two of these situations. One is the countertransference boredom or somnolence already mentioned, which of course assumes great importance only when it occurs often. Boredom and somnolence are usually unconscious talion responses in the analyst to a withdrawal or affective abandonment by the patient. This withdrawal has diverse origins and natures; but it has specific characteristics, for not every kind of withdrawal by the patient produces boredom in the analyst. One of these characteristics seems to be that the patient withdraws without going away, he takes his emotional departure from the analyst while yet remaining with him; there is as a rule no danger of the patient's taking flight. This *partial* withdrawal or abandonment expresses itself superficially in intellectualization (emotional blocking), in increased control, sometimes in monotony in the way of speaking, or in similar devices. The analyst has at these times the sensation of being excluded and of being impotent to guide the course of the

sessions. It seems that the analysand tries in this way to avoid a latent and dreaded dependence upon the analyst. This dependence is, at the surface, his dependence upon his moral superego, and at a deeper level, it is dependence upon other internal objects which are in part persecutors and in part persecuted. These objects must *not* be projected upon the analyst; the latent and internal relations with them must not be made present and externalized. This danger is avoided through various mechanisms, ranging from "conscious" control and selection of the patient's communications to depersonalization, and from emotional blocking[19] to total repression of any transference relation; it is this rejection of such dangers, and the avoidance and mastery of anxiety by means of these mechanisms, that lead to the withdrawal to which the analyst may react with boredom or somnolence.

Countertransference anxiety and guilt feelings also frequently cause a tendency to countertransference submissiveness, which is important from two points of view: both for its possible influence upon the analyst's understanding, behavior, and technique, and for what it may teach us about the patient's transference situation. This tendency to submissiveness will lead the analyst to avoid frustrating the patient and will even cause the analyst to pamper him. The analyst's tendency to avoid frustration and tension will express itself in a search for rapid pacification of the transference situations, by prompt "reduction" of the transference to infantile situations, for example, or by rapid reconstruction of the "good," "real" imago of the analyst.[20] The analyst who feels subjugated by the patient feels angry, and the patient, intuitively perceiving this anger, is afraid of his revenge. The transference situation that leads the patient to dominate and subjugate the analyst by a hidden or manifest threat seems analogous to the transference situation that leads the analyst

[19] This emotional blocking and, in particular, the blocking of aggression, seems to be the cause of the "absence of danger" for the analyst (the fact that the analysand does not run away or otherwise jeopardize the analysis), which seems to be one of the conditions for occurrence of countertransference boredom.

[20] Wilhelm Reich (22) stressed the frequent tendency in analysts to avoid negative transference. The countertransference situation just described is one of the situations underlying that tendency.

to feel anxious and guilty. The various ways in which the analyst reacts to his anxieties—in one case with an attitude of submission, in another case with inner recrimination—is also related to the transference attitude of the patient. My observations seem to indicate that the greater the disposition to real aggressive *action* in the analysand, the more the analyst tends to submission.

VII

Before closing, let us consider briefly two doubtful points. How much confidence should we place in countertransference as a guide to understanding the patient? And how useful or how harmful is it to communicate to the patient a countertransference reaction? As to the first question, I think it certainly a mistake to find in countertransference reactions an oracle, with blind faith to expect of them the pure truth about the psychological situations of the analysand. It is plain that our unconscious is a very personal "receiver" and "transmitter," and we must reckon with frequent distortions of objective reality. But it is also true that our unconscious is nevertheless "the best we have of its kind." His own analysis and some analytic experience enable the analyst, as a rule, to be conscious of this personal factor and know his "personal equation." According to my experience, the danger of exaggerated faith in the messages of one's own unconscious is, even when they refer to very "personal" reactions, less than the danger of repressing them and denying them any objective value.

I have sometimes begun a supervisory hour by asking the candidate how he has felt toward the patient that week or what he has experienced during the sessions, and the candidate has answered, for instance, that he was bored, or that he felt anxious because he had the impression that the patient wanted to abandon the analysis. On other occasions, I have myself noticed annoyance or anxiety in the candidate relative to the patient. These countertransference responses have at times indicated to me in advance the central problem of the treatment at whatever stage it had reached; and this supposition has usually been verified by detailed analysis of

the material presented in the supervisory hour. When these countertransference reactions were very intense, they of course referred to unsolved problems in the candidate, and his reactions were distorted echoes of the objective situation. But even without such "intensity," we must always reckon with certain distortions. One candidate, for instance, reacted for a time with slight annoyance whenever his analysands were much occupied with their childhood. The candidate had the idea that only analysis of transference could further the treatment. In reality, he also had a wish that the analysands concern themselves with him. But the candidate was able, by analyzing this situation, quickly to revive his interest in the childhood situations of the analysands, and he could also see that his annoyance, in spite of its neurotic character, had pointed out to him the rejection of certain transference situations in some analysands.

Whatever the analyst experiences emotionally, his reactions always bear some relation to processes in the patient. Even the most neurotic countertransference ideas arise only in response to certain patients and to certain situations of these patients, and they can, in consequence, indicate something about the patients and their situations. To cite one last example: a candidate, at the beginning of a session (and before the analysand, a woman, had spoken), had the idea that she was about to draw a revolver and shoot at him; he felt an impulse to sit in his chair in a defensive position. He readily recognized the paranoid character of this idea, for the patient was far from likely to behave in such a way. Yet it was soon clear that his reaction was in a certain sense appropriate; the analysand spontaneously remarked that she intended to give him "a kick in the penis." On other occasions, when the candidate had the same idea, this patient was fantasying that she was the victim of persecution; in this case also, the analyst's reaction was, in a way, appropriate, for the patient's fantasy of being persecuted was the consequence and the cause of the patient's sadistic impulses toward the transferred object.

On the other hand, one must critically examine the *deductions* one makes from perception of one's own countertransference. For

example, the fact that the analyst feels angry does not simply mean (as is sometimes said) that the patient wishes to make him angry. It may mean rather that the patient has a transference feeling of guilt. What has been said above concerning countertransference aggression is relevant here.

The second question—whether the analyst should or should not "communicate" or "interpret" aspects of his countertransference to the analysand—cannot be considered fully here.[21] Much depends, of course, upon what, when, how, to whom, for what purpose, and in what conditions the analyst speaks about his countertransference. It is probable that the purposes sought by communicating the countertransference might often (but not always) be better attained by other means. The principal other means is analysis of the patient's fantasies about the analyst's countertransference (and of the related transferences), sufficient to show the patient the truth (the reality of the countertransferences of his inner and outer objects); and with this must also be analyzed the doubts, negations, and other defenses against the truth, intuitively perceived, until they have been overcome. But there are also situations in which communication of the countertransference is of value for the subsequent course of the treatment. Without doubt, this aspect of the use of countertransference is of great interest; we need an extensive and detailed study of the inherent problems of communication of countertransference. Much more experience and study of countertransference needs to be recorded.

REFERENCES

1. Balint, A. (1936). Handhabung der bertragung auf Grund der Ferenczischen Versuche. *Int. Ztschr. f. Psa.*, 22:47-58.
2. Balint, M. (1948). On the psychoanalytic training system. *Int. J. Psychoanal.*, 29:163-173.

[21] Alice Balint (1), Winnicott (24), and others favor communicating to the patient (and further analyzing) certain countertransference situations. Heimann (11) is among those that oppose doing so. Libermann (14) describes how, in the treatment of a psychotic woman, communication of the countertransference played a very important part. The analyst freely associated upon unconscious manifestations of countertransference which the patient pointed out to him.

3. Cesio, F. (1952). Psicoanálisis de una melancolía con ataques histero epilépticos. *Rev. de Psicoanálisis,* 9.
4. Deutsch, H. (1926). Okkulte Vorgänge während der Psychoanalyse. *Imago,* 12:418-433.
5. Fairbairn, W. R. D. (1943). The repression and the return of bad objects. *Brit. J. Med. Psychol.,* 19.
6. Ferenczi, S. (1927). Missbrauch der Assoziationsfreiheit. In *Bausteine zur Psychoanalyse II.* Vienna, Austria: Int. Psa. Verlag, p. 41.
7. Freud, S. (1910). The future prospects of psycho-analytic therapy. *S. E.,* 11.
8. ——— (1913). On beginning the treatment. *S. E.,* 12.
9. ——— (1912). The dynamics of transference. *S. E.,* 12.
10. Gitelson, M. (1952). The emotional position of the analyst in the psychoanalytic situation. *Int. J. Psychoanal.,* 33:1-10.
11. Heimann, P. (1950). On countertransference. *Int. J. Psychoanal.,* 31:81-84.
12. Klein, M. (1935). A contribution to the psychoanalysis of manic-depressive states. *Int. J. Psychoanal.,* 16:145-174.
13. ——— (1950). On the criteria for the termination of a psychoanalysis. *Int. J. Psychoanal.,* 31:78-80.
14. Libermann, D. (1952). Fragmento del análisis de una psicosis paranoide. *Rev. de Psicoanálisis,* 9.
15. Little, M. (1951). Countertransference and the patient's response to it. *Int. J. Psychoanal.,* 32:32-40.
16. Lorand, S. (1946). *Technique of Psychoanalytic Therapy.* New York: Int. Univ. Press.
17. Racker, H. (1953). Contribution to the problem of countertransference. *Int. J. Psychoanal.,* 34:313-324.
18. ——— (1951). Observaciones sobre la contratransferencia como instrumento técnico. *Rev. de Psicoanálisis,* 9:342-354.
19. ——— (1957). Contribution to the problem of psychopathological stratification. *Int. J. Psychoanal.,* 38:223-239.
20. ——— (1954). Notes on the theory of transference. *Psychoanal. Q.,* 23:78-86.
21. Reich, A. (1951). On countertransference. *Int. J. Psychoanal.,* 32:25-31.
22. Reich, W. (1945). *Character Analysis.* New York: Orgone Inst. Press.
23. Weigert, E. (1952). Contribution to the problem of terminating psychoanalyses. *Psychoanal. Q.,* 21:465-480.
24. Winnicott, D. W. (1949). Hate in the countertransference. *Int. J. Psychoanal.,* 30:69-74.

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RACKER'S CONTRIBUTION TO THE UNDERSTANDING OF COUNTERTRANSFERENCE REVISITED

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What greatly impressed me on rereading Racker's work on countertransference was not only the presence of a highly intelligent, gifted, and creative psychoanalyst, but also the sense of sharing an exciting period in the evolution of psychoanalytic thinking. In the paper that he first presented in 1953, "The Meanings and Uses of Countertransference" (Racker 1957), he seems to be at an important crossroads. Freud's metapsychology is much in evidence, together with the more recent pioneering discoveries of Abraham and Klein. Racker is very aware of the work of Winnicott, Heimann, Reich, and others. But what I find most interesting is the way he seems to be looking forward, developing ways of understanding countertransference that derive not only from the structural model of the mind, but also include newer ideas concerning internal object relations. He is beginning to explore a model of patient–analyst interaction that takes account of the dynamic interplay between identification, projection, and introjection.

I propose to examine some aspects of this paper, to try to understand the ways in which these different models interact in Racker's thinking, and to consider some of the ways I believe we have extended and developed our understanding of countertransference, particularly in and around the theory of projective identification.

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RACKER'S CLINICAL MODEL

Racker gives several brief clinical examples in which he feels that the analyst's unconscious identification with some internal figure of the patient interfered with his capacity to provide the patient with greater understanding and objectivity than he encountered in the fantasy or reality of his childhood. For instance, Racker notes that, in a first analytic session, a (female) analyst felt that the patient confined herself to speaking about insignificant matters. This analyst interpreted that, very likely, the patient *dared not* talk about herself. Racker suggests that the formulation of the interpretation, which had a somewhat critical tone, arose in part out of the analyst's frustration. If the analyst had either not felt so irritated, or if she had been conscious of the neurotic nature of her internal reaction of anxiety and annoyance, she would not have been "unconsciously ruled by these reactions" (p. 737).[1] Racker postulates that the analyst was identified in the countertransference with the analysand's superego, without being conscious of the identification. It was this neurotic identification that led to her making a superego judgment, rather than seeking to understand, for example, *why* the patient *dared not*. Racker elaborates:

> Therefore the patient once again faces an object that, as in this case, wishes to force or lure the patient into rejecting his mistrust, and that unconsciously seeks to satisfy its own desires or allay its own anxieties, rather than to understand and satisfy the therapeutic need of the patient. [pp. 754-755]

I will return to this example presently, but would like to first emphasize that Racker is describing two related ways in which the countertransference can interfere with the therapeutic process. First, it interferes with the analyst's capacities to be open, in a thoughtful way, to the patient's material and way of functioning in

[1] *Editor's Note:* In this article, page numbers from Racker 1957 refer to the numbering in the republication in this issue, not to the original *Quarterly* publication of 1957.

the session. Second, as a consequence of the analyst's unconscious identification with some of the patient's inner structures or objects, he may behave in ways that reinforce the vicious circle in which the patient projects and reintrojects bad objects, thus confirming or exacerbating the patient's anxieties and defenses. In the example noted, the analyst reacted in a way that presumably confirmed, in part, the patient's expectation of reencountering a critical and demanding fantasy figure.

I feel that Racker demonstrates considerable understanding of these processes and their impact on the analyst's experience and behavior. His work seems surprisingly modern by virtue of his inclusion of internal objects, as well as the superego, ego, and id; his references to object relations; and his invocation of the concepts of projection and introjection. Indeed, I initially found it difficult to identify the specific ways in which our model of the patient–analyst interaction has evolved since Racker.

On further consideration, as far as I can judge, I think these differences lie mainly in relation to Racker's understanding of the *dynamics* of the clinical situations he so brilliantly describes. He focuses particularly on the way the patient's behaviors—his silence or withdrawal, his lack of progress, his threats or accusations—interact with unresolved conflicts in the analyst. Racker believes that the analyst's capacity for understanding the transference

> . . . will depend on . . . [his] capacity to identify himself both with the analysand's impulses and defenses, and with his internal objects, and to be conscious of these identifications. This ability in the analyst will in turn depend upon the degree to which he accepts his countertransference, for his countertransference is likewise based on identification with the patient's id and ego and his internal objects. [pp. 729-730]

When the patient's behavior disturbs the analyst in ways that the analyst is not conscious of, or cannot properly deal with because of his own neurotic conflicts, his understanding and his objectivity will be restricted. He is then liable to behave in a way that

reflects his identification with the patient's superego or some other internal object.

If I have understood Racker's model correctly, then what I believe we have come to recognize and attach much more importance to is the patient's deployment of projective mechanisms. The elaboration of the concept of projective identification, which Klein had first mentioned rather briefly seven years before Racker presented this paper, has focused our attention on the way the analyst and the analytic situation are actively and powerfully *used* by the patient—primarily for defensive purposes, but also as a source of gratification. While Racker's concern with the extent to which the analyst unconsciously identifies himself with the patient's internal structures or internal objects remains valid and important, we would now place more emphasis on the patient's active use of projective identification, which may result in the analyst's state of mind or behavior being affected in a way that we believe is unconsciously intended or required by the patient, for a variety of reasons. These unconscious pressures may lead the analyst to experience or enact roles that correspond in some measure with aspects of the patient's internal object relations.

Racker's fundamental point still applies, of course: that if these experiences in the analytic situation can be recognized, tolerated, and understood, they may be a crucial source of information and a means of breaking the vicious circle into which the analyst may otherwise be drawn. I will return to these points again, using Racker's clinical examples to illustrate them, and then give a brief example of my own.

Racker refers a number of times to the contrast between situations where the impact of the countertransference interferes with the analyst's function, and those where he is able to recognize his identification with the id and the ego of the patient, "but also . . . his identification with the internal objects that the patient transfers and the acceptance in his conscious of his own infantile object relations with the patient" (p. 747). I at first found myself wondering what Racker meant by the analyst's identification with the internal objects that the patient transfers, and his acceptance of his own

infantile object relations with the patient. These formulations seem so modern, and yet as I study his work, I find that there are important differences between his model and ours.

Racker's clinical insight and understanding emerge clearly when he refers to the work of Reich (1933), but there, I believe, the limitations of his theoretical model become manifest. Reich describes an analysis in which, for a long period, no interpretation achieved any success or any modification of the patient's analytic situation. The analyst interpreted the patient's feelings of inferiority in relation to him, and after some time, the patient confirmed his envy both of the analyst and of other men, to whom he also felt inferior. Reich wrote:

> And then there emerged in me, like a lightning flash, the idea that his repeated complaints could mean only this: "The analysis has no effect upon me—it is no good, the analyst is inferior and impotent and can achieve nothing with me." The complaints were to be understood partly as triumph and partly as reproaches to the analyst. [Reich quoted in Racker 1957, p. 749]

Racker suggests that Reich's "lightning" idea arose from identification with those impulses in the analysand or from identification with one of his internal objects. What he means is that the "lightning flash" arose from the analyst's own feelings of impotence, defeat, and guilt over the failure of treatment. The analyst, "subdued by the patient's resistance" (p. 741), might have felt angry with, and threatened by, the patient, as the source of this sense of failure. But as Racker sees it, it would be more accurate to say that the analyst was threatened by his own superego or by his own archaic objects, which have found an "agent provocateur" (p. 741) in the patient. If the analyst then

> . . . acts under the influence of these internal objects [of his own] and of his paranoid and depressive anxieties, the patient again finds himself confronting a reality like that of his real or fantasied childhood experiences and like that of his inner world; and so the vicious circle contin-

> ues and may even be reinforced. But if the analyst grasps the importance of this situation, if, through his own anxiety or anger, he comprehends what is happening in the analysand, and if he overcomes, thanks to the new insight, his negative feelings and interprets what has happened in the analysand, being now in this new positive countertransference situation, then he may have made a breach—be it large or small—in the vicious circle. [pp. 741-742]

It seems to me that what we can learn from this example is the particular way that Racker is using the concepts of projection and object relations. I think when he refers to what the patient transfers to the analyst and what he projects, he has in mind something that is still quite close to Freud's understanding of the mechanism of transference. The patient comes to transfer to the analyst qualities and functions that belong to an internal object of his own, derived from his history. When Racker refers to the analyst's own "infantile object relations with the patient" (p. 747), I take it he is thinking that the patient comes to represent, for example, an archaic superego figure, reproaching him for his failure.

What is missing is the fact that the analyst is not merely subdued by the patient's resistance. Although Racker tantalizingly refers to the analyst's superego or his own archaic objects as finding an "agent provocateur" in the patient, he does not take this seriously enough. He does not, in my view, address the patient's active projection of his own unconscious fantasies—which impinge in turn upon the analyst's unconscious mind, evoking anxieties, fantasies, and propensities to action that reflect aspects of the patient's internal object relations and serve important functions for the patient.

In his discussion of Reich's paper, what Racker does not quite articulate is the extent to which the patient's active use of projective mechanisms draws or forces the analyst into living out the object relationship that is revealed in this "lightning idea." It seems likely that the patient's experience of being in a relationship with a man whom he envies, and toward whom he feels inferior, leads to the active deployment of projective mechanisms in a defensive

way, thus arousing in the analyst feelings of impotence and failure, while the patient assumes, at least in part, the superior, triumphant role. The patient thus re-creates in the analytic relationship a particular, important internal object relationship. The analyst may, of course, initially fail to recognize how he is being affected, or how he is being required to experience or enact a particular role with the patient. However, if he can, in time, come to understand this, it may provide him with unique access to the patient's inner world —in particular, the nature of the patient's object relations and pattern of defenses that structure that world.

I should like to return to an example from Racker that I mentioned earlier, in order to illustrate the important steps he was then taking toward a more thorough-going theory of object relations, and also to highlight where I think the limitations of his theory become evident. The example I am referring to concerned the patient who spoke in an apparently inconsequential way, leading the analyst to interpret that the patient dared not talk about herself. Racker suggests that the analyst's frustration led her to make a rather judgmental comment, which reflected her own partial identification with the patient's superego. He argues that, although it might not be possible or even desirable to avoid some degree of confusion between the analyst and the analyst's superego identification, this confusion must somehow be recognized and resolved. He makes the point that if the analyst *had* been able to become more aware of her identification, she might have succeeded in exploring the nature of the dangers present in the object relationship between patient and analyst—dangers that led to the patient's *not daring*.

While Racker's particular focus is on the analyst's identification with archaic objects or structures in the patient, and particularly his superego identification and the difficulties this gives rise to, I think he is also moving toward a deeper and fuller understanding of the object relations between patient and analyst, although he does not investigate the patient's role in evoking these identifications in the analyst. Today we would probably pay much closer atten-

tion to what was actually going on *between* the patient and the analyst—how the patient actively (albeit unconsciously) sought to involve the analyst in a *particular type of interaction*, which we assume to be the externalization of a *particular internal object relationship*. If we confine ourselves to a consideration of which of the patient's internal objects the analyst comes to identify himself with, we deprive ourselves of access to a complex, changing, dynamic interaction in which the patient is very active.

It is this interaction between projective and introjective identification, one in which the analyst is required to be crucially involved, that can illuminate most vividly the structure and organization of the patient's system of defenses and the nature of his internal object relations. Sandler (1976, 1990), Sandler and Sandler (1978), O'Shaughnessy (1992), and others have described the ways in which the analyst may be required to enact particular roles, and have explored some of the defensive and wish-fulfilling functions this serves for the patient. Joseph (1988, 1989) has paid particular attention to the type of clinical situation described so vividly by Racker, and has offered us important new ways of understanding and approaching them.

The last example in Racker's paper that I would like to highlight is found in the section in which he considers the situation where boredom or somnolence prevail in the countertransference:

> Boredom and somnolence are usually unconscious talion responses in the analyst to a withdrawal or affective abandonment by the patient. This withdrawal has diverse origins and natures; but it has specific characteristics, for not every kind of withdrawal by the patient produces boredom in the analyst. One of these characteristics seems to be that the patient withdraws without going away, he takes his emotional departure from the analyst while yet remaining with him; there is as a rule no danger of the patient's taking flight. This *partial* withdrawal or abandonment expresses itself superficially in intellectualization (emotional blocking), in increased control, sometimes in monotony in the way of speaking, or in similar devices. The analyst has at these times the sensation of being excluded and of

> being impotent to guide the course of the sessions. It seems that the analysand tries in this way to avoid a latent and dreaded dependence upon the analyst. [pp. 772-773, italics in original]

Once again, I feel it might be useful to consider the dynamics of the situation in a way that Racker touches upon, but does not elaborate. As he suggests, the analyst's experience of being excluded and of being impotent can offer him access to issues that are important for the patient. These seem to me to be concerned not only with fears of dependence upon the analyst. The nature and meaning of the particular object relationship that is being lived out in all the clinical situations Racker describes may not always be easily or immediately recognized or understood by the analyst, and he may have to tolerate a period of uncertainty and confusion. The analyst will, of course, have to consider his own contribution to the situation, which may not be directly related to the patient. The specific meaning of an experience such as boredom or somnolence will depend on complex sources of information—the analyst's knowledge of the patient's history, his experience of the "tone" of the patient's communications, and the atmosphere in the room.

Thus, many factors can contribute to the analyst's experience of being with an object that is physically present but otherwise occupied, that feels intolerable, and to which one may respond by withdrawal into boredom or somnolence. This situation may represent, for example, the patient's projection of an early infantile experience of being with and excluded from the parental couple, which he found difficult to bear and had to shut himself off from. On the other hand, it may reflect the patient's experience of a preoccupied and distracted parent, which he also found unbearable. These important internal configurations are thus externalized in the analytic situation, either evoking experiences and fantasies in the analyst (in the way Racker describes), or leading to various forms of enactment that tend to re-create aspects of the archaic object relationship.

CLINICAL VIGNETTE: MR. G

Next, I should like to present material from a clinical case of my own in which I think it was possible to discern a variety of manifest and latent object relationships that may impinge on the analyst's experience and response.[2] This material illustrates some of the seductive pressures and threats that may lead the analyst to participate in particular enactments, either by complying with the manifest wishes of the patient or by overreacting against them. These responses are influenced by the nature and force of the patient's projections, the analyst's own anxieties and defensive organization, and his theoretical framework and clinical experience. If the analyst is able, in due course, to recognize these pressures, or indeed the forms of enactment into which he may have temporarily become drawn, he can use these experiences to understand his patient more deeply. The patient, on the other hand, may feel threatened by and hostile toward the analyst's capacity to resist the pressures placed on him, since this challenges the patient's recurrent defensive strategies and confronts him with disturbing aspects of psychic reality.

Mr. G, a young journalist, returned from a summer holiday, smiled in a friendly way, lay down on the couch, and looked around the room. He made some positive comment about the room and said that I looked well. He then said it was difficult to know where to start. He was worried about how to speak to me; he feared that what he brought up might not be serious enough, or that he would simply describe the events and experiences of the holiday in a way that would not prove useful.

Mr. G said that he had been reading a book by a well-known journalist, and he had found it very absorbing. He was full of admiration for this man's approach to his work, the depth of his insights into the political situation, and the simplicity and clarity of his writing. He feared that he could never achieve this level of skill himself; he was never sure how profound or alive his own experiences were and doubted his capacity to write about them. Mr. G

[2] I have described this case previously in another context (Feldman 1999).

said this in a way that comfortably assumed I would recognize and share his concerns, and think well of him for his self-critical insight.

I commented that he seemed not only to worry about his capacity for doing work of a quality that he would be pleased with, but he also seemed very concerned about what kind of patient he was, and whether he could speak to me in a way I would be interested in, value, and find helpful. The patient agreed, and said that there *was* something on his mind that felt very alive and vivid. During his holiday in Scotland, he had become very involved in watching a man fishing on the bank of the nearby river. Mr. G was fascinated by the skill and grace of the man's movements, as well as his evident interest and deep knowledge of fishing. They exchanged brief nods, and the patient found himself wandering down to the river several times to watch the man fish.

The patient spoke in a way that was vivid and eloquently descriptive, accompanied by movements of his hands and arms to illustrate the fisherman's graceful casting. There were also implied links with the elegant style and knowledge of both the other journalist whom he admired, and with his analyst, and I was clearly meant to recognize the parallels. It was also assumed that I would appreciate the way Mr. G could observe and admire the fisherman, as well as the sensitivity and eloquence of his account.

When I commented on his manner of speaking and how I was expected to follow, to be involved, and to share the experience with him, he seemed for a moment hurt and offended, but then readily agreed, and said he had thought at the time about how he would describe this experience to me. He had also thought of his friend Peter, another journalist, with whom Mr. G had been at school and with whom he had much in common. It was the kind of thing he and Peter loved to share with one another, and he knew Peter would enjoy hearing about it. I was more of a problem; he had not been quite sure what I would say or how I would receive it.

I was thus induced to feel that I had perhaps behaved in a mean and unsympathetic way, and to doubt the value of the approach I was adopting. For a while I had the uncomfortable experience of being a rejecting and unhelpful person, and of believing

it would have been kinder and better to respond in the ways the patient desired and that he knew his "good" friend would.

Later in the session, the patient told me that during the holiday, he had received a telephone call from his mother, who lived in Australia. She had had a prominent mole on her cheek ever since he could remember, but his parents and their doctor had recently become concerned because of changes that raised the possibility of a malignancy, especially as this is a common problem in Australia. His parents were trying to arrange an early appointment with a specialist, but there had been various delays. Although they were clearly very anxious, it also sounded as if they themselves had been procrastinating. In reporting this to me, the patient conveyed little sense of anxiety in himself.

Here I might note that the patient's initial reaction upon returning to analysis after the holiday was to quickly try to establish a pleasant, mutually compliant relationship between us, where he expressed his appreciation and satisfaction, and I in turn listened with interest and pleasure to his vivid descriptions, fitting in with his gaze. I did not feel he was particularly interested in the room or my physical state, but his observations and comments were the means by which this particular object relationship could be established.

When my interpretive comment suggested that I was not fitting in with what he desired, I was made aware not only of the sudden eruption of hurt and resentment, but also a vague, ominous threat. Mr. G quickly evoked the fantasy of his friend who *would* join him in the close, compliant relationship he sought. However, the material about his mother that followed seemed to confirm the way in which something quite harmless and familiar, like the mole on her cheek, could suddenly turn into a potentially malignant presence. While his parents were both anxious, there were difficulties in getting the situation properly investigated.

Toward the end of the session, Mr. G added that he had had lots of dreams during his holiday, but could not remember most of them. The only thing that stuck in his mind was an image from a dream of a few days ago. He was squeezing or pinching his mother's

face, on the cheek where she had the mole. She began to complain, and he saw from her face that she was in pain, and then he became very comforting and reassuring, patting her face, and playing it down as if he had not been doing anything at all.

I thought the patient's dream was complex and highly condensed. Some of its significance emerged only in the next session. There was a brief glimpse of the patient *pinching* his mother's cheek in a cruel, painful way. As soon as he noticed her response, however, he attempted to play down or even to deny that he had caused her any pain at all. He also referred to *squeezing* the cheek, and what became clear was that this was not only an aggressive attack, but a concrete expression of his desperate need to mold her face so that the threatening growth was "squeezed away," and he would then be freed of anxiety and guilt. In other words, the dream offered a concrete representation of Mr. G's pressure on the object to comply, as a means of denying psychic reality. This was also enacted in the dream when he tried to persuade his mother to agree that he had not really done anything cruel or hurtful.

It was clear from the way this material emerged, at this point in this session, that it was also a communication about the eruption of a resentful, hateful attack on the analyst, by whom the patient felt frustrated and injured. While he had briefly revealed earlier in the session that he had felt hurt and offended by my observation about his way of speaking and the way he hoped I would respond, he had quickly smoothed over this difficulty by his ready agreement with my comments. Like the behavior of a potentially dangerous mole, however, his impulse to react to the injury in a cruel, violent way, and to inflict pain on his object, was revealed at this point in the session, accompanied in a familiar way by the necessity to play down the significance of the attack.

I have presented this material rather schematically without details of the patient's background or the previous analytic work. My purpose is to indicate a set of object relations that it was not only possible to discern in the patient's material, but that was also projected into the analytic situation in a dynamic and changing way, often in response to a particular intervention. Behind the fan-

tasy of a pleasant, compliant mutuality lay disturbing fantasies of a cruel, perverse, even malignant interaction. I was made aware of subtle forms of both the patient's active cruelty and sadism, and of his propensity to experience me as transformed from a friendly journalist or fisherman into a cruel, hostile figure.

CONCLUSION

One reason to focus our attention on the object relations rather than on the specific object that is projected or enacted in fantasy is that, as a result of the dynamic interplay between projective and introjective mechanisms, the roles of patient and analyst may alternate or change, perhaps in response to a particular intervention, as in the material I have presented. As Bion (1967) and Joseph (1988, 1989) have pointed out, we may thus have to go further than identifying the specific role of patient or analyst, and try to understand as well the configuration that is being projected and re-created, as well as the defensive and gratifying functions it serves.

Finally, to return to Racker: I find the depth of his clinical understanding vivid and impressive, and while he retains many elements of classical psychoanalytic theory, one also becomes aware of the way in which he was able to incorporate and develop some of what were then recent ideas concerning object relations. I have suggested that there has been a further evolution in our theoretical and clinical model of countertransference, arising out of our greater understanding of the patient's active and specific use of projective mechanisms, and the recognition that what is projected or required of the analyst and the analytic situation is a particular object relationship or function.

As I have tried to point out, the patient unconsciously acts upon the analyst with a combination of seductive pressures and threats in order to induce the analyst to fit in with and enact important archaic fantasied object relationships. This pressure, of course, is mediated by the needs and anxieties evoked in the analyst by the particular fantasies of the object relationship that are projected. It may be difficult for the analyst, for internal reasons,

to liberate himself from these not fully recognized pressures, particularly since his noncompliance is liable to evoke anxiety and hostility in the patient, whose habitual defenses against psychic reality are thereby challenged.

REFERENCES

Bion, W. (1967). *Second Thoughts.* London: Heinemann.

Feldman, M. (1999). The defensive uses of compliance. *Psychoanal. Inquiry,* 19:22-39.

Joseph, B. (1988). Object relations in clinical practice. *Psychoanal. Q.,* 57:626-642.

——— (1989). Psychic change and the psychoanalytic process. In *Psychic Equilibrium and Psychic Change.* London: Routledge, pp. 192-202.

O'Shaughnessy, E. (1992). Enclaves and excursions. *Int. J. Psychoanal.,* 73:603-611.

Racker, H. (1957). The meanings and uses of countertransference. *Psychoanal Q.,* 26:303-357.

Reich, W. (1933). *Character Analysis.* New York: Orgone Inst. Press, 1945.

Sandler, J. J. (1976). Countertransference and role-responsiveness. *Int. J. Psychoanal.,* 3:43-48.

——— (1990). On internal object relations. *J. Amer. Psychoanal. Assn.,* 38:859-880.

Sandler, J. J. & Sandler, A.-M. (1978). On the development of object relationships and affects. *Int. J. Psychoanal.,* 59:285-296.

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COMMENTARY ON "THE MEANINGS AND USES OF COUNTERTRANSFERENCE," BY HEINRICH RACKER

BY LUCY LA FARGE

The contemporary reader of Heinrich Racker's "The Meanings and Uses of Countertransference" (1957) will find that this paper, published fifty years ago, continues to serve as a relevant and even current guide to the subject of countertransference. The paper addresses most of the central issues that are debated in the contemporary literature on the subject: How can we understand the emotional position of the analyst in the psychoanalytic process? Does the analyst's inner world—his wishes, his feelings, and his internal objects—come alive in analysis as the patient's does? How does countertransference come about—that is, how does the analyst's emotional life come to resonate with the patient's? Does the main impetus for countertransference come from the analyst or from the patient? How can the analyst recognize his countertransference and what can he learn from it? And, finally, how reliable are the inferences that the analyst draws from the data of countertransference—data that is by definition shaped by the analyst's own subjectivity?

It may be less apparent to the reader that it was Racker who first mapped out these questions for us in a systematic way. In a seminal series of papers (Racker 1953, 1957, 1968), he shifted the discussion of countertransference from the debate that occupied most of his contemporaries—a debate about *whether* the countertransference was meaningful and useful—to a detailed exploration of

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what it meant and *how* it might be used. He did so primarily by creating an organizing and comprehensive framework in which to place the data of countertransference. Using this framework, he was able to put forward his own creative hypotheses concerning the origins of countertransference phenomena. Although he did not immediately transform the discussion of countertransference in his era, his framework provided a space in which the analysts who succeeded him could organize their observations and venture their own hypotheses.

At the time when Racker began to publish, much psychoanalytic writing on countertransference maintained the early position, first taken by Freud (1910), that countertransference was fundamentally pathological, an indication for the analyst's own continuing analysis and self-analysis (Fliess 1953; Orr 1954; Reich 1951). From this perspective, in the best case—where the analyst was open to analyzing his responses—a strong countertransference reaction could best be used to inform the analyst about himself, serving as "an integrative experience along the road of interminable analysis" (Gitelson 1952, p. 7).

In this context, those analysts who chose to explore the nature and meaning of countertransference phenomena frequently found themselves apologists for the value of their subject, arguing for the ubiquity of countertransference (Heimann 1950; Little 1951, 1957; Tower 1956) and its unobjectionable quality (Balint and Balint 1939). The idea of a growth-promoting component of the analyst's emotional responsiveness was supported by the British independents' view of psychoanalysis as a matrix for new development (Balint 1950; Fairbairn 1943; Winnicott 1954); but these analysts took pains to distinguish between normal, trophic aspects of the countertransference and "abnormal" countertransference feelings, which arose from the analyst's own repressed relationships and identifications (Winnicott 1947).

Much of the literature on countertransference written in Racker's time is devoted to what appears in retrospect to have been a rather sterile debate over the definition of the term. Should we reserve the word *countertransference* for the analyst's transference to the patient—that is, for the revival of his past object relations in

the analytic situation (Fliess 1953; Reich 1951; Tower 1956)? Or should we use the term to depict the totality of his reactions to the patient (Heimann 1950; Little 1957)? Or, conversely, should we properly describe the analyst's early and total reactions to the patient as the analyst's transferences, reserving *countertransference* for the later, partial reactions evoked by the patient during analysis (Gitelson 1952)?

Competing definitions of the concept of countertransference screened concerns about the legitimacy of the analyst's subjective responses as data. Similarly, the competing systems of classification found in these papers—dividing early and late countertransferences (Gitelson 1952), more and less sublimated countertransferences (Reich 1951), countertransferences built upon counteridentification and those that were not (Fliess 1953), and so on—reflected attempts to carve out an "unobjectionable" area of the analyst's functioning that remained outside his subjectivity.

Within the group of analysts who argued for the ubiquity and importance of the countertransference, Tower (1956), writing in the United States, explored the countertransference as a mutual production of analyst and patient that drew upon the unconscious of both. The British Kleinians, although not Klein herself, primarily saw the countertransference as data about the patient. As Heimann put it, countertransference was "the patient's creation . . . a part of the patient's personality" (1950, p. 77). Thus, the analyst could use it, with some caution, as "an instrument of research into the patient's unconscious" (p. 74). Elaborating upon Heimann's seminal contribution, Money-Kyrle (1956) depicted a process of mutual projection and introjection by which the patient's inner objects came alive in the analyst.

RACKER'S CLARIFYING CONTRIBUTION

Entering this confusing debate, Racker takes the clarifying position that the analyst's countertransference arose and operated in a manner fundamentally parallel to the patient's transference. Perhaps he puts this best in his first paper on the subject.

> Just as the whole of the patient's personality, the healthy part and the neurotic part, his past and present, reality and phantasy, are brought into play in his relation with the analyst, *so it is with the analyst*, although with qualitative and quantitative differences, *in his relation with the patient.* [1953, p. 313, italics in original]

In the earlier (1953) paper, Racker addresses the dangers that countertransference posed for the analytic process. "The Meanings and Uses of the Countertransference" (1957) is much broader in scope and reflects Racker's deepening understanding of countertransference and the analyst's subjectivity.

Like the transference, Racker says, the countertransference reflects a "fusion of present and past, the continuous and intimate connection of reality and fantasy, of external and internal, conscious and unconscious" (1957, p. 732).[1] It is impossible to attribute a given countertransference reaction to any single factor—to say, for example, that a countertransference is simply objective (Winnicott 1947), or that it arises solely from the analyst's own past. Hence the definition of the term *countertransference* must embrace the totality of the analyst's responses to his patient.

And just as it is impossible to mark off a piece of countertransference that can be attributed to a single cause, so it is also impossible to mark off a piece of the analyst's mental apparatus or his functioning that stood fully apart from countertransference. Racker sees the idea that the analyst has been released from the influence of his own unconscious by his personal analysis—"that analysis is an interaction between a sick person and a healthy one" (1957, p. 731)—as a myth, the residue of the analyst's unresolved idealizing transference to his own analyst.

In fact, Racker argues, *no* aspect of the analytic process could really be seen as free from the influence of the countertransference. The analyst functions both as the interpreter of the patient's transference and as the object of it. In neither role does the analyst

[1] *Editor's Note:* In this article, page numbers from Racker 1957 refer to the numbering in the republication in this issue, not to the original *Quarterly* publication of 1957.

operate in a way that is entirely free of the influence of his own unconscious. His subjectivity more or less subtly shapes his interpretations, his attitude, and his actions toward the patient, and these in turn shape the patient's transference to him.

If both the unfolding of the analytic process and the analyst's observations of it are inextricably shaped by the analyst's subjectivity, how can the analyst offer any useful understanding to his patient? Racker (1957) argues that the analyst best approaches the truth by exploring his subjective response:

> The analyst's objectivity consists mainly in a certain attitude toward his own subjectivity and countertransference . . . . True objectivity is based upon a form of internal division that enables the analyst to make himself (his own countertransference and subjectivity) the object of his continuous observation and analysis. [p. 731]

The analyst can never entirely remove himself from the influence of his own subjectivity. His self-dividing attitude can never be complete or final. However, the ongoing work of self-examination "enables him to be relatively 'objective' toward the analysand" (p. 731).

Racker in effect kicks the firm ground of objectivity from under the analyst's feet. He takes away from the analyst the possibility of possessing more or less factual or objective knowledge. In its place, he gives the analyst the possibility of engaging in a *process* that leads toward the truth, even if it can never be fully reached. It is to the detailed exploration of this process that Racker devotes the body of his paper.

The Dynamics of Countertransference

How can the analyst come to understand his subjective responses, and what can he learn from them? Racker begins by considering the way countertransferences arise. Although in the broadest sense, anything can happen between analyst and patient that can happen in any intimate human encounter, the analyst's responses to his patient have special qualities that arise from his assumption

of the role of analyst—that is, from his trying to *understand* his patient. He does this by forming identifications with the patient and his internal world. That is, parts of the analyst's own conscious and unconscious experience come alive as he listens to his patient; these bring to life what the patient communicates to him.

Looking more closely at the development of countertransference, Racker makes the highly original observation that *the analyst identifies with his patient in two different ways.* In one mode of identifying, which Racker calls *concordant identification* (p. 733), the analyst identifies himself with the patient by aligning his own mind with the patient's—his ego with the patient's ego, his superego with the patient's superego, and his id with the patient's id. In this mode, the patient's conflicts come alive through their resonance with analogous conflicts in the analyst. This kind of identification corresponds to what people ordinarily call *empathy,* and the analyst subjectively feels that he understands his patient. In this mode, countertransference does not intrude upon the analyst's awareness, but Racker reminds us that it is nevertheless present, for it is only through the medium of his own memories and fantasies that the analyst comes to understand analogous experiences in the patient.

In the second mode of identification, for which Racker borrowed the term *complementary identification* from Deutsch, the analyst identifies himself with one of the patient's internal objects —with his superego, for example, or with one of the figures in his internal world. These are the "louder" experiences for which the term *countertransference* has often been reserved, times when the analyst feels something *toward* his patient rather than feeling *with* him.

Racker observes that the analyst moves from concordant identification to complementary identification—from feeling *with* to feeling *toward*—in response to forces that arise from both patient and analyst. From the analyst's side, when the patient's material stirs up significant conflict, the analyst tends to scotomatize parts of the patient, or to understand them intellectually rather than emotionally, and thus to move away from concordant identifica-

tion. From the patient's side, the patient is constantly engaged in projecting his internal objects onto the analyst—this, in fact, is the way transference is produced. When the analyst fails in his concordant identification, he is, in a sense, captured by the patient's projection instead; that is, he identifies with the internal object that the patient has projected onto him.

Although Racker emphasizes the regressive shift that occurs for the analyst when he moves from concordant to complementary identification, he makes the point that there is really a dynamic interplay between the two modes of identification. He gives the example of a suicidal patient: the analyst's anxiety when he aligns himself with the inner world of a patient who threatens suicide may lead him to shift to an identification with the patient's harsh superego—a complementary identification. In turn, this identification may cause the analyst guilt and lead to a compensatory, reparative intensification of concordant identification.

Clinical Vignette

An example from my own practice comes to mind:

For the first several years of Mrs. Y's analysis, I was often aware of a painful feeling of being excluded by her. Mrs. Y described the lively events of her daily life in a way that made me yearn to be a part of her social circle. At the same time, she would often literally leave me out of the loop, telling me about important matters a few sessions after they occurred. When she talked about the past, she often conveyed a feeling that I would not really understand the times and places she was describing. I was particularly aware of this slightly odd tone because Mrs. Y and I were, in fact, the same age and shared similar backgrounds and experiences.

As I became aware of my chronic complementary countertransference and observed Mrs. Y's role in bringing it about, I used it in my interpretations. Was Mrs. Y aware of the way she placed me outside her inner circle? Why might she want to do this?

After a long time, Mrs. Y became more intimate and forthcoming. I was soon aware that my experience of being with her had

changed. I now felt a sense of closeness to Mrs. Y, of being inside her experiences with her and able to understand and interpret them better. Mrs. Y in turn expressed a feeling of being much better understood by me. There was an exciting sense of movement in the analysis, of unconscious material emerging and developing. In Racker's terms, this was an era of concordant identification.

Gradually, however, I became aware that my pleasurable understanding of Mrs. Y had a heightened quality. I felt not only that I understood her, but that we were just alike! The thought entered my mind when Mrs. Y came into my office that we had very similar taste in clothes. Seeing her with a paperback, I thought that I would likely enjoy the book, too. Perhaps I should buy it! Mrs. Y appeared to share this feeling of twinship as she began to copy my tastes a bit as well.

In Racker's terms, there was a strong defensive quality to the concordant identification that I had formed with Mrs. Y. I looked for cues as to what I might be avoiding in Mrs. Y's sessions. In her associations, she sought common ground with me in criticizing others. As I pointed this out, it became clear to us both that, alongside our strong sense of being alike, there was a less discussed sense that Mrs. Y and I were two against the world, a tight unit that excluded everyone else. A new transference and countertransference had emerged: Mrs. Y and I were now a couple, surrounded by excluded rivals for my love, and perhaps for hers as well. In Racker's terms, my heightened concordant countertransference had warded off a complementary countertransference in which I was cast as the paternal object of Mrs. Y's love.

If countertransference always arises from both analyst and patient, as Racker believed, then a full exploration of any instance of countertransference should lead us in both directions—to a greater understanding of the patient and to an understanding of the analyst's mental life as well. A retrospective look at my work with Mrs. Y supports this idea: If Mrs. Y emphasized what we had in common in order to ward off other dangerous aspects of her oedipal love for me, it is apparent to me, after some self-analysis, that I was more comfortable with the sense of being like her than

with the recognition that I had won her love. My attempt to understand her led to the exploration of a hitherto unexamined piece of my own mental life—my wish to see myself and my father as two like-minded buddies who hung out together, rather than what must have been for me a highly charged oedipal couple. From this vantage point of self-exploration, I was able to understand better the rather static transference-countertransference paradigm that dominated the first part of the analysis, a paradigm in which I was cast in the role of excluded third. It seemed likely that my own discomfort with being the victor in an oedipal triangle had supported my acceptance of this role.

The Analyst's Subjective Experience of Countertransference

After exploring the origins of countertransference in analyst and patient, Racker looks next at the way the analyst experiences his countertransference reactions. These reactions, Racker observes, fall into two groups. In one group of experiences, which he calls *countertransference thoughts* (p. 742), countertransference reactions take the form of ideation—thoughts or fantasies that the analyst *observes* in himself. My fleeting thoughts that Mrs. Y and I dressed alike, and that I should buy the book she was reading, are examples of this kind of countertransference experience.

In the second group of experiences, which Racker calls *countertransference positions* (p. 742), the analyst *is immersed* in his countertransference; he *lives* it, in affect or action, rather than thinking about it. Racker notes that the difference between these two kinds of experiences has to do with the degree of the analyst's ego involvement. In countertransference *thoughts*, the analyst's ego remains relatively distant from the countertransference, able to observe it, and at times feeling it to be somewhat alien. In countertransference *positions*, the ego is dominated by the countertransference and is no longer able to observe it or to distinguish it from reality.

Racker's distinction between thoughts and positions clearly points to something important: countertransferences differ in the *quality* of the experience that they induce in the analyst, as well

as in the *content* of that experience. How does this come about? Why is it that some countertransference reactions impinge upon the analyst's ego and others do not? Racker begins, very briefly, to sketch an answer to these important questions, linking the quality of the analyst's countertransference to factors in both analyst and patient. The analyst's own ego structure influences the degree to which he acts out the countertransference instead of observing it, but the analyst is also influenced by the patient's ego structure: he is more likely to respond with *thoughts* to the patient's *repressed fantasies* and to be drawn into *enactment* by the patient's *acting out.*

For the contemporary analyst, Racker's distinction between countertransference thoughts and countertransference positions may appear overly dichotomous. Is it possible to imagine a countertransference thought that does *not* impinge on the ego—that does not spill over into affect or action, even in a subtle way? Take, for example, my thoughts that Mrs. Y and I had the same taste in clothes and books. Clearly these fit Racker's definition of countertransference thoughts, and yet when we look at them more closely, they appear to have been the more observable part of a subtle enactment, one in which I played up my twinship with Mrs. Y in my interpretations while underplaying our excitement and our exclusivity. Is there really a clear distinction between thinking and action in an endeavor such as analysis, where listening and interpreting are the main modes of action for the analyst? By arguing that there is, Racker appears to move away from his earlier bold declaration that the countertransference is both total and constantly present.

Racker's Theory in Operation

Racker proceeds in the second half of the paper to present a series of detailed vignettes that illustrate the interplay of transference and countertransference, and the way the analyst recognizes and makes use of the countertransference. These clinical illustrations remain fresh and memorable fifty years later. Telling clinical details—the patient who thinks of stealing back his payment and the analyst who has a fantasy that the patient will do so; the patient

who talks about an analyst who divorces and remarries, and the analyst's intuitive understanding of the patient's fantasy that the new wife is one of that analyst's patients—give us the sense of a process of discovery in each individual case. The vignettes seem contemporary to us in part because of Racker's focus on the details of the analytic process in the individual session. Transference and countertransference are in a constant, fluctuating, dynamic interplay. Often, Racker shows us, this interplay can be brought into focus by giving attention to the patient's experience of the analyst's interpretation, a point that he develops more fully in another paper (Racker 1968).

Interspersed with the clinical vignettes, Racker provides us with many astute points of technique. He tells us that the analyst's transient inattentiveness to his patient always has a countertransference meaning; that among the internal objects the patient projects onto the analyst is the patient's own ego; that the analyst should pay particular attention to his own thoughts before and after sessions; that a shift in the countertransference may mark a critical development in a session. These observations and admonitions stay with us long after we finish the paper, and give us a lasting sense of Racker as an imaginative and sensible thinker with whom we can engage in an ongoing dialogue. With their abundance of clinical detail, this series of vignettes supports Racker's organizing idea that the patient can only be known through the medium of the analyst's countertransference—that is, that the analyst can best approach an objective attitude toward his patient through his understanding of his own subjectivity.

As we continue with the paper, it appears somewhat surprising to the contemporary reader that Racker follows his detailed clinical illustrations with a second series of vignettes that are quite different in quality. These later vignettes are more schematic and predictive: They show us general rules for the countertransferences that certain transferences may evoke. We are told that the patient's manic position induces persecutory anxiety in the analyst, for example, and that the patient's masochism induces guilt. These vignettes are anchored in clinical situations, but they seem overly

elaborated theoretically. They often point the reader to clinical truths, but in their general effect, they appear to move away from Racker's central proposition and toward the idea that there is a way to know the patient without fully enduring the strains and uncertainties of the total and omnipresent subjectivity of the analyst.

One senses that Racker, carried to a "modern" view of the impossibility of objective analytic knowledge by both his logic and his clinical experience, finds it difficult to fully accept the implications of his own conclusions. He backs away for a bit, implicitly assuming an attitude of greater analytic authority and certainty. As he concludes the paper, however, he returns to his original declaration: The conclusions that the analyst could reach through the practiced observation and analysis of the countertransference are not a "pure truth" (1957, p. 774); the countertransference is not "an oracle." Still, Racker tells us:

> It is plain that our unconscious is a very personal "receiver" and "transmitter," and we must reckon with frequent distortions of objective reality. But it is also true that our unconscious is nevertheless "the best we have of its kind." [p. 774]

THE CONCEPT OF COUNTERTRANSFERENCE AFTER RACKER

Racker leaves us with a concept that is both powerful and paradoxical: Countertransference, like transference, is both "the greatest danger [for analytic work] and at the same time an important tool for understanding" (1957, p. 725). In his model, the analyst's subjective responses to the patient are pervasive and inescapable. The analyst cannot afford to ignore them, and because they are stimulated at least in part by the patient's transferences, they are an important source of data about the patient's inner world. Yet at the same time, because they are filtered through the analyst's omnipresent subjectivity, these responses provide data that is never entirely reliable. Racker's solution is a pragmatic one: the analyst can

reach the best approximation to a reliable understanding by making his own subjectivity the object of analysis.

Racker's paradox has continued to frame the discussion of countertransference up to the present time. Analysts who have explored the subject have often focused on one aspect of the paradox or the other—on coming to understand countertransference as a production of the *patient*, or, alternatively, on understanding the contribution that the *analyst's* subjectivity makes to it—but the other aspect always hovers inescapably in the background.

The Patient's Contribution to Countertransference

Analysts who have attempted to tease out the patient's contribution to the countertransference have often relied upon the fact that countertransference has a dimension of *quality* as well as a dimension of *content*—a point that Racker addresses very briefly with his differentiation of countertransference thoughts and countertransference positions. Countertransference experiences may be more primitive or more highly organized, more overwhelming or more observable. Writing a few years after Racker, Kernberg (1965) makes the highly original observation that primitive patients evoke characteristic countertransferences: the analyst working with these patients forms identifications that are predominantly complementary in nature, and his countertransference reactions are premature and intense. Kernberg attributes this characteristic countertransference response to the analyst's regression as he identifies with the primitive patient in order to understand him. He argues that the presence of such a regressive countertransference is diagnostic of the patient's primitive level of functioning, and that the analyst's own personal past becomes progressively less important with patients of declining levels of psychic organization.

The contemporary British Kleinians have developed a particularly complex and powerful model for the use of countertransference as a tool for the understanding of the patient's inner world and his moment-to-moment interaction with the analyst. This model centers on the multiple dimensions of projective identification. Taking as a starting point the idea that, from the beginning of

analysis, the patient directs toward the analyst the hopes and anxieties that he had toward his earliest objects, these analysts argue that the patient at every moment uses the analyst to represent and manage early wishes and anxieties (Klein 1952). The patient places the analyst within his internal world by means of projective identification—by putting a part of himself or of one of his internal objects within the analyst in phantasy. The use of projective identification has both an intrapsychic and an interpersonal aspect; that is, as the patient projects a piece of his inner world into the figure of the analyst in phantasy, he also acts upon the analyst, pulling the analyst to experience and play out the role that has been assigned to him (Joseph 1985). By focusing on the detailed experience of the countertransference, the analyst can come to understand the fluctuating use that the patient makes of him, and through this, the piece of the patient's inner world that the patient has projected into him and the way the patient's inner world is organized (Britton 1998; Feldman 1993; Joseph 1987; Steiner 1993).

Attention to the interplay of transference and countertransference, and particularly to the way the data of projective identification is processed by the analytic couple, has led the Kleinians to the creative insight that the interpersonal aspect of projective identification serves highly important functions. The patient's action upon the analyst not only actualizes the phantasy of projective identification, but, equally important, it is also a means of communicating affects to the analyst and using the analyst to manage them (Bion 1959; Spillius 1992). The latter function, called *containment,* has been recognized as an important dimension of analytic work: The analyst's repeated acceptance of the patient's unbearable affects, and his returning them to the patient in a more bearable form through his interpretations, leads the patient both to better tolerate specific aspects of his emotional life and to develop a better capacity to manage his emotional life independently. From this perspective, the countertransference serves not only as the analyst's guide to the patient's mental life, as Racker observes, but also as an important aspect of the patient's own mental functioning.

