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# ROY SCHAFER: A BEGINNING

BY HENRY P. SCHWARTZ

*The author provides a biographical overview of Schafer's life, culled from his published work and focused primarily on his professional development. This biography is used to demonstrate some of Schafer's central theoretical insights on narrativity and language, and reveals the consistency of his thinking over his long career. A brief discussion of his writing on King Lear provides a bridge between theoretical and biographical material.*

**Keywords:** Roy Schafer, history of analysis, philosophy, ego psychology, *King Lear,* creation of experience, creation of facts, language, narration, forgiveness, love.

There is no correct introduction I can give to Roy Schafer. What I can do is tell my version of that story, a story that implies an interpretation, and in doing that I will also tell something about the storyteller. That is the part for you the reader to figure out, and as you figure it out, you will become another storyteller and interpreter of this "beginning."

We have all read his books and papers, and I will provide a very brief overview in a moment. Before getting to that, however, let me tell you some of his tellings of himself as a person.

"Where to begin?" he once asked, then continued as follows.

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> Perhaps with the history of the Jews in Eastern Europe and then my parents' wretched childhoods and emigration to the United States, carrying with them poverty-tainted ideals of learning and little emotional preparation for gratifying family life; this leading to a childhood that featured more than enough bad times emotionally and an adolescence overshadowed by the sense of futility and pessimism engendered in the 1930s by the Great Depression, the rise of fascism, and the massive discrimination against and persecution of Jews—all of which together fostered the deep feelings, "What's wrong with people?" and "What's wrong with me?" Under the influence of these feelings I adopted the role of cautious observer, outsider, and interpreter of what people said and did as well as doubter of the meaning and validity of my own ideas and feelings. It was in this soil that there grew my lifelong interest in interpretation, and it is the intensity of this interest that I consider the red thread running through my personal life, my occupational skills, and the development of my ideas about psychoanalysis. [2000, p. 33]

In another paper, he goes on:

> In 1943, fresh out of the City College of New York, I was recruited by David Rapaport, then Chief Psychologist at the Menninger Clinic, to be his intern-apprentice-research assistant. Our clinical work was in diagnostic psychological testing using a battery of tests, and our research (with Merton Gill as our psychiatric consultant on diagnosis) focused on test differences among different diagnostic groups of patients, and between them and "normals." Gill and Margaret Brenman were then advanced candidates at, or recent graduates of, the Topeka Psychoanalytic Institute; they were doing research on hypnotherapy. By 1946, Rapaport was established as the head of a new Research Department, and I had been chosen to take his place as Chief of Adult Testing. [2006, p. 1]

But in no time Austen Riggs began recruiting staff from Menninger, and along with Robert Knight, Rapaport, Brenman, and Gill, Schafer moves to Riggs in '47 and begins an analysis with Knight. Of this analysis, he says:

> My analysis (1947–1949) had been short, inadequate, and, I now think, entirely inappropriate, in that my analyst had been Robert Knight, my boss at Riggs, and the analysis was conducted within the confined professional atmosphere at Riggs. Despite its disruptive factors and limitations, that two-year "analysis" was accepted as my training analysis. It barely met the minimum requirement of 300 hours in duration, and it had never before been considered a training analysis. [2006, p. 2]

Some time later, after a period of de-idealization of Knight, he has a second analysis with another Topeka émigré, which he describes as much further reaching and useful: "My second analysis during those years with William L. Pious, which, unlike my first analysis, was addressed effectively enough to my paranoid/schizoid and depressive tendencies to begin the liberation of significant aspects of my feelings and my creative work" (2000, p. 34). In 1953, Schafer moves from Riggs to Yale, as their chief psychologist, and soon after he is permitted to begin analytic training as a "research candidate," the designation required for all psychologists.

Two other important figures in Schafer's professional development at this time, along with the illustrious staff already mentioned, were Erik Erikson (who joined Riggs in 1950), from whom he received supervision, and Hans Loewald, who came to New Haven in 1955. In spite of his close relationship to Rapaport, who served as a true mentor to him, a time arrived for Schafer to go his own way:

> For some years I conscientiously followed Rapaport's model as teacher and author. However, first in testing and then in psychoanalytic theory I began to recognize Rapaport's limitations and their inhibiting effects on me . . . . In theory, too, I found it necessary to change, helped along partly by my exposure to Erikson and Loewald and partly by my own teaching of theory in the Western New England Institute for Psychoanalysis. Through that teaching I was constantly exposed to my students' tough questions and also many of my own. Then there was the student protest period of the late 1960s and early 1970s, which fostered my own challenging spirit with respect to all aspects of received wisdom. And I can add to this sequence my increasing experience with hard-to-treat patients in analysis and psychotherapy. [2000, pp. 34-35]

A "preoccupation with interpretation" led him to take up "academic critical theory" (2000, p. 35) in relation to literature and philosophy. Through the study of existentialism, philosophy of language, and the philosophy of history, he arrived at a framework that has structured his thinking since that time, with its emphasis on action, narration, hermeneutics, and constructivism. He also credits feminism with shaping his theoretical approach. "These additional influences played into my rethinking the entire edifice of psychoanalytic conceptualization. My moving away from Rapaport's model now included selective doubts about the increasingly dominant ego-psychoanalytic formulations of Hartmann, Kris, and Loewenstein" (2000, p. 35).

Schafer's personal life inevitably merges into his professional life in those papers where we get to glimpse him, and I will now follow him there. In spite of his critique of ego psychology, we find him preserving much from Ernst Kris, who remained an important thinker for him. And along with Erikson and Loewald, Winnicott also had a significant influence early on. Schafer's critique of ego psychology and metapsychology aimed to return psychoanalysis to the study of the human condition, and to bring theory back into a relationship with the immediate experience of the clinical encounter. His goal was to de-biologize and de-mechanize the ego so that it could be understood as part of a coherent, dynamic being, always existing in some tension with other psychic structures, rather than as an agency performing autonomous functions.

That centrality of the human condition is what gives Schafer's work its soul—soul that, as Freud says, "can be seen . . . if one knows how to look" (Freud quoted by Schafer 2010, p. 1505). That soulfulness is easier to miss in Schafer's written work than it is when he discusses clinical material, but we occasionally glimpse it in his prose. Because he is a writer of such precise, rigorous, and thorough reasoning, one can lose sight of that extra, unexpected element. Of course, soul is not a psychoanalytic term, but it seems apt in conveying a kind of understanding that comes from personal experience. We sense that Schafer speaks from experience. For me this quality comes to its greatest expression in his two recent papers on *The Tragedy of King Lear* (Schafer 2005, 2010), in which we come to recognize not only Schafer as Lear, but ourselves as well.

Before getting to those papers, let me sketch out the trajectory of his work. It is a trajectory that takes us from the universals of psychoanalytic metapsychology to the particulars of an individual, tragic man. Between these poles is an uninterrupted arc of interests in agency, action, intelligibility, feminism, constructivism, narrativity, psychic reality, the philosophy of language, and contemporary object relations theory. In speaking we create experience. Agency is not an objective fact of history, but rather a manner of coming to understand one's history. Intelligibility is the goal, not objective accuracy—since, as Schafer says, "'facts' have always been as much created as found" (1976, pp. 4-5).

Thus it is language that creates experience. Retelling a life means constructing that life in our own words, words that will count as actions, so that the retelling effectively becomes an interpretation, and that interpretation itself must then become open to interpretation. Roland Barthes described his passion as "the way men make their world intelligible to themselves" (1991, p. 8), and Schafer is a partner in that passion. For Barthes that intelligibility was always mediated by culture; for Schafer it is mediated by our language and theories.

Schafer's interest in language and storytelling was actually there from the beginning, a part of his work on psychological testing. In a 1958 paper on testing, we find themes that continue to preoccupy Schafer today. Schafer introduces his paper "How Was This Story Told?" as follows:

> In a superior poem, content and form interpenetrate; they mutually define each other. In analyzing such a poem, any attempt to consider its *what* separately from its *how* artificially fragments a unitary statement and can therefore only achieve limited success. A paraphrase of a poem's ostensible content eliminates essential aspects of its sense, some of which lies in its musicality. A TAT story has this in common with poetry: we cannot grasp its full import if we consider only its content, its narrative detail. A story's meaning is definable only after scrutinizing the particular manner in which it has been told. A crucial question then is, *How was this story told?* To answer, we undertake a kind of psychological literary criticism, seeking in the choice of language, imagery and sequence of development, as well as in the narra-

> tive detail, cues as to the story-teller's inner experience of his creative effort and his creation. [1958, p. 181, italics in original]

Nor should we be surprised to learn that Schafer's interest in object relations theory also goes back to this period. He was one of the early champions of Winnicott in this country, at a time when Winnicott was largely ignored, and he saw his own revisions to ego psychology as consistent with the traditions of object relations theory.

This brings us to King Lear. Why Lear? The first of Schafer's two papers is focused on Cordelia. Through her Schafer wants to examine Shakespeare's intentions toward the audience, i.e., what is he trying to elicit in viewers? In particular, in Cordelia's laconic responses to her father of "Nothing" and later "No cause," how does Shakespeare want her to affect the audience?

The latter of these two papers focuses on Lear, but now Schafer is more fully identified with the audience, removing Shakespeare from a mediating position. As we examine Lear's destructive narcissism, we are less concerned with Shakespeare's intentions and more concerned with the defensive maneuvers of an audience that is always deeply—but unconsciously—identified with this tragic character.

The glimpse Schafer gives of his upbringing leaves us with a sense of him as a tough fighter who knows how to survive in the face of external hardship and internal misery. We also know him throughout his writing as a thinker who is not distracted by pity. In fact, he often disturbs us as we begin to recognize ourselves in his work. He tells us the things we do not want to hear because of their truth: he is constantly reminding us of our complicity, of the ways we are implicated in the accusations we hurl elsewhere. And here with Cordelia and Lear he does the same. Cordelia is not the "good girl" whom we want to believe she is, because with her "Nothing," she also aims to wound her father. Our pity for Lear is suspect as well, because in the sorrow we feel for him, we aim to protect ourselves from acknowledging our own destructive narcissism.

Forgiveness and regret are always relative, forged in a context where unconscious resentment and cruelty persist. Yet Schafer's tragic vision is tempered by what he calls the *analytic attitude,* an idea related to Loewald's notion of *analytic love* and translated by Schafer into the

word *appreciation*. Appreciation has little to do with sentiment or displays of emotion or affection. Appreciation is founded on a commitment to truth: one does not judge the object; one represents the object in all its complexity and self-contradiction, and the object to be represented is the analytic relationship itself with its many tellings and retellings.

Love, according to Schafer, does not exclude our badness but must bring recognition of that badness with it. This is the gift Roy Schafer has offered us if we are tough enough to accept it: a clarity of description, an honesty of perception, a dependable rationality of thought, and an experience of the kind of love that carries analytic value.

## REFERENCES


Barthes, R. (1991). *The Grain of the Voice: Interviews 1962–1980*. Berkeley, CA: Univ. of Calif. Press.

Schafer, R. (1958). How was this story told? *J. Projective Techniques*, 22:181-210.

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

——— (1983). *The Analytic Attitude*. New York: Basic Books.

——— (2000). The development of my ideas about psychoanalysis. In *Changing Ideas in a Changing World: The Revolution in Psychoanalysis. Essays in Honour of Arnold Cooper,* ed. J. Sandler, R. Michels & P. Fonagy. New York: Karnac, pp. 33-40.

——— (2005). Cordelia, Lear, and forgiveness. *J. Amer. Psychoanal. Assn.,* 53:389-409.

——— (2006). I was a psychoanalytic candidate: 1954–1959. *The Candidate*, 1(1):1-4.

——— (2010). Curse and consequence: King Lear's destructive narcissism. *Int. J. Psychoanal.,* 91:1503-1521.


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# ROY SCHAFER'S CONTRIBUTIONS TO PSYCHOLOGICAL TESTING: FROM CLINICAL SENSIBILITY TO THE ANALYTIC ATTITUDE

BY RICHARD C. FRITSCH

*The author reviews Schafer's contributions to psychological testing, emphasizing his development of the test battery, his significant contributions to psychoanalytically oriented Rorschach interpretation, and his understanding of the complex interpersonal dynamics involved in psychological test interpretation. The author also discusses his use of Schafer's writing in his own teaching and academic work, noting that Schafer's contributions have not only provided innovative methods for examining test data, but have also promoted a respectful, humanistic, and individualized approach to the patient in testing and treatment. The author asserts that Schafer's later seminal contributions to psychoanalysis had their origins in his early career as a psychologist applying psychoanalytic ideas to testing.*

**Keywords:** Roy Schafer, psychological testing, analytic attitude, Rorschach test, history of testing, person-centered approach, use of clinical data, psychological education, analytic frame.

It is a privilege to discuss Roy Schafer's contributions to psychological testing. Testing has been an important part of my career, and Schafer's work has guided my efforts through the hundreds of psychological test

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batteries I have administered, the student testing I have supervised, and the graduate school seminars I have taught.

Of Schafer's many contributions, I will highlight three. The first, carried out with his mentor David Rapaport, is the creation of the test battery, a significant contribution to the birth of clinical psychology as a discipline; second, his moving the Rorschach from simply a test of perception to a test of both perception and association through the development of the analysis of content; and third, his recognition and elaboration of the complex interpersonal dynamics of the testing situation, and his advocacy of an approach in which the psychologist gains a respectful understanding of these data and, more important, of the test subject.

One reason why Schafer has made so many contributions to our world is that he started young. As he wrote in a paper on his life in testing, "In January 1943, I was unofficially graduated from CCNY and quickly set out by train for Topeka with a new suit and $100 in my pocket. I was twenty years old" (Schafer 2006, p. 237). He had been invited by Rapaport to help him and Merton Gill create a testing manual for the army on how to use a battery of psychological tests to provide psychiatric diagnoses and assess functional capacities across a wide spectrum of soldiers with problems. The outcome of this project was a jointly authored, two-volume work called *Diagnostic Psychological Testing* (Rapaport, Gill, and Schafer 1945–1946), which—almost forty years later—was on the reading list in my first-year graduate-school psychological assessment class. This is a great example of intellectual staying power!

This book—well, actually, this approach—revolutionized the use of tests and essentially placed clinical psychology on the map. The revolution was twofold. First, it initiated the clinical application of a battery of psychological tests, each sampling separate and overlapping areas of ego functioning. Second, it recognized and exploited the important truth that test data need to be interpreted from a point of view. Rapaport, Gill, and Schafer (1945–1946) integrated psychoanalytic theory and psychoanalytic thinking into data analysis and interpretation. These two features provided the framework for skilled clinicians to make sophisticated inferences about kinds and levels of psychopathology and areas of ego strength and weakness that would clarify functional impairments.

Psychological testing is a specialty of clinical psychologists. There is a wide range of approaches to the use of this tool. Throughout the history of testing, from Galton to Binet to Rorschach to Wechsler—and on to the present somewhat sad state of affairs where validity is too often sacrificed on the altar of reliability—there has been a dialectic between test-centered approaches and person-centered approaches.

*Test-centered* compares the subject's results to a normative group and essentially takes a *sign approach* to the task. If a function is believed to be impaired, a test is given that assesses that function, and the person's performance is judged relative to his peer group to see where he functions relative to the norm. For me, reading test-centered psychological reports is both soporific and painful. I learn little as I tediously read which test was given, what the results are, and the subject's percentile ranking on this function. It is painful because I realize there is so much more that could be known from the results.

*Person-centered* testing, however, while also making use of available norms, additionally uses test behavior, the tester's personal reactions to the subject, the way in which data are generated, the data themselves, and a theory to help fill in the blanks to yield a picture of the person, mostly doing what is called *ipsative analysis*. Ipsative analysis compares a person to him- or herself, examining relative strengths and weaknesses, and is not limited to placement of a person into a category. Instead, it provides the questioning, curious, and sometimes confused clinician with descriptions of ego functioning, dynamics, relational predilections, and level of personality organization, to name but a few factors.

Person-centered psychological testing cannot be done by a technician and a computer. As outlined by Matarazzo (1972), it needs to be done by an artisan integrating the tools and knowledge base of science with the creativity and holistic thinking of the artist to produce something both unique to the individual and yet based on a solid scientific foundation. This is a difficult assignment when the materials used by the artisan are drawings, copying of geometric figures, intelligence test responses, responses to ink blots, and stories created in relation to evocative, thematically oriented pictures. In this approach, the data are not simply reported but are interpreted, and a formulation is provided.

Schafer and the Menninger tradition stood for the disciplined application of a battery of tests to provide data for a clinician to integrate into a comprehensive assessment of the person's problems, strengths, weaknesses, dynamics, and adaptive potential. What an advance!

The realization of the value of clinical assessment through psychological tests, and of the value of psychologists who could do testing, inaugurated the field of clinical psychology. As psychologists demonstrated aptitude and training to think about clinical issues in sophisticated, humanistic ways, they were able to engage in other professional activities, such as psychotherapy, in addition to testing and research. With Roy's foot in the door, so to speak, many opportunities within and outside of psychoanalysis became more available to clinical psychologists.

A list of the psychologists whom Schafer trained, mentored, and worked alongside in those testing days in Topeka, and at Austen Riggs and Yale, reads like a hall of fame of psychoanalytic psychologists: George Klein, Philip Holzman, Herbert Schlessinger, Robert Holt, David Shapiro, Martin Mayman, Ernest Prelinger, Sidney Blatt, and so many others.

But of course the story does not stop there. Schafer's contribution to projective testing, particularly the Rorschach, is next.

A brief aside: I participate in a contemporary Kleinian study group that was started by Roy and his late wife, Rita Frankiel. During one of the first meetings in their West Side apartment, I overhead a snippet of conversation between Roy and a young (by that I mean she was less than fifty) psychologist/psychoanalyst who asked Roy about the Rorschach. He gently turned away this inquiry, saying it had been a long time since he had involved himself with the Rorschach and did not think he could say much of use to her. I thought to myself that, while it may be true it had been a long time, I knew and she knew that it was not true he could not say much of use to her. This is simply because, for psychoanalytically oriented testers using the Rorschach, Roy Schafer is a god—or at least a demigod, and demigods, I think, have long memories.

I pondered this interchange, knowing how much Roy's work had helped me as a tester, teacher, and supervisor. Could it be that he was no longer invested in this area of his work? I think not. Instead, like the prolific writer who is reluctant to talk about his first novel, he had

turned the page. His early work is still treasured by him, and new readers continue to be floored by its creativity and power, even if he himself has moved on to other interests.

Following up on the artisan metaphor, Schafer was apprenticed to David Rapaport for several years, doing seventy hours a week of test-related clinical activities. But the apprentice must one day follow his own path.

Now I will provide a brief primer on the Rorschach to introduce Schafer's second great contribution to psychological testing. Hermann Rorschach and the early developers of what was later called *the* Rorschach saw it as a personality test based on how the subject processes and reports visual information under ambiguous conditions. It was Rorschach's genius to notice that patients with different diagnoses at his sanatorium in Switzerland tended to use different perceptual features, and different patterns of their use, to determine their responses to "Blotto," a children's game that was essentially Rorschach blots. (Imagine wintertime in Switzerland, the family by the fire, looking at ink blots to see who could be the most creative. This was their alternative to video games and reality shows.)

Rorschach saw the Rorschach as a test of perception. The perceptual features utilized by the test subject in forming responses were described, categorized, and organized to provide rich inferences on the state of the ego, its predilections, its strengths and weaknesses, and whether or not it could engage the world adaptively. One can see its appeal to ego psychologist extraordinaire David Rapaport; for him, it was a test that could provide information on the pressure on the ego and the viability of the means available to an individual to cope with such pressure.

Learning this approach to the Rorschach is a complex task in which the psychologist codes various elements of the blot that were used by the subject to determine a response. Was color used, was shading used, which part of the blot was focused on, was movement implied?—and many other features. These features are assessed and totaled across the record, and various summary scores are analyzed.

Contents of the response are also encoded in descriptive categories, not dynamic ones, such as *human* or *animal* or *nature* or *household item* or *food,* though these categories—with several exceptions, most notably the

report or lack of report of human figures—are weakly correlated with particular diagnoses.

Somewhat to the dismay of his mentor, Rapaport, Schafer saw the immense possibility of analyzing not the content categories per se, but the content of patients' associations to the blots. So—in addition to analyzing the Rorschach data from the original position of a test of perception—Schafer immersed himself in the response. Using a phenomenological framework, he could get a sense of dynamic tensions, relational templates, instinctual characteristics, means of defense, and much more that the patient used to deal with the world.

Then, in another methodological leap, Schafer would look at the next response and see if and how it revealed whether the person reorganized or regressed or collapsed after a stress on the ego. This *content-sequence* analysis moved the Rorschach, in my view, from a "test" to a procedure. In so doing, it opened up the inner world of the patient to observation in ways that normative testing did not—and, significantly, that interview data did not.

We analysts tend to overvalue our interview skills and the inferences developed in consultations, I believe. When it comes to assessing the state of the ego and the underlying dynamics that determine a person's adaptation, psychological testing is superior. I support this claim with the fact that, in predicting course and outcome in the Menninger psychotherapy study, predictions made by psychologists using only test data were more accurate than those of psychiatrists who interviewed the patient, who had the patient's history, *and* who had a report from a psychologist with his or her prognosis (Appelbaum, Rosen, and Siegal 1977).

Schafer's more experience-near approach was criticized by many, including Rapaport, for moving the Rorschach from a test to something much more subjective. Some empiricists go apoplectic when asked if the Rorschach is a test under any circumstances, because of issues of reliability and validity, from their perspective. John Exner and Irving Weiner (1982), psychologists who brought solid research and useful empiricism to the Rorschach, also warned that intuitively derived content analysis could yield what they called Ouija-board interpretations, as they felt the tester who looked only at associations and responded intuitively would

simply confirm what he or she already had in mind, in a kind of self-fulfilling piece of creative fiction.