Kleinian approaches to the countertransference have focused on the analyst's use of his experience to form deductions about the patient's inner world and on the process by which the analyst receives and operates upon the patient's projective identifications. The analyst's contribution to the experience of countertransference tends to be understood in terms of the operation of his mental apparatus—his capacity to bear affect (Pick 1985) and the crystallization of his experience around a "selected fact" (Bion 1963) and the analyst's fantasies about these functions (Feldman 1997). Impairments in the analyst's understanding may be understood as the result of the patient's wish for the analyst *not* to understand—in contrast to Racker's belief that the analyst often fails to understand his patient when the patient's conflicts resonate with his own. Thus, the analyst's personal past comes much less into play for the Kleinians.

The argument could be made that the analyst's almost exclusive focus upon the patient's side of the countertransference, and the neglect of the analyst's personal past, returns to the analyst the overconfidence in his own objectivity that Racker rejects. In practice, however, this is not the case. Both Kernberg and the contemporary Kleinians monitor the value of the inferences that they draw from the countertransference by observing the effect that their interpretations, which draw upon that countertransference, have upon the unfolding analytic process (Britton and Steiner 1994). In a general sense, it could be said that the "truth" of any inference is of less importance to contemporary analysts than it was to analysts of Racker's day, and has been succeeded by attention to its usefulness in promoting analytic work.

Nevertheless, I think that something important is lost when the analyst's personal past is eliminated from the equation of countertransference. This has to do with the uniqueness of the encounter between each individual patient and analyst, and also with the deepening resonance of understanding that emerges as the analyst moves back and forth between self-analysis and analysis of the patient, as he attempts to understand his countertransference reactions. In the case of Mrs. Y, for example, I think that it was only

through my new insight that my own wish to be like my father, rather than risk the dangers of loving and feeling loved by him—an insight I reached through self-analytic work—that I was able to proceed with the understanding of Mrs. Y's wish to be like me.

The Analyst's Contribution to Countertransference

In contrast to the British Kleinians, North American analysts have in recent decades focused their attention on the analyst's contribution to countertransference. This literature has taken as a starting point Racker's idea that the analyst's subjectivity is pervasive and omnipresent, and has explored the implications of this "irreducible subjectivity" (Renik 1993) for the understanding of the analytic process and the truths that emerge from it. If the analyst's subjectivity informs all his functioning, the term *countertransference* tends to lose its specificity; *everything* that happens in analysis now reflects something about both analyst and patient. Thus, the North American literature has tended to replace the concept of countertransference with the concepts of *enactment* and *subjectivity,* or even *intersubjectivity*—terms that reflect both the pervasiveness of the analyst's influence and the mutual nature of the events occurring in the analytic process.

Within this framework, North American analysts have developed a very detailed understanding of the way the analyst may recognize his subjective contribution and make use of it in the analytic process. Jacobs (1991) depicts the way the analyst's apprehension of his bodily experience and the subtle expression of his affects in his mode of listening and interpretation open associative channels to the analyst's own past, and how these in turn deepen the analyst's understanding of the patient. Renik (1993) argues that the analyst only becomes aware of his countertransference after it has already been put into action. Ogden (1994) describes the way the analyst's attention to his reverie—the fleeting associations that arise as he listens to the patient—may deepen his understanding of the analytic process. Smith (2000), whose concept of conflictual listening seems most in the spirit of the divided

analytic self that Racker prescribes, depicts a dynamic, shifting interaction in which patient and analyst stimulate associations, conflict, and compromise formation in one another. The analyst's memories of his personal past may make up part of his associations, and thus may contribute to his understanding of the patient and the process; but it would be difficult, as Racker describes, to tease out different contributions to the analyst's response.

If the analyst's subjectivity fully infuses his relationship with the patient, what is the status of the inferences that he draws concerning the patient's inner world? With regard to this question, North American analysts have often abandoned the idea that analysis *uncovers* the patient's psychic reality, and instead have moved toward the idea that the story emerging in analysis is a constructed one. Hoffman (1998) emphasizes the co-constructed nature of analytic events and narratives. Ogden (1994) argues that analyst and patient together contribute to the development of an intersubjective analytic third, and that the analyst's interpretations reflect his own subjective apprehension of this unconscious structure. Renik (1993) believes that the analyst should not present his understanding to the patient with the implicit conviction that it is true; rather, he should present his inferences as just that—as his own construction of the analytic "facts"—and thus encourage the patient's autonomous exercise of his own judgment and understanding.

Among these analysts, Smith (2006) takes the approach that most closely approximates Racker's own. It is impossible for the analyst fully to step outside his own subjectivity; but, as Smith sees it, in the subtle play of enactments that characterizes any analytic session, the analyst attempts to make the enactments themselves the subject of discussion, to engage his patient in a "more genuine conversation about what is occurring between [them]" (p. 730).

Like the British Kleinians, the North American analysts have dealt with the Rackerian paradox of a subjective analyst who strives to be "relatively 'objective' toward the analysand" (Racker 1957, p. 731) by developing criteria for "relative truth" in the unfolding of the analytic process. A "truthful" understanding takes into account

the analyst's subjectivity, and it will lead to a deepening of the analysis. An "untruthful" understanding often fails to take into account some part of the analyst's subjective response, and it will often lead to impasse. Racker would have approved of these criteria. It seems likely, however, that just as the Kleinian approach to countertransference (in which the analyst's self-analysis in terms of the personal past is often excluded) inhibits one aspect of analytic deepening, the North American approach, with its emphasis on the analyst's subjectivity—and often on his personal past as well—obscures some aspects of the patient's material.

These aspects that have to do more with the primitive parts of the patient—with part objects and difficulties with thought—tend to come into focus when the analyst attends very closely to the difficulties that patient and analyst encounter in coming to know the patient. The analyst's associative shift to memories of the personal past, which are by definition whole-object experiences, tends to ward them off. This is perhaps a part of what was meant by Bion (1970), the master explorer of primitive phantasy, when he said that the analyst must endeavor to rid his mind of "memories and desires" (p. 41).

CONCLUSION

What is the analyst to do? Caught in the matrix of transference and countertransference, he is unable to escape from his own subjective experience of the patient. The analytic process itself, intended as a search for the patient's psychic reality, instead becomes a web of enactments in which that reality is both played out and understood and is inextricably bound up with the psychic reality of the analyst. The analyst who uses his own associations to unravel the riddle may be carried into a biographical, whole-object past that wards off more primitive aspects of the patient's and the analyst's experience. To a greater or lesser degree, every analysis reflects a situation of impasse.

Perhaps one approach to the problem is an extension of the idea of a "second look," proposed by Baranger, Baranger, and Mom

(1983) as a way of dealing with impasse. Behind our first understanding of the clinical situation, these authors tell us, is a second version in which transference and countertransference have fused to make up an unseen "bastion." Attention to the second set of data will often provide us with a new basis on which to proceed. Thus, as Smith (2000) points out, complementary and concordant identifications both go on at the same time; we are simply more aware of one than of the other.

As we have seen, this is also the case with countertransference thoughts and countertransference positions. And perhaps, bringing together the work of analysts on both side of the Atlantic, we might say that the same is true of the whole-object narrative—of which the analyst's personal past is part—and the more primitive narrative of the analytic process. While one of these narratives will tend to come forward, a second look will give us evidence of the other narrative that has been obscured.

Thus, returning to my experience with Mrs. Y for a second look, I find myself aware of different elements within the experience of exclusion that I felt during the first phase of the analysis. Certainly, I was cast in the role of excluded third, but at the same time, I also played the role of a more primitive figure, perhaps the early mother, who *felt* distant because she did not understand Mrs. Y very well, and whom Mrs. Y in turn experienced as unempathic. If my relative comfort in the role of excluded third operated in the service of resistance, stabilizing this phase of the analysis, my discomfort with being someone who did not understand propelled the process forward toward a new transference-countertransference paradigm. And so, with the oscillation between my awareness of being like Mrs. Y and with her, excluded by her and failing to understand her, our analytic work proceeds.

REFERENCES

BALINT, A. & BALINT, M. (1939). On transference and counter-transference. *Int. J. Psychoanal.*, 20:223-230.

BALINT, M. (1950). Changing therapeutical aims and techniques in psychoanalysis. *Int. J. Psychoanal.*, 31:117-124.

Baranger, M., Baranger, W. & Mom, J. (1983). Process and non-process in analytic work. *Int. J. Psychoanal.*, 64:1-15.

Bion, W. (1959). Attacks on linking. In *Second Thoughts.* London: Maresfield, 1967.

——— (1963). *Elements of Psychoanalysis.* London: Maresfield.

——— (1970). Opacity of memory and desire. In *Attention and Interpretation.* London: Maresfield, pp. 41-54.

Britton, R. (1998). *Belief and Imagination.* London: Routledge.

Britton, R. & Steiner, J. (1994). Interpretation: selected fact or overvalued idea? *Int. J. Psychoanal.*, 75:1069-1078.

Fairbairn, W. R. D. (1943). The repression and the return of bad objects (with special reference to the "war neuroses"). In *An Object-Relations Theory of the Personality.* London: Routledge, 1952, pp. 59-81.

Feldman, M. (1993). The dynamics of reassurance. *Int. J. Psychoanal.*, 74:275-285.

——— (1997). Projective identification: the analyst's involvement. *Int. J. Psychoanal.,* 78:227-241.

Fliess, R. (1953). Countertransference and counteridentification. *J. Amer. Psychoanal. Assn.*, 1:268-284.

Freud, S. (1910). The future prospects of psycho-analytic therapy. *S. E.,* 11.

Gitelson, M. (1952). The emotional position of the analyst in the psychoanalytic situation. *Int. J. Psychoanal.*, 33:1-10.

Heimann, P. (1950). On counter-transference. In *About Children and Children-No-Longer: Collected Papers, 1942-1980.* London: Routledge, 1989, pp. 73-79.

Hoffman, I. Z. (1998). *Ritual and Spontaneity in the Psychoanalytic Process.* Hillsdale, NJ: Analytic Press.

Jacobs, T. (1991). *The Use of the Self: Countertransference and Communication in the Analytic Situation.* Madison, CT: Int. Univ. Press.

Joseph, B. (1985). Transference: the total situation. *Int. J. Psychoanal.,* 66: 447-454.

——— (1987). Projective identification—some clinical aspects. In *Melanie Klein Today, Vol. 1.* Routledge: London, 1988, pp. 138-150.

Kernberg, O. (1965). Notes on countertransference. *J. Amer. Psychoanal. Assn.*, 13:38-56.

Klein, M. (1952). The origins of transference. In *Envy and Gratitude and Other Works, 1946-1963.* London: Hogarth, 1975, pp. 48-56.

Little, M. (1951). Counter-transference and the patient's response to it. *Int. J. Psychoanal.*, 32:32-40.

——— (1957). "R"—the analyst's total response to the patient's needs. *Int. J. Psychoanal.*, 38:240-254.

Money-Kyrle, R. E. (1956). Normal counter-transference and some of its deviations. *Int. J. Psychoanal.*, 37:360-366.

Ogden, T. H. (1994). The analytic third: working with intersubjective clinical facts. *Int. J. Psychoanal.,* 75:3-19.

ORR, D. W. (1954). Transference and countertransference: a historical survey. *J. Amer. Psychoanal. Assn.*, 2:621-670.

PICK, I. B. (1985). Working through the countertransference. *Int. J. Psychoanal.*, 66:157-166.

RACKER, H. (1953). A contribution to the problem of counter-transference. *Int. J. Psychoanal.*, 34:313-324.

——— (1957). The meanings and uses of countertransference. *Psychoanal. Q.*, 26:303-357.

——— (1968). Analysis of transference through the patient's relations with the interpretation. In *Transference and Countertransference*. New York: Int. Univ. Press.

REICH, A. (1951). On countertransference. *Int. J. Psychoanal.*, 32:25-31.

RENIK, O. (1993). Analytic interaction: conceptualizing technique in light of the analyst's irreducible subjectivity. *Psychoanal. Q.*, 62:553-571.

SMITH, H. F. (2000). Countertransference, conflictual listening, and the analytic object relationship. *J. Amer. Psychoanal. Assn.*, 48:95-126.

——— (2006). Analyzing disavowed action: the fundamental resistance of analysis. *J. Amer. Psychoanal. Assn.*, 54:713-737.

SPILLIUS, E. B. (1992). Clinical experiences of projective identification. In *Clinical Lectures on Klein and Bion*, ed. R. Anderson. London: Routledge, pp. 59-73.

STEINER, J. (1993). *Psychic Retreats*. London: Routledge.

TOWER, L. E. (1956). Countertransference. *J. Amer. Psychoanal. Assn.*, 4:224-255.

WINNICOTT, D. W. (1947). Hate in the countertransference. In *Through Paediatrics to Psycho-Analysis*. London: Hogarth, 1958, pp. 194-203.

——— (1954). Withdrawal and regression. In *Through Paediatrics to Psycho-Analysis*. London: Hogarth, 1958, pp. 255-261.

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THE DELICATE BALANCE OF WORK AND ILLUSION IN PSYCHOANALYSIS

BY LAWRENCE FRIEDMAN

One might say that the analyst counts on the patient's unconscious work, while conscious work is, to some extent, just one more thing to be deconstructed (analyzed). Analyst and patient, however, cannot avoid thinking that they are working on a common project, partly because the image of a mutual work distracts from the painfully uncertain illusion that the analyst is really offering a lasting, familial sort of bond, and partly because the sense of being involved in a joint project actually fosters the specific unconscious psychoanalytic work, provided that it is delicately balanced against the necessary illusion of the relationship. If, however, we choose to tilt the balance one way or the other, we must be prepared to make some sacrifices.

By definition, treatment is an action on a patient. Before the advent of psychoanalysis, all treatments were conspicuously active. Coming onto this scene, analysts became notorious for their inactivity, and did indeed sometimes caricature their own passivity. Despite current interest in the analyst's actions, analysts remain, at

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least in comparison to other therapists, mainly reactive. Analysts are self-employed workers who get down to work by waiting for another person to forward their project.

This strange, expectant attitude seems to suggest that the patient has a job to do, that something is up to him, that his help is needed. Analysts tend to think about patients as workers, especially when a question arises as to who has how much responsibility for treatment; or when the air is full of uncertainty about "What is going on around here?" or "How is this thing supposed to work?" And the issue of patients working or not working escalates when treatment is frankly failing.

At these times, analysts find themselves thinking that patients should be—or at least could be—working at treatment. Beyond that, we tend to think of psychoanalysis as fostering a kind of integrity, and that context also suggests a deliberate work for the patient.

Please note that when I say *work,* I mean the program that the patient knows he should follow, and I mean the goal that the analyst believes that the patient must deliberately aim for if his own work is to be successful. The patient says to himself, "I can try harder in this way." The analyst says to himself, "If he will not do that, how can I be expected to do my part?" *Work* can mean many other things, as well, but when I use the word alone, I mean this overt, deliberate effort, which at other times I contrast with inner, undeliberate psychic work.

Does the analyst prototypically regard deliberate work as a good thing? In other words, is he happier when the patient is "working" than when he is doing something else? Should the patient pursue a shaped, prefigured project? Or will his project at any given moment always be part of an enacted fantasy? Should the analyst encourage a work, or should he undercut the patient's fascination with it so it can be examined? (See Kris's [1956] bad examples.)

How does the psychoanalytic tradition answer this question? Initially, as a hypnotist, Freud took full responsibility for his treatments. He did not begin by saying to himself, "If the patient is not willing to do such-and-such, I cannot be expected to help her."

Instead, when Miss Lucy R. "cannot" answer Freud's question, he performs an action that "makes" her see an answer.

Things changed when Freud abandoned hypnosis. Indeed, psychoanalysis came into being as Freud accommodated himself to his patients' directions. Many scholars (Ellenberger [1970], Gay [1988], Macmillan [1990], and others) have noted that Freud allowed his patients to teach him analytic technique. But it should not be thought that Freud was a dutiful student; what he learned from patients was not how to cooperate better on their mutual task. What happened was far more complicated.

Reading about those early patients in *Studies on Hysteria* (Breuer and Freud 1895, p. 110), from whom Freud was learning, we are struck by how certain they sometimes seem to be about what they are up to. We are impressed by their often substantial, ambitious, sometimes imperious agenda. Nowadays we would be very suspicious of that aspect of their work. Anna O. is the most extreme example. She is engaged in recalling three different time spans from three different years, all within one interval of treatment. This first analysand—as Freud thought of her—has her own ideas about how pathogenic experiences are stratified and how they are to be eliminated. Her physician, Breuer, is midwife to her amazing work, merely trying to deliver out of it a finite etiology that will bring him profit from her labor.

Inspired by that account, Freud comes to his patients with the belief that suppressed memories cause hysteria. He tries to persuade patients to tell him what events have caused their symptoms. But some of them do not want to simply answer his questions. These patients, along with Anna O., have a work of their own that they want to pursue. No doubt, catharsis is part of it, since catharsis was a popular concept at the time. But catharsis is not all that these patients are engaged in. They are not always satisfied to answer the therapist's questions about causes; they want to ruminate about fears. They are intent on accomplishing a marvelous feat or commanding a methodical project. They demand that Freud hear them out on whatever they want to talk about, and they express all sorts of feelings about the day's events. They want reas-

surance; they react to the physician's attitude; they assert their independence against him. And they frequently try to turn the relationship into a social one.

Freud deliberately assumed that, in doing all this, his patients were really working to answer his own questions. He insisted on reading their work as a better way of doing what he was trying to do. In other words, no matter what they did, he imagined that they were still working to give him his answers—merely showing him by their digressions that those answers were not as simple and handy as he had assumed. He thought they were just teaching him that memory clues materialize piecemeal and at their own pace.

But, now, having equated the patient's new work with his own, old work, Freud took over the responsibility for maintaining it. With patients' miscellaneous behaviors having been labeled as a search for causes, Freud now took responsibility for seeing that they continued their search—yes, in their own miscellaneous way, but now at his command. When they stopped the work, he would "make" them do it by suggestion. He would "make" them picture something, and presumed that what he had made appear was a piece of the answer to his question about the cause of symptoms. He figured that the causal memories were ready at his call to arise from their layered web, and emerge, one by one, through what he called the "defile of consciousness" (Breuer and Freud 1895, p. 291)—according to their complex, previously hidden order, like Indians trooping through a canyon.

Freud had appropriated the patient's plan for his own purpose, given it his own meaning, and then taken the responsibility for seeing that it was carried out. It was no longer the patient's plan in any obvious sense. Indeed, from that point on, the patient's planning became an obstacle. Freud tried to force plans out of the patient's mind and keep her distracted by getting her to concentrate on minute-to-minute proceedings (a process known as free association; see Breuer and Freud 1895, p. 271). It was his program, but by the time the idea of work had passed from therapist through the patient and back to the therapist, it had been soaked in the patient's drivenness. By identifying his own investigative program

with the patient's overpowering effortfulness, Freud had framed his own program as a shared one. That's why he could picture the resistance as something that both he and the patient were trying to overcome.

Freud always counted on some sort of automatic process within the patient to be his ally. As mentioned, his original ally had been the natural momentum of memories marching through that defile of consciousness—I picture somebody regurgitating a thread from a swallowed ball of twine (and I apologize for the image). If patients didn't seem to be cooperating, Freud could assure himself that deep down inside them, the physiology of memories was doing Freud's work. But by 1914, Freud had to admit that even that inner automatic process wasn't doing his (Freud's) work. Inevitably, as patients insisted on showing him more than just the memories he asked for, Freud was gradually forced to accept every kind of phenomenon that popped out of the defile of consciousness, and he could not go on forever pretending that all these assorted behaviors were simply memories in various disguises. After all, it would have been odd, wouldn't it, if evolution had carved a defile of consciousness just to process sick memories?

To be sure, pathogenic memories never lost their pride of place in psychoanalysis, but, obviously, it is not memories per se that are pushing at the patient's thoughts: people do not live in order to remember. And so Freud eventually came to think of the automatic process within the patient more as a set of dispositions—cravings and prejudices—largely focused on the patient's mother and father.

That changes the whole picture of treatment. The patient is no longer working—not even deep down and not even inadvertently—to express smothered memories. He is working to reenact a hidden drama, an aim that is accomplished in the transference neurosis. It is the analyst who seeks memories. The patient wants to act and not to remember. His private work is diametrically opposed to the analyst's, and it is the analyst's job to see that he fails.

Surely, by now, you are wondering why I haven't ended my search for work with the discovery of working through. I'll tell you

why. Like *acting out,* the phrase *working through* has been saddled with almost every schoolmarmish meaning it can lexically bear. And like every other moralizable term from psychoanalysis, it is even dragged outside the treatment situation. Though he later used the term variously, Freud introduced it for one specific purpose. Let's look at that.

What did one work through when one was "working through"? One did not work through material, interpretations, or problems. One did not work through symptoms, dreams, or defenses. One did not work through a long inventory of instances that proved how right the analyst was. One did not work through the tedium of repeated interpretations. One worked through a *resistance,* and that's it.

Freud (1914) described working through as the way a patient gets to know his resistance (p. 155). Freud was telling us that a patient doesn't get to know a resistance by talking about it or even by sensing its action. He has to become familiar with the impulse that feeds it. The patient may recognize a departure from what's expected of him, but he doesn't begin to know his resistance until he identifies with it. Here Freud, the technician, was reminding us that resistance is not an abstraction but a specific aim of a particular person.

For instance, the patient has to feel not just a duty to speak his mind, but also his good reasons for not wanting to do so; he has to identify with both perspectives at once. Behind the treatment difficulty, the patient is experiencing dangerous inclinations, which warn him not to cooperate, but he perseveres. By continuing to follow the rule, he may be risking disappointment and derision. He is thus required to have two feelings about his audience—one that would cause him to rebel and the other that makes him continue. Working straight through that danger, he has to be willing to sabotage some hopes that would have been best served by rebelling against the procedure.

This amounts to acting against interest. The patient is caring and not caring about consequences. For instance, some inner purpose would be better served by silence, and yet he wittingly frus-

trates that purpose for the sake of his treatment. He is worried about the response of the parent figure/analyst—yet he also doesn't give a damn, and that indifference allows him to risk it.

Encouraging a patient to work something through does not so much invite him to undertake a work of his own as it calls on him to possess a certain kind of attitude—an attitude of partial indifference in the analytic situation. But indifference is a state, not a work; you cannot assign indifference.

Indeed, a considerable portion of analytic theory and most of its technique is focused on the patient's misunderstanding of what he is doing. He may think he's working on one thing, but analysts are likely to think he's up to something else. Indeed, it would be difficult to assign the patient anything but a nominal task, because the work he really has to do is to move in and out of caring about his analyst/audience. I'll save more about that for later, except to say that we scarcely know how to describe such a task, let alone how to *pre*scribe it, and even if it should turn out to be partly under voluntary control, it can't be prescribed by the analyst since it consists of being indifferent to the prescriber, at least in part. Work that is done on demand—or, strictly speaking, done because the patient thinks it's demanded—is something we insist on dealing with as food for thought rather than as a thoughtful performance. No matter how much it looks like the right sort of work, we analyze it as an enactment—as Kris (1956) did in his discussion of the "good analytic hour" (p. 446). Even Loewald (1980), who makes the least of this distinction, discounts work that's done to please the analyst (p. 296).

Yet, although every deliberate effort to accomplish something gets a cold stare from the analyst, who suspects covert motives, nevertheless, we are all inclined to privilege the working posture in general. And please don't mistake that for a triviality, as though all human activity must look like work. There are some very interesting psychotherapies that do not encourage or applaud a work format. Thus, analysts and analysands must have their reasons for picturing the whole project and the overarching intention as a joint work, and I believe that one of their reasons has to do with safety.

Patients who are scared of the lasting, intense relationship that the analyst seems to offer will find the idea of work very reassuring. And patients who are under the illusion of being lastingly important to the analyst will be relieved to hedge their bets and secure some freedom by noting that, whatever is or isn't developing of a personal nature, they are also visibly working at something.

And how about the analyst? Doesn't he also benefit from the work format? Surely, he's pleased to see the patient count on something besides the relationship mirage. And what a boon to be able to demonstrate tangible respect for the patient's autonomy by appointing him a co-worker! Indeed, the work format may even reverse the dependency, as the analyst humbly records the patient's discoveries.

In a nutshell, "working on something" distracts attention from the constant illusion of a mutually sentimental relationship. Now there may be one or two among you who do not instantly and wholeheartedly agree with me on this, so I will try to defend my assertion—or at least to reiterate it more overbearingly.

We are specialists in dangerous illusions. Everything in treatment happens in and about illusions. Most of its profit, all of its disasters, its high seriousness, its moral and spiritual riskiness, the bitterness and fatigue of both parties, the need for professional comradeship that draws us together for evenings like this—all come from the fact that psychoanalysis is a procedure of encouraging illusory expectations. The role of analyst is simply not a good place for a person to be. It is not a healthy job (Freud 1909, p. 210; 1915, pp. 170-171). It is not what would ordinarily be called wholesome or honorable (as the general populace recognizes).

This is obvious from the psychoanalytic stage-setting alone. The standard features of classical analysis—couch, fee policy, frequency and regularity of sessions, etc.—are all designed to regulate and limit illusion. The official drill concerning regression and its management—interpretation of transference, vacation and termination procedures, etc.—is set up to keep illusions from getting infected, in the same way that operating room protocol guides surgeons through a perilous journey.

And yet, I think, one aspect of illusion has been deliberately neglected. Analysts have preferred to conceal that aspect, and they do that by emphasizing two other aspects instead. First, analysts have dwelt mainly on the active and desiring aspect of illusion—typically, what the patient wants from the analyst—rather than what the patient comes to expect as a result of how he's treated. Second, analysts are happiest when they study those illusions that the patient can be expected to grow out of in the course of treatment, rather than illusions that are built into the analytic relationship itself.

It is these latter illusions that I am talking about—illusions that inevitably arise when someone selflessly and earnestly attends to another person's feelings. Socially and psychologically, such behavior signals a relationship of great intensity. It says more clearly than words: "You mean an awful lot to me"; "You mean as much to me as my family." This sort of attention is a tacit promise of a relationship, and it is a promise that stands in stark contrast to the analyst's real intention.

By *illusion,* then, I mean the tacit, implicit promises that the analyst has no intention of keeping: the analyst knows that nothing will happen until the patient comes to think that the analyst is not merely doing his job. This illusion is a sine qua non of the work, but the analyst would rather not accept responsibility for its creation. It is hard enough for him to cope with illusions *after* they have come into being (as transference). He would certainly prefer to overlook those that he *plans* to create (safely labeled *regression,* as though regression "just comes," and as though it isn't equivalent to expectations induced by an atmosphere of tacit promise).

Of course, these tacit promises have not gone completely unexamined. Ever since they were described in *Studies on Hysteria* (Breuer and Freud 1895), analysts have tried to separate earned affection and honest caring from transference and countertransference, so that at least the face that they deliberately put on can ultimately be shown to be sincere. So analysts write about a real relationship, the realistic, parental role of the physician, etc. One of

the reasons that object relations theory is popular is that it makes analysts comfortable with their seductiveness. In its crudest form, object relations theory allows an analyst to imagine himself to *be* a caring parent, rather than a con man promising to be a caring parent. And there are many other persuasive arguments for the analyst's truthfulness.

Beyond all these theoretical excuses, however, our strongest support—as always in carrying out disagreeable tasks—is convention. Convention warrants an image of analysis as a mutual work rather than a deceptive manipulation. Custom allows us to go on telling ourselves—and some of us to go on telling our patients—that we do not assume complete responsibility for the work; that the patient also has a job to do, which could be put into words, and that, although both of us have a sneaking suspicion that an extraordinary promise of intimacy is playing hide-and-seek in the consulting room, we could alternatively draft a perfectly ordinary, businesslike, matter-of-fact, above-board, mutual contract about our respective tasks, with a signed release that all illusions are byproducts of our mutual work for which we both share responsibility—or even (as many prominent analysts hold), that the illusions are entirely the patient's inventions, which it is his job to work "on," or "through," or what have you.

* * * * * * * * *

But what's the point of all my irritating provocativeness? Suppose we do cover up our teasing with a pretty picture of mutual work. That doesn't mean our cover story is wrong. Even if work does sweeten unsavory aspects of treatment, the patient's work may nevertheless be important in its own right.

The question is not whether the patient's hard work is partly an enactment. The question is whether a patient's deliberate work—even if it is illusory—fosters the inner, undeliberate work that psychoanalysis counts on. Does it move the patient to both care and not care about his internal audience and his listening analyst? Does it inspire him to orbit away from the analyst, to stretch his emotional tie, acknowledge the analyst's brand of indifference, and

nevertheless continue to court or battle the analyst and care intensely about his imagined love?

Of course it does. I'm sure you can all think of ways that deliberate work produces flexibility. I have compiled such a list, and you will be absolutely delighted to know that I cannot bore you with all of it in detail tonight.

I'll just lump the items into three categories. How does work *work?* Let's say it activates esthetic, ludic, and mastery motives. It's not hard to see how mastery motives might make a patient eager to take on the inner challenge of the analyst's closeness-in-distance—inspiring him to face frightening thoughts, wrestle with the transference. Esthetic motives? Not only might this kind of motive build connections; it might also increase the patient's fortitude. In the simple image of doing a work, a patient finds credit for a creative accomplishment that compensates for discomfort.

And as to play, well, that's the very thing that we pray for—acceptance of the analyst's teasing illusion as a good thing, almost fun. And a vague work may be the best structured simulacrum of play. Indeed, it seems to me that one of the most valued services of the work format is to keep at bay the useful but scary sense of an improvised, unstructured, playful interaction, and post it around with signs of predestined, orderly dissection. One can play wildly if supervised by an adult goal. In this regard, the work format does for patients what theory does for analysts—it makes play look serious. Related to play is the sheer satisfaction of mutual influence, as described by Stern (2004).

Do you like me better when I praise work this way than when I natter on about illusions and seduction? Your preference warns us again that our enthusiasm for a patient's work is—how shall I say it?—slightly overvalued, albeit helpful to us in doing our job.

What do I mean about our necessary self-soothing? One way in which *every* patient can appeal to *every* analyst, at least a little bit, is by simply wrapping his personal yearnings inside a work format. The admiration and affection this evokes in the analyst have their own therapeutic value. And, conversely, the analyst's weird expectation that the patient should partly court him and partly dismiss

him—that inhuman demand—will make just a little more sense to patients if it is slipped inside a socially defined work assignment.

Let me summarize: a work assignment acts as a bridge between motives and a bridge between persons. As regards motives, work mediates between incentives based on illusion and incentives that are "realistic." A joint work blends passionate demands with creative and playful urges; it makes some kind of sense of things, stretches out a field for refined evaluation, and encourages the patient to orient toward problems.

And work brings the two parties together. It mediates between analyst's wishes and patient's wishes, that is, between the patient's wish for affection and the analyst's wish for a creative enterprise. It mediates these by allowing each partner a little of what he wants while inspiring a little of it in the other.

What excuse do I have for taking up your time with all this? I think we can use the interplay of work and illusion to evaluate current trends. What will the future do with the psychoanalytic tradition? The Freudian prescription was to induce the patient to use the analytic relationship as a tool for exploring his nature, and to accomplish it by modeling the delicate balance between an illusory attachment, on the one hand, and a program of working together, on the other hand.

That venerable plan is now stretched out on the operating table. What will happen to work and illusion? Even before the advent of managed care, these delicately balanced aspects were roughly torn apart, each half being cultivated in isolation. In one corner, we see analysts encouraging work and dispelling illusions. In the other, we find analysts disdaining work assignments and celebrating illusion.

Let's look first at the pro-work faction. It's no mystery why work is newly popular. We've all felt the wind of egalitarianism sweep through family, professions, and society at large. Egalitarianism has torn through analytic institutes, thrown analyst and analysand close upon each other, scrubbed away the awe and mystification that used to veil analytic technique, and left nothing but honest, mutual work. Gone is the esoteric theory that once justified

asymmetrical maneuvers. The analyst's old, secret assurance is now denounced as preposterous and elitist; his once-mythic aura is mocked by economic insecurity and shriveled prestige. (Do you remember when analytic meetings were closed even to general psychiatrists?)

Analytic neutrality is roundly abused as a pompous myth. Nobody stands up for the old blank screen. Many analysts believe they can have no secrets, that their personal reactions will always be accurately read by their patients. Others believe that the patient's feelings about the analyst are provoked by the analyst's feelings about the patient, with the consequence that what used to be described as an illusory drama (transference) is now taken to be a more or less accurate perception of the analyst's real collusion.

In fact, we are sometimes told that there isn't *any* hidden reality at all in the relationship—nothing over which the analyst could claim authority or even pretend to have a learned guess. We are lately assured that the nature of the treatment relationship is simply whatever the parties construe it to be at the moment.

These popular beliefs put patient and analyst on an equal footing, which means that treatment proceeds by joint decisions about what will promote understanding (Renik 2006). Naturally, such an egalitarian approach will emphasize the work side of treatment—the joint working together on understanding. Manipulative illusions have little place in such a treatment, for if the analyst really doesn't know what he's expressing, and is therefore unable to manipulate even himself, he is certainly in no position to manipulate the patient. Honest, mutual work is what remains.

That's one side. But this extreme rationalism and its program of mutual work is not the only game in town. For one thing, there's the opposite: the romantic effort to bypass the patient's work and celebrate the treatment illusion. Kohut rebelled against a truth morality (1977, pp. 64-65; 1984, p. 54). In a sense, he facilitated illusions of adoption.

Nor is it only romantics who put all their credence in illusion and question the idea of work. Brenner (1998), nobody's romantic, refuses to privilege any action of the patient as a disinterested

work; everything is as much an illusion as it is reality. Schwaber (1984) doesn't exactly revel in illusions, but she, too, cuts work out of the picture by refusing to foist any project on the patient. Her patients are left grasping in vain for an assignment. Half the world is Kleinian, and, in my opinion, the Kleinian tradition has logically no place at all for a working-together project. (I think one of Bion's contributions was to invent a work for Kleinian patients.)

If in the future all analysts have signed up with one or the other of these parties—if they throw in their lot exclusively with work or illusion—psychoanalysis might lose its special interest in the fostering of separation-in-closeness. Treatment might mellow out into a settled project—featuring, in the one case, a comradely pair of investigators and, in the other case, a nurturance couple or a hypnotic team.

I hasten to remind you that I am talking about the future. The living analysts I have cited are still working within the great tradition, which is why my comments about them are wild caricatures. I am imagining what would happen if, besides their vital research into basic ingredients, their models should become the full program of treatment. I am trying to picture what a psychoanalytic treatment would look like without the old ambiguity of purpose that has been its hallmark.

There would be one conspicuous gain: it would be a cleaner treatment. The analyst would no longer confuse himself and his patient by whispering, in effect, "Are both of us simply looking for patterns? Or am I really exerting a healing influence? Or am I also doing something weirder and indescribable, which you as a patient can neither take over nor simply accept?" In short, if the purifying trends were to win out, analyst and patient would no longer have to live under the shadow of manipulation.

What would be lost? Let's worry about each possibility in turn. Take the relationship model first, where the patient's work is considered an illusion. If all responsibility is flatly retained by the analyst, will that infantilize patients, encourage their passivity, and offend their dignity? With no work to do, will patients lack the exercise that stimulates internal change? Will discovery be limited be-

cause only one person is doing the discovering? If a treatment is identified specifically as a relationship, will it harvest unbearable disappointment when it ends? If an analyst looks down on all collaboration, will he puff himself up in grandiosity—or, in the absence of a collaborator, will he try to avoid grandiosity by becoming timid and tentative? Is it possible for an analyst to believe *anything* he is told if he always regards the patient's report as a personal maneuver rather than a piece of honest self-inquiry? Could analysts sustain interest in a prolonged treatment without an image of mutual work?

So much for the no-work side. Now let's worry about the all-work model of treatment (where what is discouraged is the illusion of the relationship). If the analyst certifies this one activity—this work of understanding—if he comes right out and says, "This is what I want," wouldn't that make it impossible to analyze what the collaboration means to the patient? It will seem as though the work of understanding is accepted as a good thing, unlike everything else in the patient's life. (And, after all, who really knows what "understanding" means, and therefore what the analyst is asking for or what he's getting?)

And what about those illusions that the analyst *can't* get rid of —the sense that he is more attached than he really is, for example? What about the ways and means of treatment that, deep down, never really make sense to a patient even after they have been explained and accepted? In short, what happens if the analyst has prematurely cleared his conscience about mystification, and, worse, actually comes across as being on the level? Will that make such deception as remains even more profound, more manipulative? ("See? I have nothing up my sleeve!")

Will the flagrantly unmysterious analyst seem to say that he doesn't like being thought of as manipulative? Will the patient feel that the analyst is uncomfortable with the strains and unfairness of treatment, and can't really see any justification for complaints? Will the arrangement seem to tell the patient that he has no cause to feel toyed with? Will an all-work format, in fact, take away the very vocabulary needed to express such feelings? If we behave like

people who are forthcoming without being able to follow through as forthcoming people do, might we confuse our partner and deceive him still more?

These are fairly obvious worries. I'm sure we all worry this way about the other person's leanings. But I'll tell you one worry of my own about both leanings: *I worry that we'll stop worrying.*

I fear that we will lose the private research into the analytic process that goes along with every treatment. I suspect that—in regard to what's really happening—a consistent treatment will be an opaque treatment. Getting us to think about our patients is no problem at all; it is our job. But thinking about what we're doing —that's another matter. We are only human, and it would be just a slight exaggeration to say that the only reason we ever think really hard about the treatment set-up is that it feels so treacherous. Just once, give us some permission (let alone a mandate) to picture our analytic treatment as a plain, safe, visible work, or as a straightforward, healing relationship, and you'll never again persuade us to agonize about what we're involved in. We have more than enough other worries of a practical kind. (To tell the truth, I think this danger is greater for the all-work model. Gravity pulls the analyst's world to a plain, joint work, and I am afraid that if it lands there, it will never take off again.)

If it seems that I have been making a hole in the ocean, as the Greeks say, it is because we all know that almost everyone profits from a work assignment of self-understanding, as well as from a wholesome relationship. It stands to reason that, if analysis means changing and enlarging contexts of meaning, there will be as many ways to go about it as there are styles of human interaction. Some ways may be more useful for some people than for others.

For instance, people who feel safe only if they can clearly visualize a nearby opportunity will thrive on either a work format or a relationship. Others, who are richer in fantasy solutions or in confidence that they can find their way home, may be shortchanged if they are handed an explicit work assignment or provided with a compassionate companion, rather than being bewitched into discovering their own opportunities within the therapist's obscure manner.

Psychoanalysis has historically presumed that there are many people who are able to use the therapist not as a friend and not as a co-worker, but as a hobbyhorse—a living experiment, a device to explore freedom. Those people might profit most from a treatment that manages to preserve some of the old, analytic illusion, some of the closeness-in-distance, the sport, the game, the radically alone honesty, that psychoanalytic therapy was built on.

REFERENCES

Brenner, C. (1998). Beyond the ego and the id revisited. *J. Clin. Psychoanal.,* 7:165-180.

Breuer, J. & Freud, S. (1895). Studies on hysteria. *S. E.,* 2.

Ellenberger, H. (1970). *The Discovery of the Unconscious. The History and Evolution of Dynamic Psychiatry.* New York: Basic Books.

Freud, S. (1909). Letter Jung, Letter 134F. In *The Freud-Jung Letters: The Correspondence between Sigmund Freud and C. G. Jung,* ed. W. McGuire. Cambridge, MA: Harvard Univ. Press, 1974, pp. 209-211.

——— (1914). Remembering, repeating and working-through. *S. E.,* 12.

——— (1915). Observations on transference-love. *S. E.,* 12.

Gay, P. (1988). *Freud: A Life for Our Times.* New York: Norton.

Kohut, H. (1977). *The Restoration of the Self.* New York: Int. Univ. Press.

——— (1984). *How Does Analysis Cure?* Chicago, IL: Univ. of Chicago Press.

Kris, E. (1956). On some vicissitudes of insight in psycho-analysis. *Int. J. Psychoanal.,* 37:445-455.

Loewald, H. (1980). Psychoanalytic theory and the psychoanalytic process. In *Papers on Psychoanalysis.* New Haven, CT: Yale Univ. Press, pp. 277-301.

Macmillan, M. (1990). Freud and Janet on organic and hysterical paralyses: a mystery solved? *Int. Rev. Psychoanal.,* 17:189-203.

Renik, O. (2006). *Practical Psychoanalysis for Therapists and Patients.* New York: Other Press.

Schwaber, E. (1984). Empathy: a mode of analytic listening. In *Empathy II,* ed. J. Lichtenberg, M. Bornstein & D. Silver. Hillsdale, NJ: Analytic Press, pp. 143-172.

Stern, D. N. (2004). *The Present Moment in Psychotherapy and Everyday Life.* New York: Norton.

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ON DREAMING ONE'S PATIENT: REFLECTIONS ON AN ASPECT OF COUNTERTRANSFERENCE DREAMS

BY LAWRENCE J. BROWN

This paper explores the phenomenon of the countertransference dream. Until very recently, such dreams have tended to be seen as reflecting either unanalyzed difficulties in the analyst or unexamined conflicts in the analytic relationship. While the analyst's dream of his/her patient may represent such problems, the author argues that such dreams may also indicate the ways in which the analyst comes to know the patient on a deep, unconscious level by processing the patient's communicative projective identifications. Two extended clinical examples of the author's countertransference dreams are offered. The author also discusses the use of countertransference dreams in psychoanalytic supervision.

A DREAM FROM THE EARLY PART OF AN ANALYSIS: THE CASE OF MR. A

Mr. A, a man several years older than I, began analysis in order to deal with a chronic sense of stumbling into his life, especially with regard to relationships with women. Although successful in busi-

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ness, he found it very difficult to be firm with others when necessary, preferring instead to be patient and understanding, a quality that we came to diagnose as "chronically nice." In our initial discussions about what he hoped to gain from psychoanalytic work, Mr. A quipped that he wished for some "magical injection," which led me to inquire as to the nature of the substance that would be injected. "Essence of balls," he joked, and, though we both appreciated that this was no laughing matter, his joke seemed to disguise what were surely more painful feelings while simultaneously inviting me to make light of his deep distress.

Mr. A began the tenth analytic session, the last of the week, by saying he would like to take a nap. His thoughts turned to the new apartment he was moving into; his daughter getting stomachaches as a child on Sunday nights before school the next day; the fact that his brother had been in treatment for ten years; and his nostalgia for the woman from whom he had recently separated after a long relationship. I commented about the end of our analytic week together and linked it to the themes of loss and separation.

He began to speak with considerable feeling about how looks can be deceiving, especially with tall men who dress well, like Mr. A himself, and said that "I'd walk into a room and people would think I was an ambassador or something." I remarked that on the previous day, he had been dressed in a formal-looking suit, and indeed looked rather ambassadorial, yet today he seemed to want me to know that looks can be deceiving and that he felt lonely with the weekend approaching. He went on to elaborate more deeply on his melancholy feelings.

That night I had the following dream:

> I bumped into Mr. A somewhere, a casual place, like a beach or at the movies. We started talking in a friendly way; I think he was with someone else, perhaps his brother, F [who had been in treatment ten years]. I was friendly and animated, and then realized that a good part of the afternoon had gone by. One of us asked the other about what to do next, and he may have invited me to go to the beach.

> For some reason, I had to go somewhere and was driving my car on a beautiful New England road in autumn with the leaves fiery red, yellow, and orange. The road was going downhill to a lake, and as I was driving down the road, I thought Mr. A would like to see this, as though he were an out-of-town guest I was hosting. I turned around and went back to where I had left him; perhaps I was with my wife.
>
> When I got to that place, he and whoever he was with were preparing to go to the beach. He was in shorts, and I noticed he had well-muscled, thickly hairy legs, which made me feel somewhat inferior, thinking that although he was older than I, he probably looked better on the beach.

My first association to the dream was to my consciously friendly feelings for Mr. A, which led me to wonder whether the dream was alerting me to some kind of collusion aimed at avoiding painful emotions by allowing "a good part of the [analytic] afternoon" to go by. I also associated to the obviously competitive themes, and this brought to mind an older cousin of mine (with the same name as Mr. A's brother), whose strength I admired and whose presence I sometimes resented, who had lived with my family for some time during my adolescence. Thus, I wondered whether the affable analytic mood, in addition to resisting painful emotions, might belie underlying adversarial feelings.

I was also aware of feeling protective of Mr. A, an emotion that was connected to the beautiful autumn road, which seemed to represent a wish to show him that there are special pleasures to be had in approaching the autumn of one's life, pleasures that differ from the fun of being a beach boy. But was that wish also an evasion of his invitation to go to the beach and the possibility of kicking analytic sand into the other's face, so that I instead sought out the bucolic New England scenery? There was something about his looking like an ambassador that seemed to stick in my mind, though I could not connect that to the dream imagery. Was I competitively turning the ambassador (the ambivalently valued older cousin) into a beach boy to undo my feeling of inferiority?

These thoughts, centering largely around rivalry and status, swirled about in my mind, and I was left with the sense that the meaning of this dream escaped me; thus, the dream was placed on the proverbial back burner to await further elaboration as the analysis unfolded.

COUNTERTRANSFERENCE DREAMING

A dream of one's patient can be an unsettling event, filling the psychoanalyst with doubts and uncertainties as to its meaning. Quite often, one has the sense of having trespassed beyond an ill-defined boundary by bringing the analysand into that most private of places, the uniquely personal realm of dream life. At other times, the analyst may feel the patient's appearance in the dream as an unwelcome intrusion that may mirror the analyst's waking experience of the analysand. In such situations, the analyst is inevitably left with the feeling of having shared an intimate exchange with the patient, despite the analysand's absence of awareness of it. And, upon seeing the patient the morning after having dreamt of him or her, the analyst may feel awkward, as though a secret knowledge of the patient has been gained and cannot be revealed. Thus, the analyst may feel alone with a sense of the patient that may seem like an ill-gotten gain—something the analyst is loath to share with colleagues, a hesitation that has at least a hint of shame and a measure of guilt that might require some act of analytic contrition, such as the analyst's return to his or her own analysis.

Indeed, encouraging the analyst who has dreamed of a patient to return to analysis was regularly suggested in the years prior to our more current view of countertransference in its various manifestations. In our contemporary literature, a clinical report that does not include both the *yin* of the patient's transference and the corresponding *yang* of the analyst's experience is considered incomplete. It is interesting to note that, while the shift toward a two-person psychology has had the effect of providing the analyst with the freedom to openly explore his or her subjective reactions to the analysand, the phenomenon of the countertransference

dream has remained in a kind of time warp until very recently, one in which dreams about the patient have tended to be viewed as problematic.

The main goal of this study is to examine our psychoanalytic understanding of countertransference dreams and to offer an additional point of view on the subject. My primary hypothesis is that, while dreams of one's patient may reflect problems in the analyst or in the analysis, they also represent a means by which the analyst is coming to unconsciously *know* the analysand. This unconsciously registered knowledge must be unwrapped, so to speak, through the analyst's self-analytic work; consequently, we may find that what we have unwrapped is important information about the analysand's emotional world—or, perhaps, it is a misrecognition that discloses more about the analyst. Further, the analyst's unconscious misrecognition of the patient may be an obstacle to the full development of the patient's transference.

Getting to Know the Patient

But what does it mean to say that we *know* a patient? To expand on a question borrowed from Elizabeth Barrett Browning's poem that begins with "How do I love thee? Let me count the ways," there are many different ways in which we know our analysand. There are the facts of his or her life, including information about family members, births, deaths, place among siblings, etc. To these data, we add the emotional meaning that the events of the patient's life have upon him or her. Our analysands relate their sadness, dread, joy, anxiety, terror, and passions to us, and we share, sometimes very deeply, in their emotions through processes that we call—depending on our theories—empathic immersion, projective identification, reverie, trial identification, and so on. This emotional knowing brings color to the black and white of our factual knowing, both of which occur largely on a conscious or preconscious level.

Bion (1965) has designated this kind of accumulation of knowing the patient as a *transformation in K* where K (knowledge) represents a link between the analytic couple in which the analyst is in

the process of getting to *know about* the analysand. However, Bion states that this gaining of information "does not produce growth, only permits accretions of knowledge about growth" (p. 156).

Another layer of knowing a patient occurs on an unconscious basis—a knowing that only very slowly begins to dawn on the analyst, a knowing that derives from the patient's having found or been given a place in the analyst's mind. This deep, unconscious knowing is an underground current of meaning, the detection of which may be glimpsed by the analyst's slips of tongue, other parapraxes, or barely noticed fleeting reveries in relation to the patient. Then, often with a sense of surprise, the analyst, quite literally caught unaware, has the realization that he or she *knows* the patient in a particular way, which may or may not be accurate. This is a manner of knowing that Bion (1965, 1970) terms *transformation in O,* where O represents the slow evolution by which the "ultimate reality of [emotional] truth" (1965, p. 140), itself essentially ineffable and only approached asymptotically, is gradually apprehended.

O, according to Grotstein (2004), is the emotional truth about the hour that is present in both patient and analyst. Mitrani (2001) describes how the analyst establishes contact with the patient's O through

> . . . the introjection by the analyst of certain aspects of the patient's inner world and experience, and a resonance with those elements of the analyst's own inner world and experience, such that the latter is able to feel herself [the analyst] to actually be that unwanted part of the patient's self or that unbearable object that has previously been introjectively identified with. [p. 1094]

It is this last kind of knowing, the deeply unconscious transformation in O, that I believe is a central feature of the countertransference dream. The analyst is constantly taking in information about the patient through the channels of *knowing about* experience (transformation in K) and *knowing through* experience (transformation in O). Although Bion is clear that transformations in K do not produce emotional growth, this accumulation of knowl-

edge is central in guiding the analyst to areas that yield deeper emotional understanding. Thus, there ought to be an evolving interplay between these two modes of experience.

Returning to Mr. A, my dream about him may be approached from multiple perspectives, one of which is that the dream reveals the analyst's diminished sense of competence, a view that derives from discussions of Freud's famous dream of Irma's injection (Erikson 1954; Freud 1900; Zweibel 1985). Freud's treatment of Irma left him feeling inadequate, and he dreamed that her poor response was due to someone else's failure: his friend Otto's. He concluded that "the dream . . . was that I was not responsible for the persistence of Irma's pains, but that Otto was" (p. 118). While my dream of Mr. A expressed similar themes of threatened competence, there was an additional component in which I resonated with his anxiety about the fact that, although he appeared ambassadorial, he actually felt insecure.

From this perspective, the dream also reflected my unconscious identification with the depth of Mr. A's feeling of inadequacy, an unconscious communication that was transformed by my dream work into the fabric of the countertransference dream by the stitching together of elements from Mr. A's story with associated aspects of my own life. This is what Freud (1912) meant by the analyst's using his or her unconscious as an *instrument of the analysis:* through projective identification (Brown 2004; Zweibel 1985), the patient conveys affects for the analyst to absorb, give unconscious meaning to, and then decode through self-analytic work.

There is, however, another level of meaning, one informed by an ongoing process of transformations of O, having to do with our coming to unconsciously know our analysands more deeply, a knowledge stored in our unconscious that we do not know we have. My initial associations to the countertransference dream about Mr. A had to do largely with concerns around competition and feelings of inferiority. These ideas led me to be on the lookout for such themes; however, neither Mr. A's thoughts nor my private reactions confirmed these speculations. Instead, he spoke about his sense of finding himself in this or that situation, and he won-

dered how to "tap dance my way out of it." My suggestion that this pattern might be a retreat from more active, competitive strivings yielded few emotionally significant associations.

I found that the word *ambassador* kept reappearing in my mind, though I could attach no particular significance to it other than matters of status. Then one day, I suddenly remembered that my father had once bought a new AMC Ambassador, an automobile I had been very proud to drive. I was surprised at not having made the connection previously, and this revelation led once more to further associations to my older cousin, who had spent time with my father tinkering with cars (an activity that excluded me). This association led to my awareness of affects tied to missing my father, and permitted a shift in attention to Mr. A's yearning for his father's counsel (the "magical injection" of "essence of balls"), without which he felt adrift, and its appearance in the transference.

The surprising connection to the Ambassador automobile signaled a knowledge of Mr. A that I had acquired, yet did not know I possessed—a knowledge masked by my focusing instead on issues of competition and inferiority. Was this inattention to the latent paternal transference an expression of my resistance, based on my identification with the patient (Favero and Ross 2002; Rudge 1998)? Probably so. But what I wish to emphasize here is the process by which I was coming to know Mr. A on a deep, unconscious level. It can be said that we come to know another person by attributing to him or her (through projective identification) aspects of our own inner object worlds, and that we unconsciously scan their reactions to see how they conform or not to these unconscious perceptions. In this process, we learn something about them and something about ourselves (Caper 1996)—a process through which, in analysis, we are always *coming to know* the patient and ourselves by successive accretions in the transformation of O (Bion 1965; Grotstein 2004; Ogden 2003).

In the case of Mr. A, my initial interpretation of the countertransference dream, based upon themes of rivalry and inadequacy, was a misrecognition of him at that point in time that was corrected by my later realization. This realization—that I had intro-

jected and identified with Mr. A's longings for an unavailable father's guidance (Mr. A's unacceptable O)—afforded me a new level of knowing him; therefore, my countertransference dream was expressive of my unconscious working attempts to transform the evolving O of Mr. A.

Furthermore, I believe that my inability to recognize the paternal transference was linked to my anxieties in *recognizing my own* disavowed paternal longings because of their homoerotic associations (expressed in the dream in the form of Mr. A's "well-muscled, thickly hairy legs"). Thus, this resistance was a joint endeavor that was constructed at the point where Mr. A's anxieties meshed with analogous conflicts in me (Smith 1997).

Ogden (2005) notes that the supervisory process involves a kind of *dreaming the patient into existence* through the collaborative imaginative work done by analyst and supervisor. Similarly, I view the countertransference dream as revealing the deep, unconscious way in which the analyst is *dreaming the patient into existence*, that is, introjecting the patient's projections and finding common ground with them through analogous experiences of the analyst's own, in order to get some sense of who the patient is and who the patient is not. When the analyst has a dream in which a patient appears, *the analyst is both dreaming about, and dreaming into existence, that analysand.* To *dream about* a patient implies that he or she figures as a character in the dream—perhaps embodying an aspect of the analyst, representing his or her self overall, or standing in for someone else in the analyst's life. In this respect, *dreaming about* the patient is an aspect of a transformation in K. By contrast, *dreaming the patient into existence* is an unconscious mental activity by which the analysand gradually comes emotionally alive in the analyst's mind. Thus, *dreaming the patient into existence* is a component of a transformation in O.