There is always a tension between reliability and validity in clinical assessment using psychological tests. What good is a procedure if it is completely reliable, yet tells us nothing of interest or nothing that could not be discovered by simpler means, such as asking the patient? But validity—that is, is it so what we say, using the methods we employ?—is even more important. The trick, of course, is to establish a clinical rigor that allows the psychologist to confront hard-to-know phenomena while remaining cognizant of the demons of suggestion and projection from the tester, and of distortion stemming from the clinician's personality.

Schafer was no Ouija-board psychologist—far from it. He advocated making use of the breadth of what it is possible to glean from subjective immersion into another's mind, provided that we maintain an abiding commitment to certain principles that place the understanding of the patient at the center. He, too, saw the danger of wild analysis of content and of simply associating to the patient's associations. This brings me to Schafer's final contribution to testing.

How does one gather evidence from psychological test data to make an interpretation? Here are selected guidelines for applying Schafer's interpretive methods (1954, pp. 142-149). Listen carefully, and you might hear the echo of these guidelines in his clinical approach to psychoanalytic data in psychoanalytic treatment.

- "The security with which we may formulate an interpretation is a function of the extent to which there is a convergence of the imagery, themes, the formal scores and the patient's test attitude, considered singly, in relation to each other and in sequence." (This is a guard against wild analysis.)

- "Interpretation can and should pertain only to the present personality structure and dynamics of the patient or to changes in these in the relatively recent past." (This is to keep us from making genetic fallacies—for example, projecting backward to the kind of actual mother the subject had as an infant.)

- "Symbolic inferences should be based on actual responses, or clear-cut avoidance of responses or on a disruption of the

response process ('shock') in reaction to cards or areas that commonly elicit emotionally charged images; symbolic inferences should not be based on fixed meaning assigned to certain cards." (Refrain from cookbook interpretations.)

- "The intensity of the interpreted trends should be estimated." (Of course, evidence of conflicts from all psychosexual phases is present, but which is the most salient with which to understand the current functioning?)

- "The depth of the interpretation should be appropriate to the material available." (Be careful about seeing favorite issues in data that cannot illuminate them.)

- "Adaptive and pathological aspects of the interpreted tendencies should be specified." (Attend to the whole person.)

In addition to methodological guidelines, Schafer had profound things to say about the testing situation. We all know and hear from others about Schafer's advancement of a sophisticated understanding of transference—how to hear it, how to interpret it, and how to appreciate it. Yet we may be surprised to learn that he addressed the complications of the relation between patient and tester prior to the beginning of his work as a psychoanalyst.

In a startling and compelling way, Schafer sets out to inform psychologists of the relative subjectivity of the process of psychological testing, and the roles of transference and countertransference both as tools for understanding and as potentially dangerous distractions (1954). Schafer provides a strong case against absolute objectivity of data, and again reminds us of the importance of viewing our professional role as existing in the midst of many complicated conscious and unconscious forces. Do we hear echoes here?

In supervising students, Schafer noticed that, broadly speaking, testers with different personality types lead to different kinds of Rorschach protocols. That is, he recognized that the tester's personality and typical ways of engaging others can significantly influence the data. The saintly psychologist, the voyeuristic psychologist, the oracular psychologist, and the autocratic psychologist each generate different data. This is close

to saying that test data are co-constructed by the dynamics of both psychologist and patient.

Schafer (1954) adds that it is not the tester's responsibility to eliminate the effects of his or her personality on the process. Instead, it is to acknowledge their presence, to understand and keep them in the background as much as possible, and to "try to ascertain how they have influenced the patient's productions and his or her own interpretations of those productions" (p. 7). How modern is that!

I spent a number of years teaching graduate students psychological assessment. I always assigned as required reading the second chapter of Schafer's (1954) seminal work *Psychoanalytic Interpretation in Rorschach Testing*, entitled "Interpersonal Dynamics of the Testing Situation." Why was this chapter vital to the students' learning? It teaches how to appreciate and make use of the transference in a testing situation. Most beginning clinical psychology graduate students know nothing about testing, but have a considerable facility for social engagement, warmth, friendliness, empathy, being a good listener, and so on. As would be expected, they bring these capacities to the testing situation; they make the preparatory interview into the clinical encounter and then base their conclusions about the person on the insights learned in the interview or history-taking. The testing situation and test data are so foreign to these students, and viewed with such suspicion, that these data are discounted, while historical facts and experience-near interpersonal encounters are privileged. To say that this flies in the face of everything that Roy Schafer had to say about testing would be an understatement.

The students were shocked to learn that I spent only about fifteen minutes in direct interview with the patient as preparation for testing, unless there was an unusual resistance or fear on the patient's part. Testing these days is mostly focused on children, and I would convey that the imago the tester wants to project in that initial interpersonal engagement is that of a pediatrician. That is, the tester should be friendly, interested, and kind, but professional, having a procedure to accomplish that will not always be pleasant but will be done in the interest of the patient, not the tester.

Once such rapport—that is, a basic transference—is activated, action moves from the tester to the test procedure, which is to be done in

an efficient, professional, and standardized way. I follow Schafer's prescriptions in this regard. Data is most convincing and has the greatest capacity for illuminating important areas of functioning when the frame has been constant.

In psychoanalysis, it is both the same and different. In testing as in psychoanalysis, the clinician uses the transference to provide an atmosphere of safety so that the patient can reveal him- or herself. For the tester, this is a kind of manipulation in the service of data gathering. By contrast, in the treatment situation, rather than using the transference to yield information for the clinician's benefit, the analyst provides the patient with an opportunity to discover the transference, or perhaps to create it, and in any case to experience it in vivo with another person for therapeutic effect. Schafer's experience in doing and supervising psychological testing engrained in him, I think, the importance of an atmosphere of safety and a standard frame as the sine qua non of treatment.

> [While the skepticism of the Rorschach's utility is widespread], it is difficult to examine Schafer's (1954) discussion of Rorschach interpretation without being convinced that the test can serve important assessment and diagnostic functions when employed in the manner he recommends and by a person of his ability. At the same time, one must admit that few clinical applications are likely to attain these high standards. [Lindzey and Thorpe 1968]

It is true, of course, that there is only one Roy Schafer, but the interpretive methods he taught can be embraced and replicated by mere mortals. It is possible to emulate Schafer's application, provided the psychologist is willing to think deeply about the subject, to know a theory well that supports unlocking the data, and to make a commitment to a thorough and serious effort at data collection.

That is, facile application of what Schafer advocates leads to problems. Or, to quote Alexander Pope (1709):

> A little Learning is a dang'rous Thing;
> Drink deep, or taste not the Pierian Spring:
> There shallow Draughts intoxicate the Brain,
> And drinking largely sobers us again.

So the final contribution relates to what is contained in the Pierian spring, that is, the font of knowledge that Schafer professed. It is not really the content of Schafer's methods—though these are immensely important—but the principles that underlie these methods. One should drink deep draughts of Schafer's overarching principles, since the high standards he advocates are the foundation for his approach to psychological assessment. That is, Schafer focused not only on the procedural frame, but also on an attitudinal frame. With such a frame, the clinician has the greatest chance of making the clinical encounter—be it testing or therapy or psychoanalysis—useful to the patient.

Let us briefly survey some of what Schafer had to say about this attitudinal frame in 1967, sixteen years before he published *The Analytic Attitude* (1983). In his introduction to *Projective Testing and Psychoanalysis* (Schafer 1967), he described what he calls *clinical sensibility.*

> Clinical sensibility can be distinguished from its common imitations. It is not facile or confused or high-flown conceptualizations. It is not exaggerated empathy that is implicitly self-congratulatory and condescends to the patient. It is not undisciplined or cookbook finding of everything in everything. It is not unbridled countertransference or counter-identification responses to the patient. It is more than sheer sensitivity and intuitiveness . . . .
>
> Clinical sensibility includes an unobtrusive empowering recognition of the tragic in life. This sense of tragic implies that psychic development and organization inevitably have their arduous painful and self-limiting aspects, that difficult and subjective distress per se are not pathology and naming them is not name calling. As regards therapy and testing, the basic objective is not to unmask each patient or to dispose of him with diagnostic or psychodynamic labels, but to see how and at what cost he is trying to make the best of a bad internal situation and is perhaps compelled to make the worst of a not necessarily so bad external situation. The tragic sense is not despondent, inert, or self-pitying, it does not preclude zest and humor, and it certainly enhances the observer's interest and objectivity. [1967, pp. 3-4]

This orientation in Schafer's work undoubtedly drew from a number of sources. But I am of the mind that the intellectual and emotional chal-

lenges of creating, doing, supervising, and teaching person-centered psychological testing were significant and determining influences. Schafer's method embraced a combination of empathy, trial identifications, examination of associations, and reference to broad indices of ego capabilities within the framework of rigorous hypothetical deductive reasoning. Such a method requires a broadly humanistic sensibility to support it. I think Schafer's introduction to *Projective Testing and Psychoanalysis* (1967) should be required reading for all who do psychological assessment, and his introduction to *The Analytic Attitude* (1983)—its logical extension into psychoanalysis—should be required reading for all analytic candidates and an annual reading for all practicing analysts.

Conclusions about Schafer's contributions to our profession have been made by many. Let us briefly review what I have said as a beginning point for listening to these other voices. Schafer's career path is a model for how to become a psychoanalytic clinician. I would paraphrase his advice as follows:

> Immerse yourself in rich, varied clinical experiences, guided by a mentor. Work long and hard. When the time is ripe, say a friendly adieu to your mentor, crediting him for all you have learned, but have your own voice built from your own interests, experiences, and way of looking at the world. Seek out ways to illuminate powerful, complex, and meaningful elements of a person's life, and treat such elements with respect and dignity. And, most important, embrace a disciplined, rigorous, humanistic approach to your work. Recognize with humility and awe both the range and the limitation of what can be done and understood. And oh, yes—start young.

## REFERENCES

Appelbaum, S. A., Rosen, I. C. & Siegal, R. S. (1977). *The Anatomy of Change: A Menninger Foundation Report on Testing the Effects of Psychotherapy.* New York: Plenum Press.

Exner, J. & Weiner, I. (1982). *The Rorschach: A Comprehensive System, Vol. 3*. New York: John Wiley & Sons.

Lindzey, G. & Thorpe, J. S. (1968). Projective techniques. http://www.encyclopedia.com/doc/1G2-3045000995.html.

MATARAZZO, J. D. (1972). *Wechsler's Measurement and Appraisal of Adult Intelligence.* Baltimore, MD: Williams & Wilkins.

POPE, A. (1709). *An Essay on Criticism.* http://poetry.eserver.org/essay-on-criticism.html.

RAPAPORT, D., GILL, M. M. & SCHAFER, R. (1945–1946). *Diagnostic Psychological Testing, Vols. 1 & 2.* Chicago, IL: Yearbook Publishers.

SCHAFER, R. (1954). *Psychoanalytic Interpretation in Rorschach Testing.* New York: Grune & Stratton.

——— (1967). *Projective Testing and Psychoanalysis: Selected Papers.* Madison, CT: Int. Univ. Press.

——— (1983). *The Analytic Attitude.* New York: Basic Books.

——— (2006). My life in testing. *J. Psychol. Assessment,* 86:235-241.

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# APPRECIATING DIFFERENCE: ROY SCHAFER ON PSYCHOANALYSIS AND WOMEN

BY ROSEMARY H. BALSAM

*The author describes and appreciates Roy Schafer's critique of Freud's view of female psychology and his other contributions to the psychoanalytic literature on women, noting his then-novel emphasis that took into account social and cultural factors in analytic treatment. She relates the influence on Schafer's work of his ambiance in that era: the Yale University Student Health Services during the social turmoil of the 1970s (where she was his supervisee), with the university becoming coed, as well as the theoretical plurality even in the early days of the Western New England Psychoanalytic Institute.*

**Keywords:** Roy Schafer, female psychology, feminism, postmodernism, social and cultural factors, phallocentrism, gender roles, female development, New Haven, Western New England Psychoanalytic Institute, Yale University.

In this century-plus of the history of psychoanalysis, there has been only a handful of men who have interested themselves in a major way with the now very obvious flaws that were absolutely fundamental in Freud's psychoanalytic theory of female development. These inbuilt foundational cracks within the psychosexual theory were and have been central, unfortunately, to sex and gender theory, and at times to the practice of psychoanalysis itself.

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Put that way, one wonders why effective corrections were fought over but not really even seriously considered, until the shifting winds of social and interdisciplinary influences upon psychoanalysis became strong—currents such as second-wave feminism in the United States and Europe, literary criticism and philosophy that brought pressure from outside the system onto its theory, practice, and institutionalization. As Schafer (1997a) pointed out in relation to gendered discourse, silence, too, is a mode of discourse. The particularly *male* analytic silence in itself would have to be considered a distorting formative element in the practices of psychoanalysis—whose patients, after all, were always predominantly proportionately *female*. Much was (and still is) at stake and defended within these original psychoanalytic and societal false assumptions that hold to insistently misleading opinions and fantasies about male superiority of body and mind.

Earlier in psychoanalytic history, male scholars[1] interested in using Freud's methods to explore their own difference from Freud's views about females include first Jones, whose dissent[2] in the late 1920s was influenced by Klein and Horney. This was resented by Freud and suppressed. In contrast with Jones, in the United States, Rado (1933), for example, as was typical, wrote very admiringly of the female castration complex and even provided ingenious, imaginative mental gymnastics to support the rightness of Freud. Then there was a silent generation until the 1960s and '70s.

Erikson (1964) created a new theory about female development, appreciating females early on as different from males—but with a biological essentialist slant and with no direct challenge of Freud. Stoller (1968), however, was a key contributor on gender and sex, inventing the term *gender identity*. He contributed to the modern psychoanalytic, "anatomically correct" view of women as a basis of body theory.

Sustained effective and direct challenges to Freud's schema came from Blum (1976, 1977), as a scholar and also as chief editor of the *Journal of the American Psychoanalytic Association*. In 1976, Schafer's con-

[1] There have been many, many female scholars, of course, who have cogently challenged Freud over the years.

[2] Jones (1927, 1935) examined early psychic development in females and created the term *phallocentrism* while criticizing Freud's account of sexual difference.

temporary and good friend William Grossman wrote a key paper with Walter Stewart on penis envy as a metaphor. Occasional papers by others at around that time tried to explain what Freud "really meant." In the same era, Shopper (1967), Ritvo (1976), and Silverman (1981) expanded knowledge of female adolescence, but with no real challenge to Freud.

In infant research, a more substantial challenge came from Roiphe (1968) onward. He, with Galenson, helped expand the preoedipal arena, affirmed sexual identity as earlier than Freud thought, and affirmed that females were female from the beginning. Parens (1990), also in child analysis, was discovering new ways to think about aggression and female psychosexual development, renaming the female psychosexual phases as consistent with a female body and challenging Freud's views.

In the present tense, Hoffman's (1999) work on female aggression counts as Freudian dissent, too, in challenging the old, lingering theory that leads to overlooking that affect in females. Since the 1980s, men from the relational school of analysis, such as Mitchell (1996), Cole (1999), and Corbett (2001), have vigorously taken up gender, but in a broad way, not specifically concerning women—possibly because for them that enters the risky and denigrated territory of "polarity," and a slippage into value judgments about men "versus" women.

Most of the gender challenge in contemporary times has been in the area of broadening understandings of both homosexualities and heterosexualities in the plural, and flattening differences between men and women. This advance has followed on from such challenges as Roy Schafer engaged, in definitively sharpening the attack on phallocentricity in psychoanalytic theory. It is remarkable indeed how few males have cared enough to challenge deeply and thoughtfully the status quo about women.

So Roy Schafer was one of these very, very few men who saw clearly and registered the problems from *inside* our discipline. In the 1970s, when he began to write about the female's problems, Schafer was already a significant ego psychological clinician, researcher, writer, and scholar, as well as a major teacher from major mainstream institutions and a recognized contributor to the psychoanalytic literature, and held the senior American Psychoanalytic Association title of Training and Supervising

Analyst. He was therefore a figure who commanded respect within the international established group of psychoanalysts.

From this mainstream political angle at that time, we must therefore especially appreciate his courageous thinking and outspoken theory. Roy Schafer always had a mind of his own. He had a voice of his own, too. He has also always done his homework. One of his teaching wisdoms was the statement, "It takes hard work to appreciate hard work." Roy Schafer himself knew how to work hard and effectively in his career, and he deeply appreciated this quality in Freud.

I will now briefly summarize my view of what is very important in Roy Schafer's work on women, and then I will finish up with the professional life context in which this forceful and helpful work was forged. One thing we have surely learned from the postmodern era onward is to pay attention to the social and cultural context as crucial in studying who is asking what questions and of whom. This context also illuminates the varieties of answers we receive from such questions.

## SCHAFER'S PAPERS ON WOMEN

As a teasing aside, I will mention that I found evidence of Roy's early interest in female influence surfacing in the literature: a 1952 abstract that on the one hand showed his peaked interest in mothers and babies, but on the other hand showed a youthful, uncritical attitude about a rather biological essentialist thesis. The author of the article Roy abstracted claimed that, in 100 adult subjects, pessimistic or optimistic character traits could be linked to the length of time they fed at the breast, with the more the merrier—literally!

But Roy Schafer's first actual paper on the topic of women was the by-now classic, "Problems in Freud's Psychology of Women" (1974a). Appreciating that, even back in the '70s, he had been on his way to developing the importance of narrative and hermeneutics in analytic interpretation, he included this paper in the "Narrating Gender" section of one of my favorite books of his, *Retelling a Life: Narration and Dialogue in Psychoanalysis* (1992a).

Sure enough, the early paper easily fits into the flow of that section. Originally as a stand-alone journal piece, it seemed starker—reminiscent

of the drama of the early Horney, in which she talked of Freud's view of women as that of a little boy looking with awe at a grown sexual woman. Schafer caricatured Freud's inadvertently admiring portrayal of a model "real he-man," revealing what was actually an obsessional character with an excessively severe superego, in contrast with a despised, wavering, ineffective, hysterical character that Freud modeled as female normality. Schafer scrutinizes Freud's opinion that men are morally more virtuous than women and finds it wanting. By closely examining the master's writings, he hoists Freud on his own petard, with Freud's own simultaneously presented countervailing evidences.

Schafer shows that Freud's admiration of males is aroused by what he is actually defining elsewhere as pathological moral rigidity and isolation of affect. Freud badly mixed up *superego* with *moral code,* Schafer concludes. Freud became befuddled in his gendered values, even in the face of his own explication that the unconscious superego was ferocious, an archaic, "mostly demonic aspect of mind" (Schafer 1974a, p. 465). The severe superego certainly observes incest and societal taboos, but of course it also incites rebellions.

For Schafer, Freud's view of women as craving to be loved and made whole by a baby-Daddy-penis lacks appreciation of "the active nurturant mother who has her own sources of pride, decency and consolation, and . . . the great variety of positive environmental emphases concerning girls and women" (1974a, p. 464). Yes, yes, and yes—Freud had a very poor view indeed of the female, in spite of his close friendship with intellectual women. "Only a taken-for-granted patriarchal value system could lead to Freud's unqualified statement about women's relative mental incompetence" (p. 467), states Schafer definitively.

He then takes Freud to task for neglecting prephallic development. Now Roy did not question that a female "phallic developmental phase" necessarily exists, as later did Parens (1990), for example, and many others. I, too, have questioned this (Balsam 2012), as have the relational postmoderns who challenge all linear developmental schema and refocus analytic thinking about female psychology onto the girl's own body in newer and various ways.

So it is not that Roy Schafer is raising every single question about Freud's "take." He is rather doing foundational work on revealing the

deficits and contradictions in Freud's thinking from within Freud's own phallocratic terms of reference—now illuminated by Schafer—for women. He takes him to task on his evolutionary thinking, too, in the same fashion, while demonstrating how Freud undermines his own Darwinian argument by indicating that humans are not so devoted, after all, to exclusive aims at procreation of the species (Freud 1905).

Schafer asserts that Freud "reintroduced psychological propositions by the back door of biology" (1974a, p. 476). In his consideration of Freud's omissions, in what Schafer calls "the pre-phallic" period of mother/daughter intensity, he helpfully favors the psychological detail of this "indestructible relationship" (p. 476) as the prepared ground for what he—continuing Freud here—reflects upon as the girl's "readiness for castration shock" (p. 475). He finds Freud theorizing bisexuality, but limiting his discovery by ignoring his own potential for a maternal transference. Freud's stress appears to be to get a girl "feminine," by which he concocted an imagined fulfillment on her behalf, in her being passive and receptive to some strong man to get his baby sperm. (It is hard to write that down these days and keep a straight face; "*his* baby" is not even "*their* baby," let alone "*her* baby"!—so worthless are her ova.)

I have to say rather wickedly that this reminds me of an evening spent with Kurt Eissler when we were analytic candidates—otherwise a lovely evening—when he seriously told us that it was *obvious* that men were superior to women. Why, didn't they have millions of sperm to a single ovum of a female? Those were the days!

Roy Schafer goes on to tackle the problems with notions of *feminine* as associated with *passivity,* and *masculine* with *active,* giving acute attention to the power of naming. Freud's "attempt at definitional rigor succumbed to . . . complacency" (1974a, p. 479). Schafer was pointing to this very quality of "obviousness" that Eissler had shared with us about men and women—but which in Freud's case ran side by side with other more "subtle and complex" trains of thought. Schafer asks memorably "whether a womb can be passive" (1974a, p. 481). "Much remains to be said on the subject and on the correlated . . . fear that haunts the lives of men . . . the fear of being second best and second rate themselves" (p. 483).

In 1978, Schafer focused on the phallocentric narrative that guides notions of men's and women's sexual performance failures. This chapter also shows Schafer's powerful interrogatory style that highlights Freud at his best, while also undermining Freud's discoveries as caught up in a cultural narrative of male superiority.

Schafer's co-authored paper on Deutsch (Wimpfheimer and Schafer 1977) is wonderful; I find it an exemplar of the critical thinking that was possible in the crucible of feminism and the postmodern catalytic force—a radical shift of perspective that could question authority and bring to life the reciprocity of author and text, analyst and analysand, within their nuanced social context.

Schafer's co-author for this paper was a junior female colleague, then "a very, very bright Yale undergraduate student" in one of his college courses (this information shared by R. S.). She later became a medical doctor in New York City. The paper explains exactly what is awry with Deutsch's theory about females. It is very specific in dissecting her methodology of biological essentialism, which of course damned her in feminist circles. The authors took her to task for her echoes of Freudian notions of activity and passivity as they portrayed such overly simple biological pictures as the sperm penetrating the ovum (later proven scientifically inaccurate because the ovum actively folds around the sperm and absorbs it!). The beauty of this examination is its thoroughness in exposing that Deutsch's argument that the essence of womanhood was narcissism and masochism was based on a faulty premise. Characteristic of Roy's work, in which he seeks ideas of continuing value while critiquing others that he views as passé and redundant, the article also praises the vitality of Deutsch's clinical observations.

A reader who looks at these papers from the 1970s, papers that open gender to hermeneutic considerations, can also appreciate in them the precursors of Schafer's later turn in delving into *action language*. The latter represented a renewed effort, perhaps, to address the fixity of human minds that necessarily learned within the social order that he encountered daily on the couch. One can also read into the texts the deep rumblings of a future neo-Kleinian, in his being drawn back into the undercurrent of his thinking, toward a deep fascination with the most archaic fantasies and ungovernable feelings in human mental life.

Schafer's paper that has a tinge of authorial ferocity in it, if you will, is "Women Lost in the Maze of Power and Rage" (1992b). It is based on a series of very highly achieving women analytic patients, who reported to him their suffering within the male biases of the workplace. Schafer writes with condemnatory force about the realities of these accusations against the women's rapacious and power-hungry male cohorts, for whom he uses adjectives like *manipulative, self-centered, hard,* and *cruel.* Simultaneously, however, he also shows the multitude of ways in which the women collude in being servile to the cause, in the throes of their internal struggles with their bad maternal introjects—the "mother of psychic reality" (p. 135). Damaged self-esteem and ambivalent identification with an internal dominating and intrusive mother were the sources of his illumination of the abject inner portrait that contributed to these patients' poor intimate relationships as well; he writes evocatively of their being "desolate among the ruins of 'love-affairs'" (p. 148).

This was a fervent accounting of the internal lives of a sampling of career women, also helpful in its affirmation of the realities of a sexism that was—and still is—alive and well and living among us, as well as carrying the hope of liberation for these women through psychoanalytic treatment. The situation portrayed in the current television hit *Madmen,* set in the '60s, was thus enduringly described by Roy Schafer in the early '90s. The dress code may have changed since his first papers on Freud's phallocentrism, but he seems to say here that the dynamics endure.

In this paper, too, one can see the deep influence on Schafer of the contemporary Kleinians—for example, in his vivid, dark formulation of the inner components of these trapped women's circumstances:

> Much of their clinging to these men, . . . their tolerance of criticism, demand and abuse, involved repetition of the early projective-introjective relationship with mother, the seductively cruel pregenital love relationship of early infancy. It was preoedipal, too, in the early guilt and reparativeness directed towards the damaged mother. [1992b, p. 142]

Roy sometimes gets off great thundering lines! Here is another example: in discussing the 1991 film *Thelma and Louise,* he writes of the two protagonists' manic ride to doom that

> . . . they are hoping to be on their way to freedom and discovery. For them, not to be on the go . . . would be a return to a living death. Analysts recognize this aspect of living death . . . . Those who have succumbed to symbiosis and persecution, real and imagined, during their development; those who have served as the trash cans of parental projective identifications of all that the parents hate in themselves; those who serve as guilt-ridden prostheses and life-support systems, real or imagined, of fragile but tyrannical parents or parent surrogates; those who, inwardly, exist as objects with little or no entitlement for desires, aims, and standards of their own; those who present such formidable challenges to our analytic efforts. [1997b, p. 152]

In these papers, in his teaching and treating, in many comments from the podium as a very popular speaker in our field, and in other, later publications—such as his commentaries on sexist jokes and on Cordelia and King Lear, and his later Kleinian overviews during this 20-odd-year span—Schafer is thus preparing the way for others to see differently from Freud. He opens the viewfinder so that others can add their own lenses of interpretation.

Schafer's act of examination of the fundamental beliefs that underlie a system—Freud's psychosexual system, in this case—is surely the highest aim of the postmodern-inflected critique that he has explored from the 1970s onward. And the fact that others can and did ultimately utilize his work to enrich the hermeneutic media surrounding these focused questions is surely the most desirable and satisfying result of such an interrogation.

## NEW HAVEN'S INTELLECTUAL AMBIANCE

Thinking of the intellectual ambiance at the time he wrote his first paper on women, I am reminded that the Western New England Psychoanalytic Institute in New Haven had and still has a collegial tradition of those who have their own minds—such as Roy's contemporary, Hans Loewald (referred to in his essay on his own development). Loewald influenced him toward more involvement with object relations (which I think of as a connected stepping stone and an underdeveloped link in the original theory, through feminism, to his work on women). Later, for Roy (as

well as for me, who benefitted from both of them), Loewald provided a further stimulus to a fascination with the processes of identification, incorporation, and internalization, so that this, too, fuelled continued thinking about the fundamentals of girls' interaction with their mothers and of the import of culture on men as well and on the family.

In the Western New England Institute at that time, too, was Stanley Leavy, who in 1980 wrote about "the psychoanalytic dialogue" before relational or intersubjective theory was in fashion. Another, shyer faculty member at that time was and is a very important name in every bibliography of psychoanalytic female studies involving the body: James Kleeman. Kleeman (1976) wrote a beautiful clinical paper on a tiny girl's discussion and discovery of her mother's pregnancy in relation to the morphology of her own body, replete with her verbalized versions of its specifically *female* anatomy.

The leaders of New Haven's Yale Child Study Center and the editors of the New Haven-based *Psychoanalytic Study of the Child* were all staunch supporters of Anna Freud's views of girls and women, which came across to us as candidates, however, more or less as an undisturbed continuation of her father's views. So the differences and contrasts of individual practitioners within our own walls lent to a wide analytic exposure. Perhaps I am overly celebratory here of the traditions of individualism and protopluralism in my own institute, but it proved a catalytic atmosphere for such scholars as Roy at that point in his career, before his move to London and then to New York in the later 1970s. I am thrilled to be able to claim Roy Schafer as both a member of the first candidate class there in the 1950s, and as one of its and our field's leading teachers and spirits.

In the '60s and '70s, Roy also worked at the Yale Student Health Services. I first met him in the very late '60s there, and had the good fortune to be supervised by him in psychoanalytic short-term therapy. I am particularly proud of his contributions from those days. He supervised me on many of the cases recorded in my first book, including those that formed a chapter that was one of the first in the literature on the pregnant therapist (Balsam and Balsam 1974—for which Roy wrote the foreword). Throughout his work on projective testing and his special interest in Hartmann's accounting for new adaptations of human behavior,

Roy likely always had a full binocular vision of structural theory, which must in turn have allowed him to embrace cultural and environmental impacts on an individual, and to weave these angles comfortably into noticing that a phallocentric bias skewed this purported general theory of mind. He thus could see how deeply affected by the eye of the beholder was Freud's phallocentric view of women, which also reflected his own Austrian-Jewish culture, meshing as a too-comfortable fit with the New World, American postwar society. No one said of Roy Schafer's challenge, fortunately, as Freud had sarcastically implied of the likes of Ernest Jones in a footnote to his "Female Sexuality" paper:

> It is to be anticipated that men analysts with feminist views, as well as our women analysts, will disagree . . . (i.e., with how the Oedipus complex on women is "not destroyed but is created by the influence of castration . . . which gives a special stamp to the character of females as social beings") . . . . They will hardly fail to object that such notions spring from the "masculinity complex" of the male, and are designed to justify on theoretical grounds his innate inclination to disparage and suppress women. [Freud 1931, p. 230]

Indeed, that turns out to be exactly right, Dr. Freud! Freud's defensive argument was passionately based on what he called in women "*the fact* of her castration" (1931, p. 229, italics added).

Roy has three terrific daughters who all came of age after the second wave of feminism. I always wonder how parenting one's children shifts one's perspective as an analyst. His wives have also been remarkably intelligent women, and no doubt helped along his cogent observations on female life. In an autobiographical article (2000), he said of his career in New Haven:

> Moving to the Yale University Department of Psychiatry in 1953 . . . [I did] psychoanalytic training at the newly formed and hospitable Western New England Institute for Psychoanalysis, during which time I received further inspiring instruction from Rapaport and Erikson and also from Hans Loewald, among others . . . . My experiences during these years as Chief Psychologist at the Yale Psychiatric Institute . . . helped to further my . . . psychotherapeutic facility with borderline and psychotic patients;

> and then at the Yale University Department of Mental Hygiene, where for 13 years—part-time—I worked psychotherapeutically with gifted late adolescents and young adults. [p. 33]

"Then there was the student protest period of the late 1960s and early 1970s, which fostered my own challenging spirit with respect to all aspects of received wisdom" (2000, p. 34), he continued. He then goes on to trace the intellectual red thread that makes sense of his contributions and allows us to see how his female psychology interests fit into the whole picture:

> I must bring in another set of powerful influences on the development of my ideas about psychoanalysis. From an early time in my career, my preoccupation with interpretation had led me to develop a keen interest in academic critical theory, first about literature and, later, philosophy . . . . Existentialism with its emphasis on action, responsibility, and individuality of experience; then the ordinary language philosophy . . . with its searching way of raising basic questions about hitherto unquestioned assumptions . . . especially its concern with hermeneutics and pluralistic interpretations of the past, both of which inevitably highlight constructivism, the omnipotent influence of personal values, and the idea that we inevitably end up dealing only with versions of the truth; finally, feminism, with its critiques of established modes of thought and language usage that have always drawn freely from all the humanistic disciplines. [2000, p. 34]

> My discovering that there was no monolithic theory to draw on, and meanwhile my becoming better acquainted with feminist critiques of Freud, greatly stimulated my already active questioning of the foundational assumptions of Freud's mixture of metapsychology and ego psychology. [p. 35]

Roy and I were both on the staff of the Student Health Services on May Day, 1970, when the Black Panthers threatened to burn down Yale University, but instead Yale opened its gates and gave hospitality to the crowd that teemed to the courthouse to support Bobby Seal's trial. Social unrest was everywhere. The Health Services closed in favor of a practical use of the medical staff, now hastily instructed in preparation for the treatment of tear gas poisoning and bullet wounds, with victims of street

violence to be cared for in curbside tents. These mass disasters never happened. But it was a terrifying atmosphere, even to someone like me, who had recently left Belfast streets that were lined in gray-armored Land Rovers, with snipers roaming the rooftops, while one tried to shop in Royal Avenue and obey the government injunctions to carry on with life as usual.

The Yale Student Health patients in New Haven in those days, males and females in a ratio of 7:1—the small female population was dubbed "Yale Superwomen" by the *New York Times,* having been newly admitted to this male bastion in September 1969—were highly allergic to any therapist who would accuse them of penis envy or of a male "castration complex"! Freud was new to me, and I actually thought him ridiculous on the topic of women, but I newly realized that his theory had in fact been taken very seriously until the current feminist challenge now apace in the American scene, with Kate Millett, Betty Friedan, and Gloria Steinem, among others.

I remember asking Roy about it back then, as we therapists—still gloriously ignorant of saturated fats and the evils of cigarette smoke—lunched and puffed and munched on "cheese dog bacons" at "George and Harry's" on Grove Street. I cannot precisely remember how he replied. But Roy always had a wonderful way of dignifying anything one said, elevating it to serious discussion, providing a wide range of related thoughts on the topic, and returning it to one as a worthy idea for further exploration, an invitation for further thoughts of one's own, and with encouragement for close listening and attention to the individual patient in one's office. Roy has thus been one of my favorite supervisors, colleagues, and mentors for all time. I think he must have listened also to his young female patients with just as much openness and implicit encouragement to say what they thought and to share even unconforming thoughts as worthwhile.

Thus, the fruits of Schafer's therapy labors in the trenches shaped his destiny in becoming one of the pioneer contributors to the psychoanalytic literature that challenged Freud's theory about females at that time. Our female patients were young, spirited, and very smart students who found themselves in a challenging environment, where the male students by day dominated and talked over them in class, but by night

were too intimidated to date them. (In later eras, the roles were sometimes reversed, with the males holding back and letting the females do all the talking in class.) Suffice it to say, the patient population was awash with talk about gender issues.

During that time, Roy wrote a lovely paper that I came across in a drawer when thinking about this discussion. It was an early draft, typed up on an electric typewriter, the pages stapled and their yellowed corners slightly furled; he had published it later (1974b). But this version was for our regular Wednesday conference, for all the trainees and staff and some outside therapists attached to our unit in old loyalties, where to this day (now under the leadership of another of his old students, fellow analyst Lorraine Siggins), some of the best clinical discussions I have ever experienced take place. Back then, we sat on leather-seated chairs atop a huge and beautiful Oriental rug, with blue and glowing wine-colored fish patterns, and Roy read aloud "Talking to Patients in Psychotherapy" (1974b). He talked of not getting caught in acting like a caricature of an analyst. (In fact, of one young male trainee who had dimmed the lights in his office and limited himself to uttering magical monosyllables, Roy said, "Some are born great, and some are born Training Analysts"!)

Roy talked in this paper of the value of using *empty language,* by which he meant showing a patient the shape of some psychic struggle in a way that might help her or him think more about his or her own dilemma—as opposed to talking from on high or, as he said, in a patriarchal fashion. He advocated care in hearing the patient and talking to him or her about that, not defensively offering some canned interpretation.

One can detect in a simple form here all the elements of "Royness"—the challenge to self-important authoritarianism, respect for the individual mind in interaction, and a striving for experiences that open up internal life to the myriad of subtleties, complexities, and vitally interesting paradoxes for which we analysts all share a fascination. Add to this his supreme generativity and encouragement to junior colleagues to help along these deep, genuine explorations that never foreclose with a set theory. It was he who first said to me, "You'd enjoy analytic training," and I replied back then, in all innocence, "Tell me, what is that, exactly?"

I leave the reader with this image of Roy, the great and loving teacher with all his gifted brilliance and vision in helping along the field and the next generation. I feel very nostalgic for those old days of his youth and my own youth, too. I also feel much gratitude to him for all these countless gifts. And I would do it all over again—being a student with him as a teacher—with a heart and a half.

## REFERENCES


Balsam, R. (2012). *Women's Bodies in Psychoanalysis.* London: Routledge.

Balsam, R. & Balsam, A. (1974). *Becoming a Psychotherapist: A Clinical Primer.* Chicago, IL: Univ. of Chicago Press, 1984.

Blum, H. (1976). Masochism, the ego ideal, and the psychology of women. *J. Amer. Psychoanal. Assn.,* 24(suppl.):157-191.

——— (1977). *Female Psychology : Contemporary Psychoanalytic Views.* New York : Int. Univ. Press.

Cole, G. W. (1999). A slave to femininity: a relational view of the fetish. *Gender & Psychoanal.,* 4:143-166.

Corbett, K. (2001). Nontraditional family romance. *Psychoanal Q.,* 70:599-624.

Erikson, E. (1964). Inner and outer space*:* reflections on womanhood. *Daedalus,* 93:582-606.

Freud, S. (1905). *Three Essays on the Theory of Sexuality. S. E.,* 7.

——— (1931). Female sexuality. *S. E.,* 21.

Grossman, W. I. & Stewart, W. A. (1976). Penis envy: from childhood wish to developmental metaphor. *J. Amer. Psychoanal. Assn.,* 24(suppl.):193-212.

Hoffman, L. (1999). Passions in girls and women: toward a bridge between critical relational theory of gender and modern conflict theory. *J. Amer. Psychoanal. Assn.,* 47:1145-1168.

Jones, E. (1927). The early development of female sexuality. *Int. J. Psychoanal.,* 8:459-472.

——— (1935). Early female sexuality. *Int. J. Psychoanal.,* 16:263-273.

Kleeman, J. A. (1976). Freud's views on early female sexuality in the light of direct child observation. *J. Amer. Psychoanal. Assn.,* 24(suppl.):3-26.

Leavy, S. A. (1980). *The Psychoanalytic Dialogue.* New Haven, CT: Yale Univ. Press.

Mitchell, S. A. (1996). Gender and sexual orientation in the age of postmodernism: the plight of the perplexed clinician. *Gender & Psychoanal.,* 1:45-73.

Parens, H. (1990). On the girl's psychosexual development: reconsiderations suggested from direct observation. *J. Amer. Psychoanal. Assn.,* 38:743-772.

Rado, S. (1933). Fear of castration in women. *Psychoanal. Q.,* 2:425-475.

Ritvo, S. (1976). Adolescent to woman. *J. Amer. Psychoanal. Assn.,* 24(suppl.):127-137.

Roiphe, H. (1968). On an early genital phase—with an addendum on genesis. *Psychoanal. Study Child,* 23:348-365.

SCHAFER, R. (1952). [Abstract of] *J. Personality,* 19, 1950: Breast feeding and character formation. II. The etiology of the oral character in psychoanalytic theory, by F. Goldman. *Psychoanal. Q.,* 21:286.

——— (1974a). Problems in Freud's psychology of women. *J. Amer. Psychoanal. Assn.,* 22:459-485.

——— (1974b). Talking to patients in psychotherapy. *Bull. Menninger Clin.,* 38:503-515.

——— (1978). The phallocentric narrative of impotence and frigidity. In *Retelling a Life: Narration and Dialogue in Psychoanalysis.* New York: Basic Books.

——— (1992a). *Retelling a Life: Narration and Dialogue in Psychoanalysis.* New York: Basic Books.

——— (1992b). Women lost in the maze of power and rage. In *Retelling a Life: Narration and Dialogue in Psychoanalysis.* New York: Basic Books.

——— (1997a). Gendered discourse and discourse in gender. In *Tradition and Change in Psychoanalysis.* London: Karnac.

——— (1997b). An analyst's notebook. In *Tradition and Change in Psychoanalysis.* London: Karnac.

——— (2000). The development of my ideas about psychoanalysis. 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.

SHOPPER, M. (1967). Three as a symbol of the female genital and the role of differentiation. *Psychoanal. Q.,* 36:410-417.

SILVERMAN, M. A. (1981). Cognitive development and female psychology. *J. Amer. Psychoanal. Assn.,* 29:581-605.

STOLLER, R. J. (1968). *Sex and Gender: On the Development of Masculinity and Femininity.* New York: Science House.

WIMPFHEIMER, M. J. & SCHAFER, R. (1977). Psychoanalytic methodology in Helene Deutsch's *The Psychology of Women. Psychoanal. Q.,* 46:287-318.

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# THE SECOND SPHERE AND THE STORY OF NO STORY

BY LUCY LA FARGE

*The author discusses Roy Schafer's ideas of the* second self *and* second reality, *as well as his consistent theme of* storyteller *and* story. *The latter theme is also explored in the context of more recent psychoanalytic influences, such as Bionian thought, trauma theory, the French approach, and the interpersonal perspective. To illustrate the idea of the* nonstory *in today's clinical encounters, the author presents two clinical vignettes.*

**Keywords:** Roy Schafer, empathy, analytic process, second self, second reality, analytic attitude, story, storyteller, subjectivity, Kleinian theory, analytic listening, nonstory.

Reflecting sixty years later upon Robert Fliess's classic paper "The Metapsychology of the Analyst" (1942), Roy Schafer identified Fliess as a theorist who helped "launch psychoanalysis toward its contemporary form" (2007, p. 698). Fleiss merited this distinction, Schafer argued, because his concept of the *work ego* marked a key shift in psychoanalytic theorizing: from a model of clinical psychoanalysis as a categorical procedure, ideally performed by the individual analyst according to rules that could ultimately be specified for the field as a whole, to the model of an individualized process in which the unique functioning of each analyst played a central role.

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The shift that Fliess initiated was only a partial one, according to Schafer: while the analyst's specialized form of empathy was unique to him in Fliess's vision, the story of the patient that this empathy yielded continued to be seen as simply factual, an exact picture of the patient's inner state. The new, individualized model of the analyst's functioning had made an appearance, but its relation to the older view of the analyst as scientist or objective observer remained unresolved.

During the half century that followed the publication of Fliess's paper, Schafer himself became a—or even *the*—leading figure in the era of psychoanalytic theorizing that Fliess had introduced. Forging his own vision of the way the analyst should function, Schafer struggled to reconcile the unresolved tensions that characterized Fliess's vision. How could the empathizing analyst balance emotion and cognition (Schafer 1959)? How could his unique personality be integrated with the constraints of analytic theory and practice? And what was the status of the patients' stories that the analyst developed as he balanced objectivity and subjectivity? How did they compare to the scientific conclusions that early generations of analysts had claimed to uncover?

## THE SECOND SPHERE: SECOND SELVES, SECOND REALITY

Striving to reconcile the tension between rigor and creativity, factual narration and creative inference, Schafer mapped out what might be called a *sphere of seconds*, a domain of functioning and narrative that was special to the analytic situation. Central to this vision was what he named the analyst's *second self*. The well-functioning analyst brought to his work a second self that "integrate[d] his own personality into the constraints required to develop an analytic situation" (Schafer 1983, p. 291).