The distinction being drawn here between *dreaming about the patient* and *dreaming the patient into existence* relates to Bion's (1962, 1992) views of why we dream. He believed there is a function in the mind (the alpha function) that transforms raw emotional experience into thoughts and images that may be combined to

form the elements of a dream—elements that, upon analysis, yield their latent content. Bion asserted that this process occurs not only when we are actually sleeping, but also in the unconscious waking state, meaning that the psyche is constantly engaged in a course of emotional alchemy by which unrefined affects are processed. When a patient is unable to dream, he or she is incapable of absorbing new affective experience, and therefore cannot grow psychologically; the capacity to dream, as Bion understood it, permits a broadening of emotional life that fosters learning from one's experiences. Thus, *dreaming one's patient into existence* (while awake or asleep) is the means by which the analysand gradually and unconsciously comes into being as an alive and sentient individual in the analyst's mind (Grotstein 2000, 2004; Ogden 2003, 2004). That is, such a dream represents a step in the process by which the analyst transforms the O of the patient—a step that inevitably involves some emotional reworking of the analyst's conflicts.

My dream of Mr. A, which occurred after the tenth analytic session, thus represented my unconscious attempt to get to know him at the outset of analysis by introjecting his unacceptable O (his longing for a father), which had been transmitted to my receptive unconscious.[1] Having taken in this unconscious transmission, I "dreamed" Mr. A's O by linking it with analogous emotional trends in myself (the "ambassador factor," which, when analyzed, yielded the underlying yearning for a father and anxieties about such wishes). Ogden (1996) has stated that we should consider an analysand's dream as "no longer simply the 'patient's dream'" (p. 892), but rather as a product of the interaction between the analyst's and analysand's subjectivities. It seems likely that this assertion would also apply to a dream authored by the analyst.

[1] One would assume that there also exists an "acceptable O," perhaps something akin to Freud and Breuer's (1905) reference to the "common unhappiness" (p. 305) of everyday life, which the patient is fully capable of transforming without the analyst's help. However, patients seek us out to help them bear and transform emotional experiences that are too powerful for them to manage ("unacceptable O"), and for which they require our services to "dream undreamt dreams" (Ogden 2004, p. 859).

However, one might argue that, since my dream of Mr. A occurred so early in the analysis, it had more to do with the analyst —me—than with the patient, and that linking it to the analysand's life would therefore be rather spurious. This seems a valid objection and should serve as a reminder to the analyst not to jump too quickly to conclusions about the workings of the patient's mind. Smith (1997) has similarly cautioned the analyst, emphasizing the need for a commitment to a multilayered self-analysis in order to sort out the patient's dynamics from those of the analyst and from the interaction between the two. In the case of Mr. A, I thought I knew something about the patient when my initial dream associations led in the direction of competitive conflicts, but *his* associations did not proceed in the same direction. More importantly, I was *dreaming him into existence*, trying to unconsciously sense who he was and who he was not. In this connection, and more to the point for this discussion, my dream was a beginning step in a continuous unconscious process (transformation in O) of my coming to know Mr. A.

A DREAM FROM THE END OF AN ANALYSIS: THE CASE OF MS. B

Ms. B was in a long analysis that was very helpful to her, although it required her to struggle with wrenching feelings of being excluded from an archaically organized oedipal couple (Brown 2002). In particular, her transference, to which she clung for several years, was characterized by fantasies of my wife draining me of energy by the endless sexual demands that Ms. B imagined her having. Ms. B hated any other female patient whom she experienced as similarly stealing away my attention and affection, and thus starving Ms. B herself.

Ms. B's marriage was plagued by the same conflicts in that the connection to her husband was based on the model of a "feeding couple." Consequently, their partnership was simply that: a sexless collaboration centered around providing for the children, but with no joy between them, conjugal or otherwise. Through her

analysis, Ms. B was able to work through her traumatic past in the transference, enabling her to have a considerably more satisfying marriage. Termination was very painful for her, stirring once again her old feelings of being tossed away to starve by a couple who loved and cared only for themselves.

After terminating her analytic treatment, Ms. B continued in weekly psychotherapy because she felt my ongoing help would be useful, especially to aid her in coping with her son, who was experiencing substantial anxiety at the time. While pleased to offer assistance in psychotherapy, I was also aware of my own wish not to say goodbye to Ms. B completely. Internally, I also questioned whether I might have agreed too quickly to terminate, even though we had dealt with her leaving for well over a year.

Then one night, several weeks after ending her analysis and taking her into psychotherapy, I had the following dream:

> I am lying in bed on my back, but perhaps not under the covers, and Ms. B is there to my left, next to the bed. We have been talking about something, perhaps her concerns about her son, and then she comes over to me. She stands near my head and leans over and kisses me gently; I think first on the forehead and then lightly on the mouth. I say that that feels very good. She agrees, and says it would feel even better to make love. I find myself getting analytic and starting to say something along the lines of "What do you think that would be like?" But instead I say, "Yes, that would be nice."
>
> At this point, my wife walks in and Ms. B quickly goes to a corner of the room. My wife, seeing her, asks insistently, "What is she doing here?" and emphatically says that Ms. B has to leave. Ms. B then leaves the bedroom, and I sigh with relief that my wife has intervened in such a direct manner.

This was a compelling emotional dream with many layers of meaning in my life, and I will address only those features that are relevant to Ms. B's analysis.

One point of view is that the dream reflects my uncertainty over having agreed to end the analysis too readily; it thus expres-

ses doubts about my analytic competence. Furthermore, a powerful sense of seductiveness was the central affect in this dream, and I wondered whether my getting analytic at a key point in the dream might have represented a defense against strong sexual feelings. Ms. B's treatment was highly erotized, with an intense transference and countertransference, but this segment of our work had more to do with mourning the end of the analysis and other losses in her life, especially her children growing up and leaving home.

I remembered that Ms. B frequently transmitted her dependent longings in sexual language, an association that led to doubts about whether I was unresponsive to such longings following the end of analysis. It seemed that my wife was brought into the dream to represent the other side of my ambivalence about letting go of Ms. B: she would be to blame if my patient was pushed out the door, just as Freud's friend Otto was at fault for Irma's lack of treatment progress in Freud's dream.

These associations felt relevant to my dream, yet there was a lingering sense that something important remained unappreciated. The associations regarding my ambivalence about termination, the seductive sexual atmosphere that conveyed Ms. B's yearning for closeness, and the assignment to my wife of the task of sending my patient away all seemed obvious. A comment of Freud's (1900; see also Scalzone and Zontini 2001) seemed especially applicable as I considered these issues further: "There is often a passage in the most thoroughly interpreted dream which has to be left obscure . . . . This is the dream's navel, the spot where it reached down into the unknown" (p. 25).

Some days later, I realized that, in the dream, Ms. B had been placed in the position of the psychoanalyst: *I* was lying down, and *she* was behind me and slightly to my left, just as I was in relation to her during analysis. She offered to comfort me, and I struggled with my wish for that versus continuing to function as her analyst. Thus, my *dreaming her* as a former oedipal partner—a necessary aspect of the termination that I relegated to my wife—appeared to cover a deeper level of the dream that was symbolized by my *dreaming her* as my analyst.

As I mulled over these thoughts in my mind, Ms. B continued to express her concerns about her son's intense anxiety, which led to my asking if she were worried about how I might be affected by the ending of our analytic work. She immediately said that my income had just dropped considerably, and joked about how I would manage the financial loss. I commented that her humor seemed to be a way of clouding her fear that, like her son, I needed her comfort in order to manage being on my own.

Internally, I also began to question whether there might be some accuracy to Ms. B's concerns about my emotional well-being, and this brought my training analysis to mind. My analyst had had to interrupt the analysis for a time, with the result that we had spent considerable time questioning whether I was "ready" to end treatment. This memory and realization permitted me to see how I had likely identified with Ms. B's anxious son, whose mother/analyst was leaving. This piece of self-analysis allowed me to feel more at ease with the decision to terminate, and, in a parallel manner, Ms. B's anxiety about her son substantially diminished.

This countertransference dream reflected my conscious anxiety about making a competent decision in regard to Ms. B's termination. Furthermore, the fact that the dream venue was my bedroom came as no surprise, serving to highlight the strong oedipal atmosphere at the end of analysis. The act of casting my wife as a spokesperson for one side of my ambivalence also appeared self-evident. These "insights" from the dream added nothing new and did little to illuminate the nature of the patient's immediate concerns about her son, which constituted her ostensible reason for continuing in weekly psychotherapy. Indeed, I thought her telling me about her son's anxiety was more a communication about how panicked *she* was feeling.

But, to the contrary, if we consider my dream as an unconscious attempt to transform an emotional experience evoked in me by Ms. B (her objectionable O as conveyed through projective identification for me to "dream"), then we might wonder what had been unconsciously communicated to me that I could not yet find the symbols for in order to know that I knew it. When I later realized

she was dreamed as my analyst, Ms. B's concerns about her son took on new meaning: she was accurately experiencing me as having been made anxious by her termination (evidenced by my identification with her anxious son as well as with Ms. B herself, whose analyst might have been letting go of her before she was ready), and therefore that I required her soothing. This realization led to my bringing up Ms. B's fears about the effects of termination on me, which in turn significantly enlivened the hours because my anxiety was significantly lessened, thereby freeing her to experience her own deep terror of leaving and her near conviction that someone would die as a result.

Thus, while it was true that I was consciously anxious about the wisdom of termination, continued analysis of the dream clarified the more frightening and unconscious determinants of my anxiety, which reached down toward the navel of the dream and were receptively connected to the O of Ms. B's transmitting unconscious that had found common cause and resonance with similar unprocessed feelings in me.

DISCUSSION

My dreams about Mr. A and Ms. B, like other countertransference dreams, are complex products that may be understood on multiple levels. Zweibel (1985), for example, states that such dreams are "the sign of a disturbance in the analytic relationship in which both partners take part" (p. 87), involving a perceived threat to the analyst's competence. Myers (1987) similarly emphasizes that dreams of one's patient occur within the context of a "countertransference bind" that may be deciphered through the analyst's self-analysis. These points of view surely apply to aspects of my dreams of Mr. A and Ms. B. Themes of analytic competence were evident in both instances and formed one vertex of each dream's meaning.

However, especially with Mr. A, my dream did not seem to be primarily a response to a countertransference bind. Rather, it was dreamed in the context of getting to know my patient, and neither Mr. A nor I was experiencing any difficulties in getting the analytic

work underway. The dream of Ms. B was more intensely charged with emotion and surfaced in the context of my conscious anxiety around whether termination had perhaps been premature. It did not seem to express a particular quandary in which we were stuck as much as it suggested the way in which my unconscious represented her fears—that is, it seemed to capture her anxieties about how I had been affected by the termination and how her accurate, unconscious perception that I was anxious tied to my own experiences in my training analysis.

There is another axis, that of unconscious communication, from which the countertransference dream may be appreciated. Zweibel (1985) states that the analyst's dream of a patient occurs when there is intense projective identification that evokes powerful feelings in the analyst, which tax cognitive capacities and which the analyst may ultimately be unable to manage. Zweibel uses *projective identification* in the evacuative sense to signify a means of the patient's unburdening him- or herself of unbearable emotions, ignoring the communicative aspects of projective identification (Bion 1959). Rudge (1998) more accurately states that "the countertransference dream warns the analyst that some symbolic elaboration is necessary" (p. 110).

Favero and Ross (2002) also adopt this view, emphasizing that the countertransference dream is the analyst's attempt to mentally digest what the patient has unconsciously communicated through projective identification. Unlike Zweibel and Myers, they do not see the analyst's dream as embedded in conflict or signifying a treatment difficulty. Indeed, they stress that the countertransference dream, once understood through self-analysis, may assist the analyst in becoming aware of his or her resistance to accepting the patient's transference. This was certainly the case with my initial assessment of the dream about Mr. A, in which my focus on themes of competition and rivalry served as a resistance to accepting the paternal transference.

Yet another dimension of the countertransference dream derives from Bion's (1992) statement that "the origin [of a dream] is

an emotional experience . . . that is worked on to produce the dream" (p. 135). Freud (1912) taught us that the unconscious of the patient transmits to the analyst's unconscious, and that we should use our unconscious as an instrument of the analysis; however, he did not instruct us as to how this is done (Brown 2004). If we put Freud's notion of the transmitting unconscious together with Bion's concepts, then we may conclude that the patient transmits an unprocessed emotional experience through projective identification to the analyst's receiving unconscious. It is then up to the analyst to "dream the analysis," meaning that the analyst discovers within him- or herself symbols that represent the formerly untransformed emotional experience of the analysand. Thus, Bion (1992) concludes somewhat wryly that the analyst "must be able to dream the analysis as it is taking place, but of course he must not go to sleep" (p. 216).

Needless to say, the analyst does literally go to sleep at night and constructs dreams around a day residue, just as a pearl is formed around a grain of sand. At the heart of a day residue is an emotional experience that initiates a transformation of unrefined emotion into the dream symbols from which the dream is fashioned. In the case of a countertransference dream, the day residue is an emotional experience that emanates from the analyst's encounter with the patient. This may have been a troubling engagement that threatened the analyst's sense of competence, or perhaps it was an emotional experience that was forcefully evoked in the analyst by the patient's powerful projective identification. Alternatively, the day residue around which the analyst's dream of the analysand forms may be the result of an ordinary process of unconscious communication that expresses the patient's wish to be known by the analyst interested in knowing him or her.

In this connection, the analyst is constantly engaged in finding a place for the analysand in his or her mind by coming to know the patient both consciously and unconsciously, a knowledge that is shared with the patient (through interpretation), who deeply desires to be known. While much of the analyst's activity may be cat-

egorized as transformations in K, the countertransference dream is a component of "transformations in O [that] are related to becoming or being O" (Bion 1965, p. 163). This "becoming or being O" is accomplished by the analyst's receptivity to the analysand's projected, unmentalized emotional truths (Grotstein 2004) and the analyst's identification with them. This is a *trial identification* (Fliess 1942) that is perhaps the most difficult aspect of what has been called "taking the transference" (Mitrani 2001), realized through the analyst's "dreaming the analysis" while he or she is awake in the consulting room. I have termed the more deeply unconscious aspect of this process *dreaming the patient into existence,* an idea first coined by Ogden (2005).

The countertransference dream is thus a special instance of the analyst's coming to know the patient while the analyst is sleeping; a significant amount of self-analysis is required for the analyst to discern which elements relate to the patient and which to the analyst's self. Thus, we must proceed with significant respect for what we do not know, remaining mindful of Bion's (1992) caveat that we should "use our knowledge and experience to gain more knowledge and experience" (p. 183).

While it is surely true that the countertransference dream is a product of what Ogden (1994) calls the *intersubjective analytic third,* my experience leads me to conclude that there is a qualitative difference between the analyst's reveries while awake during an analytic hour and the analyst's dream of the patient while asleep at night. Both these kinds of dreaming may provide access to the evolving O of the analytic relationship; however, the analyst's waking reveries, when he or she becomes aware of being in such a state, can be contextualized in the ongoing give and take between analyst and patient in the analytic hour. Thus, the connection between the reverie and the analysand's associations is more readily established.

The situation of the analyst's nighttime dream of the patient is more complicated. On the one hand, a countertransference dream may indicate a delayed transformation of an emotional experience from the session that was too powerful for the analyst's reverie to

manage,[2] a point that Ferro (2005) appears to support from a slightly different perspective by stating that night dreams consolidate what has not been fully processed during the day. On the other hand, in all likelihood, there have been many intervening events in the interim between the analytic session and the countertransference dream, and so the connection between the day's session and the analyst's dream may be more difficult to discern. Heenen-Wolf (2005) appears to reach a similar conclusion:

> Now the night dream represents a mode of psychic functioning that is much more under the sway of the primary process of the subject (the analyst) than the analyst's "reverie" during the session, which remains more colored by secondary processes. Furthermore, the night dream is temporally deferred in relation to the session. The content of a session or other elements arising from the analytic situation are thus in danger of being taken up and "used" for the analyst's own psychic purposes. [p. 1545]

In this regard, the dangers of the analyst's gaining "knowledge" of the analysand that is in reality a misrecognition appear to be greater with the countertransference dream.

Consequently, it is difficult for the analyst to know what to do with "evidence" about the analysand gleaned from dreams in which the patient appears. Bion (1965) viewed the countertransference dream as an important event, but was cautious about the use to which it could be put: "The analyst should be cognizant of dreams in which patients appear, though his interpretation of the significance of their appearance will relate more to their characteristics as column 2 phenomena than to the significance of his own psychopathology" (p. 50).[3]

[2] I am indebted to members of the Klein Study Group of the Massachusetts Institute for Psychoanalysis for this observation.

[3] Column 2 of Bion's (1977) grid refers to phenomena that are the stuff from which lies and deceptions may be constructed. These occurrences exist solely in the mind of the patient or analyst, without any corroboration from the other. Column 2 phenomena may pass for the truth, but may actually be falsehoods. Thus, the analyst must be cautious about the use to which he or she puts the countertransference dream because it is a potential lie (or misrecognition) about the patient, one that has a life only in the analyst's mind.

Later, Bion (1967) cautioned the analyst to eschew "knowledge" that only the analyst possesses because this may distract him or her from the more important mission of attending to what is not known in the analytic hour. The analyst may delude him- or herself into believing the patient has been understood by virtue of the analyst's having dreamed about the patient, but this supposed "knowledge" may actually be a resistance to comprehending the deeper, initially unmentalized resonance with the O of the analysand.

Indeed, Bion (1965) defines *resistance* as an anxiety-based reluctance to transform K → O, meaning that the patient (or analyst) finds it less discomfiting to *know about* some emotional truth than to *experience* that truth. I believe this occurred in my dream about Mr. A when my focus on competitive aspects served to distract my attention away from experiencing myself as the transferential father, including the erotic aspects of this. The same phenomenon transpired in my dream of Ms. B, when I found it more familiar to *know about* oedipal issues in the termination than to *experience* her profound anxiety and concern over my ability to survive without her, and how that was linked with uncertainties in the termination of my own analysis.

The Countertransference Dream in Supervision

Just as the countertransference dream was initially viewed as problematic, so there has also been a parallel tendency to consider countertransference dreams discussed in supervision as reflective of treatment difficulties. Langs (1982) did not discuss the countertransference dream per se, but offered the view that any dreams reported by a supervisee during supervision represented a "supervisory crisis."[4] It seems likely that he would also consider dreams of

[4] Interestingly, when this paper was presented, one of the discussants, a psychoanalytic candidate, reported a first countertransference dream the night after having read it. The candidate described having a sense of "permission" to dream about a patient that reading this report by a senior analyst seemed to grant. I have subsequently spoken with other candidates who expressed a reluctance to talk about countertransference dreams in supervision because of some sense that they are inappropriate.

one's patient as illuminating a problem in the supervising relationship or the treatment. Such dreams convey the supervisee's unconscious perceptions of the supervision: "Supervisees report dreams to their supervisors as a means of conveying highly significant perceptions and fantasies that are either entirely repressed within the supervisee, or too dangerous to communicate directly in supervision" (Langs 1982, p. 594).

Although I believe Langs was too narrow in his exclusive emphasis on the dream as expressing a crisis in the supervision, he nevertheless implicitly supports the communicative importance of the dream shared in supervision. In addition, his description of the dream as encoding something "too dangerous" to discuss in supervision underscores the importance of the supervisee's feeling safe to experience the emotional truth (Bion 1965; Grotstein 2004) of what is happening in the treatment and/or in the supervision. Unfortunately, Langs's perspective that dreams reported in supervision indicate a crisis inevitably leads to an atmosphere that restricts the supervisee's freedom to speak freely and candidly (not to mention the freedom to dream with a sense of abandon).

Instead, the supervisory experience ought to provide what Mollon (1989) calls a "space for thinking" that puts out the welcome mat for a variety of experiences, including that of reporting dreams of one's patient. This view of supervision aims at assisting the supervisee in expanding the material considered relevant to clinical work, emphasizing an examination of the conscious and unconscious processes between analyst and patient, and between analyst and supervisor, as well as the multitude of influences among these three persons.[5] This approach accesses different channels of learning and discovery that enable both analyst and supervisor to simultaneously *know about* the analysis (transformation in K) and *experientially become* the analysis (transformation in O).

[5] I will not discuss here the broad literature available on this subject and instead keep my focus on the countertransference dream. The interested reader is referred to the many excellent articles that address this matter, including Berman (2000), Coburn (1997), Doehrman (1976), Gediman and Wolkenfeld (1980), and Ricci (1995), to name a few.

Ogden (2005) characterizes this latter approach as "dreaming up the analysand in the supervisory setting" (p. 1267), and observes that:

> Creating the patient as a fiction—"dreaming up the patient"—in the supervisory setting represents the combined effort of the analyst and supervisor to bring to life in the supervision what is true to the analyst's experience of what is occurring at a conscious, preconscious, and unconscious level in the analytic relationship. [p. 1268]

I would add that, in addition to "dreaming the patient into existence" (p. 1269) through mutual reveries of analyst and supervisor, the countertransference dream, when shared in supervision, may constitute yet another channel that is tuned into the unconscious resonances flowing among the analysand, the analyst, and the supervisor.

Supervision, especially of long analyses, may become stale when it centers primarily on extracting meaning from the verbal material, and a situation may arise in which patient, analyst, and supervisor collude in a faux analysis and a faux supervision. This is associated with the kind of resistance described by Bion (1965) in which there is no transformation from K → O.

In this regard, I would like to revisit an earlier paper (Brown and Miller 2002)—one of the few that discusses the use of countertransference dreams in supervision—and offer an additional perspective on what my coauthor and I discussed at that time. We presented the case of an adolescent analysis during the termination phase, a case in which Miller (the supervisor) and I (the treating analyst) had implicitly acquiesced to the patient's avoidance of emotion. There was a tacit assumption that this teenager was avoiding dealing with separation, and my interpretations addressed his defenses against separation feelings.

In the midst of this atmosphere of resignation, Miller told me of a dream that he had had about me the previous night, a dream filled with much anxiety. He offered some associations that had to do with my nearing completion of analytic training, and also with his memories of his own son having reached oedipal age. In-

terestingly, several days later, I had a very frightening dream of someone with the same name as the patient, and my associations were to scary themes of castration and guilt related to maturing into manhood.

There were many overlapping elements in Miller's dream and my dream; the two seemed to elaborate a previously unconscious anxiety shared by the two of us. Thus, my dream appeared to be an elaboration of Miller's dream about me. As this was discussed in supervision, the understanding of the patient's "resistance" shifted from resistance against experiencing separation feelings, to resistance against feeling terrifying "coming-of-age" anxieties. This animated the supervisory hours, and I began to shift the interpretive focus to the analysand's very intense anxiety about what "coming of age" unconsciously meant for him. This change in my interventions prompted a dream of the patient's that graphically depicted the terrors he connected to the coming-of-age theme that permeated the total atmosphere of both supervision and treatment. Miller and I concluded that "all three participants contributed to the affective disavowal of termination and that reluctance occurred at the intersection of the personalities of each party" (p. 819).

Miller and I referred to the interactive meshing of emotional vectors from patient, analyst, and supervisor as the *triadic intersubjective matrix*. For the purposes of this discussion, I want to underline the process we described in which the analyst literally "dreams up" (while asleep, and not through the unconscious waking thought of a reverie) the patient (Ogden 2005) and, perhaps more importantly, dreams the "field" (Baranger, Baranger, and Mom 1983; Ferro 2002, 2005), out of which the collective resistance may emerge. Ferro (2005) notes that "the presence and constellation of anxieties and defences in the analyst 'costructure' the field together with the patient" (p. 10)—to which I would add, in the case of supervision, the defenses of the supervisor also costructure the field. Thus, the triadically composed field of resistance that Miller and I adumbrated, in which the treatment and supervision were mired, may be characterized by the communal inability to transform the field from K → O. It was only through a succession

of dreams, initiated by Miller's revelation, that the triadic intersubjective matrix could evolve beyond the relative comfort of the familiar K (resistance to separation anxieties) to confront the intensely anxiety-laden and shared unknown O (terrors associated with coming of age) of the analytic threesome.

Seen from another angle, Miller, my patient, and I were engaged in a process of mutual unconscious communication that gradually transformed coming-of-age anxieties into a more manageable form for all of us. Miller, my analysand, and I ran aground on the shoals of a shared resistance in which each of us participated in our own unique way, a resistance that required analysis to overcome. However, this was not a collective resistance that required the mere sweeping away of defensive forces blocking its appearance, but rather one that called for a mutual process of containment and transformation (Ungar and Ahumada 2001)—a process enabling that which was resisted to be represented/mentalized. Miller and I had unknowingly surrendered to a sense that my patient was just being his typical passive self, an impression from which we were suddenly awakened by Miller's surprise dream.

Smith (1995) links the appearance of such surprises in individual analysis to a sudden shift in the resistance that is a compromise formation between intersecting conflictual areas in patient and analyst:

> Surprise may then reflect a momentary reorganization of those compromises, a shift in forces as the analyst allows himself to overcome an internal resistance and to see something "new" in the patient because he has gained or regained access to something he has been fending off in himself. [p. 71]

The same may be said of resistances in supervision that stem from the failure to contain and transform unformulated anxieties resulting from a compromise formation that draws from the unconscious anxieties of patient, analyst, and supervisor—resistances that seem to await the arrival of a surprise dream, whether one of waking or of sleeping, to free the analysis to take its course.

CONCLUSION

Like any other dream, the countertransference dream has at its core an emotional experience that is worked on to produce the dream. In the case of the countertransference dream, the stimulus is an emotional reaction experienced by the analyst in response to the patient. The dream may have little to do directly with the patient, who may appear as a stand-in for someone else in the analyst's life. However, the appearance of the patient in the analyst's dream may also be stimulated by the transmitting unconscious of the patient, which is making contact (through projective identification) with the analyst's receptive unconscious, in order for the analyst to contain and transform (or "dream") some mental content that is as yet "undreamable" (Ogden 2004) by the patient.

I suggest that this aspect of the countertransference dream may enable the analyst to become aware of how his or her psyche is experiencing the patient—or, to put it another way, how the analyst is dreaming the patient into existence. This opens the possibility of gaining knowledge about the patient, which Bion (1965) refers to as a transformation in O—that is, the analyst "becomes" (through introjection) the unacceptable part of the patient, finding symbols within him- or herself to represent what the analysand has been unable to mentalize independently. I have tried to demonstrate this process both through the detailed examination of two of my countertransference dreams, and through a discussion of how these issues apply in psychoanalytic supervision.

REFERENCES

Baranger, M., Baranger, W. & Mom, J. (1983). Process and no-process in analytic work. *Int. J. Psychoanal.*, 64: 1-15.

Berman, E. (2000). Psychoanalytic supervision: the intersubjective development. *Int. J. Psychoanal.*, 81:273-290.

Bion, W. (1959). Attacks on linking. In *Second Thoughts.* London: Heinemann, 1967, pp. 93-109.

——— (1962). *Learning from Experience.* London: Heinemann.

——— (1965). *Transformations.* London: Heinemann.

——— (1967). Notes on memory and desire. In *Melanie Klein Today, Vol. II: Mainly Practice,* ed. E. Spillius. New York: Routledge, 1988.
——— (1970). *Attention and Interpretation.* London: Heinemann.
——— (1977). The grid. In *Two Papers: The Grid and the Caesura.* London: Karnac, 1989, pp. 1-33.
——— (1992). *Cogitations.* London: Karnac.
Brown, L. J. (2002). The early oedipal situation: developmental, theoretical and clinical implications. *Psychoanal. Q.,* 71:273-300.
——— (2004). The point of interaction, mutuality, and an aspect of the analyst's Oedipus conflict. *Scandinavian Psychoanal. Rev.,* 27:34-42.
Brown, L. J. & Miller, M. (2002). The triadic intersubjective matrix in supervision: the use of disclosure to work through painful affects. *Int. J. Psychoanal.,* 83:811-823.
Caper, R. (1996). Play, experimentation and creativity. *Int. J. Psychoanal.,* 77:859-870.
Coburn, W. (1997). The vision in supervision: transference-countertransference dynamics and disclosure in the supervision relationship. *Bull. Menninger Clin.,* 61:481-494.
Doehrman, M. (1976). Parallel processes in supervision and psychotherapy. *Bull. Menninger Clin.,* 40:9-104.
Erikson, E. (1954). The dream specimen in psychoanalysis. *J. Amer. Psychoanal. Assn.,* 2:5-56.
Favero, M. & Ross, D. (2002). Complementary dreams: a window to the subconscious processes of countertransference and subjectivity. *Amer. J. Psychother.,* 56:211-224.
Ferro, A. (2002). *In the Analyst's Consulting Room.* New York: Brunner-Routledge.
——— (2005). *Seeds of Illness, Seeds of Recovery.* New York: Brunner-Routledge.
Fliess, R. (1942). The metapsychology of the analyst. *Psychoanal. Q.,* 11:211-227.
Freud, S. (1900). *The Interpretation of Dreams. S. E.,* 4/5.
——— (1912). Recommendations to physicians practicing psycho-analysis. *S. E.,* 12.
Freud, S. & Breuer, J. (1905). *Studies on Hysteria. S. E.,* 2.
Gediman, H. & Wolkenfeld, F. (1980). The parallelism phenomenon in psychoanalysis and supervision: its reconsideration as a triadic system. *Psychoanal. Q.,* 48:234-255.
Grotstein, J. (2000). *Who Is the Dreamer Who Dreams the Dream?* Hillsdale, NJ: Analytic Press.
——— (2004). The seventh servant: the implications of a truth drive in Bion's theory of O. *Int. J. Psychoanal.,* 85:1081-1101.
Heenen-Wolff, S. (2005). The countertransference dream. *Int. J. Psychoanal.,* 86:1543-1558.

LANGS, R. (1982). Supervisory crises and dreams from supervisees. *Contemp. Psyschoanal.*, 18:575-612.

MITRANI, J. (2001). "Taking the transference": some technical implications in three papers by Bion. *Int. J. Psychoanal.*, 82:1085-1104.

MOLLON, P. (1989). Anxiety, supervision and a space for thinking: some narcissistic perils for clinical psychologists in learning psychotherapy. *Brit. J. Med. Psychol.,* 62:113-122.

MYERS, W. (1987). Work on countertransference facilitated by self-analysis of the analyst's dreams. In *Amer. Psychoanal. Assn. Workshop Series, Monograph #3: The Interpretation of Dreams,* ed. A. Rothstein, pp. 37-46.

OGDEN, T. (1994). The analytic third—working with intersubjective clinical facts. *Int. J. Psychoanal.*, 75:3-20.

——— (1996). Reconsidering three aspects of psychoanalytic technique. *Int. J. Psychoanal.*, 77:883-899.

——— (2003). On not being able to dream. *Int. J. Psychoanal.*, 84:17-30.

——— (2004). This art of psychoanalysis: dreaming undreamt dreams and interrupted cries. *Int. J. Psychoanal.*, 85:857-877.

——— (2005). On psychoanalytic supervision. *Int. J. Psychoanal.*, 86:1265-1280.

RICCI, W. (1995). Self and intersubjectivity in the supervisory process. *Bull. Menninger Clin.,* 59:53-68.

RUDGE, A.-M. (1998). A countertransference dream: an instrument to deal with a difficult transference situation. *Int. Forum Psychoanal.*, 7:105-111.

SCALZONE, F. & ZONTINI, G. (2001). The dream's navel between chaos and thought. *Int. J. Psychoanal.*, 82:263-282.

SMITH, H. F. (1995). Analytic listening and the experience of surprise. *Int. J. Psychoanal.*, 76:67-78.

——— (1997). Resistance, enactment, and interpretation: a self-analytic study. *Psychoanal. Inquiry*, 17:13-30.

UNGAR, V. & AHUMADA, L. (2001). Supervision: a container-contained approach. *Int. J. Psychoanal.*, 82:71-81.

ZWEIBEL, R. (1985). The dynamics of the countertransference dream. *Int. Rev. Psychoanal.*, 12:87-99.

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NEUTRALITY AND CURIOSITY: ELEMENTS OF TECHNIQUE

BY EDWARD NERSESSIAN AND MATTHEW SILVAN

In the past three decades, neutrality has come under increasing criticism. The idea that a psychoanalyst can leave himself out of the therapeutic exchange has come to be seen as either an impossible dream or a myth. We propose that examining neutrality through the lens of curiosity allows for a new appreciation of the ongoing and vital importance of this psychoanalytic attitude. Our hypothesis is that curiosity and neutrality are linked, and that to maintain a neutral stance, the analyst must be able to direct a relatively conflict-free curiosity toward the workings of the analysand's mind as well as his own.

INTRODUCTION

In the past three decades, neutrality as a psychoanalytic stance has come under increasing criticism. In a review of the concept in a paper entitled "Toward a Definition of Psychoanalytic Neutrality" (1985), Hoffer commented: "Hailed at one moment as so funda-

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The Psychoanalytic Quarterly deeply regrets the death of Matthew Silvan on September 30, 2006. Dr. Silvan was the Director of Psychocutaneous Medicine at St. Luke's–Roosevelt Hospital in New York and a member of the New York Psychoanalytic Society and Institute. We extend our sympathies to his family and to the many people whose lives he touched.

mental that it is taken for granted, neutrality is in the next moment referred to as a myth" (p. 771). The reevaluation of this analytic attitude, if anything, accelerated in the years following; for example, Renik spoke about "the perils of neutrality" (1996). Not only did the idea that a psychoanalyst can leave himself, his theoretical and personal prejudices, ideas, and feelings out of the therapeutic exchange come to be seen as an impossible dream or a myth, but some in fact insisted that the notion of neutrality is based on an erroneous conception of technique.

In this paper, we propose that examining this concept through the lens of another psychoanalytic stance—namely, curiosity—allows for a new appreciation of neutrality's importance, and that doing so may also permit an increased awareness of the importance of curiosity as a critical aspect of the analytic process. Our hypothesis is that curiosity and neutrality are irrevocably and inexorably linked, and that to maintain a neutral stance, the analyst must be able to direct a relatively conflict-free curiosity toward the workings of the analysand's mind as well as his own.

Neutrality, along with abstinence and anonymity, are the technical recommendations that historically have been considered as essential for the conduct of analysis. During the last century, these recommendations have been revised and expanded such that they form the core of a particular way of looking at the workings of the mind that constitutes Freud's theory of psychoanalysis. Abstinence and anonymity emerge as a result of considering free association a means through which the unconscious can be made conscious, allowing for the analysis of the peculiar phenomenon of transference, moving from repeating, to remembering, to working through, and transforming the need for action into thought. To carry out these analytic tasks, the attitude of an observer has been accepted as essential. Today, as many of these psychoanalytic premises have come under increased scrutiny, the role of observation by both the analysand and the analyst should be reconsidered.

Freud (1913) asked his patients to observe their inner world by using the famous train analogy. To paraphrase: "So say whatever goes through your mind. Act as though, for instance, you were a

traveler sitting next to the window of a railway carriage and describing to someone inside the carriage the changing views that you see outside." To this oft-quoted metaphor and technical guideline, Lewin (1970) added that the analyst is also affected by his own window; in other words, the analyst must observe the patient, but he must also observe himself. It is neither possible nor helpful to expect more than a relatively emotional distance when making such observations. In point of fact, it helps—or perhaps it is essential—to be passionate about one's work while maintaining, in the best of circumstances, a relative degree of objectivity toward its exercise and the outcome. Objectivity does not mean imperviousness to success or failure, pain or pleasure, misery or joy. Nor does objectivity represent an absolute, since like all perceptions, it is subject to interpretation.

As we hope to articulate, a careful reading of the literature shows that what Freud, Lewin, and others are referring to when they speak of neutrality is an attitude of the mind rather than a prescription for behavior. That is, some degree of neutrality is both a useful and essential intellectual and emotional stance for the analyst and the analysand. However, this must be distinguished from the more superficial reading of neutrality as applying to certain behaviors. It should and can be appreciated as important even if it cannot be—as few things can—achieved in some absolute sense. It is our contention that achieving these goals and arriving at this difficult-to-reach position in the consulting room is facilitated by recognizing and appreciating how curiosity operates in both the analyst and the analysand.

Before illustrating how these technical constructs function together in the psychoanalytic situation, a brief review is in order.

THE INITIAL VIEW OF NEUTRALITY

While the word *neutrality,* or *indifferenz* (Hoffer 1985), was not mentioned by Freud until he wrote "Observations on Transference-Love" (1915), the notion was already emergent in Freud's theory of the time. In fact, while it was inherently present in a broader way

than Freud articulated it in 1915, it can be argued that, in that paper, his comment was not really about neutrality, but about the analyst's not allowing himself to be deluded by the patient's transferential declarations of love. Rather, the analyst "must recognize that the patient's falling in love is induced by the analytic situation and is not to be attributed to the charms of his own person" (p. 160). That paper advocates a prohibition of what today would be called a boundary violation and a warning against responding to countertransference fantasies. It is not a paper in which Freud set out to specifically define *neutrality*.

A more relevant comment about the importance of neutrality can be found in "Recommendations to Physicians Practising Psycho-Analysis" (1912), in which Freud discusses neutrality in relation to evenly hovering attention, insisting that the analyst obey "the rule of giving equal notice to everything" (p. 112).

The gradual development of psychoanalytic theory and technique as they start to unfold in *The Interpretation of Dreams* (1900) already presupposes a particular attitude toward the content of the mind. The goal is to make the unconscious conscious. However, the unconscious can only appear in consciousness in disguised and distorted form, the principal example of this being the dream. The technique that then must be adopted vis-à-vis the patient's thoughts, and, in the case of the dream vis-à-vis the manifest dream, is to ask the patient to free-associate without regard to logical connections, critical judgments, or evaluations of importance —that is to say, to deal with the material as if all its elements were equal. The analyst is advised to follow the various threads as they appear in the patient's mind without judgment and without concern for logic or apparent relevance, so that, gradually, disguises and defensive operations can be revealed, and the underlying or latent meaning is discovered. In other words, both the analyst and the analysand, driven by their curiosity and in an effort to uncover what lies behind the defenses and distortions, must adopt an attitude that is neutral. As far as possible, their attitudes should not a priori favor one thought or element over another in making associations.

While this neutral attitude was inherent in the theory and technique of psychoanalysis, it was not specifically described until Anna Freud, using the structural theory, proposed an actual definition of the stance of the analyst in 1936. Like her father, she did so without actually using the term in question:

> The analyst directs his attention equally and objectively to the unconscious elements in all three institutions. To put it in another way, when he sets about the work of enlightenment, he takes his stand at a point equidistant from the id, the ego, and the superego. [p. 28]

Smith (1999) has clarified that, while the term *neutrality* was not used by Anna Freud, the psychoanalytic attitude as described by the ego psychology school became known as one of neutrality. Perhaps in part because of the way the term developed over time, Anna Freud's definition of this analytic attitude can easily be misunderstood and misinterpreted, and does not stand up to careful theoretical scrutiny because it does not make a distinction between neutrality in listening and neutrality in interpreting. The analyst attempts to listen to the patient with as little prejudgment as he can, and as far as possible, he does not allow his own views and values to cloud his observations. In his interpretations, on the other hand, he may favor one or another side of the compromise.

For example, in the beginning of an analysis, the analyst must often focus on the manifestations of superego functioning as the patient struggles with the experience of being criticized and judged. If the analyst does not to some extent privilege interpretation of superego resistances, the analysis may very well stall if the patient is unable to free himself of internal inhibitions that can be so limiting to free association, access to early memories, and the analytic process in general. In other words, it is not that the analyst should not privilege one or another element of the material in his interpretations, but that he must keep himself open to hearing as many of the derivatives of the patient's latent thoughts as he is capable of apprehending.

Additionally, in practice, it is often not possible to know where one stands in regard to the patient's wishes and defenses; that is, it

is not possible to identify Anna Freud's (1936) "equidistant" point. Therefore, as will become more clear in our discussion of the role of curiosity in the clinical situation, it is only through maintaining a relatively conflict-free curiosity about the content of the patient's mind, latent and manifest, that Freud's "rule of giving equal notice to everything" (1912, p. 112) can be followed.[1]

CURIOSITY AND THE SELF-REFLECTIVE CAPACITIES OF THE EGO

Curiosity has been the subject of limited scrutiny in psychoanalysis. A literature search using a recent version of Psychoanalytic Electronic Publishing's database reveals only six articles with the term in its title. In previous articles (Nersessian 1995, 2000), the concept has been reviewed in more depth and will not be expanded upon here. Only one of the other papers we located could be said to be clinical in nature: Boesky's "The Questions and Curiosity of the Psychoanalyst" (1989). However, Boesky did not really focus specifically on curiosity; rather, he explored the concept in regard to the asking or not asking of questions (a reaction to the once-popular adage that it was always best not to ask questions). While this was an important contribution to the clinical literature, Boesky did not address the concept of curiosity as either a psychoanalytic stance or an aspect of the analysand's mind. Moreover, no previous efforts have been made to link the concept to neutrality, which is the purpose of this communication.

In briefly reviewing the relevant issues related to the concept of curiosity, we wish to highlight one aspect, namely, the various ego functions (Sterba 1934) that are involved in being curious and looking at oneself. Toward this end, we find it useful to distinguish three separate but related activities that occur in the mind: *conscious self-monitoring of thought, self-reflection,* and *self-inquiry.* Any

[1] We note here that we find this technical recommendation of Freud's to be a more clinically useful way of describing the analyst's and analysand's activity—and thus of describing *neutrality*—than Anna Freud's notion of equidistance.

or all of these functions can be infused and contaminated by superego affects, resulting in a variety of inhibitions that interfere with the analytic process. These inhibitions are often evident at the beginning of an analysis, which is why early interpretations of superego resistances are so important, as previously noted. The process of becoming curious about oneself develops when the analysand, pushed in part by his curiosity and in part through identification with the analyst's curiosity, begins to reflect upon what is occurring in his mind and in his relationship with the analyst. Thus, the analysand learns to turn his gaze inward and begins to monitor his internal experience.

For example, when a person speaks, a number of checking functions take place simultaneously, aimed at determining how to say what one is trying to say, when to express an affect and when not to, and so on. It is these aspects of self-monitoring that we ask patients to observe and to report on. As the analysand does this, his experience of himself deepens and he begins to do more than simply observe; he self-reflects. Self-reflection involves an attempt at making sense of one's associations and paves the way to self-inquiry, which focuses on the discovery of motivation, and in particular on unconscious motivation.

The distinction between self-observation, self-reflection, and self-inquiry is, of course, schematic. In the context of this paper, we consider these phenomena as clinical observations, without metapsychological aspirations. However, we emphasize that these functions tend to develop separately as a result of an increasing ability and willingness of the analysand to be curious about himself. What we especially wish to articulate are the ways in which the analyst can facilitate this essential aspect of the analysis. As the following brief clinical example illustrates, early in an analysis, interventions contributing to increased curiosity are most useful. By helping the analysand become more aware of the ways in which superego interferences inhibit self-understanding, the analyst can contribute to a deepening of both the exploration of unconscious fantasies and of the analytic relationship itself.

A schematic clinical example: A patient reports that, on his way to the analyst's office, he thought of smashing the window of a taxicab. He adds that he was debating whether he should tell this to the analyst (self-observation). He then wonders about why he was thinking this, and recalls that the analyst had told him about an upcoming break in the treatment (self-reflection). He asks himself why he should be upset about the break, and this question results in a series of associations and a search for explanations (self-inquiry).

Whereas self-observation is related to the workings of the superego, self-reflection and self-inquiry fall more within the realm of the ego. A question thus arises as to how to facilitate the development of this attitude in a manner that will optimally enhance the analytic process. The need to develop such analytic strategies is most apparent early in an analysis and/or when the analyst is faced with a patient who does not think about himself.

For example, one patient, while perfectly willing to say what came to his mind, did not want to think about the meaning of his associations. Whenever he was asked about an aspect of his thoughts, he said that he was there simply to tell everything, and it was the analyst's job to figure out what it meant. An intensely exhibitionistic and voyeuristic man, he showed no curiosity about either his own associations or a whole array of symptomatic behavior. (In a way, he was pointing out the inadequacy of the so-called "basic rule.") Other patients, when encouraged to say what comes to mind, are spontaneously willing to or become able to reflect upon their remarks, and therefore do not provide the analyst with an opportunity to observe a situation in which self-reflection is missing; they do not challenge the analyst to devise an analytic approach to combat this especially difficult resistance.

In this conceptualization of curiosity, self-reflection is seen as a component aspect of a specific attitude of the mind. Fonagy and Target (1998) speak about self-reflection or mentalization as "a developmental acquisition that permits children to respond not only to another person's behavior, but to the child's conception of others' attitudes, intentions or plans" (p. 92). They go on to state the following.

> Exploring the meaning of others' actions is in turn crucially linked with the child's ability to label and find meaningful his own psychic experiences, an ability that we suggest underlies affect regulation, impulse control, self monitoring and the experience of self agency. [p. 92]

For Fonagy and Target, self-reflection or mentalization is part of a larger process in which the child comes to have a sense of himself and his mind as separate. We do not argue with their description of the developmental process. Instead, we are using the terms *curiosity* and *self-reflection* in a more restrictive sense to describe an attitude of the mind, either the analyst's or the analysand's. It should be noted that, according to Coates (1998), in her commentary on Fonagy and Target, "one cannot foster the development of a patient's capacity for reflective functioning simply by standing outside the patient's emotional world and observing and commenting on his or her mind" (p. 127). We would agree that intellectual observations are just that: observations.

However, as we hope to make clear, being curious and neutral does not mean being uninvolved. It is only in the context of an emotionally engaged relationship that observations about the mind of the analysand become meaningful and are meaningfully integrated. In fact, as our discussion of the transference and the analyst–analysand relationship will illuminate, we are in complete agreement with Fonagy and Target that the analyst should be particularly interested in fostering this attitude in the patient, and that the development of this aspect of mental functioning occurs because of specific behaviors on the part of the analyst and in the context of the special relationship that exists in the analytic situation.

NEUTRALITY AND CURIOSITY IN THE CLINICAL SITUATION

The way in which neutrality, curiosity, and the related functions described above appear in our day-to-day clinical work can best be illustrated by clinical examples and an elucidation of the thinking processes as the material unfolds. The following vignette illustrates

the way in which the analyst's neutral attitude, facilitated by his curiosity, potentiates the ability of the patient to self-reflect.

Mr. O

Mr. O began his Monday session with the following words: "For the last few days or maybe a week now, I've reached a plateau in terms of my thoughts . . . . I have no new material."

After a moment's silence, during which he was weighing in his mind various ways to respond or not to respond to this introduction to the hour, the analyst said: "Your recognizing this and bringing it up here *is* new material."

Mr. O laughed and said, "I didn't look at it that way. I did not look at the process, I just looked at the substance . . ." After a brief moment, he began to explain that, over the weekend, he had been aware of his thoughts and then would find himself quickly trying not to grasp them. He saw this as almost a form of flirting with his thoughts. "What *is* this thought? Is it serious? Is it to be laughed at? Is it just fantastic?" He had a dream, but did not know what it was about.

The next day, Mr. O said that, since the previous session, he had noticed himself observing the fragments of thoughts that went through his mind. They would disappear, but kept returning, and along with this he would feel a bit of anxiety. He then reported for the first time his daydreams involving rescuing people in difficulty. Sometimes they were about a policeman who was being attacked, and Mr. O would be passing by and would wrestle with the assailant and save the policeman.

To those trained in classical technique, the shift in the type of intervention made by the analyst in the previous session must be clear. As it would have been previously, the analyst's attention had been drawn to the announcement by the patient that he was encountering resistance to some of his thoughts; however, in light of his modified technical approach as described here, the analyst chose to remain neutral in ways that he would not have done some years earlier. At that time, if he had had any idea about the specifics of what was involved, he might have interpreted it directly. Or he

might have simply told the patient that he must have been about to become aware of thoughts he would rather not have; or the analyst might have focused his attention on the use of the word *plateau* and inquired about that; or he might simply have waited.

In the intervention offered, the analyst attempted to sharpen Mr. O's self-reflective capacity. It was an intervention not directed at bringing to the patient's attention the ego's defensive maneuver, but instead it was a direct approach that put weight on the side of looking inward. By remaining neutral, the analyst emphasized Mr. O's recognition that he was observing himself within the framework of psychoanalysis. By doing that, the analyst shifted the balance away from the patient's need to defend against certain thoughts that he was uncomfortable with and allowed him to lean more toward self-observation. The fact that there appeared to be some amount of prohibition and criticism involved in Mr. O's self-observation indicated that he was, in our terminology, not self-reflecting, but *observing*. Thus, there was still too large a contribution from the side of the superego. This underscored the analyst's need to be attentive to this aspect of his mental functioning and to give it the necessary weight in interpreting.

This material highlights the benefit of this type of neutral attitude and the way in which assessing the level of curiosity can foster the patient's ability to observe himself and, on occasion, to reflect on his thoughts. Over time, the analysand becomes freer—more neutral and accepting, if you will—in exercising his curiosity through an analysis of conflicts.

In an ensuing session, Mr. O reported the following: "Over the last few days, I have realized to what degree I stop myself from divulging my thoughts. Sometimes I don't divulge them to myself. Fear plays a role in that—fear of criticism, of appropriateness. In some way it connects also to self-worth, in the sense that it takes guts just to put your thoughts out there, which is at the center of what this is all about. That's what comes to my mind—I should recognize and speak it out, and then I can sort out the garbage, though it will probably all be relevant."

Choosing to interpret at the level indicated in this material does not mean that at other times the interpretation is not directed more specifically toward the content or various latent meanings as they become clear through the exercise of the analyst's curiosity. However, an essential element of curiosity and neutrality is the ability of the analyst to place at the forefront the expansion of the analytic field. Curiosity and the related ability to tolerate uncertainty and ambiguity are, we believe, essential attributes in both parties in an analysis, and any impediments to them must become the subject of analytic scrutiny. The specific direction the material takes is in some ways of secondary importance, and the analyst must wait, unknowing, to see what emerges. If the analyst is too wedded to a particular type of insight or theme, he automatically stops being neutral and curious.

Yet it is important to wonder what determines the range and direction of the analyst's curiosity. First and foremost, the curiosity of the analyst is an *educated* curiosity. It is specific to the psychoanalytic situation and influenced by his education as an analyst. This education includes a personal analysis, theoretical and clinical teachings, supervision, study groups, experience with other patients, and adherence to certain schools. In addition to his education, other factors influencing the analyst's curiosity are his personal experiences, current life circumstances, his predominant mood of the moment, and other matters that impinge on his mind with or without conscious awareness. This educated curiosity is then brought to bear on the material presented by the patient.

As the following example illustrates, paying careful attention to one's curiosity is especially helpful in understanding the state of the transference.

Ms. A

Ms. A, a young woman in analysis for several months, became increasingly depressed and anxious as the analyst's summer vacation approached. She voiced concern about her own fragility, and her abilities to work and to sleep suffered. However, she denied any conscious feelings about the upcoming vacation.

As the analyst came to recognize the ways in which this young woman wanted him to be concerned about her and the unconscious investment she had in presenting herself as more fragile and incompetent than she really was, the analyst's own worry lessened. Although not interpreted directly, this shift in his stance contributed to Ms. A's ability to tolerate the separation, and her mood and functioning actually improved as the final session of the summer approached.

However, right before the vacation, the analyst missed several opportunities to pursue a line of associations and to comment on this woman's reaction to his going away—observations that he was aware in hindsight would have deepened the analysis. Only by being curious about these lapses and reflecting upon them was he able to realize that he was still worried about her and still responding to her worry about herself.

This brief example highlights the ways in which neutrality and curiosity mutually influence one another. These two attitudes of the mind operate in a recursive, nonlinear manner that can profoundly impact the analytic process. In this instance, the analyst's lack of curiosity led him to be less neutral—that is, to be more focused on the state of Ms. A's ego functioning and less on the exploration of her conflicts, fantasies, and self-object perceptions. At the same time, his lack of neutrality, driven by his worry, rendered him less curious about her reactions to his going away.

Clinical Discussion

The above review of our thinking on curiosity and what we call *educated* curiosity may at first glance appear contrary to the premise of neutrality. After all, we recognize the roles played by professional education, theoretical positions, inner preoccupations, and, obviously, a personal interest in being curious. However, it seems to us that what both Freud and Anna Freud had in mind when they referred to neutrality as an aspect of analytic technique can be most simply described as a means of being optimally curious about the workings of the analysand's mind—a curiosity about what motivates him and what gives rise to specific affects. In other

words, a *relative or optimal neutrality* describes the curiosity of the analyst toward both his patient and himself.

Cecchin (1987) makes a similar point. He defines neutrality as:

> . . . the creation of a state of curiosity in the mind of the therapist [that] leads to exploration and invention of alternative views and moves, and different moves and views breed curiosity. In this recursive fashion, neutrality and curiosity contextualize one another in a commitment to evolving differences, with a concomitant nonattachment to any particular position. [p. 406]

Since curiosity is aimed at understanding the way the thoughts, feelings, and fantasies of the analysand are organized—and since the attempt to liberate the patient's curiosity has the goal of facilitating self-reflection and exploration in a way that is as free from superego influences as possible—curiosity is relatively neutral.

This view of neutrality as a means of assisting the analyst in understanding the mind of the patient is echoed by numerous other authors from a variety of theoretical perspectives. All of them appear to see neutrality as central to the analytic process. Issacharoff (1988) defines neutrality as "willingness on the part of the analyst, like a spectator of a play, to listen uncritically and suspend judgment" (p. 312). Chused (1982) defines it as "nonjudgmental willingness to listen and learn" (p. 3). Poland (1984) describes how the analyst must neutralize his own internal processes or countertransference, so that he can "nurture the patient's observing ego in the presence of the transference" (p. 285). Franklin (1990), describing neutrality from both the therapist's and patient's sides, argues that essential neutrality is a hallmark of the way in which both analyst and analysand maintain an open-ended attitude toward anything and everything that occurs in the analysis.

Furthermore, Meissner (1998) states:

> Neutrality as focused on the quest for meaning would thus assume a central role in the analytic process. Rather than seeking answers or conclusions, presumably engagement in the inquiry would, under optimal conditions, increasing-

> ly characterize the participation of both analyst and analysand as the analytic work progresses. [p. 1091]

While he does not use the word *curiosity,* this is clearly implied in Meissner's statement about the quest for meaning.

At the same time, several writers seem to recognize that, while neutrality is important, it may be an impossible position to achieve in the absolute sense. For example, Kernberg (1996) notes that neutrality is impossible to maintain consistently; the analyst is always being pulled away from this position, only to have to try to reacquire it. Schafer (1983) makes a similar point when he says that neutrality is "easier prescribed than maintained" (p. 168).