Like other aspects of the individual personality, the second self was unique to each analyst; and, like all other individuals, the analyst had access only to a unique, subjectively perceived reality. Yet at the same time, the second self was both disciplined and educated, consistently maintaining an analytic stance and the requisite boundaries for analytic work and informed by knowledge of analytic theory.

In his classic work *The Analytic Attitude* (1983), Schafer describes the qualities that the working analyst aspires to embody in the well-developed second self: The analyst is to maintain a *disciplined approach*, subordinating his own personality to the analytic task at hand. He remains "curious, eager to find out, and open to surprise" (p. 7). He is consistent; he adapts himself to each analysand but at the same time maintains a cohesive self. He is affirmative, believing that the analysand has done the best he could and is doing the best he can, often in difficult circumstances. Importantly, the analyst brings to his task a "confidence in the ultimate intelligibility of human 'activity'" (p. 28)—an aspect of the analytic attitude that I will return to later.

In Schafer's vision, the analyst's second self is also the repository of *analytic knowledge*. The listening of the analyst's second self differs from the ordinary listening of the non-analyst in that the analyst *knows what to listen for*. With a theoretical model always in the back of his mind, he is particularly attuned to the themes that are familiar to him as *analytic*—themes of the body and the drives, of early anxiety situations and the family dramas of childhood.

The analyst's empathy, like the generative empathy that Schafer described in his earlier, 1959 paper, balances cognition and emotion. However, the analyst's empathy, operating through the functioning of his second self, is different from extra-analytic empathy. At Schafer puts it, the analyst works with "a structured form of empathy" (1983, p. 293). His disciplined attempt to subordinate his own needs to those of the patient enables him to hear a more coherent story in the material that emerges, and his knowledge of analytic theory shapes what he hears in an analytic way. The special quality and intensity of the analyst's empathy is a central determinant of the patient's love for the analyst, which combines transference with the patient's response to "the presentation of the analytic second self, through which analysts can sometimes empathize in so extraordinary and intense a fashion" (1983, pp. 56-57). Analytic empathy is transformative in a way that everyday empathy generally is not.

Like the analyst, the patient also brings a special *second self* to the analysis—one that is formed from her own extra-analytic personality but is unique to the process of analysis and the particular analyst with whom

she is working. Thus the analytic situation is a kind of meeting of two second selves.

Working together to understand the interplay of these two second selves, and particularly the patient's role in this, analyst and patient create a *second reality*, a jointly constructed, evolving analytic account of the events of the analysis, organized around unconscious meanings and processes. As Schafer describes it, this second reality is "concrete, fluid, timeless, passionately wishful, desperately frightened, and replete with subtle compromises" (1983, p. x). As the analysis proceeds, it grows more and more focused and intense. An account of the unfolding present that highlights the way this present repeats early family dramas, it is also a new construct that transforms that past as well as the future that can be imagined.

## THE SECOND SPHERE AND THE STORY

Running through Schafer's conceptualization of the second sphere is the consistent, integrative theme of the *storyteller* and the *story*. The analyst's second self, in which he brings together cognition and emotion, the rigor of his analytic method, and his own unique creativity, is centrally a storyteller. In her own second self, the patient is both the subject and the co-narrator of the story. And the second reality that they inhabit and create is, in Schafer's term, a "fictive" one (1983, p. 52): a series of stories that bring together and retell the patient's past experiences as they take new shape in the analytic present.

The metaphor of the analytic storyteller and the story is an extremely useful one. Early on, Schafer is able to wield it to resolve many of the tensions that he found in Fliess's emerging model. In Schafer's vision, Fliess's view of the analyst as the objective discoverer of truths that exist preformed within the patient has been replaced with a new view of the analyst and, in addition, a new view of the nature of knowledge itself—a view that he encountered in historiographic and other discussions in the humanities.

The analyst as storyteller is both disciplined and subjective. The patient's past does not preexist the analysis in a singular form, awaiting the analyst's discovery; rather that past comes into existence through stories

that analyst and patient construct together, for stories, or constructions, are the only way that any reality becomes knowable.

Perhaps most important for the new era of psychoanalysis that Schafer hoped to define, the stories that emerge from analysis are centrally *stories of the analytic process itself*. What we learn from analysis, what we can see most clearly, is what happens between patient and analyst; it is this central, accessible story that enables patient and analyst to develop a series of stories of a past that both shapes and is shaped by the analytic present.

As Schafer continued to develop his ideas over several decades, the metaphor of story and storyteller remained an enduring theme for him, proving to be both *capacious* and *adaptable*. The notion of story making, which centers on the possibility of multiple, recursive stories within any single analysis, also opened the possibility of multiple kinds of stories within psychoanalysis as a field. While an analyst must always bring discipline and knowledge to his work, and it is best for each analyst to work within a single, consistent model, he can frame what he hears in any number of different ways.

Viewing the field from this relativistic perspective enabled Schafer to see the ego psychological perspective to which he remained loyal *as a perspective* rather than a received truth. It also enabled him to hear and consider the narrative possibilities that self psychology might afford, and even, late in his career, to assimilate aspects of contemporary Kleinian theory that were consistent with and deepened the contemporary ego psychological perspective (Schafer 1994).

Using the central metaphor of the story, Schafer was able to conceptualize disturbances in the analytic process as disturbances in story making that became, through successful analytic work, a part of the story. Resistance could be seen as "resisting"—an action of the patient—and could ultimately be understood as fulfilling a wish, offering some gain, as well as interrupting and holding back. Countertransference could usefully be understood as a story played out between patient and analyst; the analyst's inability to keep the whole picture of the analysis in mind, for example, might be traced to the patient's colonization of the analyst's mind (Schafer 1997).

However, even as Schafer's repertoire of stories expanded to include the Kleinian concept of projective identification, his idea of analysis continued to rely on a disciplined storyteller. Schafer's analyst is consistent: if he is pulled off base by countertransference, he recovers quickly; he does not drown in countertransference. In order to perform his analytic function, he has stripped himself of ordinary countertransference reactions. "Listening in the ordinary way, as in countertransference, results in analytic incoherence" (Schafer 1983, p. 227).

The value of countertransference lies in the analyst's awareness of subtle pulls upon his subjectivity and his use of these in his story creation. Extended disruptions of his capacity to listen and understand disqualify the analyst; they mark his loss of the analyzing second self. At best their decoding and the restoration of the analyst's capacities may afford some data about the patient—they may be integrated into the story—but serious disruptions in the analyst's functioning do not provide the best data for him to understand and construct his narrative.

The analyst's consistent ability to construct meaning from the analytic process—and his confidence that, by means of the analytic method, meaning can always be made—remain for Schafer a, or even *the,* central aspect of what the analyst offers the patient. In the course of analysis, the less coherent, comprehensive, and meaningful narratives that the patient brings are transformed into richer ones. When the patient says, "that's it exactly!" in response to the analyst's interpretation, he is experiencing something new that he has never known or felt just this way before (Schafer 1983, p. 128). But in Schafer's model, the emphasis remains on the new creation and the process by which it was created, rather than on the incoherence or absence of an older form of meaning. Emerging from an older era of *scientific objectivity*, Schafer frames for us a new era in which *disciplined subjectivity* leads to the construction of multiple, rich meanings.

## THE LOSS OF THE STORY

As psychoanalysis enters its second century, this focus on the disciplined listening analyst, and on the stories and meanings that he constructs with his patient, appears to be undergoing a shift to a focus on aspects

of the analytic material that are seen as necessarily disruptive, chaotic, unrepresented, and perhaps unrepresentable. Converging currents of Bionian thought (Bion 1962, 1970; Brown 2011; LaFarge 2000), models of trauma and dissociation (Bromberg 1998; Stern 2003), and the influence of such French analysts as Green (2005) and Botella and Botella (2005) present us with a view of a patient with a past that is importantly more broken up than known, and with an analyst whose central function is to enter into a deep relationship with the feeling of disturbance that this patient brings to him.

From these new perspectives, key moments in the analytic process are often seen as those when the analyst's second self is seriously disrupted or even swept away altogether. From a Bionian perspective, these moments signify the emergence within the patient of an unbearable aspect of his psychic reality and his consequent use of a particularly primitive form of projective identification that forces this piece of his internal world into the analyst to be contained and transformed (Spillius 1992).

From the perspective of trauma theory, moments of extreme disruption in story and storyteller are seen as indications that the emerging process has touched upon dissociated, not-me (Sullivan 1940) aspects of *both* patient and analyst. It is only through a shift from thought to action by both players in the analytic situation that these painful aspects can come to light and be known (Stern 2010).

From the perspective of such French analysts as Botella and Botella, moments of almost hallucinatory regression by the analyst are required in order for him to perform the necessary work of representation for the most primitive patients, for whom much of psychic reality has remained empty and unrepresented (Levine 2012).

If these new perspectives draw our attention to the moments when the analyst's listening is seriously disrupted, they also bring into focus the quality of representations and the distinction between degrees of concreteness—a turning away, in a sense, from the structural model that was central to Schafer, back to the topographical. The specific story is often less important than whether there is a story and whose story it is. Moments when the capacity to represent one's own reality is in ascendancy become of central importance, both historically and in the analysis (LaFarge, in press). Lacunae in narratives, as well as the intrusions

of the narratives of early objects, become key subjects (Faimberg 2005; Fonagy et al. 2002).

From these perspectives, both the analyst's striving for disciplined listening and his aim of creating a coherent story—his belief that human experience is fundamentally intelligible—function at times as defensive operations, protecting the analyst and his patient from more disturbing, chaotic experiences. Bion sets a goal for the analyst of eschewing memory and desire, putting out of mind both theory and the past of the patient and the analysis in order to immerse himself in the patient's often persecutory psychic reality.

For Stern and other interpersonal and relational analysts, the ideal analyst is one who easily relaxes his disciplined listening in favor of enactment—in many ways the polar opposite of Schafer's ideal. For Botella and Botella (2005) and Green (Reed 2009), the interpretation of a story line of aggressive fantasy may ward off awareness that this current of pain serves as a patch over underlying emptiness and the failure of representation.

## THE STORY OF NO STORY

How can we integrate Schafer's vision with the new, story-less versions that we find today? Can the nonstory and the story be integrated, and can our work encompass both?

Two clinical examples illuminate these questions. For both patients, issues of gender and genital difference were key organizers of fantasy and experience, acting as metaphors for conflicts in many relationships and at many developmental levels—a concept that Schafer himself has richly mined (1974).

The first patient, whom I will call Ms. J, had an analysis that both of us would see as very successful, resulting in both insight and significant changes in functioning and life situation. Most of the time, I functioned as the disciplined analyst that Schafer envisions, feeling the pull of countertransference feelings without significant action, becoming aware of them in the moment or afterward and making use of them in my thinking about the patient. At one moment early on, however, I became caught up in an enactment and was unable to think or function in the moment.

It was the last session before our first significant separation, when Ms. J was leaving me to go on a planned trip. I had a free hour before hers and was sitting at my desk; the patient rang at her usual time, ten minutes before her regular hour, and I buzzed her into the waiting room. Then somehow I became disoriented and mistook the time of her regular hour. I sat waiting in a kind of confused nether world until fifteen minutes after her hour was scheduled to begin, then ushered her in. As soon as I saw Ms. J's confusion, I realized my mistake, but I was left with a sense of bewilderment. I listened to her reactions; then I told her that I had become confused about her time, and that I thought the reason must have something to with our impending separation.

We proceeded to analyze what it might mean. Both of us found our thoughts turning to Ms. J's history, to what was known—her difficulties in leaving home—and then what was less known, or known only in an intellectual way—her father's childhood history of traumatic loss when *his* father had suddenly disappeared from the family, her father's fragility and intolerance of separation, and his consequent inability to help his daughter leave him.

Certainly, from Schafer's perspective, I had been swept away by countertransference, and part of my reaction came from within myself, from my own fears of separation and loss. Yet at the same time, the recognition by my patient and me of my sudden bewilderment told us something important about the traumatic quality that separations had for her, and about the way this mirrored her objects' inner experiences and was shaped by them. This is an example of an embedded nonstory within a story, for which good analytic work requires both recognition of its traumatic nonstoryness and linking it to the patient's own story and the stories of her objects.

My second clinical example is from the treatment of Mr. K, whom I saw over the course of many years, first in therapy and then in analysis. Mr. K was a foot fetishist who functioned unevenly in his life, alternately reaching the pinnacle of success in his field and losing jobs through his provocativeness. He was sometimes married, always in his heart utterly solitary, always self-critical and self-destructive.

Near the beginning of his treatment, Mr. K presented a dream in which he and I were at the seashore, standing in shallow water. I was

splashing him; I had a bar of soap. As I listened to his account of the dream, my focus was on the interaction between us and his feeling of anxiety in the dream. I asked him about these, and he associated: it was playful, erotic; I was cleaning him up. Then after a silence, he said, "But I can't see my feet. I am afraid they are being washed away."

Mr. K was good at free association and introspection. For the first years of analysis, although I was aware of a countertransference pull to rescue him and at times to join him in wittily putting himself down, there were no serious disruptions in my functioning. Similarly, the two of us were able to construct together a coherent central story line of homosexual attack and feminization in which there were alternating identifications with the powerful, attacking father-analyst behind him and the son who provoked the father into humiliating and abusing him. This story line was anchored by dreams and bodily sensations during the hours, and became linked to a version of Mr. K's history.

As the analysis proceeded, a second, more disruptive phase ensued. The patient now appeared threatening to me. His posture was different as he entered my office; his voice was louder, and I feared being alone with him in the office suite at night. At times he lied to me about minor matters, and I suspected that he might also be lying about larger ones. I found myself preoccupied and quite paranoid, thinking of the patient between sessions and not well able to think about him when I was with him. In Schafer's terms, my second self had been swept away.

With this patient, consultation with a peer supervision group enabled me to sort out my disrupted reactions from his, to begin to reflect on them, and to use my understanding with Mr. K. Through our continued work, the nonstory became a story—a more primitive tale of a mother who was felt to destroy Mr. K's thoughts, as he was destroying mine. The sensation of anticipated anal attack, which we had earlier associated with an abusive father, now took on the new meaning of an assault on thinking by a malevolent phallic mother who attacked both the patient's body and his capacity to think—the split-off, negative version of the rescuing mother who had colored my countertransference experience early on.

As happened with Ms. J but more painfully, Mr. K and I linked a nonstory both to the patient's own story and to the parental stories in

which it was embedded. This analysis also progressed to a termination that seemed fairly successful to both of us.

Yet for Mr. K, self-destructiveness and proneness toward acting out and regression quickly resurfaced. Periodic returns to therapy restored his sense of an intact self, but could not bring him back to the higher level of functioning that he had reached during the analysis. Many years after termination, he reflected that he would need to be in contact with me forever.

If Ms. J shows us the value of tolerating the disruptive nonstory and placing it within a narrative frame that Schafer prescribes, Mr. K shows us the problems with this approach. With both patients, meaningful links could be created between nonstory and story. As we explore these links, we discover what has led to disruptive nonstories for each patient, historically and in the present moment in the analysis. Where do they come from and where do they lead? Who were the storytellers who shaped the patient's inner world, or failed to do so? How do these figures emerge in transference and countertransference?

In the best cases, the result is a sturdier narrative, one that takes into account focal tendencies toward concreteness and action. In other cases, as with Mr. K, the narrative, while satisfying to both analyst and patient, may serve secondarily or even primarily as a defense against the same concreteness and action-proneness—indicative in this case, I believe, of a failure of representation. Even if we jettison Mr. K's erotic story of water play, we may be creating with him a story of feet, and the story, or nonstory, is of something not there. Such a situation may be amenable to change by the analyst's transforming imagination—or some or all of the time, it may not be.

From this perspective, Schafer's assertion of meaning and meaning making may show us not so much the limitations of an earlier era as the limitations of our field. Further developments in this century will give us the answers.

## REFERENCES

Bion, W. R. (1962). *Learning From Experience.* London: Heinemann.

——— (1970). *Attention and Interpretation.* London: Tavistock.

Botella, C. & Botella, S. (2005). *The Work of Psychic Figurability.* New York: Brunner-Routledge.

Bromberg, P. (1998). *Standing in the Spaces.* Hillsdale, NJ: Analytic Press.
Brown, L. J. (2011). *Intersubjective Processes and the Unconscious.* London: Routledge.
Faimberg, H. (2005). *The Telescoping of Generations.* London: Routledge.
Fliess, R. (1942). The metapsychology of the analyst. *Psychoanal. Q.,* 11:211-227.
Fonagy, P., Gergely, G., Jurist, E. & Target, M. (2002). *Affect Regulation, Mentalization, and the Development of the Self.* New York: Other Press.
Green, A. (2005). *Key Ideas for a Contemporary Psychoanalysis.* London: Routledge.
LaFarge, L. (2000). Interpretation and containment. *Int. J. Psychoanal.,* 81:67-84.
——— (in press). The screen memory and the act of remembering. *Int. J. Psychoanal.*
Levine, H. B. (2012). The colourless canvas: representation, therapeutic action, and the creation of mind. *Int. J. Psychoanal.,* 93:607-629.
Reed, G. S. (2009). An empty mirror: reflections on nonrepresentation. *Psychoanal. Q.,* 78:1-26.
Schafer, R. (1959). Generative empathy in the treatment situation. *Psychoanal. Q.,* 28:342-373.
——— (1974). Problems in Freud's psychology of women. *J. Amer. Psychoanal. Assn.,* 22:459-485.
——— (1983). *The Analytic Attitude.* London: Hogarth.
——— (1994). The contemporary Kleinians of London. *Psychoanal. Q.,* 63:409-432.
——— (1997). Vicissitudes of remembering in the countertransference: fervent failure, colonization and remembering other wise. *Int. J. Psychoanal.,* 78:1151-1163.
——— (2007). On "The Metapsychology of the Analyst," by Robert Fliess. *Psychoanal. Q.,* 76:697-714.
Spillius, E. B. (1992). Clinical experiences of projective identification. In *Clinical Lectures on Klein and Bion,* ed. R. Anderson. London: Routledge, pp. 59-73.
Stern, D. B. (2003). *Unformulated Thought.* New York: Taylor & Francis.
——— (2010). *Partners in Thought.* New York: Routledge.
Sullivan, H. S. (1940). *Conceptions of Modern Psychiatry.* New York: Norton, 1953.

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# THE VALUE OF UNCERTAINTY

BY MICHAEL FELDMAN

*The author discusses some of the characteristics of Roy Schafer's contributions to psychoanalysis that he finds most valuable, such as his openness to uncertainty, his anti-reductive view of analytic constructions, his unique formulation of the analyst's role, and his close attention to how the patient engenders particular emotional reactions in the analyst. The author also presents a clinical vignette illustrating the value of the analyst's tolerance of uncertainty in the face of the patient's push for interpretations, explanations, and reassurance.*

**Keywords:** Uncertainty, Roy Schafer, negative capability, analytic construction and reconstruction, reality, analyst's role, confusion, interpretation, analytic relationship, frustration, nameless dread, selected facts.

In a well-known passage of 1817, John Keats, one of the great English poets of the nineteenth century, writes of a quality required for imaginative and creative thinking, namely: "Negative Capability, that is, when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason" (Keats 1899, p. 277). It is not that uncertainties are to be preferred for their own sake, but the difficulty in tolerating uncertainty and doubt may lead us to reach, in an "irritable" state of mind, for the comfort of certainty.

Artists and writers have long recognized the necessity for an imaginative openness of mind and receptivity to facilitate the creative process. Psychoanalysts have come to see that the analyst's openness to the im-

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pact of the patient on *his own* state of mind can provide a unique mode of further understanding the patient.

One aspect of Roy Schafer's thinking that I find so admirable is the extent to which he embodies the very qualities of flexibility and openness Keats describes. In *The Analytic Attitude* (1983), for example, he argues against the traditional, official psychoanalytic conception of reality that has been straightforwardly positivistic—regarding reality as "out there" or "in there" in the inner world, existing as a knowable, certifiable essence (p. 234).

He speaks, instead, of a different reality, which is "constructed in the analytic dialogue rather than simply uncovered or encountered by the analyst; this second reality is concrete, fluid, timeless, magical, passionately wishful, desperately frightened, and replete with subtle compromises" (p. x). He construes the analyst's arduous and exciting job as participating in the construction and reconstruction of this second reality, and through that, helping the analysand grow beyond the narrow and painful confines of his disturbed life.

In Schafer's work, there is a strong and convincing protest against a reductive analytic construction, where the analyst places himself in the position of saying, "This is what you are *really* doing," for example. He suggests instead an approach which says, in effect,

> Let me show you over the course of the analysis another reality, commonsensical elements which are already, though incoherently and eclectically, included in what you now call reality. We shall be looking at you and others in your life, past and present, in a special light, and we shall come to understand our analytic project and our relationship in this light, too. This second reality is as real as any other. In many ways it is more coherent and inclusive and more open to your activity than the reality you now vouch for and try to make do with. On this basis, it also makes the possibility of change clearer and more or less realizable, and so it may open for you a way out of your present difficulties. [1983, p. 235]

In presenting this impressive formulation of the analyst's role, Schafer assigns to the analyst the role of a confident, helpful, benign mentor or guide, helping the patient discover important aspects of his

psychic life, and thereby hopefully enlarging the emotional and intellectual terrain available to the patient.