Despite its integral role in analytic theory and technique, neutrality has come under increasing criticism, and is even rejected altogether in some circles because it is seen as impossible to implement in practice. It may be that once neutrality as a concept was explicitly defined as a prescribed type of analytic attitude, it began to be taught, presented, and understood with a great deal less nuance than it required. What may have been intended as a flexible attitude of the analyst at work became idealized as pure analytic technique. Notwithstanding the fact that such an attitude is clearly recognized as impossible to achieve in the absolute sense—and is nowhere present in any of the extensive case presentations of Freud—a particular view of neutrality began to emerge.

In the post-Second World War era, particularly within the paradigm of ego psychology, the notion of equidistance and the resultant abstinence, anonymity, and neutrality were taken by some to an extreme and rigidified degree. Consequently, in an attempt to be neutral, the analyst became unreal (Tarachow 1963). From the point of view of analytic technique, a certain amount of Puritanism pervaded the scene in the United States as the rigidity of the concept prevented analysts from feeling free to explore such concepts theoretically. Moreover, a breach developed between what was taught and what was practiced, as analysts struggled to find a way to place their clinical experience within a theoretical context.

Perhaps as a backlash from the excessive rigidity of this time or as a natural and necessary expression of intellectual growth, the

concept of neutrality has come under criticism particularly from the interpersonal, relational, and intersubjective schools. Stolorow and Atwood, in a paper entitled "Deconstructing the Myth of the Neutral Analyst: An Alternative from Intersubjective Systems Theory" (1997), discuss four concepts that they believe are the constituents of neutrality: abstinence, anonymity, equidistance, and empathy. They attempt to show that none of these conforms to clinical reality, arguing that "once the psychoanalytic situation is recognized as an intersubjective system of reciprocal mutual influence, the concept of neutrality is revealed to be an illusion. Hence, interpretations are always suggestions, transference is always contaminated, and analysts are never objective" (p. 431).

Renik, in "The Perils of Neutrality" (1996), argues that neutrality is unattainable because it does not take account of the way learning takes place in the analysand. In his view, neutrality does not describe the ideal relation between an analyst's judgments and a patient's conflicts because neutrality suggests a misguided view of the role of the analyst's emotions in analytic technique. Mitchell (1997) added that neutrality is untenable because it does not recognize that what the analyst intends and what the patient experiences can be different, without the latter being simply a distortion of reality: "The largely silent analyst might intend his silence as a neutral observational perch, while the patient may experience that silence as sadistic withholding" (p. 183).

Such statements, unfortunately, often tend to be too categorical and lack nuance and flexibility. While it is true that the analyst cannot always be objective, it seems to us too extreme a statement to say that he is never objective. A more subtle way of underscoring issues of objectivity may be to note that the analyst struggles to be objective in every session, and that he can achieve this during certain analytic hours in regard to certain analytic material. More importantly, the analyst's attention to these fluctuations is more useful to the progress of the analysis than is a simple rejection of the concept or a disregard of those aspects of the analytic interaction.

From the interpersonal perspective, neutrality has not been so readily rejected, but is still seen as requiring modification. Green-

berg (1986), who finds usefulness in a modified version of the stance, offers a more balanced review of the concept. For Greenberg, the analyst

> . . . inevitably participates somewhere within a historical continuum of the patient's relationships with others. That is, he "fits" somewhere into the patient's representational world, either assimilated into an old relational pattern or experienced as new, and different from what the patient has experienced before. [p. 95]

Therefore, that the therapist participates is not a matter of choice; it is inevitable.

Greenberg adapts Anna Freud's (1936) definition of neutrality —as representing a position of equidistance from ego, id, and superego—to the relational perspective by redefining neutrality as "embodying the goal of establishing an optimal tension between the patient's tendency to see the analyst as an old object and his capacity to experience him as a new one" (p. 97). As an example, Greenberg (1986) mentions that:

> With a patient who is firmly encased in a closed world of internal objects, the analyst will have to assert his newness more affirmatively to achieve an optimal level of tension, while with the more open patient, just such assertiveness would constitute an impediment to the development of transference and to insight about it. [p. 97]

It would seem to us that the problem may not lie in specifying how the analyst should participate, but rather we must recognize that the analyst should understand how he is participating or wants to participate, and use that knowledge to further the patient's understanding of his fantasies about the analyst and others.

There is little doubt that such critical reevaluations of concepts that have been taken for granted are of great benefit to our field. However, we will not focus on an extensive critique of each of these specific arguments in the present work, but instead we pose the following questions: How should we consider neutrality today?

Should we abandon it, as Renik would recommend? Shall we consider it differently than originally intended, as Greenberg suggests? Or can we continue to view it as central to our psychoanalytic technique and a crucial aspect of how we come to know our patients and how they come to know themselves? We believe this question can best be answered by reexamining the way in which neutrality functions in the analytic setting from the perspective of how we come to be curious about our patients and ourselves. After all, it is the search for knowledge about how the mind works that lies at the crux of any psychoanalysis.

Despite some criticisms, as we have noted, a close reading of Freud, Anna Freud, and other authors reveals that neutrality has long been considered an aspect of the mind that is quite useful in furthering the analytic task. Only when neutrality has been described in a more concrete, rigid, and simplistic way as part of the analyst's behavior does it become problematic and a less effective aspect of analytic technique. Arlow (1995) referred to a related problem in noting that when novice analysts become overly concerned with following the "rules" of technique, their listening becomes stilted, forced, and far less "neutral." By stressing the role of curiosity as an essential aspect of the analytic attitude, we are highlighting more specifically what constitutes neutrality and why it continues to be important in analytic work. Obviously, neutrality is neither just an attitude of the mind nor a way of behaving; in fact, this type of linear thinking is precisely what leads to a diminution of its usefulness in the analyst's armamentarium. Rather, it is our contention that keeping in focus the type of curiosity we are advocating fosters the analyst's ability to be neutral in a manner that enhances the analytic field.

In addition, we think that, by emphasizing the need to monitor the mutually influential relationship between these two concepts, the potential for a deeper exploration of the patient's mind is increased. When as analysts we become less neutral, our ability to be optimally curious about ourselves and our patients is invariably infringed upon. That is, our behavior, the types of questions we ask, or the material we respond to undergoes a shift. Thus, when we find

ourselves less curious, we can be certain that something about ourselves or about the patient is being evoked that is pushing us away from a state of relative or optimal neutrality.

It is not that simply being neutral immunizes the analyst against straying from some optimally curious position. Nor are we making the simplistic, linear argument that curiosity *causes* neutrality. Rather, it is that the two concepts contextualize one another, and when, in our efforts to understand our patients, we are optimally curious, we are also optimally neutral. Furthermore, when we analyze clinical process, we can sometimes see where and when we have moved away from these positions, both in terms of our understanding of the patient's mind and within the analyst–analysand matrix.

To give a brief clinical example: Mr. G, a 30-year-old man, reported at some length about interviewing for a job. The analyst's own competitive conflicts made it difficult for him to recognize that his patient's competitive anxieties were overshadowing his masochistic needs to fail, which had been the focus of the analysis for some time. Thus, the analyst became more curious about Mr. G's ongoing need to sabotage his professional progress. For the moment proceeding according to a less neutral paradigm, the analyst began tailoring his questions in such a way as to avoid intensifying the competitive anxieties that both were experiencing.

NEUTRALITY AND CURIOSITY IN THE PSYCHOANALYTIC MATRIX

Specific transference phenomena and their interpretation can be used as another example to further clarify the relationship between curiosity and neutrality. While the transference relationship can be understood at multiple levels and from multiple theoretical viewpoints, we wish to focus on only one that is relevant to our thesis: namely, the transference as an object relationship. Brenner (1982) has explained that there is no difference between an object relationship and transference; the only thing that distinguishes them is that the analyst analyzes the transference. But what happens when the analyst analyzes the transference? What is the mental attitude of the analyst or the analysand that allows for analysis of transference?

It is evident that the analyst does not analyze every aspect of the patient's relationship to the analyst, but rather selects from the material that which he thinks should be analyzed in order to most effectively further the patient's understanding of himself. To do this, the analyst must recognize that he is not the sole object of the analysand's thoughts and feelings. It is this recognition that is a manifestation of neutrality. Whereas the analysand may not at first believe that he is being influenced by earlier relationships, the analyst wonders about the determinants, antecedents, and specificity of the patient's feelings and thoughts, as well as the context in which they have become manifest. That is, the analyst sees that the patient is functioning in a transference relationship that is determined by, or at least very strongly colored by, relationships in the past. It is at the moment when the analyst interprets that a transferential experience occurs: the patient becomes aware of an aspect of his fantasies that was hitherto unknown to him, while at the same time becoming more curious about his own experience.

In order to recognize what is occurring between himself and the patient, and then to be able to interpret it rather than reacting as he would if the pair had a real relationship, the analyst needs to step back for a moment and look at what is being enacted. To do this, it is essential that he keep his focus on what is occurring and why it is occurring—that is to say, that he maintain an optimal degree of curiosity. When he does that, and if he takes care to do so with as little contamination from his own conflicts as possible, then he is inevitably maintaining neutrality.

This neutral stance on the part of the analyst has less to do with how he behaves than with the frame of mind he maintains. Thus, issues of self-disclosure or analytic demeanor—often highlighted as signs of a "less neutral" or "more real" analyst—can obscure more important indications of a loss of neutrality that interferes with the analytic endeavor. Equally important is the recognition that there will be inevitable transference enactments in which both analyst and analysand lose their neutrality and curiosity. What this demands is a commitment on the part of both participants to ceaselessly monitor these fluctuations.

Another way in which neutrality and curiosity function together in analysis is that they contribute to the working partnership of analysand and analyst. What we specifically set out to achieve is for the analysand to become curious about his thoughts, fantasies, memories, and acts, as well as about his inevitable accompanying defenses. This process is greatly facilitated by his identifying with the analyst and developing the same posture of inquiry. As Fonagy and Target (1998) note, "The internalization of the analyst's concern with mental states enhances the patient's capacity for similar concern toward his own experience" (p. 92).

Some—especially in the French school, and particularly those following the ideas of Lacan—may look at this proposal with disdain, since any identification with the analyst may be considered too closely related to suggestion and of no value in the exploration of the unconscious. We believe quite the opposite—namely, that identifying with the analyst's curiosity is of major assistance to analytic work and of value to the patient. Obviously, the analysand may use identification with the curiosity of the analyst defensively, a point that Fogel (1995) seems to imply when he describes patients who employ a *pseudopsychological mindedness*. In our minds, Fogel's thesis supports our argument that when patients erect barriers against understanding themselves, they are expressing an inhibition of their own curiosity and a concomitant inability to look at themselves more openly—that is, in a more neutral, less self-critical, and more accepting manner.

It is interesting to speculate about how and when patients might become more defensively curious, or when their identifications with the analyst might hinder rather than help the analysis move forward. Unfortunately, our clinical experience at this juncture does not allow us to offer conclusive information. Perhaps further focus on these clinical issues and greater attention to process material will shed light on this fascinating topic.

However, it is our sense that a stronger focus on the role of curiosity in both participants, as well as interpretations aimed at enhancing the patient's self-reflective capacities, can be helpful in increasing the collaborative aspects of the analytic work. Mitchell

(1997) and others have underscored the authoritarianism they see as inherent in classical technique. While it is our sense that such a stance has not been in evidence in recent decades, the increasing recognition of the importance of the patient's active participation in self-understanding nevertheless shifts the dynamic between the analyst and analysand. This shift in the analytic matrix, which can accentuate the importance of curiosity and neutrality in the service of understanding the working of the mind of the analysand, serves to diminish the analyst's contribution to such authoritarian transference fantasies, as well as to reduce his role in gratifying the patient's passive wishes.

What this stance does not do is diminish the importance of analyzing the patient's need to see the analyst—in the transference—as the authority. Along these lines, patients may still experience the analyst's neutrality as anything but neutral. Analysands will, of course, have idiosyncratic responses to the analyst's inquiry, often based on the nature of the transference. However, as our earlier examples illustrate, interpreting inhibitions to curiosity, especially early in the treatment, paves the way for a deepening of the analysis. Moreover, inhibitions to doing so on the part of either the analyst or of the analysand are of particular importance.

These enactments can be complicated by the fact that transference, and especially the transference neurosis, occurs in a state of regression that at times can be quite profound. In addition, the analyst is himself from time to time in a state of regression, but this must be carefully circumscribed in order for the analyst to be able to process the analytic material. It seems to us that while a quality of regression is essential in order for the analyst to listen to unconscious material, a part of the analyst's mind, obviously, must not regress if he is to maintain neutrality and curiosity. When a greater regression does occur, curiosity in the analyst becomes entangled in earlier phase-specific conflicts; on these occasions, a more conflicted and less neutral type of curiosity can impact the analyst's reality testing and judgment, resulting in a greater risk of unexplored countertransference enactments. Amongst less serious versions of such enactments is the analyst's voyeuristic curiosity about matters

that are of a more personal interest to him than they are pertinent to the patient's associations and conflicts of the moment.

CURIOSITY AND ITS RELATIONSHIP TO INSTINCTS

The potential for curiosity to become a more direct expression of voyeuristic impulses and thus less neutral is certainly heightened when the analyst is in a state of regression. Such an occurrence brings into focus an important issue, namely, the degree to which curiosity is seen as a component instinct intimately connected to voyeurism and scopophilia. In *Three Essays on the Theory of Sexuality* (1905), Freud does not specifically discuss curiosity, but does discuss scopophilia and the instinct for knowledge. Scopophilia, for Freud, is the pleasure in looking and is closely tied to sexuality (pp. 156-157). It leads in some cases to perversions, namely, voyeurism and exhibitionism. The instinct for knowledge or research, he believed, peaks between the ages of three to five years:

> This instinct cannot be counted among the elementary instinctual components, nor can it be classed as exclusively belonging to sexuality. Its activity corresponds to a sublimated manner of obtaining mastery, while on the other hand it makes use of the energy of scopophilia. Its relation to sexual life, however, is of particular importance, since we have learnt from psycho-analysis that the instinct for knowledge in children is attracted unexpectedly early to sexual problems. [p. 193]

Clearly, Freud observed the curiosity of little children in anal and sexual areas, yet he also knew that children were curious about many things. Our reading of Freud is that he was not totally able to come to terms with these varied observations and was not fully satisfied with the notion of sublimation. This is why we think he had to resort to the notion of the use of energy from scopophilia to fuel the instinct for research and knowledge. For Freud, reliance on the energy model tended to result at those moments when his

nascent theory was not yet sophisticated enough to account for all the varying data he was trying to integrate.

Recent works suggest that curiosity is present in infancy and can motivate activity on the part of the infant. According to Beebe, Lachmann, and Jaffe (1997), "the infant brings primary endogenous activity and his or her own intrinsic motivation to process and order information. Play, curiosity, and exploration are as decisive as the need to reduce hunger, pain, or fatigue" (p. 137). Panksepp (1988) has also argued that curiosity is present from early life and is part of the emotional seeking system of the brain. Whether curiosity should then be classified as part of the motivational system—that is, the drives—or as part of the conflict-free ego functions (Hartmann 1958) is closely tied to the whole complex question of the role of drives and instinct in metapsychology.

We do not see curiosity as enmeshed in phase-specific conflicts at the beginning of life. Rather, it is only through the progress of development through the psychosexual stages that curiosity becomes entangled with conflict and can then turn into scopophilia and voyeurism. As development proceeds, curiosity tends to become overcome by conflicts and falls under the increasing influence of the superego. As superego controls increase, curiosity is inhibited, and the growing child begins to feel that he should not be curious. This leads to the well-known inhibitions and symptoms connected to real or symbolic looking.

For the analyst, conceptualizing curiosity exclusively as a transformation of voyeurism linked solely to countertransference can be limiting. In the past, analysts with this viewpoint relegated issues of curiosity to their own analysis, rather than discussing them with colleagues as a technical or theoretical factor. Vicissitudes in curiosity on the part of the analyst can certainly be seen as sometimes emanating from countertransference. At these moments, analysts may employ a pseudocuriosity, as Fogel (1995) described with his patients, or use their curiosity defensively in a myriad of ways to avoid thinking about their patients.

Alternatively, analysts can use their curiosity to avoid connecting with their patients by becoming overly intellectualized. At

these moments, they may also be guilty of acting in the kind of rigidly neutral manner that we noted earlier in citing Arlow's (1995) comments. However, as we have illustrated, actively encouraging and facilitating one's curiosity, considering it in the context of maintaining a relatively neutral analytic attitude, and monitoring its fluctuations during the analytic process can be of invaluable assistance to the analyst and the analytic process. As we have said before, it is not that either neutrality or curiosity can prevent countertransferential enactments from occurring; that is neither possible nor desirable. Rather, these two aspects of the analytic process, when they are the subject of judicious self-monitoring, can provide the analyst with useful information about both himself and the analysand that can allow for a deepening of the analysis.

CONCLUSIONS

In returning to the issue of how neutrality and curiosity intertwine in the analytic situation and specifically in the transference, let us add a reminder that, if the analyst responds to the patient's feelings about him as if they were occurring in a real relationship, then there is really no analysis. For an analysis to occur, the analyst needs to recognize that there is something importantly unreal about the relationship, and to view the patient's feelings as originating from elsewhere and directed toward ghosts of the past rather than toward the analyst. To do this, the analyst must be curious about the reasons for what is occurring—what are the determinants from the past, and what are the consequences and manifestations in the present—instead of responding as though the patient's feelings were actually directed toward him.

In other words, the analyst must maintain a position of neutrality. When the curiosity of the analyst is directed toward the workings of the patient's mind, and, specifically, toward the associations and affects that are being directed toward the analyst, then and only then is the analyst being neutral.

Miller (2000) writes the following in his monograph on the analyst's functioning during the session.

> Neutrality is not having no feelings, but it is in not allowing them to follow their natural route towards internal discharge and in the dynamics of the intersubjective exchange. The force these affects introduce into the analytic process should not be strangulated since they are part of the process of psychic change . . . . Instead of reacting or acting upon these affects, the analyst must continue to feel, while blocking the path to discharge. This psychic work should be based on the observation that it is I who feels, but it is not I who is the target. Thus, what is it that I feel, and who is the target. [p. 16, translation by Edward Nersessian]

This is what we think Cecchin (1987) has in mind. The curious analyst is not an indifferent, remote, non-involved one, but his curiosity about the workings of his patient's mind—even when that curiosity is not fully free of conflict—is his main motivation, and this is to us what represents neutrality. This neutral curiosity directed outward toward the patient's mind and inward toward the analyst's mind is essential for psychoanalytic work to take place. Psychoanalysis as we understand it revolves around Freud's discoveries regarding the unconscious. Being truly curious about the unconscious, both the patient's and our own, cannot occur without neutrality, which forms the fabric of the theory and practice of our work. Those who see it as wrong, unnecessary, or harmful are criticizing the very foundations of classical psychoanalytic theory, not just one of its technical precepts.

REFERENCES

Arlow, J. A. (1995). Stilted listening: psychoanalysis as discourse. *Psychoanal. Q.,* 64:215-233.

Beebe, B., Lachmann, F. M. & Jaffe, J. (1997). Mother–infant interaction structures and presymbolic self- and object representations. *Psychoanal. Dialogues,* 7:133-182.

Boesky, D. (1989). The questions and curiosity of the psychoanalyst. *J. Amer. Psychoanal. Assn.,* 37:579-603.

Brenner, C. (1982). *The Mind in Conflict.* New York: Int. Univ. Press, pp. 194-212.

Cecchin, G. (1987). Hypothesizing, circularity and neutrality revisited: an invitation to curiosity. *Family Process,* 26:405-413.

CHUSED, J. (1982). The role of analytic neutrality in the use of the child analyst as a new object. *J. Amer. Psychoanal. Assn.,* 30:3-28.

COATES, S. W. (1998) Having a mind of one's own and holding the other in mind: commentary on a paper by Peter Fonagy and Mary Target. *Psychoanal. Dialogues,* 8:115-148.

FOGEL, G. I. (1995). Psychological-mindedness as a defense. *J. Amer. Psychoanal. Assn.,* 43:793-822.

FONAGY, P. & TARGET, M. (1998). Mentalization and the changing aims of child psychoanalysis. *Psychoanal. Dialogues,* 8:87-114.

FRANKLIN, G. (1990). An open-ended approach to psychoanalytic theories. *Contemp. Psychoanal.,* 26:518-540.

FREUD, A. (1936). *The Ego and the Mechanisms of Defense.* New York: Int. Univ. Press.

FREUD, S. (1900). *The Interpretation of Dreams. S. E.,* 4/5.

——— (1905). *Three Essays on the Theory of Sexuality. S. E.,* 7.

——— (1912). Recommendations to physicians practising psycho-analysis. *S. E.,* 12.

——— (1913). On beginning the treatment. *S. E.,* 12.

——— (1915). Observations on transference-love. *S. E.,* 12.

GREENBERG, J. (1986). Theoretical models of the analyst's neutrality. *Contemp. Psychoanal.,* 22:87-106.

HARTMANN, H. (1958). *Ego Psychology and the Process of Adaptation.* New York: Int. Univ. Press.

HOFFER, A. (1985). Toward a definition of psychoanalytic neutrality. *J. Amer. Psychoanal. Assn.,* 33:771-795.

ISSACHAROFF, A. (1988). Neutrality as an instrument to reassess knowledge. *Contemp. Psychoanal.,* 24:311-322.

KERNBERG, O. (1996). The analyst's authority in the psychoanalytic situation. *Psychoanal. Q.,* 65:137-157.

LEWIN, B. D. (1970). The train ride: a study of one of Freud's figures of speech. In *Selected Writings of Bertam D. Lewin,* ed. J. A. Arlow. New York: Psychoanalytic Quarterly, 1973, pp. 369-384.

MEISSNER, W. (1998). Neutrality, abstinence, and the therapeutic alliance. *J. Amer. Psychoanal. Assn.,* 46:1089-1128.

MILLER, P. (2000). *Le Psychanalyste Pendant la Seance.* Paris: Press Universitaire de France.

MITCHELL, S. (1997). *Influence and Autonomy in Psychoanalysis.* Hillsdale, NJ: Analytic Press.

NERSESSIAN, E. (1995). Some reflections on curiosity and psychoanalytic technique. *Psychoanal. Q.,* 64:113-135.

——— (2000). The role of curiosity in psychoanalysis: changes in my technique in the past fifteen years. In *Changing Ideas in a Changing World: The Revolution in Psychoanalysis–Essays in Honour of Arnold Cooper,* ed. J. Sandler, R. Michels & P. Fonagy. London: Karnac/New York: Other Press.

PANKSEPP, J. (1988). *Affective Neuroscience: The Foundations of Human and Animal Emotions.* London: Oxford Univ. Press.

POLAND, W. (1984). On the analyst's neutrality. *J. Amer. Psychoanal. Assn.,* 32: 283-299.

RENIK, O. (1996). The perils of neutrality. *Psychoanal. Q.,* 65:495-517.

SCHAFER, R. (1983). *The Analytic Attitude.* New York: Basic Books.

SMITH, H. F. (1999). Subjectivity and objectivity in analytic listening. *J. Amer. Psychoanal. Assn.,* 47:465-484.

STERBA, R. (1934). The fate of the ego in analytic therapy. *Int. J. Psychoanal.,* 15:117-126.

STOLOROW, R. & ATWOOD, G. (1997). Deconstructing the myth of the neutral analyst: an alternative from intersubjective systems theory. *Psychoanal. Q.,* 66:431-449.

TARACHOW, S. (1963). *An Introduction to Psychotherapy.* New York: Int. Univ. Press.

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THINKING ABOUT PSYCHOANALYTIC CURRICULA: AN EPISTEMOLOGICAL PERSPECTIVE

BY ELLEN REES

The author discusses the role that curriculum development can play in preparing psychoanalytic candidates to understand the challenges created by theoretical pluralism in our field and by the growth of knowledge in neighboring disciplines. Curriculum design can be used to encourage the development of epistemological perspectives that can serve as organizing frameworks to help candidates think critically about psychoanalytic knowledge. It is possible to teach these complex matters in a way that students find accessible and useful. The author presents exemplars taken from the curriculum at the Columbia University Center for Psychoanalytic Training and Research in New York.

> The central problem of epistemology has always been and still is the problem of the growth of knowledge.
>
> —Karl Popper (1992, p. 15)

> When we interpret a fantasy, how do we know that we didn't make it up according to our theory?
>
> —An anonymous psychoanalytic candidate

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> The philosophical issues arise not out of a lack of intuitively reasonable explanations of what we observe but, on the contrary, from a superfluity of such explanations.
> —R. C. Lewontin (2000, p. 192)

INTRODUCTION

The recent growth of knowledge about how the mind develops, functions, and changes, gained both within our discipline and in neighboring disciplines, has created an opportunity and a challenge for psychoanalysis and psychoanalytic education. We must now ask ourselves whether ideas and information from other disciplines have the potential both to enrich and to constrain psychoanalytic theorizing. This new knowledge is becoming available during a time when psychoanalytic concepts have undergone great change as we accommodate what we have learned in the last 100 years. Psychoanalysts no longer agree on such fundamental questions as how to define psychoanalysis or how to describe the psychoanalytic process.

The focus of this paper is the role that psychoanalytic institutes can play in teaching future psychoanalysts to think systematically and critically about psychoanalytic knowledge. I contend that candidates can simultaneously learn to be psychoanalysts *and* to think critically about psychoanalysis as a field in dialogue with other fields *from the first year of training*. I begin by presenting a very brief picture of the current state of our knowledge, and I outline some of the problems that teachers and candidates struggle with in a discipline where there is no single base of understanding and where we maintain multiple theories and points of view.

Then, again briefly, I sketch a few of the enduring epistemological questions that we grapple with as a field, by way of introducing the notion of an epistemological stance as a point of orientation that is within a candidate's reach. In this connection and by way of example, I present the ideas of several thinkers whose ideas can be of help in teaching candidates about issues that involve epistemology and psychoanalytic methodology. Lastly, I de-

scribe curriculum experiments that have recently been designed and implemented at the Columbia University Center for Psychoanalytic Training and Research in order to create an educational process that encourages candidates to think critically and to evaluate traditional knowledge.

Let us consider some realities of the field that our candidates seek to join and that we hope to teach them to understand. Over the years, changes in our thinking have been profound. The questions that we face are fundamental to understanding and conceptualizing the *nature* and *scope* of our discipline and the psychoanalytic process itself. We have different ideas about how to define the boundaries of our field, about which phenomena to include and which to exclude. We have different ideas about the setting in which to study phenomena, about whether information from outside the analytic situation is useful or irrelevant. We differ about what ought to be the focus or object of our interest. For example, are we interested in the here and now and/or in the genetic past? Are we interested in meaning and/or in causal explanations for our observations?

At this time in our intellectual history, I suggest that candidates will think and learn more effectively if they appreciate the task we have before us as a field. Psychoanalysis is not a closed system of knowledge, but an open and developing one; in this respect, it is like any young discipline. If we teach our candidates what we think constitutes and what constrains a psychoanalytic point of view, encourage them to grapple with the controversies in our midst, let them know the limits of our knowledge, and help them develop the conceptual tools they need to think critically, we give them the perspective they need to be students, collaborators in learning, and creative contributors who will help both to develop and to sustain the psychoanalytic enterprise.

Certainly, there is an inherent tension between the need to teach a clinical technique based upon a well-established body of knowledge and the need to teach critical thinking. This tension will inform our decisions as we refine our teaching methods, redefine our educational priorities, and evaluate our efforts. But let us con-

sider the advantages of teaching candidates to *think about psychoanalytic thinking* while they are becoming psychoanalysts by examining some of the problems such an effort must address.

THE STATE OF PSYCHOANALYTIC KNOWLEDGE

Theoretical Pluralism

Most psychoanalytic educators have been concerned with teaching the mastery of knowledge that has grown out of clinical work. Analysts worldwide have been contributing to psychoanalytic knowledge from this clinical perspective for more than half a century since Freud's death. The result is a conglomerate of partial theories and theoretical models. Our essential concepts encompass heterogeneous and sometimes contradictory ideas. This conceptual flexibility has served us well and continues to do so. As Sandler (1983) pointed out, "Elastic concepts play a very important part in holding psychoanalytic theory together"; they allow "developments in psychoanalytic theory to take place without necessarily causing overt radical disruptions in the overall theoretical structure of psychoanalysis" (p. 36).

However, this flexibility may now be restricting the growth of our field by eroding its clarity as well as by hindering the testing of our concepts and theories. While analysts have been prolific in generating ideas, we have not been as dedicated to systematically testing ideas (Cooper 2003; Kandel 1999). The nature of our discipline makes the use of methods for testing one idea against another difficult, and some think impossible. Underlying our difficulties to an indefinitely large extent is the historical fact that we have never succeeded in establishing an agreed-upon and reliable methodology for evaluating our derivations of latent content from manifest content. Had we been able to do so at the outset, psychoanalysis might have made the sort of cumulative progress that we see in other scientific fields—and teaching it to candidates would be quite a different matter than it is now. Although methodologies that might aid our efforts are available in the sciences and in philos-

ophy, these methods fall very short of our needs at present, even though they have been and are being creatively adapted to study the psychoanalytic situation.[1]

In the meantime, since we rely on a pluralistic perspective to encompass diverse and diverging models and theories, we have to contend with contradictory ideas and concepts that represent different meanings. It is important that candidates be able to recognize contradictory ideas and be able to think about the advantages and disadvantages of maintaining them in their current state. It is important that they understand that we are struggling with the question of whether a multiplicity of theoretical meanings is inherent in the development of our thinking, and/or is a transitional phase as we strive for a different integration in our thinking.

Changing Perspectives on Fundamental Concepts

Analysts are rethinking fundamental concepts and the processes and experiences they describe. Different perspectives on the nature of unconscious processes, defense, transference, countertransference, motivation, unconscious fantasy, relations to objects, psychic structure, conflict, and therapeutic action are emerging. For example, we have seen changes in the ways we conceptualize the role of the analyst in relation to the transference, the role of the relationship between analyst and patient in therapeutic action, the nature and function of countertransference in the analytic dyad, the role of memory and reconstruction in the therapeutic process, and the functioning of affects in motivation and mental representation. Some analysts are rethinking basic aspects of the frame and the analytic attitude, abstinence, neutrality, self-disclosure, frequency of sessions, use of the couch, and use of the telephone to conduct analyses.

In a time of change of such magnitude, it is important that we try to articulate for ourselves, for our candidates, and for other dis-

[1] See, for example, the following: Dahl (1974); Dahl, Kächele, and Thomä (1988); Edelson (1984); Fonagy et al. (2001); Holt (2002); Luborsky (2001); Ricoeur (1977); Rubinstein (1997); Shevrin et al. (1996); Strenger (1991); Waldron (1997); and Wallerstein (2001).

ciplines what leads us to change our minds—or not to change our minds—about important theoretical and technical issues. It has not been our custom to do this rigorously.

Multiple Perspectives on the Nature of Our Discipline

Analysts do not agree about the nature of our discipline or about the nature of the analytic enterprise. Questions are often cast as representing dichotomies, even though they need not be. Is analysis a science or an interpretive discipline? Are we interested in causes or reasons? Are our theories to be understood as mechanisms or metaphors? Is analysis about the mind alone or about the mind as it is influenced by the body?

Different conceptualizations give rise to different ways of defining the scope of our inquiry, the nature of our data, our modes of discovery, our explanatory intent, methods of justification or validation, and therapeutic activities and aims. These perspectives are not simply differences of opinion; they represent different contexts for establishing meaning (Rubinstein 1997). Consequently, the concepts and theories that emerge from these different perspectives may not be comparable.

Intellectual Isolation

Psychoanalytic ideas have long permeated our culture, but analysts have not engaged in a vigorous and consistent dialogue with other disciplines for some time. Fortunately, this is changing.[2] Still, the versions of psychoanalytic ideas that influence scientific and academic communities are often outdated. Analytic ideas are frequently misunderstood, and this has led others to question their credibility. To the extent that our ideas and theories are being misunderstood as they are being studied and critiqued by others, we are losing an opportunity for exchange and mutual enrichment. In-

[2] See, for example, the following: Beebe, Lachmann, and Jaffe (1997); Damasio (1994, 1999); Edelman (1992); Gallese and Goldman (1998); Grunbaum (1984); Le Doux (1996); Olds (2000, 2006a, 2006b); Pally (1997, 2000); Panksepp (1998); Ricoeur (1977); Solms and Turnbull (2002); Westen and Gabbard (2002a, 2002b); and Yovell (2000).

formation emerging from neighboring disciplines, the cognitive sciences, the neurosciences, and from research on development throughout the life cycle—as preliminary as some of these findings may be—is too rich to be ignored.

Yet for us to profit fully from this exchange, our own epistemological house must be in order. In this connection, the methods and the history of controversy about methods in the sciences—particularly in the biological and social sciences and in philosophy—can potentially be a direct help to us as we strive for greater clarity in our concepts and in the logical structure of our theories and explanations. To this end, Boesky (2002) has eloquently argued for the need to teach analytic candidates about clinical analytic evidence: "One of the most pressing theoretical, therapeutic, and educational problems confronting the advance of psychoanalysis is our confusion about the nature of clinical evidence" (p. 445).

HOW CAN PSYCHOANALYTIC TRAINING PROGRAMS ADDRESS THESE PROBLEMS?

It might well be asked, "Why is it appropriate to introduce psychoanalytic candidates to such complexities? They are beginners, after all; why begin this process in the first year of psychoanalytic training?"

My answer to this important question is that it is precisely *because* they are beginners that this is the time to teach candidates *how to think critically* about what they are learning and doing. Thinking is shaped, habits are formed, and identifications are internalized from the outset. Let's put ourselves in the place of our candidates. What might help make sense of diverging ideas about fundamentals? What might help in the confusion and even discouragement as candidates try to learn to do psychoanalysis and to understand what psychoanalysis is?

As we help candidates think systematically about our conceptual and theoretical foundations, it may be useful for them to understand that some of the problems we face have their roots in epistemological questions, traditions, and values (Creath and Maien-

schein 2000; Friedman 1999; Hanly 1990). I suggest that a rudimentary knowledge of the epistemological questions and problems that inform our discourse can provide an organizing framework for understanding some of the perplexing questions that we are asking as a discipline, and some of the solutions we have chosen as valid. In what follows, I will try to illustrate what I am calling *rudimentary knowledge of epistemological questions.*

Epistemology is the study of the nature of knowledge—its grounds, its limits, and its validity. It has been defined as "the study or theory of the nature, sources, and limits of knowledge" (*Webster's New World College Dictionary,* 1999, p. 479). There are different points of view and values that influence how epistemological questions are thought about and answered in any discipline. A point of view about epistemological questions can come to function as a *stance.* A stance of this kind has fundamental importance in shaping the ways we select, gather, organize, and interpret our data, as well as in shaping the ways we conceptualize what we are setting out to accomplish with our theories and practices. Competing points of view exist in psychoanalysis, just as in other disciplines (Creath and Maienschein 2000; Nagel 1979).

By way of illustrating how an acquaintance with differing epistemic stances can assist a student in making sense of current controversy and debate, I will refer to two points of view about the nature of psychoanalytic knowledge—the natural scientific and the interpretive—but there are others, and there are varieties of each, and each, moreover, has its own rich and complex history. Accordingly, I ask for the reader's indulgence regarding my simplification of complex philosophical debates and my dichotomization of points of view that need not be viewed dichotomously.

A *natural scientific* point of view considers psychoanalysis a natural science, or potentially a natural science, and privileges values and methods from the natural scientific or empirical traditions. An *interpretive* point of view considers psychoanalysis an interpretive discipline, and privileges methods and values drawn from the hermeneutic tradition, among other traditions that seek rigor in formulating rules for understanding and interpretation within con-

texts of meaning. A mixed point of view uses both the natural scientific and interpretive points of view in addressing different aspects of the human being. Ricoeur (1977), for example, is among those who use both in tackling the problem of proof in Freud's theorizing. Each point of view strives for consensual or intersubjective validation.

I think many analysts agree that the method of free association is the distinctive feature of our technique—though some would argue that. But let's consider how further values and convictions about epistemology might influence how we think about such issues as our "superfluity of explanation," our theoretical pluralism, or the plasticity of our concepts. To begin with, an epistemological stance that values the methods of science will strive for theoretical unity and precision in defining theoretical terms. The logic of scientific discovery requires rules of inference and evidence, as well as some capacity for disconfirmation. Striving for the capacity to predict, to test, and to falsify places demands and constraints on theory.

Nagel (1959) describes two requirements that must be satisfied in order for a theory to be validated or invalidated by empirical methods. First, it must be possible to deduce determinate consequences from the assumptions of the theory, and, second, theoretical terms must be tied to fairly definite and unambiguously specified, observable phenomena by rules of procedure. Otherwise, questions about what the theory asserts cannot be settled (Nagel 1959, pp. 39-40).

By contrast, an epistemological stance that values methods from the hermeneutic tradition will strive to provide for an understanding of meanings as they are embedded in and shaped by contexts. Although it is assumed in both points of view that we cannot observe, think, or theorize without structuring these activities in accordance with preexisting categories that shape meaning, there is a difference in emphasis. In the hermeneutic traditions, a value is placed on appreciating the plasticity of language and the mutability and extensibility of theories and concepts in response to individual and changing contexts. The focus of interest is the interrela-

tionship of the parts within the whole, and criteria for proof and validation include intelligibility, coherence, consistency, appropriateness, and narrative fit.[3]

Now let's consider how fundamental aspects of the psychoanalytic process might be conceptualized differently by the two different stances and how these differences might reflect epistemological considerations. To illustrate how these two epistemological points of view or stances relate to conceptualizations about the psychoanalytic process, I will use examples from the work of analysts who have been expressly interested in psychoanalytic methodology.

Arlow (1991) considered psychoanalysis a science and the psychoanalytic method a scientific method:

> To summarize, what makes any interpretation of the past possible, what makes reconstruction possible, is the fact that the past is embedded in the present. Certain aspects of the past remain dynamically active in the patient's current life. They become apparent in many forms—character development, dreams, symptoms, parapraxes, fantasies, etc.—but they become understandable in the psychoanalytic situation by virtue of the persistent derivative manifestations as they appear in context, in patterns of contiguity, in repetition, figurative language, metaphor, similarities and opposites, etc. [pp. 545-546]

Arlow was interested in studying psychological phenomena and the psychological processes that give rise to them. Interpretation and insight pertain to psychological phenomena that exist in the psychic reality of the analysand. Arlow (1959) elaborated as follows:

> The goal of the analytic situation is to create a set of conditions in the field of observation in which the data are supplied by the subject exclusively. All events, verbal or motor, which transpire in the analytic situation, constitute the data of observation. [pp. 202-203]

[3] Hanly (1990), writing with psychoanalytic concerns in mind, provides an excellent comparison of the two points of view, the hermeneutic and the natural scientific, as each regards the concept of truth.

> Psychoanalytic therapy is a meticulously painstaking investigation into human mental processes. It is by no means a perfect experimental tool, but it is, nevertheless, a rational and objective procedure, governed by strict methodological considerations and operating within the canons of the scientific method. [p. 211]

In contrast, Schafer (1983) has found it useful to think about psychoanalysis in narrational terms:

> In order to carry through this project, one must first of all accept the proposition that there are no objective, autonomous, or pure psychoanalytic data which, as Freud was fond of saying, compel one to draw certain conclusions. Specifically, there is no single, necessary, definitive account of a life history and psychopathology, of biological and social influences on personality, or of the psychoanalytic method and its results. What have been presented as the plain empirical data and techniques of psychoanalysis are inseparable from the investigator's precritical and interrelated assumptions concerning the origins, coherence, totality, and intelligibility of personal action. [pp. 212-213]

This critique of a point of view that values the methods of empirical science has led Schafer to take a hermeneutically conceived view of the analytic dialogue, which has implicated his ideas about how to think about and work with unconscious processes as these influence conscious experience in the analytic situation. Schafer (1997) refers to this epistemological stance as the narrative point of view because of its emphasis on the narrativity of knowledge:

> According to this point of view, the clinical psychoanalytic dialogue is best understood as a series of tellings and retellings by both parties to the dialogue. In addition, the interpretive lines followed by the analyst in his or her interventions, and increasingly accepted, assimilated and used by the analysand, may be understood as derived from master narratives. These master narratives make up the so-called general theory and major concepts of the analyst's school of psychoanalytic thought. The analyst's detailed

> interpretive efforts may then be regarded as story lines that are manifestations of these master narratives. [p. 189]

In this view, clinical phenomena—associations, fantasies, dreams, transferences, defenses—are not thought about as if they referred to actual processes within the mind of the analysand. The degree of objectivity that would allow for their study as processes in their own right is thought neither to be possible nor desirable.

Epistemic stances can and have been framed in other ways quite different from the foregoing. Such a stance can focus on the process of going from observation to inference. That is to say, one can frame an epistemological point of view that seeks to differentiate levels of theory construction in terms of their nearness to or metatheoretical distance from direct observation. Given the diversity in our understanding of psychoanalytic theory and concepts, it is important that candidates be aware that there is a relationship between different levels of observation and theory building. Further, it is helpful to students to gain a clear conception of how such frameworks govern issues of what constitutes evidence for any particular theory. Some analysts have been particularly interested in these issues of psychoanalytic methodology, and I will discuss two among those whose writings I have found useful in teaching candidates: Waelder and Rubinstein.

Waelder (1962) gave us an organizing framework that distinguishes levels of discourse about analytic knowledge—a framework that is useful in helping candidates think about the relationship between observation, inference, evidence for inference, and theory. The most clinically immediate is the *level of observation,* which includes the data that are observed in the analytic situation. When these data and their configurations are interpreted, this is the *level of clinical interpretation.* When generalizations are made about groups of data or interpretations, this is the *level of clinical generalization.* When clinical interpretations are formulated as theoretical concepts, this is the *level of clinical theory.* When theoretical concepts go beyond the clinical context to a more abstract level, this is the *level of metapsychology.*

Rubinstein (1997) provided a somewhat different approach to thinking about the levels of observation and inference. Generally speaking, analysts do not agree on how to think about the relationship between the body and the mind, or indeed whether it is important for us to consider this relationship at all. After Freud set aside his efforts—if not his hopes—of correlating mental and neurological processes, he put forth his concepts and theories in terms of psychological entities and processes. However, Freud's intentions are not always clear. Rubinstein's analysis of the ambiguity regarding the interpretation of theoretical terms in analytic theory is helpful and illustrative for candidates in understanding our debates.

Rubinstein describes three interpretations of how our theoretical terms can be understood in relation to the mind–body problem.

1. The first interpretation considers analytic theory to be a purely psychological theory in which theoretical terms refer to psychological entities, but not in a metaphorical sense. Theoretical terms are intended to describe *how the mind actually works,* but in psychological terms alone. Rubinstein thinks that this stance implies a dualistic theory of the mind–body relationship because theoretical terms are not thought to be translatable into neurophysiological terms.

2. The second interpretation, according to Rubinstein, considers analytic theory to be a psychological theory in which theoretical terms are to be understood as metaphorical. He describes this interpretation as representing a pseudodualistic or an as-if dualistic stance on the mind–body problem, because a neurophysiological realm is known to exist but is not considered.

3. The third interpretation is to consider analytic theory to be a step on the way to a protoneurophysiological theory. In this interpretation, it is believed that theo-

> retical terms will evolve and change so that they will become capable of more effective correlation with neurophysiological terms. This last interpretation is the aim of an emerging new discipline, neuropsychoanalysis.

Rubinstein's scheme is immensely useful in helping students grasp what is at issue in debates that implicitly reflect an epistemological stance. For example, in a recent contribution, Westen and Gabbard (2002a, 2002b) expressed the opinion that a dialogue between psychoanalysis and the cognitive and neurosciences will allow each of these disciplines the opportunity for a necessary "elaboration, clarification, and revision of fundamental concepts" (2002a, p. 60). Westen and Gabbard expand on this belief in the following quotations:

> While the analysis of transference remains a cornerstone of most theories, the concept of transference varies to some degree with the model of the psychoanalytic process. A perspective that integrates the psychoanalytic understanding of conflict, defense, affect, and object relations derived from clinical observation with contemporary models of cognition and memory derived from experimental observation offers insight into some of the precise mechanisms by which transferential processes occur. [2002b, p. 100]

> Transference thus involves the heightened activation and expression of enduring patterns of thought, feeling, motivation, affect regulation, or behavior in the analytic relationship. [2002b, p. 113]

> Only by knowing their activating conditions can we understand what they really mean and whether they are salient dynamics, worthy of attention, that generalize to important types of relationships or situations. [2002b, p. 129]

Westen and Gabbard look to scientific methodology both within psychoanalysis and in neighboring disciplines to elucidate the nature and functioning of mental processes that constitute the analytic process. Pointedly, they are among those who interpret our

theoretical terms as having the potential of correlation with neurophysiological processes, expressing the protoneurophysiological point of view described in Rubinstein's (1997) scheme. To be noted is that Westen and Gabbard's (2002a, 2002b) views of psychoanalytic process encompass an interaction between dynamically and descriptively unconscious processes. In fact, the task of forging this kind of synthetic juxtaposition is one of the challenges facing neuropsychoanalysts. The student who is in possession of Rubinstein's scheme is better situated to grasp this conceptually, as well as to appreciate the epistemological problems inherent in attempting such a synthesis.

Stepping back from the specifics of the foregoing discussion of the desirability of introducing students to a range of epistemological stances vis-à-vis analytic theory, we might do well to remind ourselves of what is possible and what is not. Quite clearly, one could spend an entire career studying epistemology, and then a second career applying what one had learned to the intricacies of the analytic situation. It is not reasonable to try to educate candidates to embark on such an impossible double project. However, to repeat what has been said, one can equip candidates with some of the tools that will allow them to better orient themselves in the field as it currently exists—with all its difficulties and promise.

A Curriculum Designed to Foster an Epistemological Perspective

In what follows, I will describe recent innovations in the ongoing development of the curriculum at the Columbia University Center for Psychoanalytic Training and Research in New York. Candidates in training at the Columbia Center receive a thorough grounding in the epistemological issues discussed in the previous section through participation in the center's Methodology Sequence. An overview of this integral part of the curriculum is provided in Table 1 on the following page.[4] An overview of the full Columbia curriculum is provided in Table 2 on p. 907.

[4] A more detailed description of the curriculum in the Methodology Sequence is available on request.

Table 1

Overview of the Methodology Sequence in the Curriculum of Columbia University Center for Psychoanalytic Training and Research, 2001-2002*

Methodology Research, a once-yearly, one-session conference, is given for candidates in all years of training (MT). The remainder of the Methodology Sequence is presented to candidates in each of the four years of training, as follows:

First Year

1. The Relevance of Child Observation for Psychoanalysis (3 classes, MT)

Second Year

1. The Implications of a Pluralistic Perspective (2 classes, MT)
2. Critical Thinking about Psychoanalytic Process (8 classes, PT) +

Third Year

1. Thinking about Psychoanalytic Theory and Discourse (3 classes, MT)
2. Critical Thinking about Psychoanalytic Process (8 classes, PT) +
3. Controversies Involving Psychoanalytic Technique (2 classes, MT)

Fourth Year

1. A Critical Evaluation of Psychoanalytic Knowledge (6 classes, MT) +
2. Critical Thinking about Psychoanalytic Process (8 classes, PT) +
3. Controversies Involving Psychoanalytic Technique (2 classes, MT)
4. Psychoanalytic Concepts: Multiple Perspectives (10 classes, TT) +

KEY:

* = This time frame represents the author's last year as chair of Columbia's Curriculum Committee. The sequence is essentially unchanged at the present time.

MT = Methodology Track

PT = Process and Technique Track

TT = Theory Track

\+ = segment described in detail in this paper

Table 2

Overview of the Full Curriculum of Columbia University Center for Psychoanalytic Training and Research, 2001-2002*

Methodology Research, a once-yearly, one-session conference, is given for candidates in all years of training. The remainder of the overall curriculum is as follows:

First Year

1. Evaluation of Patients for Analysis (7 classes)
2. Psychoanalytic Process (16 classes)
3. Theory of Technique (16 classes)
4. Psychoanalytic Case Writing (2 classes)
5. Sigmund Freud's Thinking and Theorizing (33 classes)
6. Child Development: Interdisciplinary Perspectives (8 classes), *including* Methodology (3 classes)
7. Child and Adolescent Development (24 classes)

Second Year

1. Psychopathology (25 classes)
2. Gender and Sexual Development and Psychopathology (9 classes)
3. Psychoanalytic Process (29 classes), *including* Methodology (8 classes)
4. Psychoanalytic Case Writing (4 classes)
5. Concepts of Ego Psychology and Object Relations Theory (33 classes), *including* Methodology (2 classes)

Third Year

1. Theory of Technique (16 classes)
2. Electives (16 classes, 8 classes each)
3. Controversies Involving Psychoanalytic Technique (2 classes)
4. Psychoanalytic Process (29 classes), *including* Methodology (8 classes)
5. Psychoanalytic Case Writing (4 classes)
6. Advanced Theory and Concepts (32 classes), *including* Methodology (3 classes)

Fourth Year

1. A Critical Evaluation of Psychoanalytic Knowledge (6 classes)
2. Electives (32 classes, 8 classes each)
3. Controversies involving Psychoanalytic Technique (2 classes)
4. Psychoanalytic Process (29 classes), *including* Methodology (8 classes)
5. Psychoanalytic Case Writing (4 classes)
6. Psychoanalytic Concepts: An Interdisciplinary Perspective (29 classes), *including* Methodology (10 classes)

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* = This time frame represents the author's last year as chair of Columbia's Curriculum Committee. The sequence is essentially unchanged at the present time.

THE COLUMBIA CENTER'S METHODOLOGY SEQUENCE

When I assumed chairmanship of the center's Curriculum Committee in 1997, the committee decided to create a sequence devoted to critical thinking. One of the two segments in the Methodology Track, "Psychoanalysis and the Philosophy of Science," which consisted of six classes in the fourth year, was redesigned and retitled "A Critical Evaluation of Psychoanalytic Knowledge." The second segment, "Psychoanalysis and Research," also of six classes, was replaced by a once-yearly, one-session research conference for candidates in all four years of training, which is devoted to the presentation of ongoing research at the center.

Over time, new segments, designed to fit organically into the curriculum, were added, examples of which are: "The Relevance of Child Observation for Psychoanalysis," which meets for three classes at the end of the first year, following the preexisting course on child development, and "The Implications of a Pluralistic Perspective," which meets for two classes at the end of the second year, immediately following a course entitled "Concepts of Ego Psychology and Object Relations Theory," in which students become acquainted with multiple theoreticians.

A change to accommodate epistemological concerns was also made in the Psychoanalytic Process and Technique Track: namely, eight classes a year were inserted into the twenty-nine classes on "Psychoanalytic Process" that meet in each of the second, third, and fourth years; these eight-class segments (entitled "Critical Thinking about Psychoanalytic Process") feature an interrupted continuous-case presentation in which a pair of analyst-instructors engage in discussion of analytic process and technique, concomitantly with a discussion of epistemological issues. In addition, in the Theory Track, two segments were added to the fourth year as part of the course entitled "Psychoanalytic Concepts: An Interdisciplinary Perspective": "Fantasy" and "Dreams," each meeting for five classes, employing various faculty members, and aimed at exploring multiple theoretical perspectives on these central psychoanalytic concepts.

A component of the Methodology Sequence that was added to the overall curriculum was a segment entitled "Controversies Involving Psychoanalytic Technique," which meets for two classes each year for candidates in the third and fourth years. Collaterally, the first class in the fourth-year theory course, "Psychoanalytic Concepts: An Interdisciplinary Perspective," is devoted to an exploration of the epistemological problems inherent in the use of information from neighboring disciplines.

Again, the reader is referred to Table 1 on p. 906 for an overview of the Methodology Sequence, and to Table 2 on p. 907 for an overview of the full Columbia curriculum.

How Do We Teach Epistemological Issues?

When I have attempted to share the Columbia experience with colleagues outside the center, I have discovered that a central concern is how one actually goes about acquainting students with epistemological issues and involving them in the kinds of discussions that permit them to be—at the very least—adequately oriented amidst the welter of current epistemological debate. Addressing this concern requires providing not only detailed course content, but also snapshots or vignettes depicting the give and take of actual discussions with candidates. Due to space limitations, I have elected to provide more in-depth information about only some of the classes and courses mentioned above. Further, I will gear my remarks primarily toward colleagues who are contemplating similar curricular revisions by noting in passing some of the more general issues pertaining to curriculum evolution and development.

In making changes, Columbia's Curriculum Committee operated under the assumption that some new courses might be modified and some might not survive as further experience was gained. Allowing for a transitional, experimental period facilitated the recruitment and development of faculty by providing them with an opportunity to try out and learn from their teaching experiences with different formats and from co-teaching with more senior colleagues.

Again, the following descriptions pertain to particular courses at a particular stage in the ongoing evolution of the curriculum at Columbia.

The Course Entitled "A Critical Evaluation of Psychoanalytic Knowledge"

This is a segment of six classes in the Methodology Track whose educational goals are to help candidates consolidate their orientation to epistemological issues and, more particularly, to familiarize them with points of view about epistemology, and to familiarize them in some depth with methods grounded in two traditions: the empirical and the hermeneutic. This course is currently taught in the fourth year of training.

When a course like this one is a candidate's only experience with epistemological questions, it is important to consider whether it may be best taught earlier in the curriculum. When a similar course was the only course on critical thinking in Columbia's curriculum and was taught in the fourth year, some candidates became anxious, and others considered the ideas too difficult to digest so late in their training and when they were about to graduate. A candidate who represents an extreme example of this attitude said, "I don't want to know about this. It makes me too anxious."

When these ideas are taught earlier, candidates are still sometimes anxious, or even dazed or perplexed at first. One second-year candidate who had had only two prior classes that dealt with epistemological matters, when asked how things were going during the first eight weeks of a course combining psychoanalytic process and technique with epistemological issues, said, "I am fascinated, but I feel like a deer in the headlights."

It is our experience at the Columbia Center that candidates become comfortable with thinking about psychoanalytic thinking *over time*. This is true even when—as is most often the case—the candidate has been educated at an elite institution and has some acquaintance with the rigors of hypothesis testing. It is likely that it is necessary to embed an epistemological perspective in a sequence beginning in the first year if candidates are to understand

and become truly comfortable with these ideas. But even when there is a sequential introduction that begins early in the candidate's career, it is important to understand and appreciate the candidate's natural anxiety and to communicate that understanding in class. (After all, in learning how to drive a car, one has very little room to also take in thinking about theories of driving.) It is enough in the first year if candidates are apprised that there are such theories, that it is possible to think about them critically, and that the time will come when they will be comfortable doing so (after the driving has become second nature).

Introducing the Course to Candidates. It is helpful to orient candidates in advance, to invite their participation and to get them thinking. We send a course outline, reading list, and letter to candidates in order to familiarize them with the kinds of questions we plan to tackle and to create an atmosphere that is intellectually open and collaborative. We stress that they should come prepared to play with ideas.