Schafer then takes a further step from this position, exploring more fully some of the different roles the analyst finds himself drawn or pushed into. I see his writings reflecting in an important way his increasing awareness of and interest in the impact of the pressures, seductions, and projections the analyst is subject to—interacting, of course, with his own needs and anxieties. As we have come to understand, while on the one hand these elements interfere with the secure functioning of the analyst, on the other hand they offer unique access in an emotional way to otherwise inaccessible and hard-to-articulate emotional states. This offers, in turn, better understanding of the structure of the patient's internal objects and object relationships.

The difficulty in facing the immediate anxieties stirred up in the to and fro of the session, the discomfort of not being able to understand or formulate what is going on in the room, may drive the analyst, for example, to reassure his patient (and himself), without fully understanding what he is reassuring the patient *about*. Or, faced with the problem of not knowing quite how to relate to the way the patient describes past events and experiences, the analyst may turn to the relative security of a *particular version or story* of the patient's past that he has constructed. It is much more troubling to be faced with a number of different versions of the history that emerge in the course of the clinical dialogue—each perhaps serving different functions for the patient.

While we might agree upon the desirability of an open, flexible, receptive state of mind in the analytic situation, Schafer pays increasing attention to the forces that interfere with this and the sources of such interference. I am particularly interested in the way the analyst's experience of uncertainty, of not being able to understand or deal with the impact of what is elicited in him, stirs up a fundamental anxiety, even panic. This may challenge some fundamental assumptions that the analyst holds about his functions. He may see his role as essentially one of offering reasonable *explanations* for the patient's feelings, reactions, and behavior. Thus, being at a loss may actually make the analyst, as well as the patient, feel lost.

This sense of uncertainty, confusion, and helplessness may drive the analyst, in an "irritable" fashion, to embrace a conviction about his understanding and the interpretation he has formulated. Indeed, the *very fact* of being able to formulate an interpretation may relieve the analyst (and sometimes also the patient) of these desperate feelings of helplessness and panic associated with uncertainty. However, such a solution, arrived at out of an underlying sense of desperation, reduces the analyst's flexibility and his sensitivity to the dynamic movements taking place between himself and the patient.

One consequence of the dynamic movement within a session is that an interpretation that was appropriate at a certain moment may no longer be quite so relevant or fitting a little later, in the light of subtle changes in the balance of forces operating in the patient's mind. Indeed, we can assume that every interpretation gives rise to such changes. The thinking and the work that go on in the analyst, who then makes an interpretation, also have an effect on the analyst himself.

If indeed the analyst's interpretation has become invested with a quality of conviction, it may be difficult for him to tune in to what is *now* happening in the patient and between them in the session. We may recognize that we are holding onto and repeating an interpretation as if we were trying to convince the patient of something, and not quite noticing that something in the patient has shifted. The analyst's investment in his formulation or his interpretation may make it difficult for him to reflect on the reasons *why* he is persevering with the interpretation.

In a similar vein, I have briefly alluded to the disturbing and uncomfortable impact of the experience of uncertainty, helplessness, fear, or confusion in the patient, and/or arising in the analyst himself. This may drive him to offer "reassurance" to the patient, and thereby to himself. This often increases the patient's anxiety and sense of hopelessness as he recognizes that his object has been unable to cope with what has been stirred up in him, and has had to resort to what is essentially an omnipotent defense, claiming to possess knowledge and a solution.

Bion (1967) describes a process in which, in a session, what he terms a *selected fact* crystallizes in the analyst's mind, enabling him to make a "correct" interpretation, which carries for the analyst at that moment a sense of conviction. As with Schafer's earlier formulations, this reflects

the analyst's desire to be the confident mentor who has arrived at a formulation he can feel confident about.

However, Bion later moves away from this emphasis on the "correct" interpretation, however brilliant. He stresses instead the importance of paying attention to the evolution of emotional experience evoked in the analyst by the patient and the material he brings. He argues that such emotional resonance can lead to a deeper and more valuable understanding of the patient and of the analytic relationship.

It is not at all difficult to see why there should be a pull toward the notion of a correct interpretation, a selected fact, or a confident formulation of the patient's history. In addition to the analyst's difficulty in tolerating uncertainty and confusion, we might add the analyst's narcissistic needs, or his unconscious need to turn to omniscient and omnipotent means of reparation. Arriving at a formulation and/or an interpretation, especially when the process has been difficult, carries the inevitable danger that the formulation or the interpretation itself becomes overinvested. This reduces the analyst's receptivity and his capacity for further movement and thought, or his capacity to recognize the movement, however small, that takes place *after* he makes the interpretation. Such states of mind signal some difficulty, even if transient, in the contact between patient and analyst or within the analyst himself. The more the analyst is able to recognize this, the greater freedom he has to evolve his understanding and his work—without the "irritable reaching after fact and reason" to which Keats referred.

I believe Roy Schafer has become increasingly interested in exploring in greater depth the factors in the analyst that interfere with his openness and flexibility. For example, Schafer argues that:

> It is important to examine feeling frustrated for what it can tell about the analyst's desires intruding into the work inappropriately and what, if anything, the patient might be contributing to this development. If ignored, feeling frustrated exerts an important disruptive influence on the analyst's efforts to develop and sustain an effective, beneficial analytic process, and it may lead to impasse. [2009, p. 84]

He reflects on the presence of excessive therapeutic zeal, based on omnipotent reparative fantasies that may be revealed by the analyst's

frustration. We have come to see that if the analyst is able to recognize and reflect on the presence of such pressures in the interaction within the session, this may help to "move forward the arduous process we call psychoanalysis" (2009, p. 84).

In another original and refreshing paper, Schafer (2005) describes the familiar situation in which the patient experiences the analyst as exerting pressure on him to comply, essentially, with the analyst's needs rather than his own. In examining this situation, Schafer considers not only the patient's needs for compliance or submission, but those elements in the analyst (of which he may be partially or wholly unconscious) that put coercive pressure on the patient. Again, it is important for the analyst to consider whether his interpretations do indeed reflect his own disappointment with the patient, the accusations and criticisms carried by his silence or his interventions, or the analyst's need for a compliant patient who fits in with a particular view or way of behaving.

Schafer explores the complex matrix of the patient's needs and the analyst's needs—where they correspond and where they conflict. The more the analyst recognizes and takes some account of these processes within himself, in his patient, and in their interaction, the better the prospect of finding a way of helping the patient to move forward. I believe we have come to understand in greater depth not only the elements in the analyst's personality that may interfere with his openness and flexibility, but also the extent to which the analyst becomes drawn into thinking, feeling, and behaving in ways that are powerfully influenced by the patient's projections and the underlying anxieties these evoke. I believe the analyst's capacity to function in a creative way depends a great deal on his capacity to tolerate the uncertainty and confusion elicited by such pressures and projections, to reflect as far as possible on the sources of these disturbing mental states, and to recover, at least partially, the capacity for clearer thinking and understanding.

## CLINICAL EXAMPLE

I will give a fragment of the interaction in a clinical session to illustrate what I believe to be the anxieties evoked in the patient by a particular kind of uncertainty, and the impact of this on the analyst.

The patient, Dr. T, is an intelligent and capable woman who grew up in Ireland, where some members of her family were involved in violent political struggles. She was confronted with a number of traumatic events, including the deaths of friends and relatives. Although she was close to her father in early childhood and was greatly admired by him, he began drinking heavily and died when she was still quite young. There were other disturbing events that made her childhood and adolescence very difficult. Her view of her mother was colored by a sense of constantly being undermined—nothing was ever good enough. Nevertheless, with her talent and determination, Dr. T has become a respected teacher, married, and gives a picture of a good family life.

She arrived seven minutes late, which was quite common, and said she had had a difficult night—she was up and down all night. She said this was very unusual for her; she has always managed to get to sleep within ten minutes and can wake up whenever she likes. She doesn't know . . .

There was a long, slightly anxious pause. Then Dr. T went on, "Maybe it's about Tom [her son], who will be moving to a different school . . . . Maybe it's about starting analysis after the recent break we've had."

Her husband had asked her in the morning, "Are you all right?" "No, I'm not." He said, "You were up and down all night."

I said that I thought not knowing was difficult and threatening for her.

Dr. T continued, "When my husband asked me—the first thing that popped into my mind is restarting my analysis. I can manage when I've had a good night's sleep. I used to be able to manage."

After an expectant pause, she said, "The thought of coming in here agitates me in the night. Knowing that I'm coming back, and then before very long you're going to be away again. I don't want to talk to my husband about that. That agitates me, because sleep is very important to me."

At the end of the previous session, the patient had said she had not gotten around to talking with me about the situation with her sister Carol, but there was not enough time, and she would have to wait until the next day. At this point in this session, she proceeded to give a complex, fluent narrative about Carol's past and current medical and psy-

chological problems. Her sister was seriously injured in a motor vehicle accident; she now feels unable to work and cannot sustain any relationships. Dr. T has been very involved and has tried to advise and help, feeling guilty that her own life seems so much better. Carol alternates between gratitude and bitter resentment.

After another pause, my patient added that she did not know what would be happening next year, and that worried her. She then said, "It *isn't* this nameless dread, this thing I don't know."

There was an uncomfortable atmosphere in the room: moments of coherent narrative were interspersed with what felt like a restless, troubled, and broken-up form of thinking and speaking.

This patient always finds it extremely difficult not to know—not to have one or several explanations for whatever is happening or has happened, even if they sound rather formulaic. She often worked hard to anticipate what I was thinking and what I might say or do. It was important to engage me in discussion, debate, or argument, the content of which was usually less important than the sense of my emotional involvement with her.

I said that I thought it was particularly threatening for her not to be able to account for her restlessness and agitation the previous night. Dr. T then offered herself and her analyst several alternative "maybe's," none of which carried much conviction. I think to myself that she was hoping, nevertheless, that I would take up one of her suggestions. Indeed, I felt an intense pressure to offer an interpretation or "explanation" that would provide her with something to engage with, to agree or disagree with, to criticize or reject.

There was, I think, a shared fantasy that I should do *something* to relieve the patient—and myself—of the present discomfort and anxiety. It seemed to matter less that I might not yet understand or have a clear sense of the meaning of what was going on. This would relieve the very palpable distress and panic about *not knowing:* it felt better to behave *as if* something was understood.

Dr. T turned with partial relief to a specific, concrete problem elsewhere, her sister Carol's problems, and she became, for a while, articulate, fluent, and "knowing." What I was aware of was that many of the difficulties in her sister's life and the tensions between them touched

on disturbing issues of Dr. T's, with frightening echoes of the traumatic events of her own early life.

I thought the patient's remark, "It isn't this nameless dread, this thing I don't know," was quite a complex communication. She evidently had some awareness of a disturbing internal state, and it further troubled her that she did not know and could not "name" what it was. When I did not diminish her anxiety by offering names for the experience that neither of us understood at this point, she resorted, paradoxically, to using the term *nameless dread,* with a reference back to Bion's work. The phrase (which I had not used) seemed to give her experience some structure, and represented a further offer to me that I might engage with, and this prospect relieved her for a few moments.

The phrase did, of course, capture aspects of this experience of not being able to find ways of thinking and talking about what was going on in herself, first in the night and now in the session. This resonated with my experience in the room and helped me articulate my experience in my own mind. I thought her discomfort, frustration, and anxiety about not being able to "know" the nature of some disturbing and unsettling experience in the night, and now to some extent in the session, was very threatening for her sense of who or what she was. It seems possible that this represented a recapitulation of early experiences for which she had no words, and no one able to offer her any words to structure and explain.

The way the patient speaks, holds her body, moves, the quality of her silences communicates something of this state of uncertainty and dread to the analyst. Not being able to formulate what is going on either in the patient or in himself is very difficult for the analyst to bear, and there is pressure to relieve this state by offering interpretations before anything has been properly understood and can be spoken about. Of course, the disturbance evoked by not being able to make sense of some experience or to find words for it will vary from one individual to another.

When I was able to begin to make some sense of the experience, I realized that it was not just uncertainty, frustration, or puzzlement that Dr. T was dealing with and that had been evoked in me; I could recognize in myself that there was indeed a "dread" of utter helplessness, hopelessness, and isolation that felt endless. It was as though nothing would ever be understood, and I could do nothing to change this.

## DISCUSSION

It seems to me important for the analyst to bear this state of not knowing, as far as he is able, without "irritably" (and desperately) reaching for an "explanation" or an "interpretation," however plausible, but one that does not engage with the intensity of the disturbance present in the patient and the analyst. Indeed, in the session I have briefly referred to, after an initial alarm in response to my taking seriously her experience of disturbing "not knowing," the patient seemed relieved, and I think this enabled her to bring material that felt richer and more immediate.

It is interesting to consider which elements in the personality of the patient or the analyst enable him to tolerate a greater or lesser degree of uncertainty. I assume this has something to do with the internal relationship with primary objects—whether they have been essentially supportive at critical stages of development.

Schafer has explored the fragility of the psychic structure encountered in schizoid patients who, through a failure of normal processes of introjection, remain extremely dependent on external structures. He gives the example of a woman who had to leave the building extremely slowly after a session. Any rapid change threatened her with catastrophe. The individual's capacity to tolerate the anxieties associated with unfamiliarity, movement, and change depends on the extent to which that individual has been able to introject figures that offer a sense of containment, which function as reassurance against the primitive terror of annihilation.

Dr. T, the patient I have briefly described, lived with an internal maternal figure that could never accept who she was or what she did. This presence was associated with terrible fantasies of being destroyed. She thus depended a great deal on external reassurance and support, including the support she obtained from her own considerable intellectual powers. When these forms of support failed her, she felt threatened by catastrophe. It was this desperate state that was communicated to her analyst, with a pressure to rescue her, even if this meant his offering an interpretation that reflected incomplete and inadequate understanding.

I believe Roy Schafer's capacity to tolerate the uncertainty of not knowing, and to be interested in exploring the origins of the difficul-

ties that beset every analyst in the clinical setting, is remarkable and impressive. It has contributed to the flexibility of his thinking and to the astonishing development of his theoretical framework. I believe his analytic understanding has been enriched by his willingness to recognize the forces—both in the patient and in the analyst—that organize and structure the analyst's emotional responses, as well as his thinking and work, in ways that he is often not aware of. Schafer's increasing interest in the factors *within* the analyst that determine his way of working and the influence of the patient on such factors has been important and helpful to all of us.

My reflections on some of these issues have been helped and enriched by my association with Roy Schafer over many years. I deeply appreciate his intelligence, his creativity, and the courage with which he is able to raise and discuss ideas in a fresh and original way.

## REFERENCES

Bion, W. R. (1967). *Second Thoughts.* New York: Jason Aronson.

Keats, J. (1899). *The Complete Poetical Works and Letters of John Keats, Cambridge Edition.* Boston, MA/New York: Houghton Mifflin.

Schafer, R. (1983). *The Analytic Attitude.* London: Hogarth.

——— (2005). Caring and coercive aspects of the psychoanalytic situation. *J. Amer. Psychoanal. Assn.,* 53:771-787.

——— (2009). The countertransference of feeling frustrated. In *Tragic Knots in Psychoanalysis.* London: Karnac.

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# ACTION, AGENCY, AND EMPATHY: SCHAFER ON THE ANALYST'S DILEMMA

BY JAY GREENBERG

*Throughout his career, a central feature of Roy Schafer's theorizing has been to highlight the role of activity and personal agency in every facet of human experience. This theme has remained at the forefront of Schafer's work, despite being embedded within different frames of reference. In this paper, the author highlights Schafer's focus on activity, notes some clinical problems to which it can give rise, and suggests the way that Schafer has attempted to deal with these difficulties.*

**Keywords:** Roy Schafer, action, agency, empathy, resistance, ego psychology, language, projection, tragedy.

It is both an honor and a challenge to participate in this conference celebrating Roy Schafer's contributions to psychoanalysis. The honor is that we are invited not only to engage one man's work, but also—because of the scope and depth of Roy's writings—to explore what amounts to the entire history of our discipline as it has unfolded over the last half century or more. The challenge, of course, stems from the same set of facts: there is virtually no aspect of psychoanalysis—theoretical, clinical, applied—that has not been touched and changed by Roy's thinking. Simply enumerating the various themes he has addressed would easily consume the time allotted to us.

Because he has touched on virtually every issue that matters to contemporary psychoanalysts, Roy's career can, putting it in a way that I think he will find congenial, be narrated in any number of different

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ways. As my title implies, my focus today will be on the role of action, activity, and agency in Roy's way of conceptualizing human experience. I will suggest that this emphasis remains consistent throughout his writings, from the earliest to the most recent.

Strikingly, this fundamental sensibility endures even though the conceptual structure within which the ideas are housed has changed significantly over the course of his career. We find it expressed in the language of an emended ego psychology in *Aspects of Internalization* (1968a), in the anti-metapsychological framework of *A New Language for Psychoanalysis* (1976), in the borrowings from contemporary Kleinian thinking that characterize Roy's work in the 1990s and 2000s. And—reflecting the breadth of Roy's intellectual curiosity—we also find it in his engagement with the philosophy of Austin, Ryle, Wittgenstein, and others, as well as with the narrative tradition of literary critics, and especially with critical approaches to the problem of tragedy.

I will detail aspects of this consistency as I develop my argument, but before doing so I want to note a tension that comes along with it. Although Roy is without question one of our outstanding theorists, at heart he is also a clinician; he never ventures very far from the problem of how we can engage our analysands in ways that facilitate self-understanding and, ultimately, benign emotional change.

In psychoanalysis generally and in Roy's work in particular, theoretical insight can create clinical problems; this is a tension that Freud recognized at least as early as his seminal meeting with Dora. In Roy's work, I would put the tension this way: the assumption of the analysand's irreducible agency is likely some of the time, if not most of the time, to be at odds with the analysand's—and the analyst's—need to feel understood. I will suggest that Roy is at least implicitly very aware of this tension, and that a good deal of his thinking is directed toward exploring ways of working with it clinically.

Let me begin with a brief survey of the ways in which Roy's insistence on psychodynamic formulations that are anchored in the subject's activity have colored his thinking over time. It starts at the very beginning, of course, with his interest in projective testing. The images we perceive on a Rorschach card reflect the way in which we have given shape to stimuli that are ambiguous by design; the butterfly or the clown or the

devil that we see is the resultant of a figure that was created accidentally and the workings of a mind that has evolved for the purpose of making our experience meaningful. Projective tests are able to reveal the particulars of individual, idiosyncratic psychic functioning precisely because the "reality" of the pictures on the card can be largely if not entirely marginalized.

Consider, in light of this, Roy's approach to the problem of internalization in his first wide-ranging exploration of the workings of psychoanalytic theory. Critically engaging the core ideas of his teachers, who worked within the tradition of North American ego psychology, he came up with a definition that in his words "increases the emphasis on the subject's activity in internalization" (1968a, p. 9). This new emphasis requires two fundamental shifts; he specifies:

> (1) that it is the subject who does the work of transformation or replacement, although his doing so may be in response to considerable environmental pressure, and (2) that the environmental influence may be, as it so often is, partly or entirely imagined by the subject. [1968a, p. 9]

The similarity to the construction of responses to Rorschach stimuli is striking, although of course the object world pushes back against our organizing tendencies more forcibly than an inanimate card can. What Roy calls "the work of transformation or replacement"—that is, the modification of psychic structure as a result of processes of internalization—comes across as a kind of choice (not exclusively or even predominantly conscious, of course) made by an active subject who is the agent of his or her own experience, and who actively navigates a course through life.

The second part of the formulation, on my reading, not only reiterates the centrality of agency, but at the same time also carves out an irreducible etiological role for fantasy—perhaps even minimizing the importance that ego psychologists attributed to conflict-free functioning.

Viewed from this perspective, the next major step in the evolution of Roy's thinking is not surprising: he generalized his emphasis on the subject's active agency beyond the way it shapes processes of internalization. In *A New Language for Psychoanalysis* (1976), written only eight years after *Aspects of Internalization* (1968a), he asserts that a committed appre-

ciation of the subject's activity—which he says can be found in Freud's clinical work, if not in his more abstract theoretical formulations—requires nothing less than the creation of an *action language* that gets rid of a metapsychology that inclines us to view ourselves as driven by forces that are beyond our control.

I would like to note two things about Roy's *action language*. First, in line with my central argument, it recasts the entire conceptual structure that Roy had been trained in and worked with in a way that highlights agency. Second, perhaps less obviously and more controversially, I would say that, among the many critiques of received theory that emerged in the 1970s and early 1980s, it is in certain respects the most conservative.

Other revisionists shared Roy's conviction that Freud's wishful project of modeling the mind within what Hartmann called a "generally biological" rather than "specifically human" discourse had reached a dead end in the elaborations of ego psychologists. But they—I am thinking of George Klein and Merton Gill, among others—seized the opportunity to recast fundamental clinical as well as metapsychological hypotheses, something that Roy steadfastly refused to do. Throughout he has maintained the view that narrating lives according to traditional Freudian storylines—that is, in terms of the enduring influence of archaic, infantile sexual and aggressive fantasies along with attendant anxieties and defenses—is the most effective way of helping our analysands to live more effective lives.

Appreciating Roy's conservatism in this respect deepens our understanding of how important it is for him to create a theoretical vision that radically rejects anything that will allow us to avoid confrontation with our activity and our agency.

The emphasis that began with Roy's work on projective tests continues to shape his interests. In what follows, coming at the issue from a slightly different angle, I will take up the implications of a fundamental shift in Roy's understanding of psychoanalytic epistemology: his idea that not only clinical work but also theory making itself are narrative enterprises. Foreshadowed in his groundbreaking paper "The Psychoanalytic Vision of Reality" (1970), the concept of theory-as-narrative focuses attention on the analyst's active role in defining and organizing the data generated within the psychoanalytic situation.

At least from 1970 and continuing through his 2009 book *Tragic Knots in Psychoanalysis,* Roy's engagement with the narrative tradition and with the thinking of literary critics drew him to an appreciation of the parallels between Freudian constructions and the sensibilities of the great tragedians whose work has shaped Western thinking over the past 2500 years. Noting this puts a fine point on the importance of action and agency in our thinking.