Class 1: Epistemology and Psychoanalysis. The first class serves as an introduction to this fourth-year course, which is currently the keystone of the methodology sequence. As the instructor, I have experimented over the years with different readings for each of the classes. For the first class, I have variously assigned: Eagle (1980); Hanly (1990); Holt (1989, pp. 307-323); Rubinstein (1997, pp. 415-445); and Wallerstein (1986).

Importantly, only rarely is any attempt made to review in detail the particular reading assigned, as over the years, candidates have repeatedly reported that they found this kind of detailed review tedious. Instead, the reading is treated as simply one honest attempt to grapple with this or that question. The intention is to orient the candidate to the kind of discussion that will be in the offing, and candidates are reassured that the topics discussed will be elaborated more fully in subsequent classes.

Class discussion begins with the question, "What is epistemology and why are we interested?" The typical response is silence. It is necessary to provide a context in which to answer this question that takes off from what the candidates know and so can think about.

Accordingly, the preferred strategy is for the instructor to structure a guided discussion that allows epistemological issues to be talked about in the context of the candidates' thinking and experience. Put another way, it is important to show respect for the fact that the candidates do indeed already know a lot—and this is where the discussion can most fruitfully begin.

Fourth-year candidates at Columbia are familiar with the proliferation of theories, models of mind, and differing notions of therapeutic action in our field from their previous course work. Such previous exposure, however, may contribute to a sense of bewilderment. It can rightly be asked whether teaching a single model would have advantages. However, it must then be asked, "When is the best time for future analysts to learn from all that has been learned to create our current diversity?"

Furthermore, students often have clinical supervisors who differ significantly in their points of view. Then, too, candidates are personally experiencing the widening scope of psychoanalysis in analyzing their analysands. Inviting a discussion about their inevitable struggles to come to grips with what to think and what to do amidst such diversity and difference of opinion is, accordingly, a good way to start. It is then possible to ask more meaningfully, "What will guide us as we consider all we have learned? What tools will help us clarify our conceptual foundations?" In this way, the candidate's previous experience of uncertainty and even confusion provides a meaningful context for appreciating our question: "Why are we thinking about epistemological questions?"

The next step is to briefly define the task and introduce some new vocabulary. The major points to be covered are simple: Epistemology is concerned with what can be considered knowledge and how we obtain our knowledge, i.e., with contexts and methods of discovery. Epistemology is also concerned with how we justify what we propose to consider knowledge, i.e., with contexts and methods of justification. Notably, the level of didacticism is kept to an absolute minimum. Instead, open-ended questions are used preferentially to provoke discussion, even to the point of allowing particular topics to go undiscussed if candidates are fully engaged in discuss-

ing other issues. A better idea of this teaching strategy can be gained by considering a class teaching outline, an example of which appears here as Appendix A, pp. 936-938.

In defining our field of study and methods of discovery, a good opening question is "What do we intend to know about?" The answer defines our domain of knowledge; it sets the boundaries of psychoanalysis as a body of knowledge. These boundaries also tell us what psychoanalysis is *not* about, and students typically find this thinking in the negative immediately accessible. In teaching, an analogy can be made to differentiating the perspectives of biology and chemistry when studying an organism.

To help candidates grasp the problems our field faces in defining the domain of psychoanalysis, we ask them to consider how they think about an analysand who is on medication, or who has a learning disability, or a medical illness, or residues of childhood trauma. In our experience, candidates have already formed views regarding the phenomena that are of interest to analysts. For example, some candidates think that analysis is exclusively concerned with meaning and fantasy in the analytic situation. Others think that analysts are properly interested in understanding how medications, physical disorders, or trauma shape or influence fantasy and meaning. Still others think that analysts ought to be concerned with how states of the brain or body affect the mind.

A point frequently raised in the discussion is the need to distinguish symptoms that are predominantly a result of conflict from those that are not. This is a thorny problem epistemologically, but one that is of vigorous interest to those candidates who use medication in combination with analysis. Candidates sometimes express concern that their interpretations of conflict may bypass what is really troubling their analysands.

To be sure, the widening scope of analysis therapeutically, and the use of combined modalities of treatment, has complicated our disciplinary boundaries. But such a preliminary discussion helps demonstrate and label the different interpretations of our theoretical terms—and here I often inject Rubinstein's scheme (1997) into the conversation—and thus helps us differentiate varying

points of view regarding the domain of psychoanalysis, i.e., "What is psychoanalysis about?"

Then the discussion is guided to a related question, "What will we consider psychoanalytic data?" The candidates are asked to consider further questions, such as: "Will we include as data only those things that occur within the analytic situation, or will we include things from outside the analytic situation? If we restrict ourselves to the analytic situation, how will we think about childhood experience as it is told to the analyst in the here and now? If we include data from outside the analytic situation, do we believe that information from direct observation of infants and children, or from analytic research or research in the cognitive and neurosciences, is relevant to analysis?" Again, candidates have different views, usually strongly held. They typically begin to argue with one another. Different classes choose different aspects to focus on, so discussions range widely.

One candidate with training in child psychiatry mentioned drawings that had been very meaningful in her treatment of a child patient. She wondered if such drawings might be useful in a later adult analysis, and she brought them in for us to see in the next class. In response, others mentioned diaries or journals brought to them by their analysands. Since analytic data are embedded within the context of the analytic situation, this particular class struggled with whether and how drawings or journals from another time can help us understand anything beyond the meaning of our analysands bringing these for us to see in the here and now. One candidate thought that drawings or journals that give us a glimpse of fantasy from another time might offer confirming or disconfirming evidence for our hypotheses about the analysand's psychic reality at that time. Another thought these might stimulate a new way of understanding this psychic reality in the present.

We talk about the further problems entailed by the phenomena of *après coup* and *nachträglichkeit*. Often, students are seeking a kind of permission to pursue the investigation of such material, which they invariably feel is valuable. Discussion about whether to consider such things as analytic data brings this to life in terms of clinical experience.

After this, the discussion typically turns to methodological considerations: "By what methods do we obtain our knowledge?" These are our modes of inquiry. Candidates frequently volunteer that free association is our primary method of investigation. Because candidates at Columbia are familiar with object relations theorists, someone will usually add that countertransference is an additional method of knowing. This suggestion ordinarily brings empathic immersion to mind for some candidates, and with it the question of whether this constitutes a method of knowing. We are then able to talk about how different schools of analytic thought conceptualize different methods of knowing.

At the close of the first class, an additional issue is raised, not so much for discussion as to alert the students that it will be discussed in the following classes. This issue is the *modes of explanation* (Sherwood 1969)—to wit, whether we choose to think about mental phenomena in terms of causes or motives. We will subsequently use the controversy involving causal and motivational explanation, causes or reasons, to introduce candidates to two points of view about the nature of psychoanalysis as a discipline: the natural scientific and the hermeneutic points of view. In this first class, however, we simply want candidates to understand that there *are* points of view that envision and describe psychoanalysis in different ways in relation to the questions we have been discussing. We want them to begin to think about the question, "What difference does it make to take one point of view or another?"

Finally, as the class winds down to an end, the instructor says, "For the next class, I would like you to give some thought to what you consider to be the fundamental hypotheses underlying the psychoanalytic point of view. We want to hear your thoughts about this next time." Also, candidates are asked to think about instances in which they have changed their minds during the course of a clinical case, and to look for the process material that surrounds this change for use in the last class.

Class 2: The Scientific Point of View. This class explores the issue of whether psychoanalysis is or can be a natural science or a kind of science. Again, a reading is distributed prior to the meet-

ing of the class. Over the years, I have variously assigned: Edelson (1988, chapter 11); Kandel (1999); Kuhn (1970, pp. 43-51); and Popper (1992, chapter 4). In addition, for this particular class, a segment of a short story is assigned (Kafka 1971, pp. 302-306).

For this second class, an introductory question that has been found useful to frame the debate between the natural scientific and the hermeneutic points of view is the following: "Is there an inherent dichotomy between the methods of science and the methods of the humanities?" In the discussion, candidates are encouraged to think about the similarities and differences between scientific and hermeneutic methods without overly dichotomizing them. It is noted that each tradition attends to the relationships among data, evidence, and knowledge, and each tradition has criteria and methods for justifying or testing ideas. As the discussion evolves, the instructor intervenes, as appropriate, to make it clear that each of these epistemological stances helps to organize what one observes as data, what one sees as evidence, and the kind of knowledge that one considers possible to obtain and so strives to acquire.

Two further questions that are thrown out at the beginning are: "What is science?" and "Why science?" I like to add here that, in the words of physicist Richard Feynman as cited in the *New York Times,* the first mandate of science is that "You must not fool yourself, and you are the easiest person to fool" (1994, p. 33). An aim of science is to objectify experience sufficiently that predictions can be made and hypotheses can be tested.

To encourage candidates to play with ideas, such as the notion that science is defined by its methods, we move on to an absurd example taken from Kafka's story, "The Investigations of a Dog" (1971). In the story, an empirically minded dog sets himself the task of investigating the contradiction between an established theory—that the earth brings forth all food—and his observation that most food falls from the sky. He asks himself about the food from the sky: "Whence does the earth procure this food?" (p. 302). As the candidates get into the spirit of playful exploration, we highlight the problems faced by Kafka's dog—and by us—in trying to use empirical methods while immersed in our theories.

The logic of scientific discovery involves the sequence of observation, inference, hypothesis, prediction, and testing of the prediction (Popper 1992). The first task is to go from observation to inference. This involves distinguishing observation from inference and finding a way to justify inferences. To illustrate this, I note the following about the Kafka story:

> Science, for Kafka's dog, prescribes two methods for procuring food: (a) scratching and watering the ground, and (b) incantation, dance, and song, which are considered ceremonies that give potency to the ground. The dog has *observed* that others gaze upward in their ceremonies, but he has also *inferred* that gazing upward is logically misguided. His inference has been influenced by the theory that the earth brings forth all food, and thereupon the dog decides to test his inference by attempting to eliminate any ritual that is addressed upward.
>
> He digs a hole for his nose so that only the ground might hear his songs. The results are startling: sometimes the food does not appear, but then sometimes it does, in even greater abundance. From this evidence, he infers that possibly the barking and leaping of the old ceremony are not necessary. He considers testing this inference and forms a new hypothesis that only the scratching and watering of the ground are necessary. Testing the null hypothesis, he tries to bring down the food from the sky without scratching and watering the ground. However, this attempt to falsify his hypothesis fails due to the compulsive nature of the urge to water the ground.

Psychoanalysts, too, are faced with difficulties in creating conditions in which hypotheses can be falsified, and so must look for ingenious ways to make up for this. In class, we talk about advantages and disadvantages of using falsification as a criterion to distinguish science from nonscience (Popper 1992). Alternatives to falsification are brought up. For example, one might modify his or her strategy to emphasize converging lines of evidence (Edelson 1984, 1988; Rubinstein 1997), or one might use probability rather than falsifiability as a criterion. Here it is important that candidates

be apprised of the problems of relying on positive instances alone as evidence—a special temptation for analysts over the years.[5]

The class next turns to the topic of the fundamental hypotheses of analytic clinical theory. A candidate will typically suggest the hypothesis that unconscious mental processes affect conscious mental life. To this, the epistemological question might be posed, "What evidence makes you think this is true?" And discussion follows. In the course of the discussion, one candidate described a fantasy of her analysand that she had assumed was a transference fantasy, while her analysand was not aware that this was so. This offered the opportunity to make an important distinction: the candidate's observation was of a fantasy told to her by her analysand, and her inference was that this fantasy was influenced by an unconscious process, specifically a transference wish; however—and this is classic—she described having observed a transference fantasy.

Candidates typically have difficulty distinguishing observation from inference, as do we all. The analytic method relies on inferences that are largely derived from theory. The class talks about how much clinical observation is influenced by the fundamental hypotheses of analytic theory. The free-association method of investigation is built on the assumption that unconscious processes influence conscious ones; this concatenation of method, inference, and evidence is one of our central epistemological problems. The discussion, illumined by the candidates' missteps in describing their "observations," will—ideally—bring the issue into clear relief. Interestingly, discussions such as these often lead candidates to despair of ever grounding psychoanalytic constructions scientifically; it is important to address their dismay directly and to offer constructive solutions.

What solutions can be offered? I may discuss with the candidates that one preventive measure against the "contamination" of

[5] This problem, associated with what philosophers call *enumerative induction* (Popper 1992), can be colorfully illustrated via the example of the turkey: all his accumulated positive data as to his prospects for survival, gathered day by day over many months, ultimately fail to predict what will befall him the day before Thanksgiving. Such is the epistemic power of the negative instance.

clinical observation and evidence by theory and other forms of suggestion is to test our hypotheses extraclinically (Grunbaum 1984), or perhaps to test them indirectly, neurophysiologically, at some future time (Rubinstein 1997). Another is to seek confirmation and disconfirmation within the clinical setting, using scientific methods that rely on more flexible, probabilistic, and relativistic criteria for choosing one hypothesis over another. Edelson (1988, chapter 11) describes several strategies that are possible in a single case study. In the interest of brevity, two of Edelson's strategies are focused on: ways of pitting one hypothesis against another, and the use of convergence of evidence from different methods.

In this second class, the goal is to introduce candidates to some of the basic problems we have in attempting to use natural scientific methodology and some of the methods we have to address these problems. It is made clear that we have a long way to go in developing the empirical and logical tools that will allow us to think more systematically about our fundamental ideas and eventually to test them. At the same time, candidates are led to understand that, while scientific approaches potentially offer greater rigor, other approaches can also offer valid avenues to knowledge. In addition —if it is possible to include this in the discussion—it is useful for candidates to understand how scientific problems, data, and methods are defined in relation to a prevailing paradigm, and that paradigms are themselves subject to their own shifts (Kuhn 1970). Candidates have varying levels of sophistication in scientific methodology; the hope is to give them a glimpse of the issues in the time we have, but it is important that the discussion be tailored to the knowledge and experience of each particular group.

Class 3: The Hermeneutic Point of View. This class explores the point of view that analysis is primarily an interpretive endeavor, a kind of hermeneutic discipline. It is currently loosely organized around Friedman's paper, "Modern Hermeneutics and Psychoanalysis" (2000). Over the years, other readings for this class have included: Schafer (1983 [chapters 11-13], 1996); and Strenger (1991, chapter 2).

Hermeneutics, it can be explained to candidates, encompasses the study of how one individual attempts to grasp the meaning

of something that has meaning outside of him- or herself—e.g., the meaning of someone else's speech or the meaning of a text. Once students have gotten hold of this description of hermeneutics, they are invited to consider that it can be extended to include the meaning of an action or a sequence of actions, or of a history or a cultural practice, and finally, by some, of the meaning of *all* experience. Psychoanalysis has a particular hermeneutic, that of depth psychological interpretation.

The discussion proceeds with a description of the hermeneutic circle. Candidates are not usually familiar with this concept. It is explained that hermeneutics is concerned with meaning embedded in a context, and thus, necessarily, also with the relationship of the parts within the whole. Indeed, meaning can be thought about as defined via an interaction between the parts and the whole of a given context. One makes an effort to understand the meaning of a part, and this meaning, when thought about in relation to the whole, changes the understanding or meaning of the whole, which again changes the meaning of the part in an ongoing back and forth (rather like a conversation). In this understanding, meaning has expanding horizons. Also, since words are polysemic and their meaning may be drawn from variable contexts, a certain extensibility and plasticity of language is expectable.

Active discussion gets fully underway after candidates have gotten the gist of basic hermeneutic principles. Most often, they are not familiar with these at the start. They can be engaged by drawing on their experience in the clinical context. Discussion can be stimulated by questions such as the following:

- "Do you think you can have observations unmixed with theory?" Interestingly, some candidates think they can.
- "Do you think it is reasonable to assert that there is such a thing as a psychoanalytic fact?" This question becomes pertinent when the reading is Schafer (1983), wherein it is asserted that there are no psychoanalytic facts.

- "Is all knowledge inevitably subject to the inherent ambiguity of language and its relentless entanglement in contexts?" This is a very large question.
- "Is the account of what happened in a treatment a hermeneutic question only?" Reflection on this leads rapidly to consideration of a mixed model of both scientific and hermeneutic methods.
- "Is psychoanalysis a causal science or a way of opening up as many meanings as possible?" Again, a mixed model is possible.
- "Is there a causal theory of how you can open up someone's meanings?" Here we enter into the finer points of the mixed model.

As the discussion gets going, students might be directed to again consider reasons versus causes as ways of thinking about motivation, or, depending on the instructor's tactic, to reconsider controversies about narrative truth versus historical truth, and about the nature of understanding as the manufacture of meaning versus the discovery of meaning.

Finally, in this class, the instructor tries to make clear that the hermeneutic approach is not without methods. These methods are intended to provide ways of critically assessing an interpretation of a text, and of comparing and evaluating different interpretations of the same text. Coherence, consistency, intelligibility, adequacy, accuracy, and intersubjective reliability are some of the criteria employed to take into account the fundamental insight that meaning is embedded in contexts and that alternative readings are possible.

Class 4: The Question of Proof and the Problem of Validation. Depending on candidates' prior preparation and interest (and I have found this to be quite variable from year to year), this class may require more didactic engagement by the instructor than the others in this course. The assigned reading is Ricoeur's "The Question of Proof in Freud's Psychoanalytic Writings" (1977), and can-

didates are told ahead of time that they are not expected to master it, but are asked to view it as one philosopher's honest attempt to reconcile hermeneutic and scientific methods as part of a rigorous effort to address epistemological problems that have hindered our ability to validate psychoanalytic theory. This paper is chosen in part because Freud's ideas referenced by Ricoeur are already quite familiar to candidates.

Also, usefully, Ricoeur's argument draws on both the scientific and the hermeneutic traditions; thus, we can contextualize the ideas we have been considering within a single text. Candidates find this paper heavy going, but they readily grasp its significance and do not resent its assignment; when the discussion is halting, it is not from a lack of interest, but because candidates sometimes get bogged down in trying to master particulars of Ricoeur's argument.

I will summarize immediately below the essence of Ricoeur's views in order to outline the instructor's didactic task, given that he or she must intervene in the discussion to keep the overall argument more clearly in view.

> Ricoeur tackles two questions: "What is relevant as a fact in psychoanalysis?" and "What is the relation between theory and what counts as a fact in psychoanalysis?" The ability to specify answers to these questions is necessary if we are to falsify or confirm our propositions.
>
> Ricoeur defines the domain of analysis as the analytic relationship; this includes phenomena which allow for the articulation of psychic reality: what can be said to another person; what can be fantasized; what can be symbolized; and what can be put into narrative form. Similarly, but somewhat differently, Ricoeur also defines four criteria for analytic facts: what can be said; what can be said to another person; what can be said about a psychical reality in which fantasy and the imaginary are at play; and what can be selected in the form of a story or narrative in the analytic situation.
>
> One problem Ricoeur confronts in finding a way to relate analytic facts to analytic theory is how to tie theoretical terms to observable phenomena, given that analysis

deals essentially with unobservable phenomena, i.e., unconscious fantasy. He offers a solution using Freud's tripartite definition of analysis as simultaneously a theory, a method of investigation, and a method of treatment. And here the instructor should reckon with the candidates' reactions; they do not welcome this reminder of what Freud's position really was because they are typically focused on analytic technique to the exclusion of other considerations. That said, they do usually attempt to grapple with the unwelcome complexity.

No less difficult for anyone to grasp is what comes next. Ricoeur proposes that the relationship between the investigative procedure and the method of treatment *be* the relation that mediates between theory and facts; he thus substitutes that relationship for rules of procedure that tie theory to observables. Related to this, he thinks that the function of analytic theory is to integrate the aspects of psychic reality emphasized in each of these dimensions of Freud's definition. This integration brings together the logic of force and of meaning, of causal explanation and hermeneutic explanation. In short, the psyche can be conceptualized as a text *and* a system of forces, so that different types of causality can be considered.

The investigative procedure of free association lends itself to methods of textual interpretation, i.e., to hermeneutic methods. The therapeutic method, on the other hand, addresses resistance and defense and the working through of these. Resistance and defense are best conceptualized as forces and so lend themselves to methods that strive for causal explanation: "It is through the practical coordination of interpretation and the handling of resistances that the theory is given the task of forming a model capable of articulating the facts acknowledged as relevant in analytic experience" (1977, p. 850). Freud did not succeed in achieving this integration, according to Ricoeur, and so his theory requires reformulation as a first step in providing the conditions for verification.

For Ricoeur, a good analytic explanation requires coherence with theory, consistency with procedures for interpretation (both inter- and intratextual consistency), and

> intelligibility of narrative. These criteria support the logic of meaning. A fifth criterion is adequacy in economic terms. Ricoeur defines the criterion of adequacy in economic terms as the demonstration and explication of change in the analysand in terms of new patterns of energies that result from working through. This criterion supports the logic of force. Ultimately, Ricoeur thinks that these relatively independent criteria of validation will form a constellation that can accommodate proof in psychoanalysis.

It is worth noting that, although students do not leave this class with a sense of mastery of Ricoeur's argument, the exercise is experienced as useful in that the discussion provides a chance to experience the practical application of the terms and concepts that students have been learning about, as well as the chance to experience directly the sheer intellectual difficulty, not to say strain, of trying to weld these concepts into a single synthetic argument. (I might add here, on the basis of my personal experience, that this is not a class that can be effectively taught earlier in the Methodology Sequence, or even earlier in this course.)

Class 5: Psychoanalysts' Theories. The goal of this class is to explore the ways in which theories, whether explicit or tacit, function in organizing thought and clinical experience. Readings for this class have included Sandler (1983) and Michels (1999). The structure of the class is currently based loosely on the latter paper.

At the outset of the class, candidates are invited to compare the official theories taught at Columbia with the partial theories formed and used by working analysts, including their clinical supervisors, the center's faculty, and themselves. Interestingly, unless a particular analyst is especially known for a theoretical allegiance, the candidates often find it hard to identify the working theory or theories of those with whom they have come into contact. Still, they like being challenged to think in this way. And they find encouragement in learning that analysts' theories are often implicit, and that analysts are frequently unaware or only partially aware of them. Indeed, these theories are especially likely to remain unarticulated or hidden when they are in conflict with established theory.

The class proceeds with a consideration of the kinds of theories that have been used in the evolution of analytic ideas. We discuss bridging theories, psychological theories, and clinical theories. We note that bridging theories are used to relate or to correlate phenomena described by different disciplines. Bridging theories may help us use information from the cognitive and neurosciences or from child observation and developmental research, but there are epistemological hazards in doing so, and this is emphasized to the class; bridging theories run the risk of incorporating category errors unless they are carefully constructed to avoid these, or are intended to be interpreted metaphorically.

For example, much has lately been learned in the cognitive and neurosciences about procedural memory, and many analysts have found a place in their thinking for this knowledge in their understanding of the mutative aspects of intensive treatment (see Fonagy et al. [2001] and Blum [2003] for more on the current debate). But it is no simple matter to correlate the workings of procedural memory with the categories of conscious, preconscious, and unconscious thought, nor with prevailing notions of the dynamic unconscious. It thus entails a category error to assert that the working through of the transference can be equated with the forming of new procedural memories; truly, at this stage of theoretical integration between disciplines, transference and procedural memory are apples and oranges. Psychological theories, meanwhile, are intended to describe how the mind works in psychological terms only—mental states and motives are the coin of explanation—rather than to describe the origins of mental life as a biological phenomenon. And clinical theories are designed to help us describe phenomena in the analytic setting, the theory of transference being a notable and straightforward example.[6]

Next, the class explores the functions of theories; this topic constitutes the heart of the discussion. The focus is on how theories func-

[6] The schemata of Waelder (1962) and Rubinstein (1997) could be invoked here, but as this class is currently taught, the focus is on the students' own tacit theories, and workaday delineations of types of theories are more than adequate to the task.

tion in the analytic situation, rather than on how they function in scientific discovery. Analytic theories variously provide the analyst with a framework for understanding, inspiration, association, and interpretation, we note. They shape the analyst's thinking, analytic stance, and attitudes. Additionally, theories provide comfort and reassurance. These functions do not depend on a theory's being true. Ideally, the discussion offers ample opportunity to make it clear that this view of theory places epistemological value on the impact of theory in facilitating the process of the analysis, rather than on testing hypotheses. Often, when discussion is lively in this class, candidates and the instructor go on to engage the question of whether a purely pragmatic approach to analytic theory—i.e., an emphasis on what works as opposed to what is true—is or is not a truly adequate epistemological stance.

The goal of this class is to encourage candidates to be more aware of their own theories and how these function in shaping their clinical knowledge and activity. These theories, which are consolidated as candidates accumulate experience in the analytic situation, contain the kernels of their creativity and originality as analysts. The students typically find this class exciting and stimulating.

Class 6: Clinical Evidence and Changing Your Mind. This class is the last of the series of six. In the first class of the course, candidates were asked to gather their thoughts about a clinical experience of their own that led them to change their minds about a significant formulation about an analysand (see the description of Class 1 of this course). As the course proceeds, volunteers are recruited to present process material for this final session. As well, the instructor often presents his or her own material.

The goal of this class is to help candidates become more aware of how they have been using hypotheses and clinical evidence in their own work. We note that a moment when you change your mind about a formulation that has been guiding your understanding is a moment when a clinical hypothesis has somehow come to seem *not* to be true, or at least less true than an alternative hypothesis. These moments are particularly important because they offer

us an opportunity to think about processes in the clinical setting that can lead to the refutation of a hypothesis, or to the judgment that a rival hypothesis has advantages.

Usually, one or two candidates clearly remember a change of mind of some magnitude and readily volunteer to present. They are asked to bring in their process notes so that we can go into some depth. Usually, there is time enough to encompass more than one presentation. I will illustrate with a single vignette (which, for reasons of space limitation and confidentiality, is less elaborated in terms of clinical details than was the actual discussion, unfortunately):

> A candidate had been interpreting her analysand's insistence on staying on the surface. That is to say, she felt the patient was withholding her associations. Hypothesizing that a hostile maternal transference was being enacted, the candidate-analyst thought that her analysand wished to thwart her, thus reversing her own experience of having felt thwarted by and intruded upon by her mother. The atmosphere between them was becoming adversarial and unfriendly. However, when the analysand shifted to describing a recurring daydream, the candidate-analyst changed her hypothesis about what had been motivating the analysand. The daydream was about a budding romantic and sexual relationship with a man who was a soul mate, so that understanding between them did not require words.
>
> As the daydream was discussed in ensuing sessions, it gradually dawned on the candidate-analyst that the elements of the daydream called for a new hypothesis. This change in her understanding took the candidate by surprise, as had the daydream. The candidate now hypothesized that an erotic transference was emerging. She inferred that what had appeared to be unfriendliness had been her analysand's way of defending herself against an awareness of her loving and sexual feelings, and that what had appeared to be a withholding of associations was, instead, an expression of a wish to be understood without words.

Interestingly, when the class turned to the finer details of the daydream and to the patient's associations to it, we were able to generate further inferences and to find evidence for these inferences in a way that was exciting, even riveting. This does not always happen when students or the instructor present, but when it does, it is an object lesson in how clinically rewarding and fruitful the pursuit of epistemological clarification can be.

The Segment Entitled "Critical Thinking about Psychoanalytic Process"

This component of the Methodology Sequence is part of the Process and Technique Track. It employs two analyst-instructors teaching together, and is embedded in the "Psychoanalytic Process" course. It consists of eight consecutive classes during each of the second, third, and fourth years, for a total of twenty-four classes over these three years of training. One of the two analyst-instructors takes the role of the traditional teacher and helps candidates deepen their understanding of analytic process. The other helps candidates develop a perspective on analytic thinking itself; this is a kind of metacognition, thinking about thinking. The educational goal is to introduce candidates to an epistemological perspective as they learn about psychoanalytic process, in order to encourage a critical attitude about our theories, our concepts, and our rules of inference and evidence. If a critical perspective is to be meaningfully internalized by candidates, it needs to be experienced over time and in relation to the analytic situation.

The teaching strategy entails a kind of modeling. The candidates have the opportunity to identify with a new way of thinking about thinking in relation to an increasingly familiar case. The interactions between the analyst-instructors, and among the analyst-instructors and the candidates, are intended to model a collaborative scrutiny of the underpinnings of ideas and methods. The complexity of the ideas presented is geared to the candidates' stage of development and degree of interest and comfort. I will illustrate with the following vignette (again, considerably less clinical detail is included than was contained in the actual discussion).

In the first meeting, the analyst teaching process heard a dominant unconscious fantasy theme in the material presented by a candidate, a wish to be a well-cared-for infant. He predicted that the candidates, too, would hear this theme. The following class began with the retelling of a dream. In the dream, the analysand rescued someone, then stroked him affectionately and encouraged him. The analysand then associated to feeling "out of sync" with the candidate-analyst.

Here the analyst teaching process commented, "He wishes you would reach out to him—he is angry when you don't," and he gave as evidence the analysand's many references to being angry or sad or to fighting back. He went on to say that a dream often offers a clue about the dominant unconscious theme.

A candidate interrupted at this point: "Is there a red thread or do we weave it? Is a dominant unconscious fantasy active or do we just think about a theme this way?" The analyst teaching epistemological perspectives pointed out that our ideas about unconscious fantasies rest on the analytic hypothesis that unconscious fantasies influence conscious experience, the transference, and dreams. The analyst encouraging metacognition then proceeded to reframe the candidate's question: "What evidence is there for an unconscious fantasy in what we are hearing?" And the discussion took a new turn.

When the candidate-analyst resumed presenting process material, the class heard about the analysand's worries about whether he expected too much from people. The analysand brought up breast-feeding and wondered how parents could love more than one child. Yet he dismissed the candidate-analyst's suggestion that he might be having feelings about *her* other "babies." The candidate-analyst then elaborated her inference that the analysand had an unconscious wish to be her baby. Another candidate disagreed at once, saying, "I think that he wishes to be your lover," and cited references to a water pistol.

The analyst teaching epistemological perspectives noted that the class was assuming that particular words and themes were determined by the prevailing unconscious

> fantasy, and so could be used as evidence that a particular fantasy might be organizing both the dream and the associations. The candidate who had interrupted earlier now persisted with his question. "When we interpret a fantasy, how do we know that we didn't make it up according to our theory?" His persistence was welcome; questions like his demonstrate that we have succeeded in making candidates aware that their theories influence their observations.
>
> In fact, the analyst teaching process picked up the theme of being influenced by theory and said, "I am contaminated by the account of the session before the dream . . . . I hear all this in the sibling-rivalry sense." He explained that in that session, he had heard references to the analysand's mother variously being with him and with his sister. Interestingly, the candidate-analyst then volunteered that she knew she often tended to hear developmental themes.

As the discussion evolved, we talked about the difficulties that we face in deciding between alternative hypotheses when we can identify evidence for each, and when we further realize that the evidence we select is influenced by our theoretical preferences. The analyst emphasizing process commented that he preferred the word *construction* to *hypothesis*. This opened the way for the analyst encouraging metacognition to describe the current controversy surrounding the question: "Do we discover meanings or do we construct them?" The student who had interrupted with a similar concern felt rewarded by being taken seriously, even as he felt in the end that the matter was not settled. The class as a whole, meanwhile, seemed to appreciate that doubt and perplexity could be reframed in systematic ways that felt useful.

The Course Entitled "Psychoanalytic Concepts: Multiple Perspectives"

Part of the Theory Track, this course in the Methodology Sequence consists of ten classes taught in the fourth year. It is intended to present different ways of thinking about fundamental analytic concepts, and is designed to explore implications of these differences

in relation to clinical material. Five classes each are spent on two topics: "Fantasy" and "Dreams." The readings on fantasy have variously included: Arlow (1969), Beebe, Lachmann, and Jaffe (1997), Blum (1995), Cohler (1996), Hinshelwood (1997), Isaacs (1952), Laplanche and Pontalis (1973), Meyers (1991), Segal (1964), and Stern (1995). The readings on dreams have included: Fosshage (1983), Freud (1925), Goldberg (1989), Kohut (1971, 1977), Pulver (1987), and Reiser (2001).

Three analyst-instructors are on hand for every class meeting, each with his or her own distinctive theoretical views, and each taking a turn in presenting case material, a format that allows for free discussion of theoretical and technical differences. Beyond instructing candidates, these classes also provide an opportunity for faculty members to articulate their own thinking and to learn from one another over time. Additionally, as faculty typically teach particular segments of this course together over a number of years, a forum is created in which mutual clarification and conceptual enrichment can take place.

Hearing familiar teachers think out loud with one another helps candidates begin to appreciate just how heterogeneous fundamental concepts have become, and allows them to experience a friendly, comparative analytic discussion firsthand. Candidates have repeatedly expressed their enthusiasm for this course in written evaluations. One class mentor (see below) reported a fourth-year class's reaction as follows:

> This segment was universally liked. Everyone felt grateful for the experience of hearing case presentations by senior analysts. They thought it was a privilege to get an inside glimpse into how instructors formulated cases, thought about psychopathology, and conducted their work with patients. Some wished the course were longer.

Because of space limitations, I will give only a glimpse of a typical discussion in attempting to portray the format.

The first class in the segment on the concept of fantasy begins with a comparison of the ideas of Arlow (1969) and Isaacs (1952),

which serve as exemplars of an ego psychological and a Kleinian point of view about the nature and functioning of fantasy, respectively, and which also usefully recapitulate what the candidates have already been taught about fantasy in Columbia's program. This review is followed by three classes in which each teacher in turn presents aspects of his or her way of conceptualizing fantasy, using case illustrations from his or her clinical work. Discussion by the other two teachers and by the class follows.

The fifth and last class is structured as a round-table discussion about the implications of the differences that have emerged during earlier discussions. I will illustrate with a vignette from the second class, which reflects the teaching analyst's interest in the developmental aspects of fantasy.

> The analyst-instructor presenting in this class had a strong developmental orientation and was interested in the shaping of fantasy by body experience. She began with Freud's (1923) statement, "The ego is first and foremost a body ego" (p. 26). The question was posed to the class: "How will we think about the mental representation of body experience?"
>
> After presenting detailed clinical material about her patient, the instructor went on to say that the representation of body experience in mental life can be conceptualized in different ways, i.e., schemata, images, or fantasies. One can ask: "Do these other dimensions of mental representation contribute to the formation of fantasies, and if they do, will they be considered building blocks of fantasy or protofantasies or preverbal fantasies? Where does our conception of fantasy begin, developmentally?"
>
> The presenting instructor, invoking Stern (1995), proposed that schematic forms of representation of perceptual, affective, motor, and other dimensions of presymbolic experience contribute to and organize mental representation at the level of fantasy, but that these schemata should not be equated with fantasies. The second analyst-instructor, coming from an ego psychological perspective, agreed, adding that fantasy is an ego function that

relies on the achievement of a symbolic capacity and language. The third analyst-instructor disagreed, maintaining, with Isaacs and Klein, that fantasy is the way the mind works from the beginning of life, and does not depend on language. In the discussion that followed, it was stressed that one's position on the thorny issue of the relation between language and fantasy is significant in light of controversy about the nature and definition of fantasy, and that, currently, the concept of fantasy encompasses contradictory conceptualizations.

In exploring different ideas about the nature of fantasy with the class, it became clear that the third instructor, who thought about fantasy as the way the mind works, tended to conceptualize fantasy as a process. This analyst did not think it useful to distinguish the concept of fantasy from the concept of psychic reality. A candidate objected that this made it difficult to think about fantasies as structures in the mind, and went on to say that he thought about the *content* of fantasies, rather than the *process* of fantasizing, as constituting psychic reality.

The second instructor, representing the ego psychological point of view, volunteered in response that fantasy is a circumscribed structure in the mind that represents a compromise formation. Fantasies function to express, to contain, and to avoid or defend. The third instructor took this opportunity to say that fantasy structures can be thought about as enduring constellations of processes that continuously organize mental life. However, this can be said of schemata, and so the questions again arise: "Where does our concept of fantasy begin? What distinguishes the concept of fantasy from other forms of mental phenomena?"

The interests of these three analyst-instructors (who had been teaching together for five years) largely determined the themes that came into the discussion: the relationship of preverbal to verbal forms of fantasy; the relationship of unconscious fantasy to conscious fantasy and to imagination; the relationship of the concept of fantasy to the concept of psychic reality; and the functioning of fantasy as a process and as a structure.

> The class moved on to further consider these questions in relation to the case, in which the unfolding transferences had been significantly organized by fantasies that involved holding in or letting out, elaborated at each psychosexual level.

In this didactic arrangement, the instructors are familiar with one another's points of view and also with the incipient theoretical viewpoints of the candidates, and this not only allows for a useful sharpening of differences, but also facilitates the progress of the discussion, in that, by mutual agreement, the instructors avoid sterile cul-de-sacs that a more free-form debate might wander into. The students typically enjoy the modeling of an open discussion and feel welcomed to join in.

Evaluation of the Methodology Sequence

A weak point in the development of the Methodology Sequence at Columbia is that insufficient attention was paid at the outset to issues of evaluation. Training institutes that contemplate implementing similar programs might do well to consider more carefully how to construct a program of evaluation for monitoring the impact of curricular changes on candidates, both subjectively and in terms of a more objective appraisal of change. Among the latter, one might consider monitoring changes in written case reports, for example, over the course of training; ideally, these could be compared to other changes in written case reports of other candidates over time, prior to the change in curriculum. Another possibility would be to design an instrument to assess the acquisition of epistemological skills in a manner somewhat akin to the psychotherapy skills test (Mullen et al. 2004) currently being used in psychiatric residency training programs.

At Columbia, evaluation currently consists of two levels of gathering and anonymously reporting candidates' subjective responses. One level of data collection is conducted by the "class mentor" (a faculty member assigned to each class who meets with them regularly). The other level of data collection is done through

a "junior instructor" (these individuals are assigned to some courses and also meet with class members regularly).

We have not yet determined how to systematize what our candidates learn in the Methodology Sequence. Here I can provide only anecdotal information. In general, candidates report favorable reactions to both the teaching and the course material. However, these evaluations are given in the form of summary statements and do not always capture the real color of candidates' experience. By contrast, when I have sought out individual candidates to directly solicit their reactions to the Methodology Sequence, they have proved to be ready and instructive informants. Students are often quite frank about their initial apprehension about instruction in methodology; they also have valuable and constructive suggestions as to what can be done to ameliorate their anxiety, including concrete ideas about the optimal placement of courses in the curriculum.

Also, more or less across the board, candidates have expressed the opinion that epistemological issues become vastly more accessible when they are juxtaposed with clinical process material, be it their own or those of the faculty. At Columbia, candidates' input has often led to changes in the placement of courses and in teaching guidelines for succeeding years. Students also have pertinent reactions to the readings and useful suggestions for changes. At Columbia, both candidates and faculty are aware of an institutional commitment to integrate epistemological instruction into the curriculum, but also know that the implementation of this curriculum is flexibly handled. The manifest readiness to make changes, in turn, seems to encourage candidates to be frank in their reactions, thus guiding further experimentation. Ultimately, at Columbia, students end up finding the Methodology Sequence valuable —sometimes to their own surprise.

SUMMARY

Curriculum design and content can be creatively used to encourage the development of epistemological perspectives in the minds

of candidates that will stand them in good stead when they enter the field as fully trained psychoanalysts and encounter all its complexities. The overall goal is to foster an educational atmosphere that will encourage both candidates and faculty to think critically about psychoanalytic knowledge in a manner intended to help them meet the challenges we face as a field in evaluating and testing our knowledge, and in evaluating new and relevant knowledge available in other fields.

Changing the culture of an institute so that its curriculum includes an epistemological perspective requires time—even years of experimentation. The educational issues are complex and the effort must be multifaceted. Curriculum development, the evolution of teaching strategies, the training of faculty, and the development of methods to evaluate the outcome of the endeavor are all necessary. In this paper, I have presented one stage in the ongoing development of the Methodology Sequence at the Columbia University Center for Psychoanalytic Training and Research.

APPENDIX A

"A Critical Evaluation of Psychoanalytic Knowledge"
Class 1: September 2006

I. Epistemological Status of Psychoanalysis
  A. Introduction
    1. The state of our knowledge and concepts
      a. Theoretical pluralism
      b. Changing views on fundamental concepts
      c. The mind–body problem
      d. What is methodology?
        (1) A theory of knowledge is very much a theory of methods
      e. Different theories of knowledge—competing epistemologies
        (2) Epistemology is the study of the nature of knowledge, its grounds, its limits, and its validity

2. Essential epistemological concerns
    a. What counts as knowledge? How do we distinguish knowledge from belief?
    b. What do we intend to know about and how do we intend to know about it?
    c. What kinds of explanations do we seek?
    d. How do we constrain our hypotheses?
    e. How do we validate our conclusions?
    f. What counts as evidence?
    g. How do we establish rules of inference?

B. Defining the task
1. Defining the field or domain
    a. What are its boundaries?
    b. What is it not about? (This is not just a scientific problem but also a conceptual problem.)
2. Defining our data
    a. What phenomena will we include?
    b. What settings will we include?
3. Defining what we want to do with our observations
    a. What kinds of explanation do we strive for?
    b. What kind of understanding do we strive for?
    c. What difference does this make? Meaning (metaphor) versus mechanism.
4. What are our modes of inquiry?
    a. Free association
    b. Empathy
    c. Countertransference?
    d. Experimentation?
    e. Extraclinical observation?
5. How will we distinguish observation from inference?
6. How will we justify or validate our ideas?

C. Epistemological points of view: the nature of our discipline
1. The scientific
2. The hermeneutic
3. The narrative
4. Mixed

D. What is at stake?
  1. Person and/or organism
  2. The concept of truth in psychoanalysis
    a. Theories of truth
      (1) Correspondence
        (a) Truth consists in the degree of correspondence between an object and its description
        (b) The human mind is able to gain knowledge of objects by means of observation and experimental refinement
        (c) Critical realism
        (d) When the object is subjectivity, naive realism?
      (2) Coherence
        (a) Context dependence of truth
        (b) Objects as they are constructed, not as they are
        (c) Idealism
        (d) Construction or freedom from causality and the problem of the compulsion to repeat
        (e) Causes versus reasons
    b. The interpenetration of observation and theory
    c. The contamination of data
    d. The problem of the relationship between inference and evidence

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REFERENCES

ARLOW, J. (1959). Psychoanalysis as scientific method. In *Psychoanalysis, Scientific Method and Philosophy,* ed. S. Hook. New York: New York Univ. Press, pp. 201-211.

——— (1969). Unconscious fantasy and disturbances of conscious experience. *Psychoanal. Q.,* 38:1-27.

——— (1991). Methodology and reconstruction. *Psychoanal. Q.,* 60:539-563.

BEEBE, B., LACHMANN, F. & JAFFE, J. (1997). Mother–infant interaction structures and presymbolic self and object representations. *Psychoanal. Dialogues,* 7:133-182.

BLUM, H. (1995). On the clinical value of daydreams and a note on their role in character analysis. In *On Freud's "Creative Writers and Day-Dreaming,"* ed. E. S. Person, S. Figueira & P. Fonagy. New Haven, CT: Yale Univ. Press, pp. 39-52.

——— (2003). Psychoanalytic controversies, repression, transference and reconstruction. *Int. J. Psychoanal.,* 84:497-513.

BOESKY, D. (2002). Why don't our institutes teach the methodology of clinical psychoanalytic evidence? *Psychoanal. Q.,* 71:445-475.

COHLER, B. (1996). Panel Report—psychic reality and the analyst: the inner working of the analyst's mind. *Int. J. Psychoanal.*, 77:89-95.

COOPER, A. M. (2003). Commentary. *J. Amer. Psychoanal. Assn.*, 51(suppl.): 108-114.

CREATH, R. & MAIENSCHEIN, J. (2000). *Biology and Epistemology*. Cambridge, England: Cambridge Univ. Press.

DAHL, H. (1974). The measurement of meaning in psychoanalysis by computer analysis of verbal contexts. *J. Amer. Psychoanal. Assn.*, 22:37-57.

DAHL, H., KÄCHELE, H. & THOMÄ, H. (1988). *Psychoanalytic Process Research Strategies*. New York: Springer.

DAMASIO, A. (1994). *Descartes' Error*. New York: Putnam.

——— (1999). *The Feeling of What Happens: Body and Emotion in the Making of Consciousness*. New York: Harcourt Brace.

EAGLE, M. (1980). A critical examination of motivational explanation in psychoanalysis. *Psychoanal. & Contemp. Thought,* 3:329-380.

EDELMAN, G. M. (1992). *Bright Air, Brilliant Fire: On the Matter of Mind*. New York: Basic Books.

EDELSON, M. (1984). *Hypothesis and Evidence in Psychoanalysis*. Chicago, IL: Univ. of Chicago Press.

——— (1988). *Psychoanalysis: A Theory in Crisis*. Chicago: Univ. of Chicago Press.

FEYNMAN, R. (1994). "Alright so maybe Haydn didn't write them. So what?" *New York Times,* May 15, p. 33.

FONAGY, P., JONES, E. E., KÄCHELE, H., KRAUSE, R., CLARKIN, J., PERRON, R., GERBER, A. & ALLISON, E. (2001). *An Open Door Review of Outcome Studies in Psychoanalysis*. London: Int. Psychoanal. Assn.

Fosshage, J. L. (1983). Psychological function of dreams: a revised psychoanalytic perspective. *Psychoanal. Study Child,* 6:641-669.

Freud, S. (1923). *The Ego and the Id. S. E.,* 19.

——— (1925). Some additional notes on dream interpretation as a whole. *S. E.,* 19.

Friedman, L. (1999). Why is reality a troubling concept? *J. Amer. Psychoanal. Assn.,* 47:401-425.

——— (2000). Modern hermeneutics and psychoanalysis. *Psychoanal. Q.,* 69:225-264.

Gallese, V. & Goldman, A. (1998). Mirror neurons and the stimulation theory of mind-reading. *Trends in Cognitive Sci.,* 12:493-501.

Goldberg, A. (1989). *Dimensions of Self Experience.* Hillsdale, NJ: Analytic Press.

Grunbaum, A. (1984). *The Foundations of Psychoanalysis: A Philosophical Critique.* Berkeley, CA: Univ. of Calif. Press.

Hanly, C. (1990). The concept of truth in psychoanalysis. *Int. J. Psychoanal.,* 71:375-383.

Hinshelwood, R. D. (1997). The elusive concept of "internal objects" (1934-1943) and its role in the formation of the Klein group. *Int. J. Psychoanal.,* 78:877-897.

Holt, R. R. (1989). *Freud Reappraised: A Fresh Look at Psychoanalytic Theory.* New York/London: Guilford.

——— (2002). Quantitative research on primary process: methods and findings. *J. Amer. Psychoanal. Assn.,* 50:457-482.

Isaacs, S. (1952). The nature and function of fantasy. In *Developments in Psychoanalysis,* ed. J. Riviere. London: Hogarth, pp. 67-121.

Kafka, F. (1971). Investigations of a dog. In *Kafka: The Complete Stories,* ed. N. N. Glatzer. New York: Schocken Books, pp. 278-316.

Kandel, E. (1999). Biology and the future of psychoanalysis. *Amer. J. Psychiat.,* 156:505-524.

Kohut, H. (1971). *Analysis of the Self.* New York: Int. Univ. Press.

——— (1977). *Restoration of the Self.* New York: Int. Univ. Press.

Kuhn, T. S. (1970). *The Structure of Scientific Revolutions.* Chicago, IL: Univ. of Chicago Press.

Laplanche, J. & Pontalis, J.-B. (1973). *The Language of Psychoanalysis.* New York: Norton.

Le Doux, J. (1996). *The Emotional Brain: The Mysterious Underpinnings of Emotional Life.* New York: Simon & Schuster.

Lewontin, R. C. (2000). What do population geneticists know and how do they know it? In *Biology and Epistemology,* ed. R. Creath & J. Maienschein. Cambridge, England: Cambridge Univ. Press.

Luborsky, L. (2001). The meaning of empirically supported treatment research for psychoanalytic and other long-term therapies. *Psychoanal. Dialogues,* 11:583-604.

MEYERS, H. (1991). Perversion in fantasy and furtive enactments. In *Perversions and Near Perversions in Clinical Practice,* ed. G. Fogel & W. Myers. New Haven, CT: Yale Univ. Press, pp. 93-108.

MICHELS, R. (1999). Psychoanalysts' theories. In *Psychoanalytic Theories in Practice: A Festschrift to Joseph Sandler,* ed. P. Fonagy, A. M. Cooper & R. S. Wallerstein. New York: Routledge, pp. 187-200.

MULLEN, L. S., RIEDER, R. O., GLICK, R. A., LUBER, B. & ROSEN, P. J. (2004). Testing psychotherapy skills among psychiatric residents: the psychodynamic psychotherapy competency test. *Amer. J. Psychiat.,* 161:1658-1664.

NAGEL, E. (1959). Methodological issues in psychoanalytic theory. In *Psychoanalysis: Scientific Method and Philosophy,* ed. S. Hook. New York: New York Univ. Press, pp. 39-40.

——— (1979). *The Structure of Science: Problems in the Logic of Scientific Explanation.* Indianapolis, IN: Hackett.

OLDS, D. D. (2000). A semiotic model of mind. *J. Amer. Psychoanal. Assn.,* 48:497-529.

——— (2006a). Identification: psychoanalytic and biological perspectives. *J. Amer. Psychoanal. Assn.,* 54:7-46.

——— (2006b). Interdisciplinary studies and our practice. *J. Amer. Psychoanal. Assn.,* 54:857-876.

PALLY, R. (1997). Memory: brain systems that link past, present and future. *Int. J. Psychoanal.,* 78:1223-1234.

PALLY, R., in collaboration with D. D. OLDS (2000). *The Mind-Brain Relationship,* ed. P. Williams. London: Karnac/New York: Other Press.

PANKSEPP, J. (1998). *Affective Neuroscience.* New York: Oxford.

POPPER, K. (1992). *The Logic of Scientific Discovery.* New York: Routledge.

PULVER, S. E. (1987). The manifest dream in psychoanalysis. *J. Amer. Psychoanal. Assn.,* 35:99-118.

REISER, M. (2001). The dream in contemporary psychiatry. *Amer. J. Psychiat.,* 158:351-359.

RICOEUR, P. (1977). The question of proof in Freud's psychoanalytic writings. *J. Amer. Psychoanal. Assn.,* 25:835-871.

RUBINSTEIN, B. (1997). Person, organism, and self: their worlds and their psychoanalytically relevant relationships. In *Psychoanalysis and the Philosophy of Science,* ed. R. R. Holt & M. N. Eagle. Madison, CT: Int. Univ. Press, pp. 415-445.

SANDLER, J. (1983). Reflections on some relations between psychoanalytic concepts and psychoanalytic practice. *Int. J. Psychoanal.,* 64:35-45.

SCHAFER, R. (1983). *The Analytic Attitude.* New York: Basic Books.

——— (1996). Authority, evidence and knowledge in the psychoanalytic situation. *Psychoanal. Q.,* 65:236-253.

——— (1997). *Tradition and Change in Psychoanalysis.* Madison, CT: Int. Univ. Press.

Segal, H. (1964). Fantasy and other mental processes. *Int. J. Psychoanal.,* 45:191-194.

Sherwood, M. (1969). *The Logic of Explanation in Psychoanalysis*. New York: Academic Press.

Shevrin, H., Bond, J. A., Brakel, L. A. W., Hertel, R. K. & Williams, W. J. (1996). *Conscious and Unconscious Proc*esses. New York: Guilford.

Solms, M. & Turnbull, O. (2002). *The Brain and the Inner World*. New York: Other Press.

Stern, D. (1995). The nature and formation of the infant's representations. In *The Motherhood Constellation*. New York: Basic Books, pp. 79-98.

Strenger, C. (1991). *Between Hermeneutics and Science*. Madison, CT: Int. Univ. Press.

Waelder, R. (1962). Psychoanalysis, scientific method and philosophy. *J. Amer. Psychoanal. Assn.,* 10:617-637.

Waldron, S. (1997). How can we study the efficacy of psychoanalysis? *Psychoanal Q.*, 66:283-322

Wallerstein, R. S. (1986). Psychoanalysis as a science: a response to new challenges. *Psychoanal. Q.,* 55:414-451.

——— (2001). The generations of psychotherapy research: an overview. *Psychoanal. Psychol.*, 18:243-267.

Webster's New World College Dictionary, Fourth Edition (1999). New York: Macmillan.

Westen, D. & Gabbard, G. (2002a). Developments in cognitive neuroscience, I: conflict, compromise and connectionism. *J. Amer. Psychoanal. Assn.,* 50:53-98.

——— (2002b). Developments in cognitive neuroscience, II: implications for theories of transference. *J. Amer. Psychoanal. Assn.,* 50:99-134.

Yovell, Y. (2000). From hysteria to posttraumatic stress disorder: psychoanalysis and the neurobiology of traumatic memories. *Neuro-psychoanal.,* 2/2:171-182.

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ON THE FATE OF PSYCHOANALYSIS AND POLITICAL THEORY

BY ADAM ROSEN

The author explores the present structure of the relationship between psychoanalysis and political theory, finding that the two often attempt to integrate each other's findings as mere resources within the pursuit of fundamentally self-determined projects. This radically misconstrues the force and meaning of the insights upon which they draw. Especially when psychoanalytic interpretations of collective subjects (nations, regions, etc.) occur, the relationship between psychoanalysis and political theory may not be appropriately mediated, promoting suspiciousness about the interpretive and therapeutic efficacy of such nonclinical "interventions." The author proposes an alternative paradigm for a new working relationship between psychoanalysis and political theory.

Let us start with a certain fantasy, a fantasy of psychoanalysis united with political theory. This fantasy, as a fantasy, draws upon empirically verifiable tendencies of their historical conjunction, and is thus not so far from the order of genealogy.[1] Yet this fantasy amplifies certain trends and foregrounds a variety of more or less latent possibilities. This fantasy, as a fantasy, provides the pleasures of a relatively coherent picture of the union of psychoanalysis and

[1] For a systematic elaboration of the concept of *genealogy,* see Visker (1995).

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political theory, and thus, for the sake of a general orientation to our topic, must obscure and elide the irreducibly singular convergences between and interarticulations of psychoanalysis and political theory manifest in the texts drawn upon, and must of necessity pass over a variety of texts and other archival records that could complicate the picture.

And yet, this fantasy is not simply a delusion: it seeks to render perspicuous certain more or less latent trends that, I fear, will continue to become increasingly prominent. So let us start with a fantasy, a fantasy that, unless (minimally) brought to the fore and explicated, may all the more implacably evade discernment and intervention as psychoanalysis and political theory continue to ally themselves in the future. Let us start with a fantasy, a fear, a premonition—in order to traverse it.

STATIC COMPLEMENTARITY

The psychoanalytic engagement with political theory might be thought of as a marriage of convenience, that is, a relationship wherein each partner seeks sustenance and support from the other in order to better pursue her/his self-arrogated ends. If the union of psychoanalysis and political theory is described as a marriage of convenience, this is to suggest that each partner allows for a certain dependence upon and exposure to (the claims, insights, resources, and modes of investigation of) the other in order to advance and develop along an independently established itinerary.

This is not to say that the various projects of each partner are altogether established in advance, but rather that the structure and transformations of each partner's projects are assumed to be fundamentally matters of *self-determination*. Even if, for instance, psychoanalysis is a contested domain, its discord is held to be internal to psychoanalysis, to be debated and worked out by psychoanalytic theorists and therapists. From this purview, psychoanalysis is a strife-ridden scene wherein the recommendations of political theorists qua political theorists have no manifest authority. The autocratic presumptions of each partner, psychoanalysis or political

theory, are indulged as their authority to posit their respective ends remains beyond question, according to the implicit or explicit terms of the union.

Perhaps a few examples will clarify the tendency I have in mind. Reich (1972), in his book entitled *Sex-Pol,* maintains that "the purpose of this paper is to investigate whether, and to what extent, Freudian psychoanalysis is compatible with the historical materialism of Marx and Engels" (p. 5)—that is, whether and to what extent Freudian psychoanalysis coheres with the methodological priority of historical materialism, and as such constitutes an admissible resource for Marxist political theory/praxis. Reich continues, "Whether or not psychoanalysis is *compatible* with the proletarian revolution and the class struggle will depend on our answer to the first question" (p. 5, italics added), implying thereby that the proletarian revolution and the political theory/praxis necessary for such a revolution have unquestioned priority. Psychoanalysis remains structurally subordinated to the directives and demands of the revolution; it cannot be independently directive of political life or political theory.

To put the point most simply: if it is found that psychoanalysis does not proceed by way of a dialectical-materialist methodology, its insights are ruled out in advance. As Reich (1972) quickly clarifies: "The proper scope of psychoanalysis . . . is nothing more than a psychological method using the means of a natural science for *describing and explaining* man's inner life as a specific part of nature" (p. 6, italics added), and as such can be utilized by Marxist political theory/praxis. Marxism may use psychoanalysis as, for instance, a tool for explaining ideology, but understanding the status of ideology within Marxist political theory or generating responses to ideological formations is not something to which psychoanalysis can contribute:

> Psychoanalysis has its *proper place* within the materialist view of history at a very specific point: at that point where psychological questions arise *as a result of* the Marxian thesis that material existence transforms itself into "ideas inside the head." [Reich 1972, p. 46, italics added]

Even in Freud himself, we can observe this tendency to render psychoanalysis a mere resource for political theory or politics. As Derrida (2002) notes in his reading of Freud's "Why War?" (1933b):

> After having explained why hatred does not disappear and why it cannot be a question of eradicating the drives of cruel aggression, Freud *recommends* a method, in fact a politics [*to* political theory and praxis, not to psychoanalysts], of *indirect* diversion: one should see to it that cruel drives are diverted, deferred, and do not find expression in war. [Derrida 2002, p. 271, italics added][2]

And from the side of psychoanalysis, one might think of the myriad, inescapable reasons that retaining an autonomy from political imperatives—that is, refraining from political prescription (and even, sometimes, from *de*scription, which cannot but bear normative force when it comes to politics) in the course of therapy—is absolutely essential, both ethically and in terms of therapeutic efficacy. When psychoanalysis admits the findings of political theory, it takes these findings as resources for a more holistic or nuanced picture of the particular analysand, often facilitating the interpretation of a variety of clinical presentations (see Fromm 1970).

A wide range of examples of this could be found by surveying the literature of psychoanalysts who draw upon political theory dealing with historical trauma. Even Adorno (1968), who is deeply suspicious of the attempt to supplement the traditional focus on the intrapsychic by appeal to factors of social context—the claim is that what such efforts evade is the emphatically social imperative to individuation registered in the primacy of the intrapsychic—avers that

> . . . if someone makes a slip of the tongue and a sexually loaded word comes out, if someone suffers from agoraphobia or if a girl walks in her sleep, psychoanalysis not

[2] One might think here of innumerable instances of psychoanalytic recommendations to political theory and practice on the topic of sublimation—most notably, in its brilliance and exceptionality, Whitebook 1995.

> merely has its best chances of therapeutic success but also its *proper* province, the relatively autonomous, monadological individual as arena of the unconscious conflict between instinctual drive and prohibition. The further it departs from this area, the more tyrannically it has to proceed and the more it has to drag *what belongs to the dimension of outer reality* into the shades of psychic imminence. Its delusion in so doing is not dissimilar from that "omnipotence of thought" which it itself criticized as infantile. [p. 96, italics added]

To cite a different sort of example, when Castoriadis (1997) asserts—ostensibly on the basis of political theory findings rather than clinical ones, although it is not altogether clear—that the "ego is largely a social fabrication . . . designed to function in a given social setting and to preserve, continue, and reproduce this setting—that is, the institutions that created it" (p. 131), the point is twofold. The point for political theory is to recognize the force of internalization in ideological formation. The point for psychoanalysis is that psychoanalysts encounter social institutions *in the clinic*, and insofar as psychoanalysis "aims at helping the individual become autonomous, that is, capable of self-reflective activity and deliberation" (p. 131), it must recognize and take into account the social dimensions of the psyche at stake.

For the most part, then, each partner proceeds, albeit with vital support and suggestions from the other, according to her/his own autonomous logic, on her/his own terms, and within her/his own "proper" sphere.[3] This is to say, the engagement of psychoanalysis and political theory is structured in advance—according to the framework of a more or less explicit promise—in a manner that facilitates each partner conceiving itself as relatively self-contained and fundamentally autonomous. Even if, from time to time, the partners not only take cues from one another, but also play a game of role reversal (wherein one partner takes up the tasks of the other), this is only possible, we might assume, either because (a) the role player is the subject who is irreducible to her/his role and so

[3] See lecture XXXV ("*Weltanschauung*") in Freud 1933a.

s/he can momentarily don the guise of the partner and work in her/his place; or (b) the partner who takes on the role of the other does so in a highly qualified manner, remaining her-/himself while doing things that resemble the tasks of her/his partner.

For instance, political theorist Yannis Stavrakakis (1999) may speak of the necessity of *recognizing* and *traversing* a certain utopian fantasy of which he finds traces in the contemporary political imagination, and so in speaking of fantasy and its traversal of the Real and so forth, Stavrakakis may *sound like* something of a psychoanalytic theorist (or an inordinately assertive therapist who utterly obviates the need to speak in the language of the analysand). Yet it is quite clear from the mode of textual presentation that he is addressing political theorists or analysts who are interested in political theory. Stavrakakis thus dons the guise of the psychoanalyst, speaks the language of psychoanalysis, *in order to advance the discipline of political theory* (as far as I can tell, his goal is to *extend* Lacanian insights into the theory of radical democracy and to shore up a Lacanian foundation for such a project).

Stavrakakis (1999) comments as follows:

> Recognizing the constitutivity of the real . . . means that we start trying to incorporate this recognition within the symbolic itself, in fact it means that since the symbolic entails lack as such, we abstain from covering it over with fantasmatic constructs—or, if one accepts that we are always trapped in fantasy, that we never stop traversing it. The guiding principle in this kind of approach is to move beyond fantasy toward a self-critical symbolic gesture recognizing the contingent and transient character of every symbolic construct. [p. 89]

It is political theorists, and perhaps theoretically inclined activists, who would do well to "recognize" the real and to "incorporate" this recognition into the political-symbolic in order to motivate an ethos of perpetual self-criticism, so as to sustain the provisionality and partiality of political goals.

Such an engagement, then, would not figure a promise of mutual *transformation*, let alone *mutually transformative harmoniza-*

tion. Rather, such an engagement secures a state of affairs wherein interactions are understood as falling within a relationship of static complementarity that allows each partner a vital confirmation of her/his independence. The following examples speak to the prominence of this tendency:

- Reich (1972): "Marxism cannot illuminate neurotic phenomena, disturbances in a man's working capacity or in his sexual performance" (p. 8), and so, by implication, Marxism requires certain crucial resources from psychoanalysis.

- Freud (1933b): "One instance of the innate and ineradicable inequality of men [as psychoanalytically established] is their tendency to fall into the two classes of leaders and followers. The latter constitute the vast majority; they stand in need of authority which will make decisions for them and to which they for the most part offer an unqualified submission. This suggests [to political theory and political practice, not to psychoanalysts] that more care should be taken than hitherto to educate an upper stratum of men with independent minds, not open to intimidation and eager in the pursuit of truth, whose business it would be to give directions to the dependent masses" (p. 213).

- Derrida (2002): "With regard to the political, the geopolitical, the juridical, the ethical, are there *consequences*, or at least *lessons to be drawn* [for politics and political theory], from the [psychoanalytic] hypothesis of an irreducible death drive that seems inseparable from what is so obscurely called cruelty?" (pp. 257-258, italics added).

- Castoriadis (1997): "Can knowledge of the Unconscious teach us [political theorists, philosophers, etc.] nothing as regards the socialization of the individual, and as a consequence, the institutions of society?" (p. 125).

- Derrida (2002), once more: "If the drive for power or the cruelty drive is irreducible, older, more ancient than the principles (the pleasure principle or the reality principle . . .), then no politics will be able to eradicate it. Politics can only domesticate it, differ and defer it, learn to negotiate, compromise *indirectly* but without illusion with it, and it's this *indirection*, this differing/deferring detour, this system of differantial relays and delays that will dictate Freud's at once optimistic and pessimistic politics, which are courageously disabused, resolutely sobered up" (p. 252).

- Freud (1933b), again: "There is no use in trying to get rid of men's aggressive inclination [as psychoanalysts know in their own way, and as political theorists and agents should recognize in the manner appropriate to themselves] . . . . The Russian Communists, too, hope to be able to cause human aggressiveness to disappear by guaranteeing the satisfaction of all material needs and by establishing equality in other respects among all the members of the community. That, in my opinion, is an illusion" (p. 211).

- Reich (1972), again: Psychoanalysis "can mean a reassessment of values, and in its practical application to the individual, it can [in excess of its own intentions] destroy religion and bourgeois sexual ideology and can liberate sexuality" (p. 57), which is why Marxists should look to psychoanalysis as a more or less unwitting ally and take toll of its effects. As Reich later emphasizes, psychoanalysis, precisely because of its political neutrality, is often complicit with rendering individuals amenable to the options available within the status quo, and so is complicit with a certain reformism and perpetuation of capitalism. Accordingly, its liberatory effects *do not* indicate that it is anything but a

questionable resource in the Marxist struggle and something that Marxist sociology would have to take note of.

ON ONE'S OWN AND PROPER GROUND: THE CONTRIBUTION OF PSYCHOANALYSIS TO POLITICAL THEORY AND POLITICAL THEORY TO PSYCHOANALYSIS

Ideally, in this configuration, psychoanalytic theory would supplement the categories and insights afforded by political science, political philosophy, political economy, sociology, and other related inquiries (collectively, *political theory*) that, despite their descriptive powers, leave political phenomena *uncomfortably unintelligible*—and that, despite the force of their recommendations, find their interventions *wanting for effective authority*. In the words of Derrida (2002), "to be sure, psychoanalysis as such does not produce or procure any ethics, any law, any politics, but it belongs to responsibility, in these three domains, *to take account of* psychoanalytic knowledge" (p. 273, italics added; yet Derrida himself underscores precisely these words within the same paragraph).

Or, from another direction, think of Stavrakakis's (1999) efforts to (a) orient political theory toward a more rigorous and sustained consideration of interminable political agonism by insisting upon a certain homology between "the political" and a certain logic of the Lacanian Real; and (b) shore up the dangers of utopian impulses by way of psychoanalytic resources. Psychoanalysis can thus be a resource to redress traditional blind spots in political theory and practice, as Reich (1972) suggests in the following comment: "Sexual oppression serves class rule; ideologically and structurally reproduced in the ruled, sexual oppression represents the most powerful and *as yet unrecognized* force of oppression in general" (p. 51, italics added).

Zizek (1993) makes a similarly structured point: "Fantasies about the 'theft of enjoyment,' the re-emergence of anti-Semitism,

etc., are the price to be paid for this impossible desire [for an absolutely harmonious, organic community harbored in political imaginations and political theory]" (p. 211). To put the point schematically, psychoanalysis can mark its point of engagement with political theory by a tacit diagnosis that the traditional investigative procedures and categories of political analysis are insufficient, and then proceed to correct this insufficiency via the insights and modes of analysis made available by psychoanalysis.

The use of psychoanalytic insight to shore up political theory's insufficiencies appears to be the *modus operandi* of Salecl and Zizek (1996), as when they assert that the question of traversing the fantasy—that is, the question of "how to gain the minimum distance from the fantasmatic frame that organizes our enjoyment, of how to suspend its efficacy"—is "crucial not only for the concept of the psychoanalytic cure and its conclusion: today, in our era of renewed racist tensions [on this matter, see Zizek 1999], of universalized anti-Semitism, it is perhaps the foremost political question" (Salecl and Zizek 1996, pp. 117-118).

This trend of employing psychoanalysis for the *internal critique* of political theory also shows up in Stavrakakis's (1999) claim that:

> If we are situated today in a terrain of aporia and frustration it is because we still fantasize something that is increasingly revealed as impossible and catastrophic. Accepting this ultimate impossibility seems to be the only way out of this troubling state. [p. 110]

Reich (1972) renders this tendency quite perspicuous: Marxists "one and all miss the central matter—that is, the sexual needs of the masses of the world's peoples—and accordingly they overlook the opportunity for the sex-political perspective and praxis that I have represented" (p. 4).

As if aiming at a certain therapeutic efficacy, the moves (quite similar to certain rationalist strains of psychotherapy) that would follow are: (a) to diagnose the self-defeating ramifications for political theory of its intense investments in particular modes of under-

standing and normative intervention; (b) to suggest, perhaps, the necessity—or even offer a narration—of the genesis of these commitments; and (c) to support political theory in locating compelling alternatives that would free it from repeating the inadequacies motivated and often exacerbated by such investments.[4]

In sum, psychoanalysis and political theory tend to do to one another precisely what they otherwise tend to be suspicious of, or even specifically to proscribe, namely, situating the other as a mere resource to be drawn upon if and when deemed appropriate. This arrogation of authority by way of insulating oneself from the claims and directives of the other is bound to strike us as rather suspicious —perhaps even dangerous and (self-)distorting.

Of course, the analogy between psychoanalysis's engagement with political theory and psychotherapeutic form (in its manifold varieties) is woefully imprecise—Freud might even say that treating political theory as an analysand is an instance of "wild analysis"

[4] The diagnosis of the *self-defeating* character of political theory's modes of inquiry is manifest most palpably in Stavrakakis 1999: "Simply put, my argument will be that every utopian fantasy construction [in political imagination or political theory] needs a 'scapegoat' in order to constitute itself . . . . Every utopian fantasy *produces its reverse* and calls for its elimination. Put another way, the beatific side of fantasy is coupled in utopian constructions with a horrific side, a paranoid need for a stigmatized scapegoat" (p. 100; italics added). The language of "self-defeating" is explicitly used later in the text (p. 116), and the diagnostic gesture is implicit throughout.

Two examples of supporting political theory in locating alternatives are the following:

- "The emergence and maintenance of democratic forms of identity is a matter of *identification* with this democratic ethos, an ethos associated with mobilization of passions and sentiments, the multiplication of practices, institutions and language games providing the conditions of possibility for the radicalization of democracy" (Stavrakakis 1999, p. 112); and
- "The truly radical critique of ideology should therefore go beyond the self-congratulatory 'social analyses' which continue to participate in the fantasy that sustains the object of their critique and to search for ways to sap the force of this underlying fantasy-frame itself—in short, to perform something akin to the Lacanian 'going-through the fantasy'" (Zizek 1993, p. 213).

—as indicated by the following (quite vexing) questions: What would *free association, resistance, transference,* and *countertransference* amount to in such an encounter? What affects, representations, or relations could be described as "inhibited," and by what forces of repression—indeed what would *repression* mean here? What would *repetition, enactment,* or *working through* mean in such a scenario? What is the relation between unconscious registration and the embedded assumptions of political theory? Could we still speak of psychical agencies, of their psychogeneses and later relations, and what would the relevant metapsychology look like? Indeed, what would the energetics of political theory amount to?

What is the precision of the analogy between political theory and an individual with drives, primary and secondary processes, object relations, identifications and precipitates of abandoned identifications, dreams, attachment patterns, a psychical history, traumas, constellations of affect and ideation, associative patterns, etc.? What, if anything, could be described as the "dialogical" dimension of the psychotherapeutic intervention, or, said otherwise, is there anything of the order of the "talking cure" at play here?

As should be evident, the analogy breaks down at the crucial moment when we realize that such a "psychoanalytic" intervention into political theory seems to operate *without a properly psychoanalytic concept of the unconscious*, and that without primary and sustained attention to *unconscious* processes and contents, the status of the engagement as *psychoanalytic* comes into serious question. Regardless of debates among psychoanalysts and psychoanalytically inclined theorists (concerning the status and import of drives as against object relations, competing psychodevelopmental schemes, the whole question of Freud's energetics, theories of psychodynamics and defenses, differing diagnostics and modes of therapy, etc.), it seems fair to say that, without an understanding of the unconscious as a dynamic, (de)formative principle of human life—more specifically, a principle of psychosexual organization that bears some relation to affective states, motivations, perceptions, fantasies, and cognition, *and that sustains the questionability of self-transpar-*

ency and knowledge of others—the account in question cannot, without the grossest of distortions, be termed *psychoanalytic*. Political theory's investigative investments and assumptions may be less than transparently conscious, but it is highly dubious that they can be treated as *unconscious* in a rigorous psychoanalytic sense.

And so the propriety of the "therapeutic" form of encounter between psychoanalysis and political theory cannot be easily maintained. Political theory is not an analysand. Between psychoanalysis and political theory, there must be a hiatus, a certain (in)commensurability, and thus an articulation. There must be translation, transposition, "transference" between the two orders. This means, quite importantly, that the terms of engagement between psychoanalysis and political theory *remain to be negotiated*. Even if the psychoanalytic engagement with political theory involves insisting that there are important psychic dynamics at work in politics that political theory does not have the proper resources to address—even if psychoanalysis is insistent that political theory is bound to founder as long as it refuses to recognize the vicissitudes of the drives, affects, fantasmatics, object relations, and unconscious processes at work in the phenomena, processes, and structures with which it concerns itself—the ways in which psychoanalysis would demonstrate this would *not* be its typical mode of description and intervention. Again, political theory is not an analysand, and it is not clear why, other than for heuristic purposes (but this only begs the question), it would be treated as such.

Conversely, according to the model of this ideal configuration, political theory might engage psychoanalysis by:

(1) Insisting upon the inadequacies of a certain psychoanalytic primacy of the intrapsychic, especially insofar as the privileging of the intrapsychic is coextensive with evasions of sociopolitical dimensions and/or determinants of psychic life;

(2) Pointing to the faltering of psychoanalytic efficacy in terms of descriptive and/or therapeutic prowess that is attendant upon such a focus or a result of the socio-

historical horizon within which psychoanalysis is situated;[5]

(3) Raising questions, perhaps, concerning the political and/or therapeutic propriety of bracketing questions of reality for the sake of honing in on psychic meaning; and

(4) After pointing to ways in which the primacy of the intrapsychic is a limited perspective both for psychoanalytic description and therapeutic intervention, and potentially disastrous politically, suggesting a *taking into account* of dimensions and determinants relevant to the status of the subject as immersed within collective political life that would provide a richer resource base for psychoanalytic inquiries and interventions.

THE INDIVIDUAL AND THE GROUP

At the end of the day, the locus of psychoanalysis would still be the psychic life of the (politically contextualized) *individual,* and its concerns would still be—in Freud's (1921) words—exploring the predispositions, the drives, the motives, and the aims of the individual man (p. 71, translation modified). In contrast, the locus of political theory would remain matters of *collective self-determination and/or administration*, and its concerns would lay in the parallel exploration of predispositions, tendencies, motives, and aims of self-determining and/or administered collectivities. Reich (1972), locating himself squarely within the Freudian legacy, maintains that:

> The psychological life of the masses is of interest to it [psychoanalysis] *only insofar as individual phenomena occur in the mass* (e.g., the phenomena of a leader), or insofar as it can explain phenomena of the "mass soul" such as fear,

[5] Cf. Reich's (1972) claims concerning socialism as the political reality necessary for the efficacy of psychoanalytic therapy ("The Sociological Position of Psychoanalysis").

> panic, obedience, etc., *from its experience of the individual.* It would seem, however, that the phenomena of class consciousness is not accessible to psychoanalysis, nor can problems which belong to sociology—such as mass movements, politics, strikes—be taken as objects of the psychoanalytic method. [p. 7, italics added]

He later comments, "society has no psyche, no instinct, no superego" (p. 69).

One might also note that, from time to time, Zizek seems to situate his thoughts within this tradition (see the opening of Zizek 2004). We might imagine political theory admitting a certain epicenter within its sphere of expertise over which psychoanalytic theory can claim provenance, and psychoanalysis admitting that its sphere of concern is encircled and traversed, itself delimited by, collective political phenomena; but their division of labor is not the least destabilized for this—quite to the contrary.

But of course, as with any marriage of convenience—at least in its popular permutations—the ideal of a relationship that simply furthers the self-arrogated aims of the respective partners cannot but cover over gross power asymmetries and tactics of domination. Formal equality, in our experience, cannot but mask and mollify the impact of substantive inequalities. Echoing Reich, Marcuse (1974) maintains that only structural political transformation, as determined by Marxist political theory/praxis (albeit a theory/praxis informed by psychoanalysis), can provide the conditions under which surplus repression can be eliminated and the domination of internal nature (dealt with in the status quo by psychoanalysis) be shown to be altogether unnecessary. For Marcuse, psychoanalysis is ultimately a stopgap measure.

Symmetrically, if psychoanalysis opens onto the findings and claims of political theory, it nonetheless subordinates these findings and claims to the imperatives of analysis as determined by each particular analytic pair—or, in certain cases, and to a degree in most cases, by the analyst especially. The scene of engagement is thus one of dominance, mastery, appropriation—and by way of anticipation, we might say one of defense, resistance, disavowal. Antici-

pating, here we might notice a certain anxiety of psychoanalysis pertaining to two issues:

- The complexities of thinking groups as irreducible to the individuals that constitute them, that is, thinking the group as other than the additive or statistical sum of individuals and their tendencies. Were we to find a way around this anxiety, we may open onto a need to acknowledge and account for group life in a fundamentally different way, i.e., in terms of an individual who experiences her/his actions and passions as significant only insofar as they are significant for a "we," a collectivity (current or projected). The task would be to acknowledge and account for an individual who finds the meaningfulness of certain of her/his actions and passions as bound up with its meaningfulness "for us," with its potential uptake by a community.

  This would be to acknowledge, again by way of anticipation, group life as *constitutive of* individual experience and a *mode of* individual experience, and thus to rethink group life from an insider's rather than an outsider's (i.e., sociological or administrative) perspective. In other words, this would be to think the group as other than simply regressive and irrational and thus in need of external administration or clinical preemption.

- The difficulties of admitting agency, especially other than instrumentally rational agency (Kantian lawfulness), into the scene of analysis. There may be a need to rethink agency as deeply conditioned, as indissociable from being claimed by a cause, principle, dream, demand, or desire. That is, there may be a need to rework the relation between exposure and agency, heteronomy and autonomy. This would entail the difficult work of generating an account of agency that does not exclusively rely on the available, however sparse, narra-

> tives of the psychogenesis of reason in terms of the ego. Agency and rationality would be thought, broadly speaking, outside the framework of the ego-as-mediator, as irreducible to the order mastery.

Tendentially, psychoanalysis engages the *psychic within the political* or the *psychic impacts of the political*, by, for example:

- Exploring the complex identificatory and libidinal patterns—the passionate attachments—intertwined with social formations and political solidarities;
- Addressing the motivations to particular sociopolitical actions or formations in terms of deep-seated psychic demands or tendencies—that is, in terms of psychic histories—focusing on, for instance, entrenched psychic positions; repeated patterns of behavior, attachment, object relations, etc.; the symptom value of sociopolitical behavior; and so on;
- Articulating the individual or collective fantasies animating a particular political scene;
- Working out the political implications of the unconscious filtration and elaboration of political events; or
- Insisting on the limits of political efforts to eliminate certain features and facets of human psychic life (the death or aggressive drive, etc.).

In Reich's (1972) formulation, "psychoanalysis . . . can reveal the *instinctual roots* of the individual's social activity, and . . . clarify, in detail, the psychological *effects* of production conditions upon the individual; can clarify, that is to say, the way that ideologies are formed 'inside the head'" (p. 45, italics added). Or, in Marcuse's (1970) formulation:

> The successfully analyzed individual remains unhappy, with an unhappy consciousness—but he is cured, "liber-

> ated" to the degree to which he recognizes the guilt and the love of the father, the crime and the right of authorities, his successors, who continue and extend the father's work. Libidinal ties thus continue to insure [sic] the individual's submission to his society: he achieves (relative) autonomy within a world of heteronomy. [p. 46][6]

In other words, psychoanalysis seeks to illuminate the psychic life of the individual in or as a result of a political scenario, as a means of: (a) shoring up the inadequacies of the classical strictures of political analysis to describe, predict, and/or modify political phenomena; and (b) securing the distinction between the political and the psychic in order to provide itself with a proper object domain, and thus the identity of a science delimited by its object domain. Psychoanalysis thus stakes out its turf in political phenomena, posits this turf as the blind spot of political theory, and seeks to correct the insufficiencies of political theory through the categories and modes of thought with which it is familiar.[7]

Take, for instance, the following claims.

[6] Further examples of psychoanalysis exploring the psychic within the political include: (1) Reich's (1972) suggestion that psychoanalysis "explore the *irrational motives* which have led a certain type of leader to join the socialist or the national-socialist movement" (p. 7, italics added); (2) Fromm's (1970) similar decree that "an attempt must be made to find the secret meaning and cause of the irrational ways of behavior in social life as they so strikingly occur, not only in religion and popular custom, but also in politics and education" (p. 1); and (3) Zizek's (2004) inquiry into the "disavowed beliefs and suppositions—which America (the U.S. political elite) does not control, since it is unaware of their very existence" (p. 10) and which are determinants of the U.S. invasion of Iraq. Here we should note the tendential conflation of the psychic with the irrational, that is, a tendency to pathologize the unconscious or otherwise psychic dimensions of politics.

[7] This position can be found, quite surprisingly, in Derrida (2002): "Can this logic induce, if not found (and if so, how?), an ethics, a code of law, and a politics capable of measuring up, on the one hand, to this century's psychoanalytic revolution, and on the other, to the events that constitute a cruel mutation of cruelty, a technical, scientific, juridical, economic, ethical and political, ethical and military, and terrorist and policing mutation of our age? What remains to be thought *more psychoanalytic* would thus be a mutation of cruelty itself—or at least new historical figures of an ageless cruelty, as old and no doubt older than man" (p. 270, italics in original).

- "The ordinary individual who is realistic enough in his domestic world of concrete objects is very apt to think irrationally as soon as he moves into the political world of personified abstractions" (Money-Kyrle 1973, p. 98). Here, presumably, psychoanalysis would account for this irrationality, seek to rectify the faltering reality testing, and perhaps reframe these "personified abstractions" as products of, and thus as reducible to, the individual's psychic apparatus—perhaps elaborating them as idealizations and/or paranoid ideations. The move would thus be to reduce these abstractions to the needs, desires, fears, and unconscious structure and logic of the individual. That is, psychoanalysis would locate the psychic within the political, and treat this psychic phenomena in familiar terms: as a problem *for the individual.*

- "In Freudian terms, we must assume that the direct, objective enforcement of the reality principle, and its imposition on the weakened ego, involve weakening the life instincts (Eros) and growth of instinctual aggression, or destructive energy. And under the social and political conditions prevailing in the coexisting technological societies today, the aggressive energy thus activated finds its very concrete *personified* object in the common *enemy* outside the group" (Marcuse 1970, p. 55, italics in original). Or, again, "psychoanalysis may elucidate not the political facts, but what they do to those who suffer these facts" (p. 56).

- "What if Thatcher was re-elected not despite the repugnance that many feel for her image, but also in some sense because of it? What if that force of identity for which she is so severely castigated somewhere also operates as a type of pull?" (Rose 1993, p. 46). Rose continues by arguing that it is the paranoiac par-

> adox of sensing that there is every reason to be frightened and that everything is under control that allows Thatcher "to make this paradox the basis of political identity so that subjects could take pleasure in violence as force and legitimacy, while always locating 'real' violence somewhere else—illegitimate violence and illicitness increasingly made subject to the law" (p. 64).

Indeed, it is all too often the case that *psychoanalytic concern with collective political phenomena has nothing to do with collectivities that are in any relevant sense experientially or factually self-determining, nor with agency as more than merely non-self-subverting instrumental reason*. It is all too often the case that psychoanalysts think agency as Kantian lawfulness, that is, as acting on an impulse (or in Kantian terms, a universalizable maxim) that can be consistently realized. Agency is here understood as realized when our endeavors do not lead to internal conflict or contradiction, when we do not will both *A* and *not-A*. Such agency is achieved insofar as we merely avoid, say, acting on the impulse to keep promises only when convenient, and thereby will the end of promise-keeping as an institution, since if all acted in this way, promises, including our own, would be meaningless. But agency must mean more, much more, than this.

Concerning the claim that the psychoanalytic concern with collective political phenomena often has nothing to do with collectivities that are in any relevant sense experientially or factually self-determining, let us look to Freud. Paradigmatically, in *Group Psychology and the Analysis of the Ego* (1921), Freud is interested in the conditions of collective regression (amplification of omnipotent fantasies and desires for absolute authority, abdication of ego functions, suspension of critical functions, supplication before an external ego ideal, and so forth)—that is, in the formation of a *Masse*. To be sure, Freud is emphatic that:

> Group psychology is . . . concerned with *the individual man* as a member of a race, of a nation, of a caste, of a profession, of an institution, or as a component part of a crowd

> of people who have been organized into a group at some particular time for some definite purpose. [1921, p. 70, italics added][8]

Minimally, we can say that Freud is here interested in collectivities only insofar as they are determined by a putatively external source of authority, by extrapolitical ambitions, and thus have nothing to do with matters of collective self-determination or the experience thereof. Indeed, the very fact that Freud's *Group Psychology* seems to so accurately describe politics understood as collective administration may give warrant to our resisting—or at least entertaining suspicions about—such an interpretation of politics. If, as has been suggested by Reich (1970) and Balibar (1994), Freud's *Group Psychology and the Analysis of the Ego* (1921) is deeply (whether consciously or not) attentive to the dynamics of protofascism, then its ability to describe so-called political phenomena risks admitting fascism within the domain of the political, or even making fascism the paradigmatic instance of politics. Indeed, if *Group Psychology* is about politics, then politics is itself quite troubling, perhaps worthy of resistance or at least continual suspicion.

These trends are disconcerting, as is the engagement of any pair who resist mutual exposure and transubstantiation, instead adamantly adhering to their respective ways of life by accepting a static division of labor wherein each partner exerts her/his expertise over the object-domains that s/he can claim, can appropriate, as her/his own. In such a division of labor, both partners suffer immensely—especially when they flex the full strength of their respective powers, for this only amplifies and exaggerates their respective insufficiencies. And the suffering, as well as the stupidity entailed by suffering, can only deepen as each partner seeks to augment its mastery over its respective domain in a vain effort to alleviate the discomfiture.

When there is no opening to the rich possibilities afforded by acknowledging individual insufficiencies, no avowal of one's essen-

[8] Rather than *for the sake of political life and agency in its necessary collectivity,* "politics," to make the Arendtian point clear, is here wholly instrumentalized and subordinated to an external end.

tial incompleteness or seeking of mutual transformation or mutually transformative harmonization, the suffering and the stupidity amplify as each partner retreats into her/his own and proper domain, calling such reversion and retreat the development of a relationship. Can we discern something akin to, or perhaps drawing on, a defensive narcissism here?

To recap, the engagement of psychoanalysis and political theory articulated herein:

(1) Mandates that psychoanalysis only concern itself with the psychic motivations to or ramifications of political life understood as collective administration;

(2) Preserves the assumption that only political theory can determine what counts as political phenomena, and so supports the interpretation of political phenomena as, paradigmatically, processes of governance, administration, and war;

(3) Inhibits a psychoanalytic determination and assessment of political phenomena as emphatically *experiential*, that is, having to do with the experience of an individual who understands and experiences the meaningfulness of her/his actions as bound to its meaningfulness "for us," for a (relatively) self-determining collectivity;

(4) Brackets crucial questions concerning the transposability of psychoanalytic concepts and modes of analysis outside the clinical setting;

(5) Reduces collectivity to the additive sum of individuals;

(6) Supports an autocratic self-conception of both psychoanalysis and political theory, thereby risking insularity from the demands and directives of the respective partner;

(7) Too quickly alleviates questions regarding the respective scientificity of psychoanalysis and political theory by affording each a sense of itself as a science delimited by its proper object domain;

(8) Misses important opportunities to admit other than instrumentally rational agency within the sphere of politics, thereby entrenching a rationalist interpretation of politics; and

(9) Supports a rather dangerous interpretation of collective life as fundamentally irrational and therefore in need of "rational" administration from above.

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Let us refigure or reimagine the engagement of psychoanalysis and political theory in its promise—in the promise of each to envelop the other in a manner that is radically transformative, and yet, in important respects, preserves each in its independence, however much such independence may itself come to depend upon the interlocking, the intertwining, the very boundedness of the relationship. More determinately, let us recover a tacit promise, a promise that may only become audible in retrospect, after vows are exchanged and terms of the relationship articulated, a promise for the future that can only come later, in the midst of a complex relationship, a promise that can better warrant and orient the union of psychoanalysis and political theory, and that can take the two in very important new directions.

Let us say that part of the terms of this reaffirmation is the premise that *together*, in their belonging together, psychoanalysis and political theory can offer us ways of describing, judging, and intervening in psychopolitical phenomena whose subjects are both emphatically individual (both as agents and patients) and collectively self-determining and/or administered. The task at hand, then, is to think the concrete unity—or, more precisely, uni*ties*—of individual and collective subjects (groups, ethnicities, nations, coalitions and solidarities, and so forth).

PSYCHOANALYSIS OF GROUPS?

But let us not be too hasty, for there is an immediate and imposing danger. The dissolution of one fantasy cannot but induce some measure of anxiety all too quickly alleviated by immersion within another fantasy frame. This danger is all the more daunting in that it would be easy to fall into precisely because it is compelling and not without its virtues—the risk of simply transposing psychoanalytic categories and modes of analysis onto collective subjects (nations, regions, ethnic groups, etc.).

An ever-expanding trend in social criticism involves a tendency to discuss the death or aggressive drives, fantasy formations, collective traumas, projective identifications, defensive repudiations, and other such "psychic phenomena" of collective or group subjects as if such subjects were ontologically discrete, independent, determinate. Take the following passage from Zizek (1993) as symptomatic of the trend I have in mind:

> In Eastern Europe, the West seeks for its own lost origins, its own lost original experience of "democratic invention." In other words, Eastern Europe functions for the West as its ego-ideal (*Ich-Ideal*): the point from which [the] West sees itself in a likable, idealized form, as worthy of love. The real object of fascination for the West is thus the *gaze*, namely the supposedly naive gaze by means of which Eastern Europe stares back at the West, fascinated by its democracy. [p. 200, italics in original]

Or we might think about the innumerable discussions of "America's death drive" as propelling the recent invasions, of the ways in which the motivation for the Persian Gulf Wars of the 1990s was an attempt to "kick the Vietnam War Syndrome"—that is, to solidify a national sense of power and prominence in the recognitive regard of the international community, of the psychoanalytic speculations concerning the psychodynamics of various nations involved in the Cold War, or of the collective racist phantasies and paranoiac traits that organize the domestic and foreign policies of various nation-states.

Here are further examples from Zizek, who, as a result of his popularity, might be said to function as a barometer of incipient trends:

- "What is therefore at stake in ethnic tensions is always the possession of the national Thing. We always impute to the 'other' [ethnic group, race, nation, etc.] an excessive enjoyment: he wants to steal our enjoyment (by ruining our way of life) and/or he has access to some secret, perverse enjoyment" (Zizek 1993, pp. 202-203).

- Tellingly, Zizek (1993) later uses a nation, Yugoslavia, as—in his words—a "case study" to illustrate the prior claim (p. 204).

- Another example: "Beneath the derision for the new Eastern European post-Communist states, it is easy to discern the contours of the *wounded narcissism* of the European '*great nations*'" (Zizek 2004, p. 27, italics added).

- Or: "There is in fact something of a *neurotic symptom* in the Middle Eastern conflict—everyone [nations? leaders? observers? activists?] recognizes the way to get rid of the obstacle, yet nonetheless, no one wants to remove it, as if there is some kind of *pathological libidinal profit* gained by persisting in the deadlock" (Zizek 2004, p. 39, italics added).

- And finally: "If there was ever a passionate attachment to the lost object, a refusal to come to terms with its loss, it is the Jewish attachment to their land and Jerusalem . . . . When the Jews lost their land and elevated it into the mythical lost object, 'Jerusalem' became much more than a piece of land . . . . It becomes a stand-in for . . . all that we miss in our earthly lives" (Zizek 2004, p. 41).

Rather than exploring collective subjects through analyses of their individual members, this type of psychoanalytically inclined engagement with politics treats a collective subject (a nation, region, etc.) as if it were simply amenable to explanation (and perhaps even intervention) in a manner identical to an individual psychic apparatus. Seeming to forget that psychoanalytic categories and theoretical knowledge (a) arise from and are often confirmed by *individual*-(analyst)-*to*-*individual*-(analysand) encounters, and (b) assume as the site of inquiry and intervention the clinical setting wherein an individual analysand's psyche is in dialogue with an analyst's, and wherein both are simultaneously engaged in internal dialogue, such encounters with collective subjects are on quite shaky epistemic ground.

The first and most obvious questions are "Where is the transference?" and "What is psychoanalysis without the transference relation?" A number of other questions are quick to follow: What is the analytic scene? Does it have any bearing on the analysis? What constitutes resistance? What theory of interpretation is involved? What motivates interpretation, and how does one discern the validity and/or efficacy of interpretation? What are the aims of such an analysis? Who decides upon them? Who profits, by what means, and what risks are involved? What power dynamics are at play? Is there a national or ethnic or regional unconscious? What would we mean by this?

Both the veracity and efficacy of the psychoanalytic interpretations of ontologically discrete group subjects must be called into question, first and foremost, on the basis of their refusal to *think psychoanalytic knowledge* as medium-bound—that is, bound to the medium constituted by the specific therapeutic relationship. Psychoanalytic knowledge is medium-bound insofar as it is bound to the material recognized as a source of meaning by the psychoanalytic community—i.e., affect-presentation, drive-presentation, word-presentation, thing-presentation, and the entire range of symbolic and semiotic expression, whether verbal, transverbal, imagistic, fantasmatic, or behavioral/gestural (acting out, etc.). As with certain developments in painterly modernism, wherein the basic

elements of painting (color, line, brush stroke, form) are recognized as meaning-bearing, and so become the explicit objects of painterly acknowledgment and elaboration, so, too, does psychoanalytic interpretive knowledge develop as knowledge of the elements that compose clinical presentations . . . or at least on this basis.

More precisely, such knowledge is bound to the medium recognized as meaningful within the scope of a particular analysis, or is ultimately related to knowledge that emerges in this way—that is to say, psychoanalytic knowledge is not confined to the clinic, but neither is it dissociable from the insights and forms of attention that tend to arise there. Within a particular analysis, the dreams, symptoms, behaviors, countertransference affects and positioning, associations, parapraxes, physical comportment, and speech (including cadence, tenor, rhythmicity, topic, inflection, sonority, consonance or assonance, syntax, vocabulary, associational patterning, etc.) that are recognized as meaningful by the analyst—or later by the analysand—will serve as the material from which conceptual descriptions of the analysand's psychic life are formed and from which interpretations proceed.

Accordingly, it may be that the meanings of psychoanalytic concepts and interpretations are circumscribed by, and not simply detachable from, the specific analyses in which they arise. Such concepts are constellations of the radically unique experience of therapy—no two analyses are identical—and responsive to the idiolect, therapeutic demands, and needs for description and interpretation operative therein. "Analysis as a science is always a science of the particular. The realization of an analysis is always a singular case, even though those singular cases lend themselves to some generality" (Lacan 1988, p. 29).

Psychoanalytic interpretive knowledge is thus emphatically singular, resistant (which is not to say simply unamenable) to generalization or extratherapeutic transposition. In the words of Kristeva (1995):

> There is a need to preserve respect (by way of freedom) for the patient's desire and jouissance, which are what de-

> termine his ability to accept our interpretation (since the structure of the patient emerges out of his particular resistance to our interpretation). [p. 35]

And this respect upon which hinges the efficacy of therapy, this freedom without which interpretation turns into indelicate imposition, abuse of power, and untoward violence, is embedded in psychoanalytic knowledge, rendering it an "open structure," a hypothesis, amenable to modification according to the demands of the therapy.

Respect and freedom are embodied in psychoanalytic knowledge insofar as such knowledge is provisional, self-consciously transient (from the point of view of the analyst, and, at certain moments, with an accelerated frequency toward later stages of analysis, conveyed to the analysand as such), always already on the way to further particularization . . . anything but fixed and final (reified or hypostasized) identifications. Rather than referring experience to a general type that it presumably instances, psychoanalytic concepts and interpretations, to a significant degree, sustain their immanence within the dynamics of the therapeutic frame.[9] Is psychoanalytic knowledge as transitive as many assume?

Psychoanalytic interpretive knowledge—especially the knowledge arising within analyses organized by the imperative of "personalizing each treatment as much as possible" (Kristeva 1995, p. 36)—is treatment-specific, that is, therapeutically calibrated and functionally determined by the state and needs of a particular analysis. This is what motivates Felman (1987) to assert the "constitutive belatedness of the theory over the practice," and to insist that the "belated repetition of the theoretical construction can . . . only partially and asymptotically recover the *primal scene* of analytic reading" (p. 24, italics in original).[10]

[9] Note that the emphasis on the medium-bound quality of psychoanalytic knowledge allows for a consideration of group psychoanalysis and the speculations to which it gives rise. The point here is *not* to rule out group psychoanalysis from the viable varieties of psychoanalysis, but rather to insist that group psychoanalysis is a unique medium that mandates further inquiry—an inquiry that, for the sake of brevity, will be left aside here.

[10] Bersani (1990) makes a strong case for this point; see also LeClaire (1998).

It now becomes perspicuous that the meaningfulness of psychoanalytic interpretations may be so bound to the particular moments in the treatment in which they arise as therapeutic devices that the distance between clinical interpretive knowledge and other forms of psychoanalytic knowledge (such as metapsychology, developmental psychology, etc.), or extensions of psychoanalytic theory (i.e., in literary criticism, political theory, etc.), is vast. What the relation is between extraclinical psychoanalytic knowledge (which cannot be tested by the various measures of therapeutic efficacy) and clinical knowledge remains to be thought out. This is a great task for our times.

Perhaps the extratherapeutic status of psychoanalytic concepts and categories is related to what Derrida (2002) describes (after acknowledging "Freudian psychoanalysis . . . as science . . . that never abandons its aim to be a science, although a science apart from others") as "indispensable theoretical fictions" (p. 257)—but this only opens up a host of questions concerning the status of "theoretical fictions," the relationship between theory and fiction/literature, between science and literature, between science and all forms of *écriture,* questions of theoretical literatures as specific modalities of *écriture*, questions of the "mystic writing pad," of the form of "writing" or "literature" that psychotherapy may be, of psychoanalysis as a site of inscription and reading, questions of the relation between theory and necessity ("indispensability"), scientificity and necessity, questions of psychoanalysis in its necessity or indispensability, and so on.

Of course, on the other hand, as almost any analyst would attest, even though "'theoretical givens' do not apply to everyone" (Kristeva 1995, p. 105), and psychoanalysis cannot be a matter of simple concept application, inherited psychoanalytic concepts and categories must provide an initial attunement to the analysand. Psychoanalysis, for good reasons, is a tradition. Analysis cannot begin ex nihilo, for this would make analytic listening random, chaotic, and drastically unhelpful—if indeed it were possible. Inherited psychoanalytic concepts and categories—"theoretical fictions"—must be available to guide the analyst and analysand to the particu-

larity unencapsulable by (and perhaps transformative of) the concept, unanticipatable by the history of psychoanalytic inquiry, and yet mute without that historical anticipation.

Each experience of suffering is absolutely unique, non-exchangeable, yet emerges in its non-substitutability from a horizon of anticipation. Through the guidance of inherited concepts and categories, *because psychoanalysis is a tradition*, "each treatment becomes an idiolect, a work of art, as well as a temporary installation of a new theoretical creation within the Freudian world" (Kristeva 1995, p. 36). Psychoanalysis is thus "infinite in the sense of scorning solidification in a body of enumerable theorems" (Adorno 1973, p. 13).

So, while the *simple* transposition of psychoanalytic categories and concepts, interpretations, modes of investigation and relation, etc., onto collective political subjects is by no means simply desirable or appropriate, such a gesture is not to be hastily repudiated either. We must not evade questions of translation; we must rethink our expectations concerning the interpretive and therapeutic efficacy of transposed psychoanalytic interpretations . . . and yet we must not forget that psychoanalytic engagements with politics that consign themselves to the primacy of the intrapsychic leave us with the sense that the encounter could be more profound than a simple elaboration of the *psychosexual conditions for investment in* or the *psychosexual ramifications of* various political scenes.

Are there not conflicts, trends, and logics, responses and proposals, within the political sphere that would be well illuminated by some sort of psychoanalytic or psychoanalytically inflected interpretation—an interpretation that would afford a heightened intelligibility vis-à-vis prevailing modes of inquiry? Indeed, if psychoanalysis is to contribute to satisfactory political descriptions and assessments, to delimit a range of heretofore unimaginable responses, or even to contribute to or fashion itself as a mode of political intervention—that is, if psychoanalysis is to establish a robust relation to the political that affords insights and perhaps even opportunities for and forms of intervention in manners all but unthinkable these days (this is a dream pursued herein, another fantasy)—it must not simply shy away from the topic of collective subjects.

However much we are alienated from conditions of collective self-determination (i.e., politics)—and we are, deeply and devastatingly, although not uniformly or simply—retreat or self-imposed blindness is no solution. We must be able to think about, and in some manner respond to, minimally, collective fantasies and anxieties, the transgenerational transmission of trauma, affect, and patterns of attachment, even collective drive formations and libidinal patterning—and all in a manner that would not be simply reducible to the level of the self-contained individual, however much that individual is socially constituted, even or especially as constituted by the social imperative to form oneself as a self-contained, autonomous individual. And perhaps we need to pursue the issue of politics otherwise.

In the following and concluding sections, the impulses I have attempted to qualify (to both warrant and limit), namely, the impulses to psychopolitical analysis—both of individuals and collectivities—will themselves be plumbed for what they can tell us about the nature of contemporary political experience.

RETHINKING PSYCHOANALYSIS AND POLITICS

Perhaps the psychoanalytic interpretation of collective subjects (nations, regions, etc.), or even the psychoanalytic interpretation of powerful political figures (such as Freud and Bullitt's [1967] study of Woodrow Wilson, and contemporary efforts to put President Bush "on the couch"), registers a certain anxiety regarding political impotence and provokes a fantasy that, to an extent, pacifies and modifies—defends against—that anxiety. Perhaps such engagements, which are increasingly prevalent in these days of excruciating political alienation and social tumultuousness, operate within a fantasmatic frame wherein the anxiety of political exclusion and "castration"—that is, the anxieties pertaining to a sense of oneself as politically inefficacious, a non-agent in most relevant senses, dirempt from practices of collective self-determination, unable to voice one's concerns in a way likely to motivate collective commit-

ments and sociopolitical change—is both registered and mitigated by the fantasmatic satisfaction of imagining oneself interpretively intervening in the lives of political figures or collective political subjects with the efficacy of a clinically successful psychoanalytic interpretation.

Might this, in part, account for the exuberant satisfaction and triumphalist mood particularly palpable in Zizek's (1993, 1999, 2004) work? To risk a hypothesis: as alienation from political efficacy—from political life—increases and becomes more manifest, as our sense of ourselves as political agents diminishes, fantasies of interpretive intervention abound. Of course, this is only one response among many, but I fear an increasingly prominent one—as if one more bit of knowledge, one more interpretation, would change things, set them right. Within such fantasy frames, one approaches a powerful political figure (or collective subject) as if s/he were "on the couch," open and amenable to one's interpretation. One approaches such a figure as if s/he *desired* one's interpretations (as, to some extent, analysands must) and acknowledged her/his suffering, at least implicitly, by her/his involvement in the scene of analysis.

Or, if such fantasies also provide for the satisfaction of sadistic desires provoked by political frustration and "castration" (a sense of oneself as politically voiceless, moot, uninvolved, irrelevant, forlorn), as they very well might, then one's place within the fantasy might be that of the all-powerful analyst: the *sujet supposé savoir*, the analyst presumptively in control of her-/himself and her/his emotions who *directs* and *organizes* the analytic encounter, who *commands* psychoanalytic knowledge, who *knows* the analysand inside and out, to whom the analysand *must speak*, upon whom the analysand *depends*, who is in a position of *having something to offer*, whose interpretations and advice (even if not directly heeded) cannot but make some sort of *impact*, in the face of whom the analysand is quite *vulnerable*, who is thus powerful, in control. The analyst might in effect be the very figure that perhaps the psychoanalytically inclined interpreter fears . . . the very figure of rule and domination that may have, to a significant degree, supplanted politics.

Simply said, could it be that the interpretation mimes what is worst in its object as a form of defense . . . a large-scale identification with the aggressor? As we have known at least since Laplanche, one's identifications within fantasy scenes run far and wide (there may be multiple identifications with figures, processes, etc.), and so there is much more to say. I am offering only the briefest sketch here, and to be sure, offering only an interpretive hypothesis that can be borne out through self-analyses and/or the scrupulous readings of individual texts that may participate in such a fantasy or something akin thereto. The point is to emphasize the following:

- A sense of political alienation may be registered and fantasmatically mitigated by treating political subjects, individual or collective, as if they are "on the couch"—which is to say that political alienation may be temporarily mollified through its mimetic displacement; and

- Expectations concerning the expository worth and therapeutic efficacy of psychoanalytic interpretations of political subjects may be conditioned by such a fantasy.

And if we take our bearings from the experience of politics as a matter of collective self-determination and mutual commitment, rather than external administration (though this may be a necessary feature of political life), perhaps we might risk another hypothesis: tendentially, the psychoanalytic interpretation of political subjects comes onto the scene precisely when politics flees or is faltering, when politics is waning or even under eclipse. If psychoanalytic interpretations seem altogether necessary and inescapable, could this be because the relevant motivators of "politics" are publicly inscrutable, unavailable for collective affirmation or rejection, for collective uptake/commitment or resistance—i.e., issues of leaders' libido and psychic history, of attachment patterns and death-bearing impulses, of fantasies, trauma, etc.?

And if these are indeed the relevant motivators—if therein our fates are inscribed—could this not precisely mark the dissipation of politics, at least of politics as the unending self-determination

of a collectivity that can, in principle, reflectively endorse or deny the policies pursued in its name, that can take up what has been initiated, that can commit itself to shared principles, resist prevailing interpretations of its principles, or challenge those principles altogether?

Of course, there is a passionate, psychical dimension of politics, but if "politics" is *governed* by inscrutable needs and proclivities determinable by psychoanalytic-type interpretation, then we must ask whether this is indeed politics.[11] Is there not some worth in opposing politics to rulership?

What does one mean by *political* if one says, "The analysis of the ego turns into political analysis where individuals combine in masses, and here the ego-ideal, conscience, and responsibility have been 'projected,' removed from the realm of the individual psyche and embodied in an external agent" (Marcuse 1970, p. 48)? Indeed, Marcuse claims that:

> Psychoanalysis could become an effective social and political instrument, positive as well as negative, in an *administrative* as well as critical function, because Freud had discovered the mechanisms of *social and political control* in the depth dimension of instinctual drives and satisfactions. [p. 44, italics added]

And, to be sure, the "positive," "critical" uses of psychoanalysis, for Marcuse, are no more than psychoanalysts' abilities to activate (instrumental) reason in the analysand, thereby furthering the "conquest" of the drives (1970, p. 45). "Psychoanalysis cannot offer political alternatives, but it can contribute to the restoration of private autonomy or rationality" (p. 60). Maybe.

If a certain scenario is governed by unconscious fantasy or by wanton, unconsciously determined irrationality, if what is at stake, what motivates and accounts for the so-called political scene is unavowed desire, aggression, etc., then could the deep plausibility

[11] Of course, the eclipse of politics by the forces of capitalist globalization would need to be considered, but this would take us well beyond the scope of the current investigation.

of a psychoanalytic reading bespeak the apoliticality of that scene? Politics, *if* it is a matter of collective self-determination (certainly, this gives a democratic slant to politics), if it is a matter of collective commitment, and so if it is other than and irreducible to the external administration that requires either the docility or the spontaneous, desirous consent of its objects, then politics involves —though it is surely irreducible to—principles and warrants for action that can be shared, that is, *other than simply unconscious reasons*, reasons that can be reflectively endorsed or rejected. *If* one senses that the intelligibility of a "political" scenario afforded by conventional modes of political theory (or the reasons given by politicians for their actions) amounts to defensive rationalizations, it may be that there is tactical nontransparency at play, or it may be (too) that the adequate account of such a scenario requires careful attention to *nonpublic*—and, in that sense, apolitical/unconscious—factors.

Not all unconscious motivation is apolitical, but a certain unconsciously motivated irrationality may be precisely the mark of apoliticality. From the purview of politics as collective self-determination, as solidaritous agency, reasons for action that *cannot* be (rather than simply *are not*) shared are apolitical reasons—politically irrational reasons. Politics, *if* it is a matter of collective self-determination, *if* it is a matter of collective deliberation upon and commitment to policies proposed and relations initiated, is not simply a form of rationalism, insofar as rationally supportable policies will inevitably accrue and often thrive on unconscious investments, satisfy desires of which we are unaware, repeat and enact tendencies that are opaque to us, or, more broadly, solicit our passionate attachments. The psychic cannot be excised from the political.