Tragedy, from its origin in fifth-century Athens to the present, is about action and the choice among alternative actions when neither the reasons for the choice nor outcome of the actions can be fully known. As the historian of tragedy Jean-Pierre Vernant writes, "tragedy presents individuals engaged in action . . . . It shows them on the threshold of a decision, asking themselves what is the best course to take" (1990, p. 44).

And of course the tragic vision reminds us of the limits on what action can accomplish, because we live in a world in which we are also acted upon by others in ways that cannot be fully anticipated or even known. This sensibility, drawn from an entirely different discourse, elegantly captures Roy's way of conceptualizing the position of both participants in the psychoanalytic dialogue.

With these considerations in mind, let me turn my attention to the nature of the analyst's dilemma, to which I refer in the title of my paper. As I have suggested, Roy's construction of the psychoanalytic situation frames it as an encounter between two active agents, two narrators, each creating their own versions of the events that they observe.

There are, of course, significant differences in the circumstances of the two participants. The analysand necessarily observes his or her actions from within (at least during the earlier phases of treatment), and is more or less committed to construing those actions as essential to living effectively in one way or another, or even to survival itself. The analyst, in contrast, has an "outside" perspective, which may be dispassionate but which is always subject to emotional embellishment by virtue of the fact that he or she is often the object of the analysand's acts.

Moreover, the analyst also looks at things in part through the lens of his or her theory, which regardless of specifics always includes the idea of unconscious processes—an idea that, typically, is not congenial to the analysand.

The implication of this is that in Roy's vision the analyst is, irreducibly, an *other* whose mind the analysand must reckon with. This is, at least in Anglophone analytic traditions, an unusual way to envision the psychoanalytic situation. Because the reality of otherness can be so painful, it presents a problem that analysts have historically been reluctant to recognize.

Freud believed, after all, that "hate, as a relation to objects, is older than love" (1915, p. 139); perhaps accordingly, he could never reflect deeply on the way that the encounter with the analyst as a real other would influence the analysand. Instead, he seemed to think that whatever otherness there was depended simply on the analyst's possession of a body of scientific knowledge that was unavailable to the patient and that therefore differentiated the mental state of the analyst from the mental state of the patient. The analyst—established as other fundamentally by virtue of his or her command of this body of knowledge (and purged of any tendency to idiosyncratic application of it by his or her personal analysis)—could use it to correctly and completely decode the latent meanings of the analysand's free associations.

At the extreme of this way of looking at things, the analysand was seen to be dealing not so much with an analyst as with an *analytic instrument* (Isakower 1963)—a position that is thoroughly incompatible with Roy's epistemology, not to mention with his clinical sensibility.

But with recent developments—the proliferation of interpretive systems embodied in a range of theoretical models, and the revised epistemology to which Roy has decisively contributed—means that our historic infatuation with science as the solution to otherness has seen its day. In its wake, strikingly, concepts have arisen that suggest we need not think of ourselves as *other* after all, or at least that we can abrogate difference in the interest of therapeutic connection.

Kohut's *empathic perception* and *vicarious introspection* seem to suggest that we need not worry as much as we have about our separateness. Vicarious introspection—finding ourselves in the analysand—is a conceit, and virtually an oxymoron that amounts to a nearly explicit denial of otherness.

Similarly, Bion's concept of the analyst's mind as an empty container ready to receive parts of the analysand's mind (e.g., 1962), and its devel-

opment in contemporary Kleinian notions of projective identification, explicitly blur psychic boundaries, and thus the differences of which we become aware when we think of analyst and analysand as *other* to each other. More recent concepts, such as Ogden's (1994) analytic third, *affect attunement* (e.g., Stern et al. 1998), and—on a more cognitive level—social constructivism (e.g., Hoffman 1983) work in a similar direction.

There are a few analysts who have grappled with the problem of the analyst's otherness: Lacan presumed it, and Laplanche worked out some of the details developmentally and clinically. In Latin America, Isidoro Berenstein made it a central feature of his way of conceptualizing the psychoanalytic situation. But North American psychoanalysts, with the notable exception of followers of Erich Fromm (e.g., 1975), who worked within one branch of the interpersonal tradition, have not been so quick to replace a rejected positivism with full appreciation not only of the meeting of two subjectivities, but also of the potential clash between them.

In what follows, I will develop the idea that a vision of the analyst as irreducibly *other* to the analysand, bringing with it, unavoidably, the potential for adversarial and abrasive engagement, is a correlate of Roy's insistence on activity and agency. Although the theme of otherness and the problems it can cause is less explicitly developed in his writing than agency is, I will argue that Roy is fully aware of this theme. I will spell out the ways in which he brings it into his vision of the psychoanalytic situation and the technical suggestions that he has developed to deal with the clinical problems that his perspective reveals.

Otherness as a correlate of activity is a central theme in Roy's first published clinical paper, "Generative Empathy in the Treatment Situation" (1959). That paper appeared, remarkably, in the same year that Kohut first discussed the concept of empathy in a published work. A comparison of the two approaches to empathy is illuminating. For Kohut, empathy—defined as it would be throughout his career as *vicarious introspection*—defines psychological observation. Tied to Kohut's enduring positivist epistemology, empathy provides unmediated access to the psychological state of the analysand; it is in this sense that I have referred to empathy as abrogating otherness.

Here is an example of what Kohut tells us we can learn about an analysand through the accurate use of empathy: some patients "may be said to become addicted to the psychotherapist or to the psychotherapeutic procedure. Their addiction, however, *must not be confused with transference* . . . . The patient *really needs* the support, the soothing of the therapist" (Kohut 1959, p. 476, italics added). In this passage, we see foreshadowings of what became the methodology, metapsychology, and epistemology of self psychology.

Roy's definition of empathy in his 1959 paper starts out similarly to Kohut's; he refers to "the inner experience of sharing in and comprehending the momentary psychological state of another person" (p. 345). But quickly things become more complex: "The therapist must also repeatedly question himself: *How does this patient want me to feel?"* (p. 347, italics added). And then, stunningly and presciently, Roy adds that "I know what you feel because I know that I once felt something like it and *I know how you make me feel*" (p. 349, italics added).

This is Kohut *cum* Bion, who was developing analogous ideas at the same time, and whose work it is fair to guess was unfamiliar to both Roy and Kohut in 1959. But it also adds something crucial to the formulations of the other theorists; I suggest that what it adds stems directly from Roy's sensitivity to the agency of both participants in the psychoanalytic situation.

"How does this patient want me to feel?" adds an aspect of the analysand's participation that, to my knowledge, Kohut never noticed; it implicates the analysand's active use of projective mechanisms and the analyst's capacity for containment. But "I once felt something like it"—perhaps implicit in Kohut's notion of vicarious introspection but undeveloped in self psychology, and certainly absent from the framework developed by Bion and his followers—reminds us that the analyst inevitably brings his or her own experience to the table, thereby actively giving shape to the ways in which any particular analyst will understand the analysand's experience.

From this, Roy arrives at a vision of empathy that includes not only the activity of both participants in the psychoanalytic situation, but also their otherness. Even as early as 1959, Roy saw empathy as a creative act; he compared it to wit and to poetry, with both of which he believes

it shares cognitive and psychodynamic characteristics. Roy's empathy is never epistemologically naive and it involves no surrender of personal perspective; in fact, it depends upon personal perspective (1983, p. 43).

As his career progressed, Roy moved away from talking about empathy. Perhaps this was because the term had been appropriated and sloganized by self psychologists, but I suspect that there was a deeper reason: as he put it in his *New Language* book, "We have surrounded the idea of empathy with a mystique of passivity" (1976, p. 351). And passive constructions of the analyst's role are to be expunged; as early as 1968, Roy was making it clear that "an attempt has been made to view the analyst as always being active in the analytic situation" (1968b, p. 192). I will turn shortly to the way in which Roy turned away from talking about empathy, focusing instead on what he termed the analyst's *affirmative* and/or *appreciative* attitude.

I have already mentioned that Roy's move away from ego psychology's positivism to his vision of psychoanalysis as a narrative discipline is of a piece with his action language and with his insistence on the analyst's activity. Now I want to focus on the way in which this epistemological move sensitizes us to the analyst's otherness as well.

It begins with the assertion that "narration enters . . . as soon as we take into account that . . . actions exist only under one or another description" (1992, p. xiv); that is, they exist only as they are described by one or another observer. Not only that: any narrative of an action is *itself* an action, one that implicates the choices of the narrator. "Actions are always told by someone and . . . each telling presents one possible version of the action in question" (p. xiv).

The emphasis on action and its narration implicates the analyst's preferred ways of "retelling" the story of the analysand's life. And with many competing theoretical schools offering a range of storylines—not to mention, of course, that analysands come to treatment with their own narratives—there is no retreat to a god's-eye view that can resolve conflict among possible alternatives. *Contra* Freud, the analyst operating within Roy's model is a particular other person with a personal point of view, not merely an authority anointed by virtue of his or her training and personal analysis.

In fact, the psychoanalytic situation is saturated with versions of reality that reflect the various commitments of the two participants, and because of this it is saturated with otherness. The problem is exacerbated, of course, by the fact that often the analyst is the object of the actions he or she is narrating; as I have mentioned, he or she is not always or even typically a dispassionate reporter. Recall Freud's comments about the "narration" of the faulty actions he called parapraxes: the object of these actions—the person whose name has been momentarily forgotten, or whose present has been lost—is likely to attribute a different meaning to the act than the person who committed it does.

Roy's attunement to the impact of the analyst's otherness is implicit but also decisive in shaping one of his best-known theoretical turns: his critique of the concept of resistance and the way it shapes our understanding of the psychoanalytic situation. Fundamental to understanding Roy's critique is the appreciation that, in his view, the idea of resistance is anchored in and grew out of disavowal—Freud's disavowal of his personal stake in creating psychoanalysis as a theory and as a practice. As Roy puts it, resistance was born from and continued to reflect what he called Freud's "generalized adversarial countertransference" (1992, p. 221).

Roy's way of understanding Freud's view of resistance is complex, of course, and I cannot fully do it justice in a few sentences here. But it is clear that he believes the idea that the patient, when resisting, is *predominantly or exclusively opposing something* grew out of Freud's belief that "he was in some sort of argument," both with his analysands and with a scientific community that was reluctant to embrace his insights (1992, p. 226).

Seen in this light, the concept of resistance comes across as one man's preferred way of giving meaning to a class of actions by narrating them in accord with his ideas about an underlying motive that drives them. Of course, this way of putting things, with appropriate conceptual and terminological modification, might be said to characterize the way that theory is constructed early in the history of any scientific discipline. But notice what Roy adds: Freud's *countertransference.* That is, he adds the particulars of Freud's vision as it was shaped by the particulars of his character, especially his sense of himself as embattled conquistador;

Freud's mistake was rooted in his failure to acknowledge his personal contribution. Thus, in Roy's view, the foundational concept of resistance gets its shape from Freud's disavowal of his otherness as a force both in his clinical work and in his theory making.

I have attempted to show that when we presume and insist on agency we immerse ourselves, inescapably, in otherness. We are thus bound to view the psychoanalytic situation as one in which two people act upon each other continuously—sometimes consciously, often not. There are no *theoretical* loopholes in Roy's formulation, no escape hatches. Moreover, in the sea of action that Roy has described, there is always a looming possibility of conflict between the two participants. Analyst and analysand are likely to have different perspectives on what is happening between them, and may have different agendas for what *should* happen between them; as a result, we work in the shadow of a looming potential to lapse into adversarial engagement.

To reiterate, Roy argues persuasively that Freud formulated the seminal concept of resistance in the way he did precisely because he failed to fully grasp this fact of analytic life, succumbing to a countertransference that can ensnare any of us who disavow our otherness. For those of us who are not theory builders, the danger is more quotidian: we find ourselves caught in enactments that, however useful their analysis might ultimately be, put the analytic project at risk.

Perhaps more clearly and forcefully than any other analyst of the past several decades, Roy grasps these dangers and worries about how, trapped in our otherness, we can create a therapeutically effective conversation—one in which the analysand can feel consistently enough that he or she is understood. His approach to the problem is to urge us to adopt what he calls an *analytic attitude,* a broad umbrella concept that includes a number of technical suggestions. I will mention a few of these, both because I think they illuminate Roy's clinical stance and because they deepen our appreciation of his theoretical contributions.

I will start with a late idea of Roy's because I think it reflects his full embrace of the implications of his decades of theorizing. In 2009, he criticizes analysts who "in their countertransference . . . hesitate to speak in the first person . . . . I think many of them do not want to face the challenge of . . . being that present and exposed" (p. 31). For Roy, the

analyst must speak in his or her own voice; thus he suggests saying things like "What I hear in what you're telling me is . . . ," or "as I understand you . . . ," and so on. This way of speaking affirms and embraces otherness; as Roy puts it, "I am . . . doing what I can to put myself on the line to be acknowledged, refuted, corrected, or ignored. I am there as an intended presence, not a disembodied voice" (p. 30).

But it is more than that, of course. Earlier in the paper, Roy has told us that he avoids other first-person locutions, particularly "I wonder . . ." There is a difference between "I wonder" and "I hear" that matters greatly. When Roy says, "I hear," he is staking out a territory; he is saying, "I am in the room with you; this is what I hear because this is who I am." Wondering, I suspect, is too generic; it does not tell the patient anything about Roy as a particular person.

And Roy insists on his particularity; he will have it no other way. It can be no other way because thoughts are actions, and he wants the analysand to know that he is aware of that. Roy asserts his otherness, owns his impact, and then he invites the analysand to ignore him or disagree with him if that is what the analysand wants or needs to do, and he holds open the possibility of negotiation. Roy knows that he can coerce and be coerced (that is the title of one of his late papers), but his starting point is that he is his own man. Whatever happens next is what the two participants make happen.

In his 2009 paper, Roy acknowledges that he has been accused of being too "rough," which—as I hope is clear from my discussion so far—I think of as an occupational hazard of analysts who embrace their otherness. While roughness can be dealt with on a moment-to-moment basis by the analyst's willingness to make a tactful retreat, I would suggest that Roy has a couple of larger ideas that address the problem. I will nod to one of them, which I think is not fully successful: the concept of the analyst's *second self,* comparable to that of poets and novelists.

The concept of the second self, now thirty years old and not a force in Roy's more recent work, strikes me as a way of softening the impact of otherness. As such, it avoids two insights that have emerged from contemporary clinical observation: first, the analyst as a person is more exposed, more transparent to the analysand than was known early in our history; second, and more interesting, under the impact of the analy-

sand's actions and especially in response to projective processes, the analyst can be transformed in "real" ways—not just in the analysand's world of inner fantasy.

A more successful approach to the problem of otherness lies at the heart of Roy's reformulation of the concept of resistance, which I have discussed at some length. This theoretical change leads to a clear and striking clinical upshot: Roy suggests "a modern technical approach to resistance wherein the analysis of countertransference replaces 'the resistance' as a central factor in the analytic process" (1992, p. 219).

Even before he suggested this particular shift in focus, Roy had reframed what we tend to think of as resistive behaviors, reminding us to be aware that no matter how destructive, despairing, hateful, or wasteful our analysands may at times be, they have also "managed to continue living hopefully, lovingly, and honestly, and also in a way that is dignified, proud, talented, and constructive when, considering all the adverse life circumstances, the odds against this have been very great if not overwhelming" (1983, p. 59). This concept of "appreciation in the analytic attitude" is as distinctively Roy as is his unflinching embrace of potentially more abrasive aspects of otherness.

Related to appreciation, and also to his revision of traditional approaches to resistance to which I have already referred, is Roy's concept of *the affirmative attitude.* As I have noted, the revised view of resistance is affirmative because it emphasizes not just what the resisting analysand *opposes,* but also what he or she is striving for. Roy draws on the theoretical conservatism to which I have alluded to make a point that, clinically, is strikingly novel. Reminding us that in Freud's vision the unconscious is entirely wishful, Roy goes on to say that "there are no No's in the Ucs. *Analysis is a search for affirmations*" (1976, p. 256, italics added).

I can think of no better way to conclude my discussion of Roy's solution to what I have called the analyst's dilemma, or to convey the unique clinical voice that has emerged from his project of probing every nook and cranny of psychoanalytic thinking and clinical experience.

## REFERENCES

Bion, W. R. (1962). *Learning from Experience.* London: Tavistock.
Freud, S. (1915). Instincts and their vicissitudes. *S. E.,* 14.

Fromm, E. (1975). Humanism and psychoanalysis. *Contemp. Psychoanal.,* 11:396-405.

Hoffman, I. Z. (1983). The patient as interpreter of the analyst's experience. *Contemp. Psychoanal.,* 19:389-422.

Isakower, O. (1963). Minutes of faculty meeting, October 14 and November 20. New York Psychoanalytic Institute.

Kohut, H. (1959). Introspection, empathy, and psychoanalysis—an examination of the relationship between mode of observation and theory. *J. Amer. Psychoanal. Assn.,* 7:459-483.

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

Schafer, R. (1959). Generative empathy in the treatment situation. *Psychoanal. Q.,* 28:342-373.

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

——— (1968b). On the theoretical and technical conceptualization of activity and passivity. *Psychoanal. Q.,* 37:173-198.

——— (1970). The psychoanalytic vision of reality. *Int. J. Psychoanal.,* 51:279-297.

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

——— (1983). *The Analytic Attitude.* New York: Basic Books.

——— (1992). *Retelling a Life: Narration and Dialogue in Psychoanalysis.* New York: Basic Books.

——— (2009). *Tragic Knots in Psychoanalysis.* London: Karnac.

Stern, D. N., Sander, L. W., Nahum, J. P., Harrison, J. M., Lyons-Ruth, K., Morgan, A. C., Bruschweiler-Stern, N. & Tronick, E. Z. (1998). Non-interpretive mechanisms in psychoanalytic therapy: the "something more" than interpretation. *Int. J. Psychoanal.,* 79:903-921.

Vernant, J.-P. (1990). Tensions and ambiguities in Greek tragedy. In *Myth and Tragedy in Ancient Greece,* ed. J.-P. Vernant & P. Vidal-Naquet. New York: Zone Books.

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# ROY SCHAFER: A NARRATIVE

BY ROBERT MICHELS

*The author provides a brief overview of the papers given at the Schafer Symposium in October 2012 by the following six presenters: Henry Schwartz, Richard Fritsch, Rosemary Balsam, Lucy LaFarge, Michael Feldman, and Jay Greenberg. He also highlights some important ongoing themes in Schafer's writing, including theory—about which Schafer takes a unique position—history, and ideas from other disciplines. Schafer prefers continuing explorations over arriving at conclusions, the author notes, and believes that students should remain faithful to their mentors' thinking—until it is time for them to move beyond it.*

**Keywords:** Roy Schafer, projective testing, Rorschach, psychodiagnostics, femininity, evolution of analysis, uncertainty, analyst's role, analytic theories, history of analysis, interdisciplinary thinking, mentoring.

Roy's genius was first displayed in his understanding that a psychologist should interpret a psychological test profile rather than merely report the results of psychological tests. He became well known for his work on projective tests such as the Rorschach, in which the subject is presented with an intentionally ambiguous stimulus and the tester studies his responses to that stimulus. Roy's insight was that perception of and responses to stimuli are actions that are shaped by the subject's mind and that encompass the context and the relationship with the tester, as

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well as many other determinants. Responses to ambiguous stimuli can be richly understood within this framework.

Perhaps some readers will have noted that we are actually involved in a related research project with our discussions of Roy's contributions. We are observing the construction of a new projective test. We have examined six research subjects, each of whom has presented a response to an ambiguous stimulus—namely, the instruction to prepare a paper for a presentation at Roy Schafer's festschrift. We have seen their responses to this stimulus in print. In this process, they have revealed something about themselves, and we have observed how they perceived the stimulus. Let us consider the results.

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Henry Schwartz starts by telling us the story of Roy's life. In the process, he self-consciously goes out of his way to identify with Roy's style. He says that there is no "correct" introduction to Roy. There are many possible introductions, and Roy would be the first to tell us that there is no "true" one that invalidates the others. Schwartz offers his version of the story, knowing that there are only *versions* of stories; there is no story that is not a version.

Henry introduces Roy first as a brilliant student, and then a conservative, responsible, respectful rebel against his teachers, and suggests that this theme may go back to Roy's earliest roots. In his intellectual autobiography (Schafer 2000), Roy told us about the roots of his work and his interest in interpretation, and about his family's origin in the Jewish culture of Eastern Europe. Roy remains respectful of authority, and yet unwilling to accept it without questioning it, challenging it, revising it, and improving it.

Richard Fritsch reviews Roy's work in psychodiagnostics and the shift from psychological testing as measuring specific capacities and then reporting data obtained from these measurements, to psychological testing as a clinical appraisal. It has often been said, by Roy among others, that he left his career as a psychodiagnostician behind as he moved more and more into the world of psychoanalysis. My view is that he transformed psychological testing into a form of comprehensive clinical analysis and then used that same process as a psychoanalyst clinician.

Roy with a subject responding to a Rorschach card and Roy with an analysand associating on a couch are very much the same Roy, using the entire array of data available to think about the variety of ways in which they can be constructed into a narrative. Beware when you are in Roy's presence—you are being analyzed, no matter what else you might think is going on.

Fritsch tells us that Roy spends only fifteen minutes in his preliminaries before starting a test procedure. I believe Roy would say that he starts the clinical process fifteen minutes before he hands the first card to the subject that he is evaluating. Indeed, having heard Roy discuss test protocols, I suspect he is almost through fifteen minutes after beginning, when the first card is just being offered.