Of course, there will be psychological and affective factors at play in politics, and of course, politics would falter without passionate commitment. Indeed, the motivations for political action may always involve a deep sense of the injustice and injuriousness of the status quo and the passionate need for its redress and/or a passionate commitment to an image of life lived otherwise. But if

politics is a matter of collective self-determination and collective agency, it requires, quite crucially, a relative transparency of warrants for political action, the emergence of shared principles; it requires motives that, in principle, can be shared and understood, can be affectively and cognitively affirmed or rejected, by a self-determining collectivity. Such a politics requires the sharing of warrants that do not involve glaring logical errors that bespeak a wanton, unconsciously determined irrationality.

Politics, then, if it can only be understood in terms of unconscious impulses, logics, fantasies, and so forth—if it can only be understood later, much later, after the long work of analytic investigation, if it does not present compelling reasons to proceed in the direction it is advancing—*is not political*. Perhaps we are suffering a sustained eclipse of the political . . .

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All I can do for now is to lay out a task and establish some of the basic parameters for investigations to come. Let me thus insist upon the necessity of further determining:

(1) The medium-bound nature of both psychoanalytic and political knowledge;

(2) The degree to which such knowledge is detachable from the respective medium and transposable or translatable into another medium; and

(3) The place of experience, agency, and commitment in politics.

The task, in other words, involves, minimally, rethinking agency and collectivity, especially in their interrelatedness, both inside and outside the clinic; coming to understand collective life as not simply regressive irrationality in need of administrative control—again, both inside and outside the clinic; and thinking through the impact of these and other marriages of convenience on a depoliticized world, that is, broadly broaching the question of what inhibits and what would facilitate a renewed politicization of life.

Today I can only underscore the necessity for, rather than articulate the terms of, a new engagement of psychoanalysis and political theory. Surely, the work has not been done in this paper to betroth one to the other, to promise the fecundity of their union, let alone to guarantee that together they will far exceed each of their respective powers (both in terms of description and intervention)—but such is my hope for the future.

REFERENCES

Adorno, T. W. (1968). Sociology and psychology—part II. *New Left Review,* 1(47), Jan.-Feb.:79-97.

——— (1973). *Negative Dialectics,* trans. E. B. Ashton. New York: Seabury Press.

Balibar, E. (1994). Fascism, psychoanalysis, Freudo-Marxism. In *Masses, Classes, Ideas,* trans. J. Swenson. New York: Routledge.

Bersani, L. (1993). *The Freudian Body: Psychoanalysis and Art.* Irvington, NY: Columbia Univ. Press.

Castoriadis, C. (1997). Psychoanalysis and politics. In *The World in Fragments,* ed. & trans. D. A. Curtis. Stanford, CA: Stanford Univ. Press.

Derrida, J. (2002). Psychoanalysis searches the states of its soul. In *Without Alibi,* ed. & trans. P. Kamuf. Stanford, CA: Stanford Univ. Press.

Felman, S. (1987). *Jacques Lacan and the Adventure of Insight.* Cambridge, MA: Harvard Univ. Press.

Freud, S. (1921). *Group Psychology and the Analysis of the Ego. S. E.,* 18.

——— (1933a). *New Introductory Lectures on Psycho-Analysis. S. E.,* 22.

——— (1933b). Why war? *S. E.,* 22.

Freud, S. & Bullitt, W. C. (1967). *Thomas Woodrow Wilson, Twenty-Eighth President of the United States: A Psychological Study.* Boston, MA: Houghton Mifflin.

Fromm, E. (1970). *The Crisis of Psychoanalysis: Essays on Freud, Marx, and Social Psychology.* New York: Holt, Rinehart, and Winston.

Kristeva, J. (1995). *New Maladies of the Soul,* trans. R. Guberman. New York: Columbia Univ. Press.

Lacan, J. (1988). *The Seminar of Jacques Lacan: Book I,* trans. J. Forrester. New York: Norton.

LeClaire, S. (1998). On the ear with which one ought to listen. In *Psychoanalyzing: On the Order of the Unconscious and the Practice of the Letter,* trans. P. Kamuf. Stanford, CA: Stanford Univ. Press.

Marcuse, H. (1970). The obsolescence of the Freudian concept of man. In *Five Lectures,* trans. J. Shapiro & S. Weber. Boston, MA: Beacon.

——— (1974). *Eros and Civilization: A Philosophical Inquiry into Freud.* Boston, MA: Beacon.

MONEY-KYRLE, R. (1973). *Psychoanalysis and Politics: A Contribution to the Psychology of Politics and Morals.* Westport, CT: Greenwood Press.

REICH, W. (1970). *The Mass Psychology of Fascism,* trans. V. Carfagno. New York: Simon & Shuster.

——— (1972). *Sex-Pol,* trans. A. Bostock, T. DuBose & L. Baxandall. New York: Vintage.

ROSE, J. (1993). *Why War?—Psychoanalysis, Politics, and the Return to Melanie Klein.* Cambridge, England: Blackwell.

SALECL, R. & ZIZEK, S., eds. (1996). *Gaze and Voice as Love Objects.* Durham, NC: Duke Univ. Press.

STAVRAKAKIS, Y. (1999). *Lacan and the Political.* London: Routledge.

VISKER, R. (1995). *Michel Foucault: Genealogy as Critique,* trans. C. Turner. London/New York: Phronesis.

WHITEBOOK, J. (1995). *Perversion and Utopia.* Cambridge, MA: MIT Press.

ZIZEK, S. (1993). Enjoy your nation as yourself! In *Tarrying with the Negative.* Durham, NC: Duke Univ. Press.

——— (1999). Carl Schmitt in the age of post-politics. In *The Challenge of Carl Schmitt,* ed. C. Mouffe. London: Verso.

——— (2004). *Iraq: The Borrowed Kettle.* London: Verso.

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A NOTE ON NOTES: NOTE TAKING AND CONTAINMENT

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Psychoanalysts often record detailed process notes during sessions. While this is a common practice, it runs counter to the traditional advice of many, who, beginning with Freud (1912), have counseled against making transcripts during the psychoanalytic hour. Freud argued that a focus on remembering details is apt to produce "expectations" of what will be found and "inclinations" as to what one should listen for, and that neither of these is helpful to the analytic task. If the analyst follows his expectations, Freud noted, "he is in danger of never finding anything but what he already knows; and if he follows his inclinations he will certainly falsify what he may perceive" (1912, p. 112).

In advising analysts against taking notes during sessions, Freud made clear that he was describing what worked best for him. He left open the possibility that the minds of other analysts might function in ways that were different from his. Also, these recommendations were made in the context of the topographic theory, based upon Freud's 1900 model of dream interpretation. He could not then have known that his metapsychology would undergo significant changes, as would our views of mental functioning. Mental states characterized by failures of representation (e.g., Botella and Botella 2005; Green 1975) in fragmented minds would take their place as the agents of psychopathology, alongside repressed mental

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contents in an intact psychic apparatus. Analysts would come to appreciate the extent to which the optimal conditions for analytic functioning may be pair specific and vary from moment to moment for a given analytic dyad.

Bion (1967, 1970) elaborated upon Freud's recommendations, encouraging analysts to try to listen to their patients without memory or desire. He argued that the psychic phenomena that are the proper objects of analytic study are ineffable and emergent and, unlike the phenomena of ordinary experience, "have no background in sense data" (Bion 1970, p. 57). Their essence cannot be captured in notes or transcripts. For the analyst to try to do so may lead to difficulties: "The attempt to remember or record destroys the capacity for, and interrupts the exercise of, observation of the psycho-analytically significant events" (p. 71).

Central to Bion's work, however, is a particular sensitivity to the vicissitudes of the analyst's ego functioning and a curiosity about the specific moment-to-moment factors that may support or impede the analyst's capacity to think, feel, bear affect, intuit, comprehend, and formulate meaning. It would not be inconsistent with the spirit of his approach—and that of many other contemporary analysts—to replace a categorical injunction against note taking during sessions with an examination of the specific conditions under which a particular analyst's analytic functioning may be facilitated or impeded by note taking with a given patient at a given moment in time.

It is in that spirit, and in line with my own experience, that I suggest the traditional position regarding note taking during sessions holds for many analysts at many times, but it does not merit being viewed as the uniform or universal proscription that it is often thought to be. For at least some analysts at some times in their work with some patients, *note taking during sessions may not be an impediment or a distraction, but instead may be an aid to competent analytic listening and good analytic technique.* What I am asking the reader to consider is not note taking for the purposes of remembering, but rather note taking as a centering and self-regulating

device employed to help maintain one's analytic composure and competence in the face of certain stressful or difficult situations.

According to Bion (1962, 1970, 2005a, 2005b), the therapeutic action of analysis—the aim of which is transformation and expansion of the patient's capacity for psychic functioning—is closely linked to the analyst's function as container for the patient's unmetabolized and projected emotional experience. In order to perform this function, the analyst must keep intact his or her capacity to absorb, bear, and make sense of that which is inchoate, unbearable in, and projected by the patient. If the patient's projections begin to overwhelm and outstrip the analyst's capacity to withstand, absorb, and process them, the analyst may become dysfunctional. This incapacity may be temporary or chronic, related to specific affects or contents raised by the patient, or reflective of a more general response to some combination of the analyst's own conflicts, current life situation, and/or what is stirred up in or required of the analyst by exposure to the patient and the analytic situation.

When I reflect upon the patients I have analyzed over the past thirty years, I have come to recognize that *in certain circumstances with specific patients, note taking during analytic hours has played an important role in helping me to protect and maintain my thinking and therefore my analyzing capacity.* While the contents of the notes —i.e., remembering—may play a part, it is not necessarily the central part nor the part to which I wish to draw attention. Rather, I wish to emphasize the role that the act of note taking during the session has played in supporting my ability to maintain my analytic competence and capacity to think coherently, analytically.

The common elements that I can discern among those patients for whom this proved to be the case were that each was severely withdrawn, susceptible to feeling isolated and/or deeply traumatized, and had little capacity to tolerate, acknowledge, or make sense of areas of their own experience. These patients were usually engaged in very lengthy analyses, the need for which I would retrospectively say was directly related to their limited capacities for self-regulation and the challenges they presented to

my capacities for containment. They had weakened affect tolerance, disruptions and discontinuities in ego functioning, and were prone to feeling—or to massively defending against—overwhelming states of emotion; they were subject to being driven by significant areas of unrepresented mental states (Botella and Botella 2005).

These patients had borderline or narcissistic characters or a schizoid core; they had histories of early massive trauma or sexual abuse; and they relied heavily upon narcissistic withdrawal, dissociation, splitting of the self, and/or the massive use of projective identifications.[1] Unlike other patients with similar histories and diagnoses, I found that with these patients, my analyzing capacities were at times overwhelmed and disabled in specific ways. My experience ranged from intense fatigue and even somnolence, on the one hand, to confusion and inability to make sense of the situation or the common-sense meaning of the patient's associations, on the other. This confusion did not seem to be, at least on the surface, the product of my overt anxiety, emotional distress, or inability to deal with the conflicts stirred up by a particular set of contents or issues. It felt more like a profound, general disabling of my mind.

While aspects of my susceptibility to these responses may be conjectured to lie along the fault lines of my own traumatic past and areas of potential residual conflict (my countertransference), the kind of analytic disabling that I am trying to describe is not simply remediable by "more analysis." I remained capable of "good enough" analytic functioning with other patients and in other circumstances with the same patients. I am trying to describe something that goes beyond the more usual experience of finding that

[1] It remains an open question—one deserving of further investigation—whether other analysts have experienced the kind of reactions that I am describing with less severely disturbed patients. My speculation is that these phenomena are linked to the presence of severe psychopathology, such as significant traumatic residues, failure of representation, and other forms of disorganized psychic functioning. I believe that it is these factors that shift the patient's discourse away from a means of conveying unconscious symbolic content and more toward a kind of discharge phenomenon that is "dead," meaningless, or evacuative in function.

one's associative capacities have temporarily dried up in reaction to a patient's resistances or affective withdrawal.

I suspect that a development of this type between analyst and patient is one to which each of us may at some point succumb. Given the massive traumatic past to which many of these patients have been subjected, it may even be that a period of analytic disablement is a necessary stage for the analyst to go through, as a form of enactment in which the analyst's mind is disabled in transient identification with a once-traumatized part of the patient.

Whatever the form of the problem and its underlying dynamics, the common challenge these patients have presented is that of analytic survival (Winnicott 1962): how to maintain an adequate degree of functioning as a containing, thinking, and analyzing analyst. What I have discovered is that the "technique" of taking process notes during sessions offered me a temporary solution to that problem. It was as if the patient's words and/or my ability to hold them in mind were fleeting and evanescent. The act of writing them on the page as the hour unfolded helped me to better hold them in mind—and to feel like I had a mind in which to hold them!

Perhaps the act of writing itself, writing as action in the face of the stasis-inducing withdrawal of these patients, was an important gesture of vitality that had a salutary effect. Whatever the mechanism, the act of writing and gazing at the words during the session as I was listening to the patient—perhaps, one might say, relating to the words in the emotional absence of a patient with whom I could relate—helped me maintain a competent mind.

With several of these patients, I decided to take notes in the hope of studying the sessions afterward and trying to figure out why I was having so much trouble, or with the idea of presenting the case to colleagues in a study group or to a consultant. What I found, much to my surprise and relief, was that in the session, the very act of taking and having the notes enabled me to focus, to retain my comprehension and keep my mind intact, and to regain a better level of analytic functioning. I almost never reread the notes outside the hours, and I found that once my analytic ca-

pacity was restored, presenting the situation to others became less imperative. The act of taking notes stabilized my capacities within the session and was enough to help me resume my more usual level and manner of analytic functioning.

An Illustrative Vignette from My Own Practice

After several years of more ordinary functioning in his four-times-per-week analysis, Mr. L, a man in his early fifties with problems related to early object loss and narcissistic parenting, began to fall silent and to emotionally withdraw during sessions. This occurred to such an extent that I came to feel devoid of all affective contact and sustenance. As he would fade out without much discernible stimulus for doing so, I would also begin to fade, experiencing terrible fatigue states that would occlude my mind, interrupt my attention, and interfere with my ability to comprehend. These states seemed quite specific to my exposure to Mr. L, as they would lift as soon as the hour was over and he left the room.

I began to take notes during these sessions in an attempt to stabilize my functioning. As I did so, I recognized that, despite the dissociated and/or intellectualized quality of Mr. L's sparse associations—the latter appeared as disconnected pictographic images that would punctuate long, often uncomfortable silences—there were hints of catastrophic and destructive fantasies and intense, overwhelming needs, which the patient could not bear to experience and from which he was defensively withdrawing. That is, rather than "nothing much" going on in the sessions, there were hints of a great deal that was potentially catastrophic and disturbing.

For example, a long silence would be punctuated by the patient's reference to an image of a claw tearing at the earth, a dog attacking a squirrel, or a toddler alone and crying in a parking lot. No sooner were these images spoken than Mr. L would "forget" them, and my attempts to ask for associations or offer conjectures about their meaning were met with questions such as "What did I just say?" Prior to the stabilizing activity of the note taking, I, too, would miss the potential power and significance of these occasional images. However, once they were more clearly formed in my

mind, I was able to better track the comings and goings of Mr. L's emotional withdrawal, and to slowly help him see and face what he was so massively turning away from.

Over time, my restored analytic functioning helped me assist the patient in reengaging emotionally with his own feelings and with me at a deeper and more meaningful—albeit more consciously painful—level. As Mr. L became more engaged, I found that my need to take notes during the sessions diminished.

While much might be said about my own dynamics and susceptibility to the pressures that I was being put under by this patient, what I wish to underscore is the type and degree of disabling force that I experienced. Prior to my taking notes, when I imagined what I might say to a consultant to illustrate what went on in these sessions, I felt that I would have little to report about the content of the hours. Once I began writing notes, however, I felt more alert and alive, and more affectively engaged with the deadness in Mr. L and its effects upon me. I also saw that there was more "content" to the sessions than I had recognized, and, ultimately, that the patient's withdrawal had powerful self-protective and aggressive meanings as enactments, which were eventually analyzed.

Britton (1998, 2004) has noted that the capacity to effectively function analytically requires the presence in the analyst's mind of a *triangular space* that is constituted through an internal relationship to a generative object or *third*.[2] Had I, due to some combination of my own conflicts and exposure to Mr. L's projections, become temporarily enmeshed in an internal situation, which interfered with or removed me from my usual productive relationship to a generative third? Did my internal analytic space become constricted or collapsed, or did my third become a deadening

[2] For an elaboration of the dynamic functioning of triangular space in the minds of both patient and analyst, see Caper (1997), who suggested that the analyst's *internal third* is psychoanalysis itself in any of a number of manifestations: psychoanalysis as an investigative enterprise or profession; identifications with past teachers, analysts, or supervisors; etc. This concept has also been taken up extensively in the French literature; see, for example, Lacan (1953) and Green (1975).

or destructive object evoking a situation from my own traumatic past?

The act of taking notes, with the thought of perhaps presenting the case to colleagues or to a consultant, may have reinforced or restored my internal relationship with a generative and stabilizing other, reactivated a triangular analytic space within my mind, and restored my potential for analytic functioning. Whatever the dynamics involved, I found that *if I took notes during the session, I could begin to think and function more effectively and could better track the material during the hours.*

A Colleague's Experience

At the time of the note taking in the case I have just described, my action did not appear to have a specific, organized, recognizable unconscious symbolic meaning as enactment and actualization of some aspect of the patient's internal world or my own.[3] This has not always proven to be the case.

For example, a colleague, Dr. M, described a patient in her late forties whom he was having difficulty understanding and with whom he began taking process notes in anticipation of seeking a consultation. Once he began, he found that he was following the patient's discourse better, but that he was emotionally "a half step behind her" in the sessions. At first glance, this situation seemed consistent with Freud's (1912) cautionary words, and he stopped taking notes. However, doing so produced a dilemma for Dr. M: while he felt that he needed to eschew taking notes in order to be more present and therefore affectively available to his patient, he discovered that he could not follow her without doing so!

Upon further reflection, Dr. M realized that this paradoxical state of affairs indicated that he was caught between maintaining

[3] Whether this was literally true, or simply the result of no such meaning being discernible, is impossible to know with any degree of certainty. To the extent to which it helps stabilize and support one's analytic functioning, however, note taking used in this way may facilitate the analyst's attempts to discover such meanings.

his equilibrium at the expense of his affective availability to the patient, and being affectively available to her at the expense of his own equilibrium. In viewing the situation from this perspective, Dr. M realized that an early dilemma that had existed between the patient and her narcissistically disturbed mother was being actualized: the mother had repeatedly withdrawn emotionally from her children in order to try to regain her own easily shattered composure. The situation also repeated the patient's current internal condition and transference, both of which were marked by her need to defensively turn away from parts of herself and her analyst in order to maintain a tenuous emotional equilibrium.[4]

Summary

In extreme situations of massive projective identification, both the analyst and the patient may come to share a fantasy or belief that his or her own psychic reality will be annihilated if the psychic reality of the other is accepted or adopted (Britton 1998). In the example of Dr. M and his patient, the paradoxical dilemma around note taking had highly specific transference meanings; it was not simply an instance of the generalized human response of distracted attention that Freud (1912) had spoken of, nor was it the destabilization of analytic functioning that I tried to describe in my work with Mr. L. Whether such meanings will always exist in these situations remains a matter to be determined by further clinical experience.

In reopening a dialogue about note taking during sessions, I have attempted to move the discussion away from categorical injunctions about what analysts should or should not do, and instead to foster a more nuanced, dynamic, and pair-specific consideration of the analyst's functioning in the immediate context of the analytic relationship. There is, of course, a wide variety of listening styles among analysts, and each analyst's mental functioning

[4] Presumably, the situation also resonated with meanings from Dr. M's past and/or internal world, the description or exploration of which are beyond the scope of this paper. (See Levine 1994.)

may be affected differently by each patient whom the analyst sees. I have raised many questions in the hopes of stimulating an expanded discussion that will allow us to share our experiences and perhaps reach additional conclusions. Further consideration may lead us to decide whether note taking may have very different meanings for other analysts and analyst–patient pairs, and whether it may serve useful functions in addition to the one that I have described.

REFERENCES

Bion, W. (1962). *Learning From Experience.* London: Heinemann.

——— (1967). Notes on memory and desire. In *Melanie Klein Today: Developments in Theory and Practice—Vol. 2, Mainly Practice,* ed. E. Spillius. London/New York: Routledge, 1988, pp. 17-21.

——— (1970). *Attention and Interpretation.* New York: Basic Books.

——— (2005a). *The Italian Seminars.* London: Karnac.

——— (2005b). *The Tavistock Seminars.* London: Karnac.

Botella, C. & Botella, S. (2005). *The Work of Psychic Figurability.* Hove, England/New York: Brunner-Routledge.

Britton, R. (1998). *Belief and Imagination.* London/New York: Routledge.

——— (2004). Subjectivity, objectivity and triangular space. *Psychoanal. Q.,* 73:47-62.

Caper, R. (1997). A mind of one's own. *Int. J. Psychoanal.,* 78:227-242.

Freud, S. (1900). *The Interpretation of Dreams. S. E.,* 4/5.

——— (1912). Recommendations to physicians practising psycho-analysis. *S. E.,* 12.

Green, A. (1975). The analyst, symbolization and absence in the analytic setting. *Int. J. Psychoanal.,* 56:1-22.

Lacan, J. (1953). Fonction et champ de la parole et du langage: discours de Rome. In *Les Ecrits.* Paris: Le Seuil, 1966.

Levine, H. (1994). The analyst's participation in the analytic process. *Int. J. Psychoanal.,* 75:665-676.

Winnicott, D. W. (1962). The aims of psycho-analytical treatment. In *The Maturational Processes and the Facilitating Environment.* New York: Int. Univ. Press, 1965, pp. 166-170.

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FOUR ROADBLOCKS IN APPROACHING MASUD KHAN

BY SALMAN AKHTAR

Psychoanalysis, like any other field, has had its share of masters, mavericks, and madmen. Troubled and troubling individuals have caused ripples of professional unease—while at the same time making memorable contributions to the field. While the list of such contributors to psychoanalysis is long, none stands out more than the literate, enigmatic, provocative, corrupt, and maddening Masud Khan. The subject of three biographies, many papers, and considerable news media coverage, Khan challenges our containing capacities to the fullest. He rose to great professional prominence and then descended into a life of drunken torpor, anti-Semitic rants, and moral depravity.

In the beginning, Khan's conceptualizations were poetic, his clinical work intriguing, and his prose disarmingly elegant. He made "imaginative contributions to psychoanalytic theory" (Sandler 2004, p. 33). However, with the passage of time, this began to deteriorate. What was radiantly innovative became distressingly outrageous. Khan succumbed to the physical and emotional ailments he had long struggled with, leading him to behave in grossly unethical ways and to make Draconian errors of moral judgment.

All this captures our attention. We are shocked, finding it difficult to comprehend that someone who made profound contributions to our field was so disturbed. To the gory details of Khan's dark side, we respond with a combination of personal discomfort, moral outrage, sexual titillation, sadistic glee, gossip in hushed tones, self-righteousness, and a vague fear of bad things happening. There is also a sense of relief that the trouble is out there somewhere away from us, and that we are above it all. Nonethe-

less, we are traumatized by the news of transgressions by a fellow psychoanalyst and, given our dedication to understanding, return to them after a while with renewed epistemic vigor. We want to understand what happened and why: Who betrayed our trust? How does a man of towering stature turn into a fallen angel of disgrace?

It is not easy to answer such questions. The usual difficulties are compounded in the case of Masud Khan.

THE ROADBLOCKS

Moral Pressure

The saga of Masud Khan is replete with alcoholic excess, sexual transgressions, grotesque boastfulness, an occasional breakthrough of violence, lying, cheating, and prejudice. Encounters with such repugnant matters swiftly mobilize a harsh superego response. This makes it difficult to retain optimal distance, compassion, and even-handed assessment of facts. We regress, become partisan and judgmental.

Instinctual Pleasure

Shameful and politically incorrect though it may be, the fact is that heady accounts of gaudy omnipotence, flamboyant sexuality, and exhibitionistic wealth stir up similar impulses in all of us—impulses that we have, hopefully, renounced to a considerable degree. We vicariously live all this out. Or we look at it with wistfulness lingering in the dark corners of our mind. Either way, we are hardly at ease with our own passions while absorbing all the gooey slime of someone else's id.

Cultural Scotomata

Most of us are unfamiliar with the cultural dimensions of the Khan saga. To be sure, we have been told that Khan made grotesque anti-Semitic statements toward the end of his life. And we are reminded of his great pride in being "a devout Muslim" (Khan 1988, p. 53). To my mind, this melodramatic announcement of Khan's was an affectation in consonance with his belligerent anti-Semitism

and with the title of "Prince" that he merrily gave himself toward the last years of his life. Each of these pronouncements was in reality based on shaky ground. Khan was hardly a practicing Muslim. Several authors have found Khan's anti-Semitism "unconvincing" (Paterson 1991, p. 110; see also the comments of two British psychoanalysts, Baljeet Mehra and Charles Rycroft, quoted in Cooper 1993). Khan's "prince-hood" was self-invented.

All three of these measures (i.e., pseudoreligiosity, pseudoanimosity, and pseudoroyalty) were attempts to keep intact a crumbling self—by applying the Band-Aid of paranoid grandiosity. The result, as might be expected, was the opposite: Khan became increasingly disorganized and was finally removed from membership in the British Psychoanalytical Society. However, the fact that he was self-destructive does not mean that others did not participate (or even rejoice) in destroying him.

That cultural differences might have played a role in this tragedy has not been adequately addressed. Think about it. Khan came to England in 1946, i.e., while India's struggle to overthrow British rule was at its peak. What effect might that have had on his analyses with three British analysts? Think more. Khan was exceedingly wealthy and quite a show-off. What effect would that have on his analysts, who belonged to an intensely class-conscious society? To be sure, Khan could not have gotten away with the self-conferred title of *Prince* in New York, Washington, or Philadelphia. Is it possible that exaltation of the royal family in British society made this claim somehow more acceptable? At an unconscious level, did his analysts enjoy hobnobbing with a "prince"? And what about Khan's Muslim background? How did his Christian and Jewish analysts feel about it? Underplaying the role of the national, skin-color, linguistic, religious, and idiomatic differences between Khan and his analysts is certainly not the solution here.

Institutional Anxieties

Khan's story stirs up feelings about our own experiences with psychoanalytic organizations. This can mobilize anxieties in five different ways, as follows.

- We have to remind ourselves that John Bowlby's "mistaken" impression that Khan was applying for psychoanalytic training, when in fact he was only seeking personal treatment, marked the beginning of a long and convoluted saga. What do we analysts make of this "mistake"?

- We should factor in the impact of the fact that two of Khan's three analysts died on him. This raises the issue of how older training analysts function in our organizations. How do we deal with this?

- We must take into account the boundary violations of Khan's analyst Donald Winnicott (Sandler 2004). How do we feel about Winnicott's going to parties with Khan? Or analyzing Khan and his wife simultaneously? Sending patients to him during the analysis? Drinking with him? And so on. Feelings about our own training analysts' follies can affect how we react to the Winnicott–Khan affair.

- We should remember that one of Khan's symptoms was sexual promiscuity. How was that addressed by Winnicott, who did not have sexual intercourse until the age of fifty-six (Rodman 2003)? Or by Anna Freud (whose help Khan also sought), who was celibate (Young-Bruehl 1988)? Can we conceptualize the sexual lives of our "elders" and its impact upon us? If not, what is the cost to us?

- Finally, we have to keep in mind that Khan's analysands can be assigned to three categories: those who are silent about their treatment (for reasons either good or bad); those who are disgruntled about having been mistreated; and those who not only continued to practice and write about analysis, but who also became shining stars in the Freudian sky (e.g., Christopher Bollas, Adam Phillips). What do we think of this?

CONCLUSION

A combination of moralizing euphoria, vicarious instinctual gratification, deep anxieties about our own training analysts and supervisors, and pervasive cultural unfamiliarity blocks our way to a rational consideration of an irrational man: Masud Khan. One of Khan's obituaries (Limentani 1992), published three years after his death, comes closest to a full appreciation of the ever-shifting and elusive figure–ground relationship here. One hopes that Khan's recent biographies by Roger Willoughby (2004) and Linda Hopkins (2006)—and their reviews in this issue of *The Psychoanalytic Quarterly*, by Manasi Kumar and Howard Levine, respectively—similarly advance our insights.

Read them, though, with the caveats I have outlined. You need to put your seat belts on. There is turbulence ahead!

REFERENCES

Cooper, J. (1993). *Speak of Me as I Am: The Life and Work of Masud Khan.* London: Karnac.

Hopkins, L. (2006). *False Self: The Life of Masud Khan.* New York: Other Press.

Khan, M. M. R. (1988). *When Spring Comes.* London: Chatto & Windus.

Limentani, A. (1992). Obituary of M. Masud R. Khan. *Int. J. Psychoanal.,* 73:155-159.

Paterson, M. (1991). Obituary: Masud Khan. *Free Associations,* 21:109-111.

Rodman, F. (2003). *Winnicott: Life and Work.* Cambridge, MA: Perseus Books.

Sandler, A.-M. (2004). Institutional responses to boundary violations: the case of Masud Khan. *Int. J. Psychoanal.,* 85:27-42.

Willoughby, R. (2004). *Masud Khan: The Myth and the Reality.* London: Free Association Books.

Young-Bruehl, E. (1988). *Anna Freud: A Biography.* New York: Summit Books.

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REVIEW OF *MASUD KHAN: THE MYTH AND THE REALITY,* BY ROGER WILLOUGHBY[1]

BY MANASI KUMAR

Roger Willoughby has presented us with a very well-researched work on one of the most intriguing characters in the psychoanalytic world, Masud Khan, a persona closely identified with another acclaimed yet slightly maverick psychoanalyst, Donald Winnicott.

The book runs to 320 pages, covering 18 chapters. An impressive synthesis of material is presented, including the history of pre-partitioned India, post-partition life in the Indian subcontinent,[2] the history and development of psychoanalysis in India, and the psychoanalytic saga in Britain from the pre-Second-World-War era until the late 1980s, when Khan died of cancer.

It is within these contours that Willoughby situates Khan's life and works. The book appears to be well annotated; Willoughby has included a commendable bibliography of Khan's published and unpublished works (pp. 301-307).

There is an interesting foreword by Pearl King (pp. x-xix), one of Khan's contemporary analysts, who endorses the arguments and merits of Willoughby's thesis on Khan, stressing the need to revisit the enigma surrounding Khan's life. King highlights a comment by Willoughby about his approach in thinking through this book as "one that emphasizes the epistemophillic instinct and an essen-

[1] Published in 2004 by Free Association Books, London.

[2] In August 1947, India was partitioned into the sovereign states of the Dominion of Pakistan (later the Islamic Republic of Pakistan) and the Union of India (later the Republic of India) upon the granting of independence to British India from Great Britain.

tialist notion of the psychoanalytic project" (p. xi). As she points out, it may have been this modernist approach that enabled Willoughby to excavate and reexamine Khan's life events, maintaining an alert eye to many different factors.

I wish to highlight two of the book's principal features here. First, there is a dominant theme of marked psychic trauma and ruptures in Khan's life and how these led to the development of a false self, in which self-aggrandizement and narcissism prevailed, ultimately contributing to a tragic life course. Second, in a bid to address concerns arising from Willoughby's narration of Khan's life, I offer a few observations about the ways in which rigorous and well-researched biographical accounts—particularly those about an "outsider" such as Khan—may still at times miss some central points.

EMPTY SPACES AND HIDDEN SELVES

A sizeable number of pages at the beginning of the book is devoted to a description of Khan's family background, his ancestral home, and the intricacies of life during the British *Raj* (rule) in pre-partitioned India. A selection of photos covering Khan's entire life span (pp. xxii-xxxii) allows the reader to develop an impressionistic montage of this enigmatic man and his strange, discordant life.

Masud Khan was born on July 21, 1924, in Punjab, to Fazal Dad Khan and his fourth wife, Khurshid Begum. There was a considerable age difference between these two (not uncommon in marriages of that time and place), and together they had four children. One died in infancy, leaving Masud Khan and two siblings: Tahir, a year older, and Mahmooda, two years younger. Descriptions of Khan's early relationship with his parents are not numerous, but indicate a great deal of ambivalence. His father's marriage is noted to have "caused dissent within the extended family as sources characterised her [Khan's mother] as a beautiful, young and illiterate girl," who was a "famous singer and courtesan" (p. 4).

Willoughby suggests in the first two chapters that Khan's inconsistency with object relations could be traced to his introjection of

a damaged maternal object. Apparently, his relationship with his mother was distant and disturbing. Two of Khan's close friends, Robert Stoller and Victor Smirnoff, whose incisive comments and portrayal of Khan's life and contributions are heavily utilized in the book, made similar observations (p. 9). Perhaps quite predictably, then, some of Khan's later papers highlight the significance of the holding function in psychoanalysis, as well as his interest in the "collated internal object" and the schizoid personality, the location of transitional experience in cultural spaces and in "religious experience," and his fascination with Winnicott's good-enough-mother-and-baby dyad as a functional psychoanalytic metaphor.

Khan's early education took place in Lyallpur. After matriculating in 1938, he entered Government College at the University of Punjab, Lyallpur, to pursue a Bachelor's degree, studying Urdu, political science, and history (p. 16). In the autumn of 1942, having completed his B.A., he underwent Masters studies in English literature, also at Government College, following in the footsteps of his brother, Tahir. It was during this time that Khan suffered two major emotional blows: the deaths first of his sister, Mahmooda, in 1942, of tuberculosis, and then of his father, aged ninety, in 1943 (p. 17).

In September 1946, Khan journeyed to London, where he interviewed with John Bowlby and Sylvia Payne and was subsequently accepted for training at the Institute of Psychoanalysis. There he sought supervision with Anna Freud and also with Melanie Klein.[3] He began his training analysis with Ella Freeman Sharpe, who unfortunately died of a thrombosis and cardiac failure only seven months later, in June 1947. Khan was then referred for his training analysis to John Rickman, who apparently also had a history of coronary thrombosis (p. 29). Rickman became an influential figure in Khan's life in more than one way; in addition to Rickman's function as Khan's training analyst, the two developed a mentor

[3] A "gentlemen's agreement" between the two well-known mademoiselles of the British Psychoanalytical Society resulted in the institute's support of three different psychoanalytic traditions, which is maintained today.

relationship (p. 30), in which a mutual interest in psychoanalytic discourse dominated their interactions. Khan's second training analysis was interrupted as well, however, when Rickman died of a massive coronary attack in 1951.

The year 1951 also marked the start of Khan's first analysis of a patient, "Mr. A." Another major event occurred in Khan's life that autumn when he approached Donald Winnicott for his third training analysis, and the latter consented. Willoughby writes: "While Winnicott's analysis of Khan has become a highly controversial episode in psychoanalytic history, the known facts about it are extremely meagre, with no definitively identifiable case history available" (p. 51).

Khan claimed in his private notebooks that his analysis with Winnicott spanned some fifteen years, from 1951 to 1966 (pp. 51-52), but other evidence cited in the book suggests that it lasted only four years, interrupting in 1955. Willoughby speculates that the analysis may have resumed in the early 1960s. The author notes that "with Winnicott, Khan seems to have sought to similarly substitute editorial and intellectual lieutenancy for a true psychoanalytic relationship, a substitution that Winnicott not only tolerated but also professionally benefited from" (p. 58). In describing this relationship, the book presents evidence of transgressions in the analytic space, boundary violations, misrecognition of destructive elements in the analytic encounter, and several other concerns—which must have somewhat compromised the facilitating environment, to say the least.

Although the collaboration between Khan and Winnicott was marked by ingenious accomplishments, Willoughby describes a destructive quality that the relationship had taken on (see chapter 6, "On and Off Winnicott's Couch"). Like other authors (Hopkins 1998; Kahr 1996), Willoughby imputes Winnicott (in his capacity as Khan's analyst) in Khan's eventual fate. Winnicott's legacy of permissiveness and playfulness was later acted out by Khan with his own patients, according to Willoughby.

Willoughby discusses three important areas that interested Khan: dreams, perversion, and trauma. In exploring these, Khan

became deeply convinced of the usefulness of Winnicott's ideas on holding, regression, the transitional object, and integration, but developed some of these themes according to his own tangent, aligning his ideas more closely with those of Freud, philosophy, and literature. In addition, his ability to intertwine his ideas with the important psychoanalytic writings of others—particularly Ferenczi, Fairbairn, Balint, and several Francophones—contributes to the appeal of his intellectual involvement with psychoanalysis.

Later chapters of the book, from "Alienation and Enactment" (chapter 10) through "Liaisons and Dreams" (chapter 13), are the most interesting, in my view, as they are steeped in the psychoanalytic ideas that gripped Khan, and they trace their simultaneous genealogy in his personal and professional experiences. His papers on the dream space and theorization on the capacity to have a "good dream" are still considered seminal in psychoanalytic dream theory.

In relation to Khan's work on perversions, Willoughby writes:

> Arguing that maternal inconsistency produces distorted and precocious ego-development, together with body-ego eroticisation based on a lack of differentiation between the self and object, Khan saw these individuals continuing polymorph-perverse practices as a means of attempted self-cure utilizing libidinal defense mechanisms. [p. 104]

Khan's first marriage was to Jane Shore in early 1952. By 1955, he had obtained full membership in the British Psychoanalytical Society, where he looked after the library and archives. His private practice began to build up well. He later became editor of the International Psychoanalytic Library Series and assistant editor of the *International Journal of Psychoanalysis*—positions he occupied for nearly a decade, until 1978. This period was marked by the termination of his analysis with Winnicott, and subsequently by intense marital problems.

Khan's extramarital affair with ballerina Svetlana Berisova was discovered by his wife, precipitating the end of an already troubled

marriage. Khan then married Svetlana in 1959. Their relationship, marked by drinking problems, ended in separation in 1974. Meanwhile, both Khan's mother and Winnicott had died in 1971. Khan was diagnosed with throat cancer in 1976; chapters 15 and 16, entitled "Homeward Bound" and "Illusional, Delusional, and Alcoholic Yarns," recount the details of Khan's health and personal struggles during this period. Chapters 14 and 17, "The Beginning of the End" and "The Final Act," present the events leading to his death on June 7, 1989.

The book weaves in several anecdotes—recollections of friends, colleagues, students, and others around him who were critical of Khan and saw many sides of his flippant character. Stories of Khan's transgressions and indiscretions within psychoanalysis, involving both colleagues and analysands, infuriated the psychoanalytic community. Khan's exaggerations and outright lies became a matter of concern and caused serious trouble. Willoughby refers to the Gitelson affair (pp. 115-120), instances with analysands such as Godley and Shields, tempestuous affairs and liaisons on the couch, anti-Semitic remarks about patients and colleagues, and scandalous lies, fabrications, and ruminations. All of this obviously increased Khan's alienation from the psychoanalytic world (glaringly visible in his last written work, *When Spring Comes,* the publication of which led to the termination of his membership from the British Society in 1988) and contributed to his worsening alcoholism. His cancer exacerbated his feelings of anger and humiliation, and bereavement contributed to his persistent sense of personal loss. Willoughby aptly notes that Khan's self-destructive behavior both epitomized an evolving central preoccupation in his theorizing, and could be seen as a prediction of his own ultimate fate (p. 113) —similar to the situation of a Shakespearean hero.

While an important contribution, this book is also a particularly disturbing one. The detailed anecdotes and stories that Khan created and lived with, as well as those that were promulgated after his demise, leave the reader with a feeling that might best be described as chilling.

TOWARD A MORE CROSSCULTURAL PSYCHOANALYSIS

What is apparent in the book is that it cannot sustain a critical engagement with the institutional and cultural ethos of psychoanalysis, either then during Khan's lifetime or now. While the book describes his life story at length from many vistas, it does not succeed in developing a critical discussion of why the psychoanalytic community reacted with vengeance to Khan's misdemeanors and foolhardy threats, without any effort to understand with some sympathy either his symptoms or his plight. In my view, *Masud Khan: The Myth and the Reality* also struggles to address the question of whether and how the psychoanalytic community has dealt with the issues that Khan's life and work lay bare before us. Just as there are split selves so glaringly visible in Khan, I contend that the psychoanalytic community reacted to him in a paranoid-schizoid way without addressing the larger sociopolitical origins of his character splits. The split within him was evident in his denigration of his own Asian culture (p. 14), accompanied by an equally compelling intellectual and emotional need and sense of pride in remaining faithful to cultural symbolism and ideas. And, paradoxically enough, Khan exhibited a concurrent deep identification with the West, based on its intellectual and material appeal, which was nevertheless marked at times by his tone of ridicule and sarcasm, and by despicable metaphors with which he alluded to the inferiority of Western cultures.

Such ambivalence was common among educated and elite Indians during the *Raj* (rule). In his book, Willoughby perceptively acknowledges the politics of the times and discusses how members of India's privileged class often remained conflicted and confused about their allegiances, but does not develop these themes sufficiently. Khan was no exception in this regard. For the most part, the psychoanalytic world has chosen to remain disengaged from many of the sociopolitical realities of late nineteenth-to-twentieth-century Western colonialism of the darker continents of

the world. Psychoanalysis may thus have failed to fully recognize the psychological impact of colonialism and the consequent struggle of the "non-Western," "non-European" man (or woman) to define his or her identity. This struggle continues today.

Although psychoanalysis has been attracted to and curious about cultural diversities, its main contributions have all too often been restricted to Western (North American and European) cultural context and identity. Psychoanalysis has not adequately taken into account the diversities of cultural symbolisms (and whether such cultural symbolisms represent symptoms or sublimation is a perennial debate). In this context, our view of Khan's acting out and his bouts of confusion, destructiveness, anger, and hatred—toward his own origins, as well as toward the culture he came to adopt and identify with—is symptomatic of the problem that culture has posed to psychoanalysis.

Furthermore, psychoanalysis has not projected itself as unbiased and redemptive in its promise of cure.[4] Freud's own thesis on culture and his descriptions of "savages," "foreigners," and "outsiders" attest to the problematics of culture within psychoanalysis. In their discussions on culture and cultural differences, therefore, analysts since Freud have often made only mild allusions to the unconscious ramifications of some of these sociopolitical dynamics. Ethnic, regional, and broader cultural differences, with their attendant psychosocial concerns, and debates on the origins and vicissitudes of ethnic and cultural clashes and violence, have in general not been a focus of sustained attention or a cause for concern to the larger psychoanalytic community. There is a surge of interest lately in the topic of terrorism; but the discussion and examination of cultural history and politics, and their relation to psychoanalysis as a necessary context and background to violence, have been taken up only in a marginal way. What is even more disturbing is the lack of critical engagement within psychoanalysis with the role the West has played in world history and in global

[4] See Willoughby on the history of psychoanalysis in India (pp. 40-43). See also Kakar (1985, 1989), Nandy (1995), Hartnack (2001), and Akhtar (2005). See Said (2003) for more on the place of the "non-European" in psychoanalysis.

politics. And the discussions of subaltern history and postcolonial theory—though fashionable as topics of cultural study—have not resulted in a sustained interest or engagement within (mainstream or official) psychoanalytic thinking and organization.

Khan's life has today become a rather glitzy case study, providing fodder for all kinds of syrupy gossiping and pseudoethical concerns. It appears that this is an instance of varieties of otherness being launched onto one person, whose life is then read according to a chimera of images, in a way that both invents and damages the person at the same time. Also, at a time when the Muslim community around the world is facing an acute identity crisis —dealing with and being accused of perpetrating massive violence and aggression—what does it tell us about psychoanalysis when Masud Khan, a "cultural other," becomes the subject of such intense inquiry and judgment? I know of no other case of a well-known analyst whose life draws such abiding interest as Khan's does. What is the significance of the psychoanalytic world's fascination with the perversity and arrogance of this ill-fitted (Muslim) analyst? Once a cultural other becomes the sole source of such extreme embarrassment and perversity—and, in Khan's case, is even targeted as responsible for a floundering of the spirit and ethics of psychoanalysis—we are faced with evidence of the failure of psychoanalysis to adequately address or metabolize cultural otherness in either its theory or practice.

While I believe that Khan committed serious professional violations and was not, by any means, the best example of a kind or good-hearted person, I wonder why we become so voyeuristic in our desire to open all the dusty trunks of his personal life and to set forth on a fault-finding mission. It seems we are not even sure what we are searching for as we bring several scattered facets of his life into the spotlight. Are we so keen to know of the specific moments, the exact junctures at which perversity and falsehood entered his life, or do we desire more disclosures from his personal analyses, intending to evaluate whether they actually contributed to his problems and pathologies, relishing these details?

What will such an extensive search lead us to—what do we expect to find, and what will we conclude from that?

Psychoanalysis has provided us with a revealing truth about the enigmatic nature of psychic reality; that is, that the precise location of a happening, its exact impact or effect—or, in other words, the accurate recapitulation of a real happening or sequence of events and its imprint on an individual's life—may not only be unimportant, but also impossible to determine. Trauma and psychic pain are amassed in a cumulative manner, becoming sharper and more enigmatic over time. It is interesting, then, that Khan wrote about cumulative trauma and highlighted its impact on the psyche. For him, "symptoms of illness (and health) emanate principally from the chronic experience of adversity. It is the cumulative trauma, cumulative seduction, and cumulative deprivation that play the mutative role in developmental arrest or its normal fructification" (Willoughby, p. 227). There were many discontinuities in Khan's life; some were engendered by his unreliable demeanor and false-self character, but others seem to have resulted from external losses.

The veracity of life events is not always affirmed by the joining together of several puzzles in a biographical format, and this is confirmed in the way Masud Khan and his case are presented. At this point, it would be interesting to take a step beyond the piecing together of fragments of Khan's life, and to instead address the deeper aspects of his character that were expressed in and highlighted by his stormy relationship with psychoanalysis. It is in this sense that something vital seemed to me to be missing from Willoughby's concluding section, called "Retrospective"—and, in fact, in the choice of the book's rather bland title, *Masud Khan: The Myth and the Reality*. One does not expect such a dense and engaging book from this title. Overall, though, the book does not entirely succeed in bringing together the various critical forays it presents, and thus does not demystify Khan's persona, leaving the reader struggling to counterbalance his mythic and real selves. In this sense, the book's verdict on Khan's life and work is no different from that put forth before by others.

Perhaps a comprehensive study of Khan in all his struggles and transgressions should include a requiem of how psychoanalysis might have failed this man, as evidenced by the personal, cultural, and social trepidations and angularities that he brought to the fore. Issues emanating from major political events—namely, the last stages of the Indian freedom movement and the end of British colonial rule—were also highly influential in his life. At the time that he emigrated to England, the very traumatic partition of India and the creation of Pakistan must have also been prominent concerns in his mind; and, as he was well aware, subsequent socioeconomic dislocations and tensions between these two nations continued well into the next two to three decades.

And what of the new generation coming to the West from similar cultural locations to pursue psychoanalysis today? Do they encounter problems of the nature Masud Khan came to witness (and those he created and further complicated)? I think that Khan's life can be read as a metatext of a confused immigrant's life. Perhaps a renewed focus of inquiry into how people from diverse cultural backgrounds practice and fare in psychoanalytic work and thinking would be fruitful. How have cultures in the Asian and African continents—the underrepresented area within the psychoanalytic community—-and in similar regions elsewhere met with and received psychoanalysis? Their encounters with Western psychotherapeutics have been further complicated by extremes of poverty, social inequalities, and economic hardships, within which these cultures must balance new-age practices with indigenous cultural norms and age-old traditions. And many such cultures have had to continue dealing with the long-term sociopolitical effects of the colonial years. *Masud Khan: The Myth and the Reality* is best appreciated while bearing in mind some of these shortcomings on the part of psychoanalysis.

In the end, I do very much recommend this book, as it presents a rich body of material, is engaging, and well describes the thorny relationship between psychoanalysis and a unique, somewhat baffling psychoanalyst. But there is much to be read in between the lines, and the themes addressed must be expanded fur-

ther, in order for the critical reader to examine the reasons why Masud Khan's life and work took the shape that they did.

REFERENCES

Akhtar, S., ed. (2005). *Freud along the Ganges: Psychoanalytic Reflections on the People and Culture of India.* New York: Other Press.

Hartnack, C. (2001). *Psychoanalysis in Colonial India.* Delhi, India: Oxford Univ. Press.

Hopkins, L. (1998). D. W. Winnicott's analysis of Masud Khan: a preliminary study of failures of object usage. *Contemp. Psychoanal.,* 34:5-47.

Kahr, B. (1996). *D. W. Winnicott: A Biographical Portrait.* London: Karnac.

Kakar, S. (1985). Psychoanalysis and non-Western cultures. *Int. Rev. Psychoanal.,* 12:441-448.

——— (1989). Stories from Indian psychoanalysis: text and context. In *Cultural Psychology*, ed. J. G. Stigler, R. A. Shweder & G. S. Herdt. New York: Cambridge Univ. Press, pp. 427-445.

Khan, M. M. R. (1988). *When Spring Comes.* London: Chatto & Windus.

Nandy, A. (1995). *The Savage Freud and Other Essays on Possible and Retrievable Selves.* Princeton, NJ: Princeton Univ. Press.

Said, E. W. (2003). *Freud and the Non-European.* London: Verso Books.

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REVIEW OF *FALSE SELF: THE LIFE OF MASUD KHAN,* BY LINDA HOPKINS[1]

BY HOWARD B. LEVINE

The life of Masud Khan, recounted in detail in this clearly written and carefully researched biography by Linda Hopkins, is a painful, tragic, yet fascinating story. Given Khan's great promise, meteoric rise to prominence, and disastrous fall from grace, his story serves psychoanalysts as an object lesson and a cautionary tale. Readers of this biography will be alternately exasperated and moved by Hopkins's account of Khan's struggles with his personal demons —struggles in which he too often failed.

Clinicians will recognize within themselves the temptations and challenges Khan faced in attempting heroic work with deeply disturbed patients. There is much for us to learn from reflecting upon Khan's unique mixture of creativity and madness, of penetrating insight and uncanny intuition matched by damnable faults and excesses, as well as from the responses and failures of those around him in regard to his misbehaviors. As literary critic Alan Tate said of poet Hart Crane, Khan's life story offers us a tale of "incalculable moral value . . . [that can] reveal our defects in their extremity" (Kirsch 2006, p. 83). And as Hopkins herself writes, "The story of Masud Khan is a story not just of one man, but of an entire community" (p. 33 of the subject book).

Hopkins draws upon extensive primary sources, including Khan's personal correspondence, workbooks, and diaries, as well as interviews with friends, intimates, colleagues, patients, and students, to present a vivid picture of a complex man who was charismatic and brilliant. Khan was also a creative and innovative think-

[1] Published in 2006 by Other Press, New York.

er, a master of English prose, an accomplished and much-sought-after lecturer and editor, and an excellent clinician—for some. Paradoxically, at the same time that Khan's star was shining brightly in the psychoanalytic firmament—as evidenced by a thriving psychoanalytic practice, appointments as training and supervising analyst in the British Psychoanalytical Society, worldwide recognition, a host of important lectures and journal articles (many of which are included in two very influential volumes of collected papers; see Khan 1974, 1979) and appointments to prestigious positions (including editor of the International Library of Psychoanalysis, associate editor of the *International Journal of Psychoanalysis,* and foreign editor of the *Nouvelle Revue de Psychanalyse*)—Khan lived a disordered and chaotic personal life marked by grandiosity, arrogance, cruelty, depression, phobias, and alcohol abuse.

Khan's behavior presents analysts and other students of the human mind and condition with a deep and puzzling conundrum. How do we understand such disparities? How could such competence, even brilliant clinical acumen and intellect, coexist for so long alongside such a dire emotional disorder? Khan seemed to be functioning almost to perfection as an analyst and intellectual at the same time that his behavior with colleagues, friends, analysands—and even total strangers—was outrageous, self-centered, exploitive, and cruel. And, most unfortunate and painfully egregious of all, some of his dealings with some of his patients showed a flagrant disregard for the necessary and appropriate boundaries of the psychoanalytic situation. With both candidate and noncandidate analysands, Khan not only socialized with patients and their families, but also engaged in breaches ranging from exhibitionism, grandiosity, and omnipotence, to insulting and attempting to narcissistically appropriate patients for his own needs, even creating a Khan-centered cult around himself. Ultimately, his actions included overt sexual impropriety.

The degree to which all of this was known, tolerated, and ignored by friends, colleagues, authorities at the British Psychoanalytical Society, and even by his analyst, friend, and collaborator, D. W. Winnicott, is as disturbing as it is astounding. And yet, a too-often-recurrent story is of analysts who turn a blind eye to the ex-

cesses and professional boundary violations of friends and colleagues. Paralysis in the face of potential litigation may impede appropriate investigations and administrative actions. To the credit of the British Society, once action was finally taken to strip Khan first of his status as training and supervising analyst, and then of his Society membership, there followed a series of soul-searching meetings in an attempt to understand what had happened and why so little had been done earlier, given that much had been known for some time. (Many of the details of this part of the story, which are carefully laid out for Hopkins's readers, have also been described in both the lay and professional literature. See, for example, Godley 2001, 2004; Sandler 2004.)

Hopkins's book covers these painful events extensively, presenting all sides of the story in a straightforward manner told from numerous perspectives: those of friends, colleagues, patients, and, most importantly, Khan's extensive letters, workbooks, and journals. The latter, however, present readers with still another puzzle. Alongside observations and apparent insights into the primitive functioning of deeply disturbed patients, formulated in the language of Winnicott's theory of true and false selves, Khan's private writings are filled with "self-analytic" observations presented in the very same language. These self-generated "explanations" and "understandings" of his disordered thinking and behavior repeatedly announced that a breakthrough into true-self functioning had just occurred or would soon be at hand. Unfortunately, these "insights" were often followed by new outbursts or blindly driven sets of misbehaviors and egregious actions, without the slightest apparent awareness that the so-called insights might actually be self-deluded rationalizations, or simply incorrect.

If it were not so painful to observe Khan's descent into disorder and chaos, the recurrent drumbeat of his optimistic pronouncements of insights achieved would remind one of a wry psychoanalytic witticism: that the problem with self-analysis is often the countertransference.

Khan's life story offers clues—or at least the basis for some conjecture—to the disparities in his behavior. He was born into a

wealthy, land-holding Muslim family in what was then India and would later become Pakistan. In that highly feudal and paternalistic world, although he was much doted upon by his father, he was not a first-born son; and his mother, a much younger, fourth wife taken by his father in old age, may have been more of a concubine than a true wife. (Khan's mother is described by Hopkins at the time she married Khan's father as "a courtesan with an illegitimate child" [p. 5], and her actual social and cultural status is very difficult for a Western reader to assess.)

Apparently, in Khan's early life, great privilege and entitlement coexisted with relative emotional deprivation and events that were quite traumatic. His mother was an opium addict who would often remain in bed until the late afternoon, and who had a seizure and miscarriage that Khan witnessed at the age of four. Following the latter, he reported that he feared she would die, and that his servants later told him he did not speak for three years afterward. At age seven, he experienced another separation when his mother left him for two weeks to visit the village of her birth, following which he became entrenched in a lifelong resentment and estrangement from her, one from which he seems never to have recovered.

By the time Khan came to England as a young man, intending to study literature, he was suffering from depression, phobias, and other symptoms of significant emotional distress. In adolescence, he had become seriously depressed and anorectic following his Muslim family's insistence that he break up with a Hindu girlfriend. He then lost his father at age seventeen. England held out the chance for him to both further his education and to obtain psychological help.

In a somewhat confused—and confusing—episode, Khan arrived in London and consulted John Bowlby regarding treatment, unaware that Bowlby was then training secretary for the British Psychoanalytical Society. Through an incredible misunderstanding, Khan found himself not only referred to Ella Freeman Sharpe for psychoanalysis, but also admitted to psychoanalytic training! As bizarre as this part of his story may sound—the "accidental analyst"

—in light of the rest of Khan's life, it is all of a piece. Was this another in a too-long series of colossal lies told for dramatic effect and self-aggrandizement, or an accurately reported episode in the life of a very bright but very lost man, who desperately tried to conform to the expectations and needs of those around him, and who was frequently taken up by others in the service of their own wishes for him or for themselves?

In either case, Khan's analysis with Sharpe does not sound as though it went well. Like so many others, she was taken by his wealth, brilliance, and exotic demeanor. She died of heart disease before his treatment could be concluded. Khan next consulted John Rickman, who also seemed taken with and taken in by him. Rickman, too, unfortunately died before the analysis could be finished—but not before he sowed the seeds of what would prove to be a destructive pattern of failures to observe and maintain the psychoanalytic frame. Hopkins reports that Rickman would have coffee with Khan after their sessions at a local café, much to the dismay of Rickman's other patients who were not accorded that privilege, and that he invited Khan to dinners at his home and took him as his guest to the International Psychoanalytical Association meetings in Zurich in 1949.[2] As Hopkins points out, "the special treatment by Sharpe and Rickman prevented [Khan] from having a full analysis" (p. 32).

If difficulty in maintaining the frame was a problem in Khan's first two attempts at analysis, it was even more so in his third, undertaken with Winnicott from 1951–1966. This analysis was marked by a painfully conspicuous failure of boundaries. The extent to which the latter reflected Winnicott's struggles with a very seductive, yet disturbed and disturbing patient, versus his attempts to apply his ideas about "management" to the treatment of someone

[2] One wonders if the latter may have been a misunderstanding of the need for analytic candidates, who may not have been IPA members at the time, to have a member sponsor in order to attend the congress. Even if this particular event was misunderstood by Hopkins, however, Rickman's other failures to maintain appropriate boundaries are clear, especially in the light of Khan's subsequent behavior.

whom he saw as having a severe false-self disturbance, remains a key question.

In both practice and writings, Winnicott and Khan advanced the idea that providing "therapeutic coverage," rather than maintaining an interpretive stance and a strict psychoanalytic frame marked by abstinence and anonymity, might be necessary in the treatment of serious pathology. This "coverage" included the provision of all kinds of analyst–patient interactions that abrogated the usual analytic frame, including physical contact within the hours, extended-length sessions, and extra-analytic contacts. Many of these features were present in Khan's analysis with Winnicott and in Khan's work with his own patients. In addition, Khan served as Winnicott's editor during the time of the analysis, and the two met regularly at Winnicott's home on weekends to discuss editorial matters.

Whether Winnicott's failure to observe boundaries and maintain the frame was an intentional decision or a countertransference error, the consequences of his actions were compounded by his reluctance or inability to confront or attempt to deal with Khan's arrogance, aggression, and flagrantly disordered behavior.[3] While we can only speculate about Winnicott's motivation and rationale for allowing these extra-analytic contacts and relationships to exist, the determinants of his decision to do so remain quite important, not only to understanding Khan's life, but to understanding how Winnicott may have derived and applied his theories. They may also be relevant to understanding the limitations of some of the treatments that each of them conducted under their commonly held theories. In assessing the lasting value of their contributions, it is important for us to explore the extent to which some of their treatments foundered on the severity of the patient's pathology, on the difficulties of the analyst's conflicts and/or countertransference, on the limitations of the clinical theory under which the analyst was operating, or on some combination of these factors.

From the evidence presented in Hopkins's book, it is almost certain that Winnicott knew that Khan was socializing with patients

[3] For more detailed information about this, see Hopkins 1998.

and their families, adopting grandiose and omnipotent stances with patients, and creating a cult of Khan worshipers amongst his analysands. It is less clear if he knew that Khan was sleeping with a patient.[4] But Khan's story also demonstrates how complex and delicate may be the lines between failures to protect the frame, boundary violations, and heroic offers made to very disturbed patients or to those in extraordinary circumstances.

Both Khan and Winnicott were exploring and operating from a psychoanalytic theory of development, pathology, and change that advocated "management," "therapeutic coverage," and the provision of "authentic" interpersonal responses, which they believed necessary if the true self of a severely ill patient were to emerge. Given Khan's unfortunate outcome and that of some of the patients to whom he presumably tried to apply the theory, we are forced to recognize the dangers inherent in a model that encourages, even requires, an analyst to respond to patients with spontaneous and extraordinary measures, which may lie beyond the usual frame of analysis and the bounds of "ordinary" psychoanalytic technique. It is also humbling to recognize the gap that seems to have existed between Winnicott's sensitivity to these problems as he explored them in his writings and his apparent inability to cope with them in his relationship with Khan.

To further illustrate these issues, consider the case of H. K., a patient in analysis with Khan for ten years. In his initial interviews with Hopkins, H. K. makes clear that Khan helped him break through a "bloody glass wall" behind which he had felt emotionally enclosed. But he also mentions that there were many extra-ana-

[4] The question of whether an affair between Khan and a patient occurred while Khan was in analysis with Winnicott (or while undergoing "analytic coverage" with him) is not totally clear. Khan started his first affair with a patient ("Eva"—see p. 202 of the subject book) in 1966, the same year that he ended his analysis with Winnicott. Did they terminate because of a disagreement over the affair? Did Khan tell Winnicott about it, or perhaps end the analysis in order to keep it hidden? Was the affair a reaction to the prospect of terminating analysis, or perhaps to the accumulating evidence of Winnicott's progressively worsening heart disease? Answers to these questions are vital to our understanding, but remain elusive.

lytic contacts during the analysis, such as Khan's bringing his wife in for coffee with H. K. at the latter's bookshop, and having H. K. and his wife to dinner at the Khans' home. Most remarkable of all, however, is Khan's response to H. K.'s son's death in an auto accident. According to H. K.:

> [Khan] was about to go on vacation and he actually postponed the trip. He cancelled his flight and took a taxi to my house. I remember he put his arms around my shoulders and said: "We have both suffered great losses." He took my wife to the hospital, at her request, to say goodbye to our son; I couldn't go because I had already identified the body and I was too broken up to go back. Later I would go to see him in his office and just talk, cry. He was the rock on whom I leaned the most after my boy was killed. It's a debt I wish I didn't still owe. I put up with a lot from him in the years to come because of what he had done for me. [p. 49]

In a follow-up interview eighteen months after the above remarks were recorded, and after H. K. had read a draft of Hopkins's 1998 article, H. K. added the following observation: "Something actually did go wrong with my analysis . . . . I realize now that his helping me about my son had nothing to do with me, it was for him" (p. 50). H. K. then described how arrogantly Khan had treated H. K.'s 14-year-old daughter when he came to the family home after the son's death, haughtily demanding that she bring him bread and jam because he was "starving"—apparently entirely insensitive to the fact that she, too, had just suffered a terrible loss.

In this vignette, we can appreciate much of the conundrum of Khan. H. K. was clearly changed by his work with Khan, even though he later withdrew his praise for and gratitude to Khan for helping him emerge from a painfully isolated state and deal with a terrible family crisis. That he was helped to do so is a credit to Khan's clinical prowess. It is no small achievement to assist someone in overcoming a feeling of living inside a self-protective glass enclosure. This treatment occurred at a time when Khan was supposedly at his therapeutic best, and yet he was neglectful of ther-

apeutic boundaries and casual about the frame. It was perhaps heroic of Khan to interrupt his vacation to attend to H. K.'s distress in the midst of this family tragedy; but to what extent did Khan's behavior—accompanied by what sounds like arrogance—also reinforce a sense of his omnipotence in the eyes of H. K., and a tendency for H. K. to feel obligated to and dependent upon him? Was this in fact a testament to Khan's therapeutic heroism or evidence of his self-aggrandizement and narcissistic appropriation? And, given that H. K.'s analysis was conducted during the years when Khan was in analysis with Winnicott, to what extent did Khan's failures to maintain appropriate boundaries mirror what was going on in his own analysis?

These questions are relevant to what remains a lively, ongoing debate in psychoanalysis about the nature of the psychoanalytic relationship and the role of that relationship as a therapeutic factor. It is still commonplace for some analysts to feel that "something more" than standard technique or operating within the traditional analytic frame is necessary to conduct a successful treatment, particularly when dealing with more disturbed patients. The story of Khan and Winnicott raises vital questions with which our field continues to struggle, and we are indebted to Hopkins for her research and presentation of this painful but important chapter in the history of our field.

Early in his career, Khan wrote to his friend Zoe Dominic: "One either surrenders to the dynamism of life—inside and outside oneself—or one stays petrified in a manipulative spectorial attitude towards it. I want to live, and be lived through by, life" (p. 55). Unfortunately, however, despite his many attempts to undergo analysis, Khan remained, for the most part, petrified in two senses: petrified of life and frozen in a world of delusion and grandiosity. André Green, who was once close to and later broke with Khan, summed him up as follows: "No one can deny Masud's talent. But it is also impossible to deny his sickness and his evil nature. When you have met someone like him, you know that the mind is not simple" (p. xix).

REFERENCES

GODLEY, W. (2001). Saving Masud Khan. *London Review of Books,* February 23, pp. 3-7.

——— (2004). Commentary. *Int. J. Psychoanal.,* 85:42-43.

HOPKINS, L. (1998). Winnicott's analysis of Masud Khan: a preliminary study of failures of object usage. *Contemp. Psychoanal.,* 34:15-47.

KHAN, M. M. R. (1974). *The Privacy of the Self.* London: Hogarth.

——— (1979). *Alienation in Perversions.* London: Hogarth.

KIRSCH, A. (2006). The mystic world: Hart Crane's vision. *The New Yorker,* Oct. 9, p. 83.

SANDLER, A.-M. (2004). Institutional responses to boundary violations: the case of Masud Khan. *Int. J. Psychoanal.,* 85:27-42.

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PSYCHOANALYTIC ETHICS AND PSYCHOANALYTIC COMPETENCE: LESSONS FROM THE BIOGRAPHIES OF MASUD KHAN

BY MARTIN A. SILVERMAN

Psychoanalysis, as Renik (2006) has recently emphasized, is not an intellectual exercise or an aesthetic indulgence pursuing insight for its own sake, but a form of *therapy*. It is a treatment modality that aims at helping unhappy, troubled, and at times emotionally damaged people to wrestle with their internal conflicts, overcome the deleterious effect of unfortunate life experiences, build the strengths they need to contend successfully with "the slings and arrows of outrageous fortune" (Shakespeare 1603, III, I, 58), and become more capable of realizing their potential for enjoying life, personally and interpersonally. It is not carried out for the benefit of the analyst but for the benefit of the patient, who is willing to undergo the rigors of analytic treatment and to pay a good deal of money for it in the hope of obtaining benefits that will justify the effort and the expense the treatment entails.

Two biographies of Masud Khan by Roger Willoughby and Linda Hopkins, reviewed in the preceding pages of this issue of *The Psychoanalytic Quarterly* by Manasi Kumar and Howard Levine, respectively, describe in distressing detail how easily the true purpose of psychoanalytic treatment can be lost sight of, with devastating effects for all concerned—the analysand, those with whom the analysand is interacting and will interact in the future, and the analyst. Salman Akhtar's thoughtful introduction, as well, describes how an analyst "of towering stature" can "turn into a fallen angel of disgrace."

Why am I putting all this in the present tense when the events involving Masud Khan occurred so long ago? And why have two such detailed, thoroughly researched, lengthy biographical books only recently appeared in print? I use the present tense because the kind of defects, deficiencies, loss of perspective, boundary violations and transgressions, and exploitative mismanagement of the analytic treatment process described in these two books do not belong only to a bygone era. These thorny issues are a proper focus of examination in the present—both within the profession of psychoanalysis and within the larger mental health field, of which psychoanalysis is a relatively small but highly influential component—as much as they are a part of history.

There is much to learn from Khan's story that is applicable to issues in present-day currents and ferments in the field of analysis. At the time that Khan arrived in England, seeking analytic treatment for himself, psychoanalysis was a young discipline encumbered by all the uncertainty and insecurity (compensated for by authoritarian arrogance) that not infrequently characterizes a novel, groundbreaking venture into scientific and intellectual inquiry. Psychoanalytic observations and revelations about human nature were creating enormous stir in the world, but were in some ways so unsettling or even disturbing that they elicited considerable hostility and derision. Since so many of the earliest psychoanalytic pioneers were Jewish, defensive antipathy toward this new discipline became swept up, furthermore, in the anti-Semitism that was rife in Europe and elsewhere. World War II had just ended, in fact, and a good number of the leading figures in the field in Great Britain had arrived there in flight from Nazi oppression.

There was also a considerable amount of competitive struggling between rival camps within British psychoanalysis. Such struggles were not limited to the well-known and heated rivalry between those who considered themselves loyal to Anna Freud and those who were favorably impressed by the observations and ideas of Melanie Klein. Additionally, the object relations investigations of Fairbairn, Guntrip, Balint, Bowlby, and others were being conducted by outspoken and/or charismatic luminaries who had their

own ambitious investment in becoming the leaders of an important psychoanalytic school of thought.

And is it so very different at the present time? Psychoanalysis is once again under attack. We live in an anxious age in which overpopulation, global warming, powerful economic and social threats presented by global geopolitical change, and the threat of nuclear annihilation are shaking the foundations of the sense of security and safety that were once extant in the Western world. It is an impatient era, in which quick and efficient, simple solutions tend to be sought; managed care holds sway; and skepticism tends to prevail about the value of treatments that are slow and steady, thorough-going, and unavoidably lengthy.

The pendulum tends to swing in a wide arc. In reaction to the authoritarian, seemingly omniscient approach of far too many analysts sixty years ago, the tendency within the field of psychoanalysis has been to move toward humanization and egalitarianism within the analytic frame, away from the expectation that the patient will submissively accept the analyst's presumed wisdom and authority. It is widely recognized at present that analytic treatment is a two-person rather than a one-person process. McLaughlin (2005), for example, presented a well-reasoned, albeit cautious argument in favor of viewing psychoanalysis as a two-person process in which both participants gain something personally.[1]

There has been a growing tendency to shift the central focus in analytic work away from the acquisition of insight into the genetic and dynamic, unconscious roots of neurotic conflict, and toward the curative effects of the here-and-now relationship between analyst and analysand. As laudable as is the recognition of this dimension of analytic work, it would be unfortunate if we were to throw out the baby with the bath water. Each of our patients does have a unique set of past experiences that have influenced his or her emotional development. Each patient brings the shadow of her or his past relationships into the arena of analytic interaction. Our patients need us to appreciate the power of their past internalizations

[1] See also Chodorow 2007.

in shaping their inner worlds and to help them free themselves from the deleterious impact of certain aspects that those internalizations have had upon them. As Kumar emphasizes in her review essay, Khan's analysts' apparent lack of adequate appreciation of his cultural background contributed to the difficulty they seem to have had in understanding his problems and recognizing what he needed from them.

As we work with our patients, we are confronted with the task of resisting our own internal pull toward transcending the boundaries between a professional and a personal relationship. Analysis is a complex and demanding process that entails courage and is fraught with risk. Analysts at one time believed that they needed to maintain a distant stance from their analysands. They believed that they could and should limit themselves to doing no more than mirroring back to their patients what emanated from them. Menninger (1958) depicted this deftly when he cited "an untraced poem by one Tom Prideaux":

> With half a laugh of hearty zest
> I strip me off my coat and vest.
>
> Then heeding not the frigid air
> I fling away my underwear.
>
> So having nothing else to doff
> I rip my epidermis off.
>
> More secrets to acquaint you with
> I pare my bones to strips of pith.
>
> And when the exposé is done
> I hang a cobweb skeleton.
>
> While you sit there, aloof, remote
> And will not shed your overcoat. [p. 62]

We know now that it is impossible for us to remain as anonymous and personally uninvolved as early analysts thought was indicated. But all advances bring their own risks and hazards. At the time Khan entered the analytic scene, it was becoming evident that

more active interventions than merely "making the unconscious conscious" were needed by some or even many analysands. The way in which imperfect understanding of the pitfalls involved in this contributed to Khan's post-analytic personal and professional problems is described vividly in Willoughby's and Hopkins's biographical works.

We have come a long way since then, but we have not entirely left behind the dangers faced by analysts sixty years ago. As we participate in the analytic task, we can all too easily carry self-disclosure so far as to blur the boundary between human interaction and professional restraint. We have learned a great deal about countertransference as a source of valuable information about our patients, but *everything* an analyst feels or thinks is not a direct and reliable message from the patient's unconscious. It has also become evident that enactment of emotional conflicts is a more or less inevitable occurrence in every analysis, and that we need to vigilantly keep track of our own input as we involve ourselves in our patients' lives. It is incumbent upon us to take care lest we use our patients to act out our own issues with them.

The definition of psychoanalysis has tended to be broadened so as to make it more palatable to its critics and to widen the patient pool (see, for example, Meadow 2003). We need to exercise caution, however, as we participate in this. When the analyst of a number of analysands simultaneously treats them in group therapy, treats them and their spouses in marital therapy, or provides supervision to them, this can lead to a variety of problems. Is it not similar to what took place between Winnicott and Khan?

When Khan—a brilliant, engaging, articulate, charismatic, as well as wealthy and aristocratic scholar from a distant and exotic corner of the British Empire—arrived in England in 1946, according to his biographers, he was looking for personal treatment rather than for training as a psychoanalyst. His various attributes must have greatly impressed his interviewers at the British Psychoanalytical Society, who "mistakenly" enrolled him as a student. Despite his history of having suffered painful losses of close family members, he was successively placed in analysis with two seriously

ill training analysts, each of whom died after a short period of time. After two additional attempts at obtaining analytic treatment failed to work out, Khan gravitated to Winnicott, who himself was brilliant, charismatic, and ambitious, and eager for fame and prominence. Winnicott was innovative, adventurous, and willing to undergo considerable risks (to himself as well as to others) as he undertook the treatment of seriously disturbed individuals (see Rodman 2003).

Winnicott made useful contributions through his at times heroic efforts in this regard, but as Levine (2006) explains in his review of Rodman's 2003 biography of Winnicott:

> There is . . . a darker side to Winnicott's advocating the management of the manifestations of severe pathology by action rather than interpretation . . . . There is an uncertain delineation and a potentially slippery slope between Winnicott's proposals for "management," his sometime failure to maintain the treatment frame, and overt boundary crossings and even violations. [pp. 587-588][2]

It becomes clear in reading the recent biographies by Willoughby and Hopkins that Khan both benefited and suffered from his treatment with Winnicott. He became able to mirror his analyst and mentor—with whom he developed an ongoing, complex relationship as analysand, collaborator, editor, champion, and friend—in making real contributions to the field as a writer, reviewer, and editor. Unfortunately, he also mirrored Winnicott's personal and professional deficiencies, even outdoing him in these respects. He went on to commit major transgressions in his work with patients, grossly violating boundaries and acting out his own neurotic issues in clinical interactions. It is no less important now than it was sixty years ago for analytic institutes to exercise caution in selecting training analysts.

Do personally ambitious, politically adept people necessarily make the best clinical analysts—or the best training analysts? Con-

[2] See also Sabbadini (2003) and Silverman (2006) for more on Winnicott's treatment of his colleagues—and their treatment of him.

siderable debate is taking place in our field about the whole idea of the *training analysis*. There are those who question the entire concept, others who press for personal analyses to largely precede or otherwise be divorced from the formal training process, and still others who advocate that the personal analyses of candidates be carried out elsewhere than at the institute at which the candidate trains (see, for example, Berman 2004; Reeder 2004). We also need to be knowledgeable and thoughtful if and when we provide guidance to a candidate who is in need of a personal analysis.

The phenomenon of the articulate and charismatic analyst who gathers a coterie of followers or even myrmidons while seeking to vault to prominence as a leading, influential force did not end in the early days of psychoanalysis as a field of endeavor. Adherents of various analytic schools vie loudly and vociferously with one another to declare themselves as the one, true, effective representative of psychoanalysis. Developmentalists, ego psychologists, interpersonalists, intersubjectivists, Kleinians, Lacanians, and self psychologists each proclaim to have the real story. True, there have been those who have sought to foster useful integration of what have been recognized as the various parts of the psychoanalytic elephant (see, for example, Schafer 1997a, 1997b, 2003; Smith 2005), but they have been minority voices.

Perhaps the time has come when psychoanalysts will be able to stop bickering rivalrously among themselves, learn from one another, and settle down to the pursuit of the proper occupation of treating suffering patients and training capable psychoanalysts and psychotherapists. The most salient feature of psychoanalytic ethics is psychoanalytic competence.

REFERENCES

Berman, E. (2004). *Impossible Training: A Relational View of Psychoanalytic Education*. Hillsdale, NJ: Analytic Press.

Chodorow, N. J. (2007). Review of *The Healer's Bent: Solitude and Dialogue in the Clinical Encounter,* by James T. McLaughlin. *Psychoanal. Q.,* 76: 617-629.

Levine, H. (2006). Review of *Winnicott: Life and Work,* by F. Robert Rodman. *Psychoanal. Q.,* 75:585-591.

McLaughlin, J. T. (2005). *The Healer's Bent: Solitude and Dialogue in the Clinical Encounter.* Hillsdale, NJ: Analytic Press.

Meadow, P. W. (2003). *The New Psychoanalysis.* Lanham, MD: Rowman & Littlefield.

Menninger, K. (1958). *Theory of Psychoanalytic Technique.* New York: Basic Books.

Reeder, J. (2004). *Psychoanalytical Institutions: The Dilemma of a Profession.* New York: Other Press.

Renik, O. (2006). *Practical Psychoanalysis for Therapists and Patients.* New York: Other Press.

Rodman, F. R. (2003). *Winnicott: Life and Work.* Cambridge, MA: Perseus Publishing.

Sabbadini, A. (2003). The Gaddini-Winnicott correspondence, 1964 to 1970. *Psychoanal. & History,* 5:1-69.

Schafer, R. (1997a). *Tradition and Change in Psychoanalysis.* New York: International Universities Press.

——— (1997b). *The Contemporary Kleinians of London.* New York: International Universities Press.

——— (2003). *Bad Feelings.* New York: Other Press.

Shakespeare, W. (1603). *Hamlet.* Oxford, England: Oxford Univ. Press, 1992.

Silverman, M. A. (2006). Review of "The Gaddini-Winnicott Correspondence, 1964 to 1970," ed. A. Sabbadini. *Psychoanal. Q.,* 75:1220-1226.

Smith, H. F. (2005). Dialogues on conflict: toward an integration of methods. *Psychoanal. Q.,* 74:327-363.

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BOOK REVIEW

PSYCHOANALYSIS OR MIND AND MEANING. By Charles Brenner. New York: The Psychoanalytic Quarterly, 2006. 140 pp.

Psychoanalysis or Mind and Meaning, by Charles Brenner, is a book not to be reviewed so much as appreciated. Brenner tells us that he has spent two years collecting in one place all the conclusions about the way the mind works that he has arrived at over his more than fifty years as an analyst. He reached these conclusions by proceeding as all scientists proceed, developing hypotheses or theories, collecting data, and then determining whether or not the data support or contradict those hypotheses and theories. And on more than one occasion, he has framed a new conclusion to replace his earlier conclusions or the conclusions of others, including Freud's. For example, he is most convincing when he marshals the data against Freud's conclusion that there is a principle of mental activity that is beyond the pleasure principle.

By way of a historical aside, he tell us that, while he was still a candidate at New York Psychoanalytic Institute, he attended a session in which the question was raised of whether or not psychoanalytic theories had factual evidence to support them. He summarizes the facts that Freud had marshaled in support of the repetition compulsion. Although he does not say so directly, the reader is likely to conclude from Brenner's discussion of the repetition compulsion that, in this instance, he agreed with Freud's method but not with Freud's conclusion.

Brenner acknowledges that Freud also had doubts about the data, that conscious unpleasure can cover over unconscious pleasure, that pain can gratify a masochistic wish or a need for punishment. But Freud, not letting it go at that, postulated a death drive that "offers strong evidence in favor of the view that repetition is more important in mental life than are the attempts to gain pleasure and avoid unpleasure" (p. 16), Brenner notes. He points out

that Freud's evidence here is not psychological in nature. Arguments about the tendency of all protoplasm to die have "nothing to do with observations made by using the psychoanalytic method of investigation" (p. 16).

In 1964, Brenner (along with Jacob Arlow) argued—persuasively, for many—against the priority of the economic and topographical metapsychological points of view in Freud's theorizing, and made the case for the structural model in a stronger fashion than even Freud did in 1926.[1] But Brenner has also gone on more recently to modify his own views and move from a model of psychic structure with potentially reifiable structures—id, ego, and superego—to more functional categories and processes. The ego becomes the person, drive becomes wish, and the superego becomes a compromise formation, as I wrote in my introduction to a festschrift for Brenner,[2] anticipating by a decade the direction he was taking:

> It is conceivable that Brenner will eventually articulate a model of the mind in conflict in which the interpretations of the elements of conflict is such that the traditional concepts of id, ego and superego become superfluous. What Brenner offers us is an ego which is not a fully integrated agency informed by the primary process but is dynamically indistinguishable from a neurotic symptom: a language of persons and individuals instead of a one of hypothetical mental structure: a view of the child motivated above all by the need to win his or her parents' love. [p. 11]

For me, the most powerful concept that Brenner champions is that of compromise formation. It can be found early in Freud, but was never given the pride of place by Freud that Brenner gives it. The concept of compromise is based on facts, the observation of the components of mental conflict—wish, defense, affect, guilt, and

[1] Arlow, J. A. & Brenner, C. (1964). *Psychoanalytic Concepts and the Structural Theory*. New York: Int. Univ. Press.

[2] Richards, A. D. & Willick, M. S., eds. (1986). *Psychoanalysis: The Science of Mental Conflict, Essays in Honor of Charles Brenner.* New York: Analytic Press.

adaptations, as well as, in particular symptoms, behaviors, inhibitions, and personality traits—in short, of everything that is part of mental life. The concept of compromise formation is the algebra of how the mind works and the path to the essential task of psychoanalysis in determining meaning.

Chapter 4 of Brenner's book is the best primer on how to conduct an analysis that I have read. In twenty-three pages, he presents an approach to psychoanalytic technique that both the beginning candidate and the seasoned practitioner will find useful. He also makes the important point that psychoanalysis is not defined by position or furniture, lying on a couch or sitting in a chair, or by the number of weekly visits. It is defined by an analytic attitude—the search for meaning, the effort to understand, the conviction that everything a patient says or does is a potentially useful source of information about the patient's conflicts and compromise formations.

Earlier, Brenner wrote: "What words one uses in constructing one's theories [are] . . . less important, in most instances, than what meaning the words have in terms of the new data and new generalizations about those data that constitute psychoanalytic theory" (p. 208).[3] This statement reflects his disinclination to supplant the language of Freud's discoveries with trendier terms (*self-object*, *container, projective identification*, and *intrasubjectivity* come to mind) that offer no real gain in conceptual understanding or explanatory power.

This volume demonstrates that Brenner is not a revolutionary, but a modifier, to use Bergmann's term.[4] He is an extender who innovates by addressing the meaning of traditional psychoanalytic concepts—drive, defense, superego, affect, transference, countertransference, and regression. But this book, perhaps a final statement from Brenner, demonstrates that his contributions culminate in significant reformulations that are part of a process by which

[3] Brenner, C. (1980). Metapsychology and psychoanalytic theory. *Psychoanal. Q.*, 49:189-214.

[4] Bergmann, M. S. (1997). The historical roots of psychoanalytic orthodoxy. *Int. J. Psychoanal.*, 78:69-86.

Freudian thinking in psychoanalytic discourse accommodates the growth of psychoanalytic knowledge.

Brenner's book can also be read as a challenge to alternative schools to provide a comprehensive and coherent presentation of their fundamental principles and concepts; thus, he also challenges the notion of psychoanalytic pluralism. Brenner is offering us his total composite theory,[5] whose principles I and many of my colleagues find persuasive; these principles should continue to be studied by the broader psychoanalytic community.

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[5] See also: Rangell, L. (2007). *The Road to Unity in Psychoanalytic Theory*. Lanham, MD: Aronson.

REREADING FREUD: PSYCHOANALYSIS THROUGH PHILOSOPHY. Edited by Jon Mills. Albany, NY: State University of New York Press, 2004. 224 pp.

This collection of ten essays aims to show that philosophy—nineteenth-century, European philosophy in particular—can enable a deeper and richer understanding of Freud's theories and the writings in which he conveyed those theories. Those of Freud's writings analyzed and interpreted here are not his case studies or works written for a broader audience that included non-analysts; rather, they are those in which he developed his theories in the most intricately detailed manner, e.g., *The Interpretation of Dreams* (1900); *Three Essays on the Theory of Sexuality* (1905); and *Inhibitions, Symptoms and Anxiety* (1926).

Interestingly, Mills's prefatory quotation from Freud (from an 1896 letter to Fliess) suggests an approach to the relation between philosophy and psychoanalysis that is the converse of the book's subtitle of *Psychoanalysis through Philosophy:* "Through the detour of being a physician . . . I most secretly nourish the hope of reaching my original goal, philosophy." Here Freud seems to propose not a route to psychoanalysis through philosophy, but rather the converse: philosophy through psychoanalysis. Indeed, there is reason to believe that Freud thought that he had attained that goal, espe-

cially in later works, e.g., *Beyond the Pleasure Principle* (1920), *Civilization and Its Discontents* (1930), and *The Future of an Illusion* (1927). For Freud's ambition, as we know from his letters, was to become a social philosopher, and to show that the *weltanschauung* of natural science, encompassing psychoanalysis, would lead to progressive social policy that would benefit humanity.

Freud's views as a social philosopher have been contested throughout the history of psychoanalysis. Today the broadly dominant perspectives on psychoanalysis have reached a consensus: if psychoanalysis can be said to be a science at all, it is one of the humanistic disciplines, and as such, it cannot be approached through the methodology and *weltanschauung* of the natural sciences. From this point of view, Freud's efforts to create a philosophy through psychoanalysis failed.

Mills and the other contributors to this volume share this perspective, as do many other contemporary theorists. However, the book's contributors also share a negative attitude toward contemporary models of psychoanalysis and the relational perspective in particular. For this group, the essential mistake of contemporary perspectives is the deemphasis on, even outright rejection of, the Freudian unconscious (as evidenced, for example, in the work of Mitchell). Thus, the broad aim of the articles seems to be to show that, embedded in Freud's theories and in the manner in which he worked them out, there is a philosophy of the unconscious that needs to be brought forth in order to fully comprehend his work and psychoanalysis itself. This, then, it seems to me, is the meaning of the book's subtitle, *Psychoanalysis through Philosophy*.

The chapters in the book are exceedingly well written by nine philosophy professors, including Mills himself, who is both a Psy.D. psychoanalyst and philosophy Ph.D. The articles make a compelling case for the view of Freud described above; moreover, the authors—well-known philosophers who include John Sallis, Tom Rockmore, Bruce Wilshire, and Shannon Sullivan, among others—do not shy away from making critical points that directly challenge some of Freud's views. There is much to be learned in this volume; indeed, the book is an education in itself. It is replete with su-

perb, detailed analyses and expositions of some of Freud's most difficult texts, and each essay sheds new light on their meanings.

The perspective of this reviewer is that the authors largely succeed in their goal. However, beyond this, it seems to me that a way to mediate the Mills perspective on psychoanalysis and contemporary approaches would be a helpful adjunct. Mills is unequivocal in his zeal to show that the unconscious has been ejected from psychoanalysis and that this is a disaster for its future. Yet some contemporary theorists—e.g., Jessica Benjamin, Thomas Ogden, and Irwin Hoffman—are powerful and learned thinkers who offer a well-argued view that, historically, psychoanalysis has not done justice to its patients in either theory or practice. These theorists, it seems to me, would argue that they have not at all thrown out the concept of the unconscious; rather, they have shown that Freud's view needs to be modified so as to do more justice to the effects of environmental factors, including those in the consulting room; to the capacity of patients to contribute to the psychoanalytic process and to their own redevelopment; and to analysts' capacity to model healthier personalities and behaviors.

Before offering my ideas on such a mediating path, I will discuss in some detail two of the book's chapters. Although I find all the book's chapters excellent, as noted, I have selected these two in particular for further discussion because they seem to me to convey the task of the book—psychoanalysis through philosophy—in a way that is most clear for purposes of a review.

Chapter 6 is "The Ontology of Denial" by Wilfried Ver Eecke, a professor of philosophy at Georgetown University. In this chapter, Ver Eecke takes upon himself the task of showing that "the phenomenon of denial is part of a larger process" than Freud envisioned, and that "Freud refrains from fully analyzing that whole process, leaving a promising task for this project" (p. 103). Thus, Ver Eecke enlarges on Freud's perspective in a manner completely consistent with Freud's own analysis of denial in the latter's paper, "Negation" (1925). (Ver Eecke prefers to translate *Verneinung* as *denial* rather than *negation*.)

In the course of carrying out this task, Ver Eecke presents a luminous exposition of Freud's views on denial, encompassing not only Freud's essay itself, but additional relevant material drawn from seven other texts of Freud, utilizing a type of argument typical of the essays in this volume. Ver Eecke thereby shows that "truth telling" (i.e., absence of denial)

> . . . requires more than the acquisition of the linguistic function of negation. *It also requires a nonlinguistic form of negativity.* It requires that something that once provided real satisfaction has been lost. But such a loss cannot just be passively undergone. It will also have to be actively created. Some act of separation will have to be made. [p. 111, italics in original]

Thus, through an analysis and synthesis of Freud's texts, Ver Eecke convincingly reveals an inner relation between denial and developmental processes of separation from identificatory objects. Working with material drawn from both Lacan and Hegel, he then goes on to show that "Freud neglects to bring out the important point that the whole of life needs to be elevated to a linguistic world" (p. 114), including processes of separation.

Next, the author points out that Freud neglected the problem of the "preverbal" "prehistory" of negation or denial. To bring this to the fore, Ver Eecke, in a highly interesting and astute manner, draws on the fascinating work of the developmental psychoanalyst René Spitz. In an excellent analysis and summary, Ver Eecke points out that, according to Spitz, through a process of identifying with the mother/aggressor and acquiring the "no" of denial or negation, the child "severs its dependency relations with that other person and establishes its own separateness" (p. 115). Ver Eecke then goes on to present a case history in the form of an autobiography of a man who was in a state of profound denial and self-deception regarding his relation to his father, who had died when the son was only two months old. In this case study, Ver Eecke shows the power of his enlargement of Freud's views on denial and adds trenchant remarks regarding the nature of self-deception, which,

he says, becomes a lie to oneself "only after the moment in which a denial has been intellectually undone and the person refuses to do the emotional work involved in taking the steps implied by the intellectual undoing" (p. 119). In other words, in focusing almost exclusively on the linguistic analysis of denial, Freud missed the opportunity to connect denial or negation with his own views on unconscious processes.

The second chapter I will address is chapter 8, Maria Talero's "Temporality and the Therapeutic Subject: The Phenomenology of Transference, Remembering, and Working-Through." Talero notes that "by focusing primarily on Freud's description of the history of psychoanalytic practice in his essay 'Remembering, Repeating and Working-Through,'" she will "argue that the progress of psychoanalysis is precisely its progress to a phenomenological conception of lived time" (p. 165). Talero maintains that "in the phenomenon of transference, what we see is the power of the present to embody the past, to reproduce it and give it a 'plastic' form, not as a memory but as an actual relationship in the patient's present life" (p. 166). In addition, "for Freud, the possibility of therapy depends on acknowledging the inseparability and mutual influence of past and present" (p. 168).

Following her description and analysis of "Remembering, Repeating and Working-Through," Talero focuses on Freud's analysis of hysterical amnesia in that essay, concluding that "for Freud, the possibility of therapy depends on acknowledging the inseparability and mutual influence of past and present" (p. 168). Most important, Talero maintains that "It is in Freud's practice . . . that we find indications of an implicit theoretical recognition of the lived relationship to time that gives meaning to normal psychological life and helps explain the strange contours of psychological illness" (p. 168).

The author then discusses the basis for Freud's rejection of hypnosis as a therapeutic technique, concluding that he "relinquished the goal of direct therapeutic access to the past" (p. 170). Moreover, "It is the areas of resistance that signal repressions . . . . [Thus] the emphasis has shifted from the illness as a phenomenon of the past to the illness as a present-day force" (p. 170). She notes:

> Remembering, repeating, and working through, as much as they are practical methods of psychoanalysis, are equally theoretical conceptions of how past and present related in psychological life. That Freud sees all three as necessary . . . is evidence that at the heart of his conception of therapy is a grasp of the phenomenological conception of lived time. [p. 170]

Talero then goes through in great detail each of Freud's three conceptions as presented in this essay. In the section on working through, she introduces material drawn from the work of the phenomenological philosopher Maurice Merleau-Ponty. Freud's description of working through reads like a phenomenological conception of temporality, she believes, one that is compatible with Merleau-Ponty's. She explains Merleau-Ponty's view as follows:

> For Merleau-Ponty, we enjoy an opening on to a present only because we have a determinate past that accompanies us at all times in the form of our embodiment. Our bodies, with their deep-seated interpretive habits ranging from language to sexuality, are the very presence of our past in our present . . . . But our present is our freedom, for it harbors the possibility of recognizing that our present is preparing a future, the ground we lay now is a past-to-be that will nourish a present-not-yet-been. This is the move to recognizing the very structure of our temporality, a recognition that is inseparable from the responsibility to guide and transform this dynamic temporal process that is our life. [pp. 173-174]

According to Talero, Freud's description of the transference neurosis and its working through is quite homologous with Merleau-Ponty's notion of lived temporality. She writes that:

> Only now can we truly say that the patient is remembering in the fullest sense . . . as opposed to the "remembering" of hypnosis . . . . [The process of working through] is the process of adopting a stance toward your own temporality that no longer denies the past is *here*, and that nonetheless it

> is changing at every moment into a new past-yet-to-be that can be taken hold of and transformed. [p. 176, italics in original]

It seems to me that Talero makes a convincing claim here. That she does so through an intricate, detailed analysis and interpretation of Freud's writings is one of the characteristic strengths of almost all the chapters in this book.

At this point, I can now let the proverbial cat out of the bag: though I stand by my claim that I did not choose these two particular chapters on the basis of their superior merit vis-à-vis the volume's other fine papers, I can now say that I chose them because they support a critical point of my own.

In Ver Eecke's essay, the question of the origin of negation is broached. The author finds it necessary to take up this question in his critique of Freud's rendering of negation or denial as exclusively linguistic. Ver Eecke wants to show that Freud's views on denial or negation need to be expanded consistently with Freud's sense of psychoanalysis as a whole; and in doing so, Ver Eecke quite successfully indicates that preverbal experiences are an essential component of the nature of denial as a mechanism of defense. All well and good.

However, in my view, the author does not go far enough in his expansion of Freud's ideas. Ver Eecke's examination, utilizing the work of Hegel and Spitz, neither challenges nor calls into question in any way the philosophy of the unconscious that Mills and other authors in the book prefer to see as the philosophical foundation of psychoanalysis. We might well ask, then, in what way or ways do Ver Eecke's findings challenge Freud's positivism, his philosophy of the *weltanschauung* of natural science? In what way does the "philosophy of the unconscious" challenge Freud's positivism? If, as Mills believes, positivism was not Freud's true philosophical stance (Freud's own words notwithstanding), how can we show that Ver Eecke's interpretation is inconsistent with such a philosophical position? For Freud himself never repudiated the scientific *weltanschauung* as the underlying philosophy for psychoanalysis.

It seems to me that it would be most expeditious here to adopt a *perspective that rules out in advance any positivist presuppositions* —indeed, any ontological presuppositions—*tout court*. Hegel's view, much favored by Mills, does not do this because, as an idealist philosopher, Hegel rejected a positivist ontology (however profoundly concrete his dialectical analyses were). Instead, however, he proposed an idealist ontology in the sense that, for him, all of history was and is made up of progressive stages in the development of absolute freedom as *Geist*—i.e., the spirit's ultimate reconciliation with itself. The concept of spirit, for Hegel, is all encompassing. Despite Mills's claim that we need not buy into all of Hegel's views, it does not do to substitute an idealist ontology (albeit an objective one) for a positivist, materialist one.

Beyond Spitz's compelling analysis of the preverbal prehistory of the experience of negation lies the question of the origin of negation as such, of the human capacity to say no. In the phenomenology put forth by the founder of phenomenology, Edmund Husserl, this capacity is seen as originating in the phenomenon of the corrigibility of experience—such that what has been experienced as *there* can subsequently be experienced as *no longer there,* when there is an affirmation that *something else is there.* In other words, affirmation is more primordial than negation.[1] This is not an ontological claim at all; it is a description of a primordial experience of the world as an open horizon of possibilities-to-be.

In other words, Husserl's perspective shows that consciousness constitutes the world of experience through its acts of meaning bestowal, and this is not a constructivism; rather, it is a recognition that positivism is radically incompatible with the actualities of human experience on the level of the primordial, preverbal experience of the world as external to consciousness, for positivism rules out meaning as such. This realization, embodied in the phenomenological attitude of suspension of all ontological commitments, precludes any reduction to positivist materiality. Only such

[1] Husserl, E. (1973). *Experience and Judgment: Investigations in a Genealogy of Logic*. Evanston, IL: Northwestern Univ. Press, pp. 87-101.

an attitude can bring an authentic grounding to a psychoanalytic philosophy or a philosophy of psychoanalysis.[2]

A similar point can be made regarding Talero's argument that Freud grasped the phenomenological sense of lived time. What in her analysis prevents a materialist reduction, thus gainsaying Freud's commitment to a positivist ontology? Certainly, a flight into a Hegelian idealist ontology would not do so. As Mills has shown—both in his chapter in this book (chapter 7, "The I and the It") and in a recent book,[3]—if one disregards Freud's explicit statements about the natural science *weltanschauung*, the Hegelian psychology of the unconscious is directly homologous with the Freudian psychology of the unconscious.

Only if Talero acknowledges that lived time (a notion that Merleau-Ponty, of course, derived from Husserl) is based, too, on a suspension of ontological presuppositions can her claim that "the progress of psychoanalysis is progress to the phenomenological conception of lived time" (p. 165) be credible—a claim that is otherwise very well founded. (A recent book reveals the necessity for a Husserlian framework if there is to be a psychoanalytic integration of the role of temporality in human psychosocial development.[4])

I hope that I have succeeded in showing not only that the level of discussion in *Rereading Freud* is very high (this in itself makes the book valuable), but, additionally, that the integration of philosophical and psychoanalytic themes and concerns presented here is unique, thus rendering the book uniquely valuable. Personally, I would like to express my gratitude to Mills for editing such a volume; the book will be my companion for much of my future work.

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[2] I have shown the relevance of Husserlian phenomenology to psychoanalysis in a series of published articles, references to which can be found on my website: www.marilynnissim-sabat.com.

[3] Mills, J. (2002). *The Unconscious Abyss: Hegel's Anticipation of Psychoanalysis*. Albany, NY: State Univ. of NY Press.

[4] Stern, D. N. (2004). *The Present Moment in Psychotherapy and Everyday Life*. New York: Norton.

ABSTRACTS

THE SCANDINAVIAN PSYCHOANALYTIC REVIEW

Abstracted by Henning Paikin

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The Scandinavian Psychoanalytic Review is published in English under the auspices of the psychoanalytic societies in Denmark, Finland, Norway, and Sweden, component societies of the International Psychoanalytical Association. The *Review* was founded in 1979 and publishes two issues annually.

On Destructive Drive Phenomena: A Study of Human Aggression. Simo Salonen, pp. 72-80.

The author approaches human aggression from the viewpoint of extreme psychic trauma in which the ego is left defenseless and at the mercy of crude drive phenomena. This emergency signifies the collapse of the capacity for psychic representation and for dealing with drive impulses at a metaphorical level. After this collapse, the pleasure principle is replaced by another mode of psychic regulation, of which Freud provided a theoretical description in *Beyond the Pleasure Principle* (1920).

This article can be seen as a commentary on Freud's dualistic drive theory in the light of a clinical case in which destructive drive phenomena led to fatal consequences. The notion of the death drive becomes related to early psychic trauma, which tends to be repeated throughout life.

Salonen suggests that repetition compulsion represents basically an instinctual tendency toward restitution of normal psychic functioning based on primary identification. The primary task of psychoanalytic treatment in such cases is to create the precondi-

tions for the restitution of this early configuration, thus forming a human frame of reference for the psychic integration of aggression and ambivalence—one that is rooted in the individual's vital dependence on another human being, as well as on his or her own bodily functions.

Primary Process in Metapsychology and Cognitive Psychology. Judy Gammelgaard, pp. 98-105.

The metapsychology of classical psychoanalysis has triggered critical comments from many sides. This article challenges the project of Wilma Bucci, a cognitive psychologist, who has made a systematic attempt to reformulate Freud's theory in harmony with cognitive science and contemporary empirical research. Discussion focuses on the concept of primary process and the cognitive alternative—subsymbolic process—using as standards of comparison the dream and the creative work of the artist.

The main consideration of this article is that, whereas Freud built his theory of the dream and of creativity on the idea of wishful hallucination, cognitive psychology takes as a starting point the world of perception. This means, in short, that the process of dreaming and of creation, according to cognitive thinking, moves in a forward progression, using the information of the senses as building blocks for symbolizations. In contrast, classical Freudian theory takes as its point of departure a gap between perception and representation. The dream and the act of creation are processes that attempt to construct the world of lost happiness or satisfaction out of this gap.

Bucci's cognitive psychology, like several contemporary psychoanalytic theories based on infant research and studies of psychic development, diverges from Freudian thinking in ways not always recognized as serious and deep by their authors. Bucci has made a systematic attempt to overcome what seem to be, from the perspective of cognitive psychology, inconsistencies and failures of Freudian metapsychology. To Bucci, these are viewed as necessary modifications in accordance with advanced knowledge gained

from scientific investigations of infant research and empirical findings from other disciplines, including neurophysiology and cognitive science. However, the result is a psychoanalytic theory deprived of two of the most central concepts in Freudian thinking: the *unconscious* and the *drive*.

The unconscious and the drive are regarded as dispensable from the point of view of cognitive psychology. Freud's energy theory has come under severe attack, and, with it, the dynamic perspective of his metapsychological speculations. Terms like the *unconscious, repression,* and the *drive* have sometimes been replaced by *implicit knowledge, de-symbolizing,* and *emotional schemas,* all of which may be understood and investigated inside the cognitive domain. In relying so heavily on empirical observation and experiments, we miss the very object of Freudian investigation and theorizing, which is the unconscious fantasies of our patients—and these, we know, are inaccessible to any form of direct observation, no matter how sophisticated. We can get to know these fantasies only in a roundabout way, which demands all the interpreting strategy and the willingness of the scientist (as well as of the therapist) to close the eyes and ears to secondary processes, in order to capture the nature of primary processes. Of course, we do not remain deaf to secondary logic, but when we are confronted with a theory that gives priority to the senses, it is worth reminding ourselves that, in the psychoanalytic situation, we deliberately shut down our usual senses in order to be able to register the analysand's unconscious fantasy.

Winnicott is exemplary in this regard. Although trained in observations of infants and their mothers, he kept a keen eye on the transference. We might well also keep in mind Bion's famous dictum that we ought to listen to our patients without memory and desire.

Might we not—in contradiction to the view that psychoanalysis could be scientifically improved by integrating and adjusting to empirical research—nourish the hope that, on the contrary, psychoanalysis may contribute to a new definition of science, "capable of

breaking with the limits imposed by preconscious logic, temporospatiality and the ego's need for tangible evidence" (Botella and Botella)?[1]

A clinical vignette illustrates the classical psychoanalytic and cognitive psychology approaches to dream interpretations. Gammelgaard also points to the converging effects on psychoanalytic theory of empirical observational studies and a psychological developmental perspective. Infant observation and theories built on these studies have made their entrance on a grand scale—greatly enhancing, no doubt, our knowledge of the child's psychological development, but this strategy has also meant a turning away from the study of unconscious processes. The concept of development and temporality has become one of linearity corresponding to the time concept of secondary processes.

The phenomenon of *Nachträglichkeit* has called into question the idea of linearity and causality of psychic life—and not only in the way mentioned by Bucci and others, who consider circularity and feedback mechanisms in explaining how meaning is always being changed under the impact of new impressions and experiences. According to Gammelgaard, it is not only through our work with borderline patients that we are reminded of the narrowness and unsuitability of our common-sense use of temporality and causality, and are then forced to give up the idea of localization and temporal succession, instead realizing the fruitful use of the primary process of condensation and displacement.

The author concludes:

> We owe . . . to Winnicott and not least to Green . . . the insight that we have to consider a diachrony in psychic life, a negativity and a causality that does not consist in a succession of cause and effect, but of a simultaneity. These are ideas not accessible to a strategy of investigation based on empirical and observational methods. [p. 104]

[1] See Botella, C. & Botella, S. (2005). *The Work of Psychic Figurability.* New York: Brunner Routledge, p. 105.

A Plea for Affirmation Relating to States of Unmentalised Affects. Bjørn Killingmo, pp. 12-21.

In some patients, among them the so-called psychosomatic patients, somatically experienced affects are not transformed into words and symbols. Due to deficient mentalization, affective arousal is not linked to a meaningful and emotionally experienced self-representation. These patients do not experience affects as their own, and the analyst does not get through to their self-states by way of interpretation.

The aim of this paper is to elaborate on the concept of *affirmation* as previously discussed by the author,[2] and to argue in favor of affirmative interventions to supplement classical interpretation in the treatment of patients with deficient affect mentalization. It is further argued that intonation and the sound quality of the analyst's voice play a decisive part in conveying affirmative messages to the emotionally isolated patient.

The Nature and Mediation of Understanding in Psychoanalytic Interaction. Veikko Tähkä, pp. 81-92.

This paper can be seen as a sort of summary of the author's 1993 book, in which he presented an overall psychoanalytic theory about the normal and disturbed development of the mind in object relations, as well as how this knowledge can be applied to therapeutic encounters with all levels of disturbed psychic development, with their differing stage-specific and individual manifestations.

Developmental, structural, and dynamic views are emphasized, as well as the guiding and defining role of object relations in the structuring of the mind. Although influenced by many esteemed colleagues, the author claims that his attempt at a unified theory of the normal and pathological structuralization of the mind and

[2] See the following two references: (1) Killingmo, B. (1989). Conflict and deficit: implications for technique. *Int. J. Psychoanal.,* 70:65-79; and (2) Killingmo, B. (1995). Affirmation in psychoanalysis. *Int. J. Psychoanal.,* 76:503-518.

its psychoanalytic treatment does not belong to any particular psychoanalytic school.

The human mind—the object of psychoanalytic understanding—is seen in Tähkä's frame of reference as synonymous with man's world of experience. He sees experiencing as an exclusively mentally represented phenomenon. Becoming mentally represented refers to a human being's becoming aware of anything that is stored as memory traces, consisting of a mental image of what was experienced, as well as its concomitant affective meaning. The processes of experiencing and representation thus seem to make up the existential criteria for all that is defined as psychic.

This article focuses in particular on the nature of attainment and mediation of understanding with psychotic, borderline, and neurotic patients, and the significance of a successful conveyance of understanding as related to the general goal of psychoanalysis—the achievement of structural change in the analysand's representational world—and, finally, on the question of the main curative factor in psychoanalytic treatment.

After discussing all these issues, the author ends by assigning a central role to the conveyance of stage-specific and individual understanding in all of them. The goals of understanding and psychoanalysis in general seem to be more or less identical. Starting and continuing new structuring internalizations in the patient's world of experience are primarily motivated by the conveyance of the analyst's stage-specific and individual understanding, thereby leading to alleviation or elimination of consequences of the developmental arrest. The author concludes that conveyance of stage-specific and individual understanding seems to be the central curative element in the psychoanalytic interaction.

Analytic Work with Adolescents: Reflections on the Combination of Strict Method and Creative Intuition in Psychoanalysis. Anders Zachrisson, pp. 106-114.

Quite often, we have the experience that adolescents do not accept an offer of treatment, in spite of the fact that they feel mis-

erable. Or they may start in treatment and then change their minds and break off contact. The author reflects on factors and conditions contributing to these analytic failures. He discusses elements of the analytic method, the setting, the neutral position, the analytic relationship, and how analytic frames are put under pressure in work with adolescents.

Zachrisson presents some vignettes and examples of analytic work, in which intuitive interventions and interpretations appear against a background of ordinary psychoanalytic method. For the analyst, these interventions can feel unexpected, incidental—like ideas out of the blue. On second thought, however, we may sometimes be able to trace and understand how these intuitions were based on unconscious processes, such as countertransference feelings, or an understanding of the patient that is still unclear and unarticulated internally by the analyst, or perhaps a last desperate attempt to reach the patient at a decisive or critical moment.

Finally, the author reflects on the double face of psychoanalysis: while it is a contemplated, carefully described, and systematic method, it is also a craft with elements of intuition, creativity, and —sometimes—inspiration.

Psychoanalytic Aspects on Perpetrators in Genocide: Experiences from Rwanda. Tomas Böhm, pp. 22-32.

During the genocide in Rwanda, about 800,000 to 1,000,000 people were killed during 100 days by at least 120,000 perpetrators. From a social psychological point of view, it has been described how a process changes ordinary people into those who start committing evil acts. There is a general choice for all of us between concern and cruelty. But there are also more or less hidden factors predisposing for one of the choices. What makes us resistant and what turns us into passive bystanders or perpetrators? Social psychologists distinguish between constructive or blind patriots with more or less autonomous selves. Our oscillations between depressive and paranoid positions determine the establishment of open and closed minds.

After two visits to Rwanda and analysis of interviews with perpetrators, the author presents a model of understanding decisive factors in the choice to become a perpetrator. In Böhm's model, uncontrolled prejudices are perverted via a phenomenon, which the author calls *vertical relationships,* into a closed system without tolerance of differences, ambiguities, or uncertainties.