Rosemary Balsam picks up several of Roy's themes. One is his courage and skill in challenging what was considered revealed knowledge about femininity. Central was Roy's openness to the larger world of culture, of ideas, of theories and knowledge outside of psychoanalysis, and his comfort in contextualizing his psychoanalytic thinking within that broader range of knowledge.

Rosemary brings Roy close to Galileo. He knows what the revealed truth is supposed to be, but he is compelled by his exposure to reality to say, "And yet." Where Galileo says, "And yet it moves," Roy says, "And yet women are brilliant, they are talented, they are competent, they are moral, and they are just a little bit better than the rest of us. We should recognize that, regardless of where else our theory might seem to lead us."

Lucy LaFarge traces the evolution of psychoanalysis, starting with the application of a specific set of rules and principles to every patient and continuing to a procedure that is uniquely personal, open-ended, and involves exploring near-infinite possibilities. She talks about Roy's concept of a *second self* that integrates what should be preserved from the traditional rules with the personal characteristics of the analyst.

And then, revolutionarily—in identification with Roy—Lucy wonders what might be next. She is writing a post-Roy chapter for Roy's textbook. How do we analyze that which cannot be interpreted or understood? How do we deal with that which seems to be outside the boundaries of what our current thinking says we might be able to analyze? What is the

story of no story, and how do analysts use that understanding in dealing with unrepresentable experiences?

She ends with a tragic perspective on the future of psychoanalysis: there may be limitations to what is analyzable, and perhaps we have to think about how to deal with them, what we can do about them.

Michael Feldman begins with Keats's negative capability. He talks about being open to new experiences, new ideas, to changes in one's thinking. He reflects in many ways themes that Lucy initiated, both in his theoretical thinking and in his clinical vignette. He wants us to tolerate the uncertainty of not knowing, and sees Roy as a master in developing the ability to do this. Perhaps more than the ability to tolerate, Roy is a master in modeling for the patient the enriching potential of tolerating uncertainty and the creativity that this generates.

Jay Greenberg starts by reminding us that Roy is, at heart, a clinician. He emphasizes the tension between agency and activity, which—to use his term—are irreducible, and the need to feel understood. He points out that the very best interpretations may be those that do not make the patient feel better, because they do not give false certainty about the meaning of something, but rather open and support tolerance of uncertainty about many possible meanings, and the impossibility of selecting the right one among them.

Jay emphasizes that Roy has always been a critic, but a very conservative critic, maintaining classical notions of the clinical process, the clinical ideas that are used in that process, and the content of the clinical work, while at the same time encouraging revolutionary ideas about the role of the analyst and the nature of psychoanalytic understanding.

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There are crosscutting themes that tell us about Roy. First, theory. Roy is a clinician at heart. This is important. Roy is famous as a theorist, but Roy's interest in theory is as a tool for interpreting. The goal is not to construct a theory. The goal is to enrich the interpretive process. Theories are not designed to be true, or even testable; they are designed to give us a richer, more variegated, more creative basis for imagining possible interpretations.

If you have a theory that you can prove is true, it is probably not relevant for psychoanalysis. The domain of psychoanalysis is that sphere of human experience in which certainty is not possible. If certain truth *is* possible, you need a neurologist and not a psychoanalyst. Theory is a tool for the clinical task.

Roy not only views theory as a clinical tool, but also has a clinical attitude toward what theory is. For Roy, learning a theory is like meeting a person. It requires effort, listening, thinking, and trying to understand. Critiquing a theory is even more work. It requires not only understanding the theory, but also knowing what problem the theory was designed to address, and thinking back to what were the alternative ways that that problem could have been addressed, what were the options that were selected and discarded in constructing the theory?

It requires rethinking what other theories might be used in place of this theory, and what would be the effect, the advantages, the disadvantages of each, and then tolerating the possibility that there are other interesting theories, even mutually contradictory ones. In his book *The Contemporary Kleinians of London* (1997), Roy pointed out the essential contradictions between ego psychology and Kleinian theory while embracing both, because of their clinical value in his work.

I think this is very much the way a Schaferian analyst approaches a patient. He does not look for hypotheses to be tested for their truthfulness or their validity, but rather models to be explored for their potential creative value in the constructing of a clinical narrative. Theories for Roy are like people. They are to be understood in a variety of contexts, always open to alternative contexts, never believed, never disbelieved, but simply used, valued, and then retained for potential future use.

Second, history. With this attitude toward theories, the history of the field is immensely important. If a theory is an answer to a question—a solution to a problem—then unless you can identify the context in which that problem emerged, you cannot really understand the theory. You cannot understand the theory by what it asserts without knowing what problem led to its development, how it solved that problem, and what new problems it created that then led to the necessity for new theories.

Third, ideas from other disciplines. It is no accident that we heard from our other presenters about philosophy and about the social con-

text of feminist revolutions. Roy, very much the psychoanalyst, recognized that psychoanalysis deals with people who live in worlds, and that we must understand the meaning those worlds have to individuals as we proceed with our task of analyzing those individuals. He is interested in anything that demonstrates the creative interpretive activity of the human mind.

Fourth, Roy does not reach conclusions. He explores dialogues, and he tries to further and continue those dialogues. It is a rich intellectual tradition.

Finally, a lot has been said about Roy as mentor and as mentored. Roy has had some outstanding mentors—some of the creative leaders of our field. He has honored and respected them. He has been faithful and loyal to their thinking, and he has discarded it when it was time. He has had no hesitation in challenging, rejecting, and moving beyond their work—in my mind, thereby honoring them as true teachers rather than as authorities whom he was to follow as a disciple.

There is an old saying that a midget standing on the shoulders of a giant can see farther than the giant. However, the saying continues, a flea in the hair of an astronomer cannot see as far as the astronomer. Roy gives us a third strand: that a giant standing on the shoulders of another giant can see farther than the first giant.

## REFERENCES

Schafer, R. (1997). *The Contemporary Kleinians of London*. Madison, CT: Int. Univ. Press.

——— (2000). The development of my ideas about psychoanalysis. In *Changing Ideas in a Changing World: The Revolution in Psychoanalysis. Essays in Honour of Arnold Cooper,* ed. J. Sandler, R. Michels & P. Fonagy. New York: Karnac, pp. 33-40.

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# FINAL WORD

BY ROY SCHAFER

First of all, I want to express my gratitude to my psychoanalytic friends and colleagues at Columbia University for organizing this excellent program in my honor and to the panelists who produced such fine papers for the occasion. They surely enriched the understanding and appreciation of everyone, including me, as to what I have been up to all these years.

Next, I want to unfold a brief narrative of my travels in the world of psychoanalysis. I have told the "same story" in other ways; some were mentioned by the panelists.

The story begins in 1942 on an upstate country road. The assistant director of Camp Ramapo is walking along with a camp counselor who is a senior at City College of New York, a fervent left-winger, majoring in psychology. Asked about his long-range aspirations, the counselor says he wants to master Freud, Rorschach, and Marx.

In the course of events, the young psychologist dropped Marx from his program, though not his own leftish leanings, and with all due respect he also downsized Rorschach in the scale of things.

Well, Freud turned out to be not an entity of fixed size that one can climb and reach the top of; Freud kept changing, being several Freuds at once, driving one back to the beginning again and again, very hard to pin down and teach. In short, he was an endless project that combined confusion, excitement, fulfillment, new problems, and renewed curiosity.

In this way, Freud proved to be a journey and continues to be a journey; it is a journey being taken by many others as well as oneself, and one is always in dialogue with them, knowingly or not. The others include other analysts, psychologists, and social workers, philosophers, historians, literary theorists, developmental psychologists, neuropsychologists, and still other students of human beings. From all of them, this

young camp counselor learned invaluable lessons as he continued on his way.

He also encountered many discouraging figures and attitudes along the way. I will mention ten examples. They are representative of the kind of responses one encounters in all fields in the course of doing creative work, for that work seems at odds with, and may truly be at odds with, what has been taken to be truth engraved in stone. And some examples might amuse the reader.

- "Your critique of metapsychology is pretty sharp, but Freud's theory is the best we have"—which I would classify as an argument for mental inertia.

- "Your conceptualization of action is not analytic, but rather more leaning toward behaviorism"—which ignores or misunderstands the young man's philosophically well-grounded expansion of what is covered by the word *action*.

- "Your writings are anti-analytic"—Anna Freud's uninformed attack at the Hampstead Clinic during an invited meeting with Joe Sandler and his indexing group. She would not listen to any explanation; notwithstanding her clinical excellence and contributions, she was intolerant of psychoanalytic change. Planned further meetings were abruptly cancelled.

- "Your ideas are dangerous because of what they could lead to"—overprotectiveness substituting for reason.

- "Good ideas, but is this the time to broach them?"—so Heinz Kohut asked when he spoke at a luncheon meeting at the Chicago Institute, as if, like Kohut, he had been trying to ease a new system of thought and practice into the world of established psychoanalysis, whereas much more modestly he was attempting a clarification of existing thought and practice. Our protagonist replied, "I think the best time to broach a new idea is when you have it."

- "You and George Klein and Bob Holt owe so much to David Rapaport, and your critiques are simply acts of parricide"—so said Max Schur, an analyst and once Freud's physician. Nietzsche somewhere took a benevolent stance in this regard

when he remarked that a student repaid his teacher poorly if he did not try to go beyond him. I'm with Nietzsche on this.

- "Your ideas are good but too controversial"—but which new ideas are not controversial at first, and perhaps for a long time?

- Hans Loewald, one of his idols, characterized his sticking with his ideas when being criticized as "intransigent." Ouch!

- Burness Moore, co-editor of a glossary of analytic terms, took him aside at a social gathering and said, "It won't work." Whereupon our subject felt like Dustin Hoffman in *The Graduate* when he was taken aside during his graduation party by a friend of the family who had some career advice and heard whispered in his ear, "Plastics." He was next seen sunk to the bottom of the family pool in retreat from that kind of world.

- Donald Kaplan, later a dear friend and already an admirer of his early and favorable explorations in metapsychology, looked at him sadly and asked, "What happened to you?" He replied, "I got better."

And so it went through the years.

We move ahead now seventy years to a time today when our protagonist is saying these words—he is me, of course—being honored by all the presenters at this symposium for what they believe I have added to the journey we are making together. For that I feel just wonderful.

I will end my story here. Borrowing a lovely phrase used by Rosemary Balsam in her paper: I thank you all "with a heart and a half."

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# EDITOR'S INTRODUCTION

Nathan Kravis's provocatively titled, passionately argued paper "The Analyst's Hatred of Analysis" reflects the author's diagnosis of a condition that he considers endemic to the practice of psychoanalysis. Kravis's argument is neither clinical (he is not talking about hate in the countertransference) nor personal (he is not describing his own feelings about his work). His target is larger, more distant, and perhaps somewhat more amorphous than the goal of a clinical or personal paper would be: he is describing undercurrents, feelings that he believes all analysts have even if they are obscured by other more comfortable and widely acknowledged feelings.

Because he is talking about what he believes all analysts must feel, because there are no available data to support or refute his assertions, and because his argument touches a chord that will resonate with the experience of many, Kravis's comments deserve serious consideration. And because many will have strong reactions to what he has to say, his ideas require discussion.

Accordingly, I have invited four clinicians to respond to Kravis's paper. Two of them, Theodore Jacobs and Donald Moss, are senior analysts who have thought deeply about analysts' attitudes toward their work. And, because Kravis is particularly concerned about the feelings of candidates and younger analysts, I have invited responses from two clinicians who are beginning their careers. Lisa Robin recently completed her psychoanalytic training, and Nirav Soni has just received his doctorate in clinical psychology and is contemplating analytic training.

Along with a response from Kravis, I hope this section will encourage analysts to think about and to discuss an important and rarely addressed facet of the analyst's experience of doing analysis.

JAY GREENBERG

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# DISCUSSION OF "THE ANALYST'S HATRED OF ANALYSIS"

BY THEODORE J. JACOBS

**Keywords:** Hatred, analytic training, honesty, love, analytic practice, self-deception.

"The Analyst's Hatred of Analysis" is an important paper, one that should be widely discussed at our institutes, and also by analysts everywhere who are seriously engaged in clinical practice.

Kravis raises an issue that is familiar to all practitioners but has not been openly confronted in our field. Actually, Kravis takes up a number of related issues in this intriguing paper. In this brief discussion, I can touch on only a few of them. What I have to say reflects a personal response to Kravis's argument. I cannot speak for others, nor can I assess the degree to which Kravis's assertions are applicable to analysts as a group. While some of Kravis's statements will, I believe, resonate with most if not all analysts, others seem to be more subjective and may reflect the feelings and experiences of the author rather than being generally applicable.

My first response to Kravis's use of the term *hate* was that it was an exaggeration. From time to time, all analysts experience fatigue, boredom, anxiety, frustration, discouragement, exasperation, and even despair in the course of analyzing. If one is truly engaged in the work, such emotions are inevitable. What we do is hard, taxing work, and while it surely has its joyful moments as well as deep satisfactions, it is bound to evoke a good many negative emotions.

But as a general rule, do analysts truly hate analysis? If in using this term, Kravis is referring to the primitive hatred that an infant ex-

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periences when frustrated or otherwise discomforted—she hates the offending object and wishes to attack or destroy it—I would agree that, in this sense, we hate analysis when it is the source of frustration, deprivation, and anxiety. But if we use *hatred* in the commonly accepted sense of the word, I would say that sustained hatred on the part of analysts is rare. When it occurs, I have found, the analyst usually finds a way to distance himself from clinical analysis. He will gravitate to other pursuits, be they administration, psychotherapy, academic studies, or the practice of psychopharmacology. (Of course, analysts also turn to these fields for other reasons, including genuine interest in these areas as well as the need to earn a living; I am referring only to those colleagues whose antipathy to analysis reaches the level of hatred.) Few analysts can continue to practice analysis if they find themselves continuing to hate the work.

Hatred of analysis, to the extent that it exists, may stem from sources other than clinical work. A disappointing experience in one's own analysis, especially one that ends badly, is a common cause, as is disappointment in one's career as an analyst. Those who turn against analysis, despise it, and write vituperative articles about it often come from the ranks of those who have had painfully negative personal experiences in their own training or career aspirations.

In support of his use of *hatred,* Kravis cites the argument that one cannot truly love anything unless one also, at times, hates it. Personally, I question the accuracy of this statement, but in any case, I share Kravis's skepticism as to whether *love* is the appropriate word for our attitude toward analytic work. This, too, strikes me as something of an exaggeration.

Many of us care deeply about what we do, are deeply committed to it, and experience pleasure and satisfaction—as well as the inevitable negative affects—in practicing our craft. But the word *love* strikes a false note; I do not believe most analysts have the ongoing experience of loving or hating analysis in the usual sense of those terms. Their use, I believe, undermines the value and importance of Kravis's basic argument.

I would rather focus on the way that we deal with negative feelings arising in all analysts. How honestly and squarely do we confront them? Do we tend, as Kravis suggests, to minimize, deny, or otherwise falsify this aspect of our experience? Do we feel we have to avoid facing the

problematic aspects of our work? Do we convey a false optimism to candidates, so that they in turn have to conceal and falsify their true feelings about our field? Such falsifications, to the extent that they exist—and Kravis believes they are epidemic—will inevitably undermine both the positive aspects of doing psychoanalytic work as a career and the possibility of addressing its limitations in creative ways.

Kravis speaks of the analyst's shame over the tension between her natural, human emotions—including all the negatives ones—that arise in doing analysis, and the unrealistically positive attitude that she is supposed to endorse. Perhaps this is true of certain colleagues, possibly many, but I have not encountered shame as a prominent affect in these situations. More usual is a need to dissemble to teachers, supervisors, even to patients, and sometimes to oneself. And with such concealment often comes anxiety concerning exposure of the truth, as well as feelings of guilt.

This situation is good neither for psychoanalysis as a discipline nor for the education of our candidates. In my view, it undermines our entire field, and to the extent that it is fostered by our attitude as teachers and supervisors, it urgently needs correction.

Years ago when I was a student, I found a good deal more idealization of Freud and of analysis than I do today. At that time—half a century ago—questioning the professor and the tenets of analysis carried the risk of being labeled "not a real analyst," and could mean the death knell for one's career in a traditional psychoanalytic institute.

Today things are more open. There seems to be less need to idealize analysis or to avoid looking honestly at its strengths and limitations. Nor is the extreme degree of narcissism, not uncommon in many of the notable analysts of the past, as prevalent today. There seems to be a shift toward an interest in studying the results of our work and in assessing the expectations of patients and practitioners in comparison to reality. In this sense, I think there is more progress in these areas than Kravis seems to acknowledge. In fact, as I read his paper, I was reminded of an earlier time in our field, when many of the abuses that Kravis discusses—falsifications, deceptions, and denial of the negative, as well as unrealistic expectations and idealizations that permeated the practice and teaching of analysis—were everyday occurrences.

It is not as though these have disappeared. As Kravis rightly points out, they are still very much with us and they need addressing. But in my view, they are not as prominent as they were a couple of decades ago. We have made progress, although as Kravis states, we still have a fair way to go.

One area that remains a formidable problem is the selling of analysis, the practice of attempting to convince patients to undertake analytic treatment. Of course, there are legitimate reasons to work with the fears and resistances of patients who are appropriate for, and can benefit from, analysis. To help them accept the best treatment for them is to do them a genuine service. But selling analysis so that the analyst, be she a candidate or a seasoned practitioner, can have an analytic patient is quite another matter. Not only is this an abuse of the unique transference position of the analyst, but ultimately it will also undermine the credibility of our field.

When an analyst's recommendation of analysis stems more from his own needs than those of the patient, most often self-deception is involved. The analyst manages to convince himself that the patient is suitable for analysis, when in some part of himself he knows that this is not the case.

Of course, there are patients whose ability to benefit from analysis cannot be determined short of their actively undertaking it. In this situation, recommending analysis and assessing the patient's ability to make effective use of it once she is engaged in the treatment is appropriate and can prove enormously valuable to such an individual. But the practice of persuading a patient to enter analysis because she can pay for it and is willing, or can be convinced, to do so—a practice that, unfortunately, is on the rise due to the difficulty of obtaining analytic cases in today's climate—is an abuse that needs to be addressed.

In confronting an issue that for too long has been avoided and sometimes denied outright by analysts, Kravis has made a valuable contribution to our field. He has done so honestly and straightforwardly and has not been afraid to expose our fantasies and illusions and to call us out for the deceptions we practice on ourselves and others. In doing this, he implicitly challenges us to follow his example and to carry out the kind of self-examination that is essential not only in our offices, but in our

institutes and organizations as well. It is a task that we must undertake if we are to survive as a vital and creative field.

Honesty is a core value in analysis. In his illuminating paper, Kravis convincingly shows that, in failing to acknowledge important aspects of our experiences as analysts, we are not being honest with ourselves. This lack of honesty permeates and undermines both our clinical work and our roles as teachers of and models for our students. He implies, and I agree, that if we are to correct this troubling situation, we need first to confront the problem and explore the reasons for our failings. As is true with patients, frank and open self-appraisal is the first step toward cure.

REFERENCE

KRAVIS, N. (2013). The analyst's hatred of analysis. *Psychoanal. Q.*, 82:89-114.

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# AN ADDENDUM TO KRAVIS: AN APPRECIATIVE NOTE ON HATING ONE'S WORK

BY DONALD MOSS

**Keywords:** Hatred, work, Freud, primary process, secondary process, wish fulfillment, pain.

I applaud Kravis's paper, "The Analyst's Hatred of Analysis." I think it crucial, when we analysts receive information indicating our own hatred for psychoanalytic work, that we possess a conceptual structure that makes it possible to treat such information neutrally: a structure that situates the hatred of psychoanalytic work within normal limits, so to speak. Kravis definitely provides us with a much-welcomed picture that positions such hatred well within the normal limits of doing sustained psychoanalytic work.

Neither critique nor supplement, what follows here, then, represents my effort to place Kravis's descriptive/phenomenological picture within a more formal structure. This move, turning something like a picture into something like a structure, concretely aims to detoxify an affect—in this case, hatred—by emphasizing its context and then shaping it into an idea. I think of my response here as a continuation of the effort Kravis has initiated. My aim is to contextualize the hatred Kravis describes, and therefore in effect to interpret it. I mean to delineate a conceptual structure that will comfortably accommodate the analyst's experience of hatred for analysis.

As Kravis so amply demonstrates, analysts must indeed contend with a hatred of psychoanalytic work. In addition, though, I think that all the hated elements Kravis describes can usefully be thought of as a set—a subset, even—not only of psychoanalytic work, but more fundamentally

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of work itself. In other words, I think that, when we are hating analytic work, we are experiencing an integral element of all work. To put it crudely, people hate work. I think that the hatred of one's work—analytic or otherwise—marks a defining feature of work itself. Perhaps we only know we are "working" when we know the experience of hating what we are doing while also knowing that we must continue to do it.

Work, then, refers to an activity that, unlike play, cannot be simply conceptualized in terms of the wishes that spawn it and the gratifications it offers. Instead, no matter how rich its roots in wishes and gratifications, its conceptualization must include the necessities that generate it and the pains it inflicts. As working analysts, of course we welcome the wish-fulfilling gratifications, the playful aspects of our work; but also, as Kravis deftly alerts us, as working analysts we feel hatred toward the merciless aspects of our work—its impersonal disregard for our well-being, its restrictive necessities, its undeniable pains.

Following Kravis, let us recapitulate the primary elements of our work that we analysts hate. He delineates a number of things: the narcissistic vulnerability, the incurable sense of incompetence, the relentless inhibition, the isolation, the brazen difficulty of being with oftentimes unpleasant patients, the diminished cultural stature of the profession, the sense of being a fraud, and other by-now-familiar features of what makes psychoanalytic work difficult.

Backing off a bit from the immediate sense of recognition that each item of the list will likely engender in every working analyst, it seems to me that the list compiles many of the features of psychoanalytic work that actually make such work *work*. That is, the list provides us with a robust account of what makes psychoanalysis something other than play—something other than what we, collectively, might want it to be. The list provides us with a sense of the many discrepancies between how we all might wish psychoanalytic practice were, and how most of us find it to be. Without the elements of which Kravis reminds us, perhaps the work of psychoanalysis might approximate something like what one does as an amateur—something one can take or leave, like doing crossword puzzles, or, more generally, the effort associated with a hobby, a game, or volunteer work—work gutted of pain and devoid of necessity.

It seems to me that, if we step back from the particular objects of hatred that Kravis so meticulously provides, we will be able to view the analyst as hating what we all, more or less, hate: what Freud, speaking generally, called "the bitter experience of life" (1900, p. 566), and what, following Kravis, might here be called "the bitter experience of psychoanalytic life." For a moment, let us look at that phrase, a phrase that in my mind occupies the conceptual center of what to many of us is the central chapter of the central, founding text of Freudian psychoanalysis: chapter 7 of *The Interpretation of Dreams* (1900).

In chapter 7, Freud is working on, and working out, the notion of wishing: what it is, what constitutes its satisfactions, and what follows from its nonsatisfaction. Wishing, he decides, is best thought of as an impulse, an impulse brought about by some disturbance and one whose aim is to eliminate that disturbance—to refind whatever might have once eliminated a similar disturbance in the past. He thinks of the elimination of disturbance as tantamount to an experience of satisfaction. Wishing, then, courses through us in the form of an impulse aiming at satisfaction, at the elimination of disturbance.

No problem—as long as we can eliminate that disturbance immediately: the moment of itch coinciding perfectly with the moment of scratch. The problem comes when scratch cannot be immediately provided and itch persists. It is this point, when wish becomes elongated, turns from the convenience of immediacy to the necessity for delay, that Freud calls "the bitter experience of life." It marks the moment when we must, if we can bear it, go looking for something that will scratch that itch, something that will provide satisfaction, or at least a sufficient semblance of it. It is the point when we are forced out into the world and, once there, further pushed to both discover and submit to the laws of its operation—its physical and social laws, the way it works.

That act of submission to law, to reality, is for Freud what instigates a second kind of wishing, a secondary kind—a kind he calls *secondary process*. If and only if one tolerates the bitter primary experience of nonsatisfaction can one embark on a new, secondary search for satisfaction.

The key word here, relevant to Kravis, I think, is *bitter*. The nonsatisfaction of wishes is experienced as bitter. Take this bitterness and turn it into a wish and the new wish becomes an impulse to obliterate the

source of bitterness. This impulse, secondary to the nonsatisfaction of a primary one, can, I think, be thought of as the source of what Kravis calls the analyst's hatred. As Freud puts it, "the ego hates, abhors and pursues with intent to destroy" (1915, p. 138) all sources of pain—anything that impedes us from being able to satisfy our primary wishes. When we analysts hate analysis, then, I think we are simply sensing in ourselves the presence of impulses whose aim is to "destroy" the sources of pain that infiltrate psychoanalytic work.

Kravis does an admirable job of cataloguing some of those ineradicable sources. That they are ineradicable certainly does not stop us from wishing to eradicate them. This wish to eradicate them constitutes, I believe, the aim of what we experience as *hatred*. What we hate is the fact that these sources of pain persist, apparently indifferent to all our wishing in all its forms—primary process and secondary process. And so what we hate are all the indicators of our limits, our incapacities, our failures, our weak and mortal flesh, our weak and mortal minds.

From this perspective, what we hate is all we have, really, to remind us of who we are. Like every other worker, we would prefer never to be reminded.

## REFERENCES

Freud, S. (1900). *The Interpretation of Dreams. S. E.,* 4/5.
——— (1915). Instincts and their vicissitudes. *S. E.,* 14.
Kravis, N. (2013). The analyst's hatred of analysis. *Psychoanal. Q.,* 82:89-114.

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# NEGATION OF AWE: SHAME IN THE BURGEONING PSYCHOANALYST

BY LISA G. ROBIN

**Keywords:** Negation, awe, shame, hatred, analytic training, selfhood, St. Francis, narcissism, analytic identity.

I might not have had the guts to dare comment on this beautifully written, timely, and I think important article by Kravis, "The Analyst's Hatred of Analysis," were it not for the privilege of being invited to speak from the perspective of the so-called young psychoanalyst. I should like to note that my remarks are intended to reflect my own reaction to Kravis's paper, as well as my own thoughts about how to understand the intense negative affects that are sometimes stirred within us.

Kravis touches upon what I believe to be the cusp of a new zeitgeist of contemporary psychoanalytic practice in which we are free to examine and discuss how our humanness, in all its gnarled glory, colors our experience of the work that we do. In a style that is deeply personal, deeply intimate, and exquisitely spot on, he presents a novel thesis to address the ways in which we cope with the vagaries of conducting clinical psychoanalysis for a living. Chief among the sources of our discontent, he tells us, are feelings of fraudulence that emerge when we are left to wonder whether what we are doing is "really" psychoanalysis. Resentment arising from paltry demand and skepticism about what we offer—even from our very own patients—has the potential to sour our ideals over time, leading to complacency or full-on burnout.

Moreover, we choose to (or must) ply our craft in spite of a preponderance of ignorance and antipathy toward psychoanalysis in the communities that we serve. These negativistic forces create disavowed feel-

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ings of "hatred" on the part of the analyst that cannot be accounted for by existing clinical theories. Countertransference as a concept offers an insufficient framework for understanding the analyst's human frailties and own inner experience—a sentiment with which I wholeheartedly agree.

Exploration of the analyst's selfhood—independent of countertransferential processes—has remained largely unacknowledged in psychoanalytic writing, and is not typically taken up as part of formal coursework in psychoanalytic education. Chused's (2012) plenary given at the 2012 Winter Meeting of the American Psychoanalytic Association is a rare exception that inspired in me a growing interest in the role of the analyst's humanity, and led me to develop an elective course on the topic. Chused points out that our professional lives are rife with constant opportunities for blows to self-esteem, because so much of the self is called upon to function in an analytic mode.

Hatred, Kravis argues, being anathema to our analytic identities, gets disavowed by individual analysts as well as by the profession at large, and may even be "projected" into the candidate analyst, who makes an easy container for the senior analyst's anxieties, rage, sadism, and so forth. I would propose that, with the financial, emotional, and functional tolls associated with undertaking analytic training still fresh, the newcomer might enter upon the analytic endeavor feeling even that much more taxed by a potentially impoverished environment than would a more seasoned psychoanalyst who is already well established. Feelings of frustration and "thwarted desire" arising from an unexpected dearth of analytic patients may be heightened during this period of professional development, when the newly graduated analyst is still heavily invested in analytic ideals, but confronted by the harsh reality that it was not only the training itself that will prove to be costly.

Kravis discusses a myriad of forces that create tension and can bear the seeds of this hatred in the psychoanalyst. He cites the dialectic between healthy narcissistic strivings and ascetic "moral demands" inherent to our work as a potent source of shame for the practicing psychoanalyst. Using the allegory of St. Francis of Assisi in lieu of presenting clinical material, Kravis attempts to underscore the pitfalls of overzealously constrained narcissism. He informs us that he intends to use this example

to illustrate the ways in which the analyst must "tame narcissistic strivings and bend them to a higher purpose" (p. 95), but at the same time must not go overboard into a sea of masochistic defense.

That Kravis likens the psychoanalyst to a saint and possibly even to a martyr seems to be inadvertent, although I find myself wondering whether there is meaningful irony embedded within this metaphor. The story of St. Francis is of a man whose selflessness and mendicancy came about in the dawning of a profound spiritual awakening in which he was spoken to by God. In seeming opposition to a life of privilege, riches, position, and opportunity, St. Francis relinquished his worldly material possessions to join in spirit with "Lady Poverty."

I read this element of the story to be a signifier of the anxieties and conflicts that we hold dear about getting paid to help people. We aim to strike a chord between unapologetic candor—this is how we earn our living—and holding in mind that the patient may be made to feel vulnerable by having to pay.

While Kravis's choice of metaphor is apropos and imaginative, I would have preferred a more experience-near rendering of how feelings of hatred might be depicted in the analytic situation. I also wonder whether our hatred—both collective and individual—operates at a deeper level of consciousness than that suggested by Kravis. Namely, I propose that psychic tension ensues as we labor to reconcile our longing for the analytic with the reality of the more mundane that permeates large swaths of the day. I argue that a sense of awe in the developing analyst, or what has been referred to as an *oceanic feeling* (Freud 1930), dawns in the wake of our beginning to comprehend what is meant by timelessness, and motivates us—even if outside conscious awareness—to undergo the arduous and rich enterprise of psychoanalytic training.

After all, as Kravis points out, we are already professionals in our own right, some of us with many years of experience and license to practice. The choice to undertake such an expensive, time-consuming, and emotionally intense project with uncertain knowledge about what the payoff will look like must be motivated by something pretty powerful. I see awe as a dynamic wellspring, guiding us through and helping us persevere over the course of many years. In bringing forth the burgeoning sense of awe that hopefully flowers in the developing psychoanalyst, also

at play are the gaining of access to one's innermost self and the "gathering together of the bits" (Winnicott 1945, p. 226) to create a newfound sensation of wholeness. These satisfyingly profound moments that can characterize the training experience are often fleeting, however, and therefore may give rise to defense.

For how do we reconcile our capacity to generate sublime experience with the grind of the everyday? How do we carry and metabolize the weightiness of any given number of moments as we race about? How do we endure the stress of maintaining a financially viable private practice while remaining true to analytic ideals? We intend to rally our most receptive, attuned selves into our analytic relationships, while trying (sometimes mightily) to live our own good, well-analyzed lives. I would argue that all these challenges might prove more harrowing for the recently graduated psychoanalyst, who in all likelihood is hoping that the sacrifices of the past several years will have been worth the effort and not have been in vain.

Here is an apt segue for me to take issue with Kravis's indictment of analysts who are too devout. I experienced in myself—if ever so momentarily before recovering my bearings—the sting of shame as I read his ideas about overzealousness. In his characterization, I recognized myself. It then occurred to me that this notion is in and of itself a self-hating notion, and perhaps even an enactment or unintended display of the very dynamic that Kravis is attempting to describe. Why should we not feel "in love" with what we do, prideful and fortunate to spend our days in deep, intimate engagement with the psyche? Perhaps there is shame in feeling that such an honor is undeserved (Gabbard and Ogden 2009), or perhaps we might beat 'em to the punch by renouncing our devotion first, thereby preempting others from taking aim at us out of ignorance or envy.

I argue that such self-hating currents are especially damaging to the young analyst, who has chosen to embark on this journey at a point in psychoanalytic history when the seas are somewhat unfriendly. It could feasibly be argued that in times of yore, when psychoanalysts regularly maintained long waiting lists and enjoyed reliable prosperity, one did not need to call upon a "religious" devotion to justify her or his career choice. It made sense from a pragmatic standpoint, whereas today . . .

not so much. Newer analysts need mentors and writers who are attuned to this predicament and who are invested in providing a scaffold for us as we make our way.

I propose that one way of understanding the analyst's hatred of psychoanalysis is through the lens of negation as a defense. I am referring here to the psychic phenomenon of negation, not to the moment-to-moment defensive maneuver that can be detected by examining language usage per se (Freud 1925), but rather to the ever-fluctuating dynamic process (Ogden 1994) that composes "the air that we breathe" or the water that we swim in (Levenson 2001). The psychoanalytic atmosphere is a peculiar one to inhabit precisely because of this ever-undulating negation and opening up of experience and of awareness.

I would argue that what Kravis is addressing in his paper pertains much more to the analyst's shame than to the analyst's "hatred"—or, if hatred is at play, it is derivative of shame emanating from a negating process. The word *hatred* can also be heard as a euphemism for shame, which is a more loaded concept to talk about and certainly more painful to feel. I also believe it would have enriched the concepts presented in his paper if Kravis had reviewed what has already been suggested about the concept of hatred from a psychoanalytic perspective (e.g., Lazar 2003), as well as explored the concept of hatred through the lens of psychological defense.

I propose that shame subtends thwarted desire for sublime experience, and that the young psychoanalyst may be particularly vulnerable to this brand of shame because so much has been recently invested in this longing. Idealized notions of what it means to "become" a psychoanalyst—possibly in the context of remaining in one's own analysis—might present a challenge to the newcomer in the form of too-stringent ideals of goodness or skill, and too-ambitious a hope for creating analytic patients (Rothstein 1998). Well-seasoned analysts are perhaps more likely to have an appreciation of the limits of what we do (Chused 2012) and therefore may be less at risk for disappointment and narcissistic injury in this arena.

In addition to the cautionary tale of excessively constrained narcissism, the example of St. Francis also depicts an aspect of the aspiring analyst's struggle: namely, that lower fees must often be accepted to accom-

modate patients who are able and willing to participate in an analysis. In contrast to the private practices of clinicians who work with patients primarily once per week, the young psychoanalyst is likely curtailing her income to do the work (Cherry et al. 2004). Referrals resulting from requests to psychoanalytic institute clinics for psychoanalysis are often reserved for trainees who need such cases to complete the requirements of their programs, and many insurance companies will not cover multiple weekly sessions.

My feeling is that the centrality of this dilemma to the burgeoning psychoanalyst's struggle and identity cannot be underscored enough. Moreover, in the years following graduation, as control cases may gradually move toward termination, and one's practice consists less and less of bona fide psychoanalyses (however that is defined by the particular analyst), the motivation to bear the financial burden of reduced fees in the service of requirements for "immersion" has been shown to wane (Cherry, Wininger, and Roose 2009).

My own personal experience of the training environment was and is replete with supportive mentors, teachers, and supervisors who convey and model deeply held convictions about the power of psychoanalytic work. This atmosphere most definitely sustained me and continues to do so. It would be impossible to imagine how it could be otherwise. On many different levels and in a wide variety of contexts, I am privileged to enjoy a fertile, lively, collegial community where the work of psychoanalysis is taken very seriously but also with a great deal of joyfulness.

However, one area that Kravis did not touch upon that is known to prove problematic for many candidates—I think more so than displaced aggression from higher up—is the negativistic trend that is sometimes found among classmates. It is a thorny issue to determine how much support, guidance, or intervention to offer cohorts as part of the training experience, although in my opinion this is one arena where many classes of candidates could benefit from direct assistance. Basic group process skills should be required of and used amply by instructors who teach courses to psychoanalytic candidates in training. Competition, vulnerability, fatigue, and group process gone awry can easily corrupt the training experience if it is left unattended.

## CONCLUSION

In my discussion of Kravis's paper, I have suggested that hatred in the psychoanalyst bears a defensive function that emanates from negating processes to cope with the longing for sublime analytic experiencing. Many aspects of metabolizing hatred may be unique in younger professionals who are in the process of establishing analytic practices and carving out analytic identities. Anxieties about creating patients, establishing viable fees, and coming to terms with the loss of whatever has been sacrificed in the service of training, all in the climate of today's unfriendly marketplace, may weigh more heavily on new analysts. Excellent self-care, along with ongoing ties with peers, peer supervision, mentors, supervisors, writing, conference attendance, and one's own analysis, may potentially mitigate this emotionally negative trend, and I believe these are crucial to the blossoming of a healthy psychoanalytic identity.

### REFERENCES


Cherry, S., Cabaniss, D. L., Forand, N., Haywood, D. & Roose, S. P. (2004). Psychoanalytic practice in the early postgraduate years. *J. Amer. Psychoanal. Assn.,* 52:851-871.

Cherry, S., Wininger, L. & Roose, S. P. (2009). A prospective study of career development and analytic practice: the first five years. *J. Amer. Psychoanal. Assn.,* 57:703-720.

Chused, J. F. (2012). The analyst's narcissism. *J. Amer. Psychoanal. Assn.,* 60:899-915.

Freud, S. (1925). Negation. *S. E.,* 19.

——— (1930). *Civilization and Its Discontents. S. E.,* 23.

Gabbard, G. & Ogden, T. H. (2009). On becoming a psychoanalyst. *Int. J. Psychoanal.,* 90:311-327.

Kravis, N. (2013). The analyst's hatred of analysis. *Psychoanal. Q.,* 82:89-114.

Lazar, R. (2003). Knowing hatred. *Int. J. Psychoanal.,* 84:405-425.

Levenson, E. A. (2001). The enigma of the unconscious. *Contemp. Psychoanal.,* 37:239-243.

Ogden, T. H. (1994). *Subjects of Analysis.* Northvale, NJ: Jason Aronson.

Rothstein, A. (1998). Psychoanalytic technique and the creation of analysands: on beginning treatment with patients who are reluctant to pay the analyst's fee. *Psychoanal. Q.,* 64:306-325.

Winnicott, D. W. (1945). Primitive emotional experience. In *Through Paediatrics to Psycho-Analysis.* London: Hogarth, 1958.

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# "PULL DOWN THY VANITY": A DISCUSSION OF "THE ANALYST'S HATRED OF ANALYSIS"

BY NIRAV SONI

**Keywords:** Vanity, hatred, Ezra Pound, St. Francis, disenchantment, analytic tradition, analytic training, analytic institutes, analytic identity, authoritarianism, narcissism.

> Pull down thy vanity, it is not man
> Made courage, or made order, or made grace,
> Pull down thy vanity, I say pull down.
> —Ezra Pound (1948, p. 84)

Ezra Pound wrote the above lines while detained in Pisa (under 300 kilometers from Assisi) during the summer of 1945. He was held there before his extradition to the United States on charges of treason for giving a series of broadcasts on Radio Rome that supported Mussolini and denounced the United States' participation in the Second World War (Sieburth 2003).

In some ways, Ezra Pound's story echoes aspects of the story of St. Francis that Nathan Kravis uses to illustrate his ideas about the analyst's hatred of analysis. Both Pound and St. Francis were ambitious men with a diagnostic eye for what they felt ailed the world. Both saw the ways in which wealth was distributed as pathological, and attempted in their own ways to influence the way that wealth and power were conjoined: Pound through his radio broadcasts, prose, and verse, and St. Francis through his works and the founding of the Franciscan order. And both fell prey in the end to varieties of narcissism that left them on the sidelines of the movements they founded—and, in Pound's case, disgraced and institutionalized.

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In his paper, Kravis deploys St. Francis's story as an allegory for the way that analysts cope with the inevitable conflicts and difficulties that their choice of profession creates in them. Just as early in his life St. Francis moved between privilege and self-imposed penury, the contemporary analyst precariously walks the line between healthy pride and humility. Kravis notes that there are dangers on either side: that of pride in one's work as well as that of excessive humility. Kravis also draws a parallel between the impact on his followers of St. Francis's management of his narcissistic strivings and the culture of psychoanalytic communities. His comparison shows the ways in which the analytic scene becomes a forum for the playing out of the analyst's thwarted narcissism, which needs an outlet due to its exclusion from the treatment relationship.

Kravis's paper gives us an unvarnished look at some of the innate difficulties in being a psychoanalyst and contributes to our understanding of some of the darker aspects of the psychology of the analyst. Kravis appears to suggest that the analytic community, in order to protect an image of itself, forces analysts to hide their frustration, exhaustion, and uncertainty in a shamed silence. He also suggests that analytic institutes are often to blame because they enforce that silence through promoting the idea that self-doubt amongst candidates is a neurotic symptom that is meant to be managed through treatment rather than explored as a realistic perception.

Kravis is also sensitive to the way in which the external world puts constraints and pressures on the analytic relationship and on the analyst's relationship to her internalized representation of analysis. He writes about the public's antipathy to long-term, intensive psychological treatments, the inability of the contemporary American analyst to do very much analysis, and the way in which the challenge of the asymptotic learning curve of psychoanalysis leads to continued uncertainty about the work. Equally notable is managed care's interference with reimbursement for treatment, the spectrum of directive, structured treatments, and the public's perception of psychopharmacology as an effective alternative to psychotherapeutic treatment.

Though Kravis focuses exclusively on the *analyst's* hatred of analysis, hating analysis is not the exclusive province of those who practice. The public hates psychoanalysis by ignoring it, and the hatred that analysands have for their analysts is well mapped. Moreover, Schafer (1992) writes

about the way in which the people who share life with an analysand can grow to hate analysis since it disrupts the passive role the analysand has been playing in their lives. Clearly, there is no shortage of hatred for analysis.

## ENCHANTMENT AND DISENCHANTMENT

As Kravis describes it, the analyst's hatred of analysis is catalyzed by disenchantment with analysis, fueled by the discrepancy between idealized pictures of psychoanalysis and the everyday reality of clinical practice. Kravis focuses on the analyst's difficulty in being fully at ease in her role as an analyst, and he notes that analysts have no recourse to the unexamined idealizations in which other health care professionals trade. Patients come for cures that they imagine will happen through magic or love, and part of the analyst's job is to manage the process of disillusionment.

Kravis is sensitive to the fact that this wish occurs on both sides of the couch, and cites Fenichel as saying, "The temptation to *be* a magician is no less than the temptation to have oneself cured by a magician" (Kravis, p. 91). Kravis seems to offer his paper in part to help us as readers navigate this path of disillusionment as analysts (and analysts-to-be) so that we may better cope with our inability to be omniscient and omnipotent, and so that we may become more adept at managing the labor that psychoanalytic practice constitutes.

However, it would be helpful to first reflect upon the other side of the dialectic and the generative qualities that illusion brings to analytic practice. Analysts such as Milner (1952) and Winnicott (1953) have explored the place of illusion in psychological development and have noted that omnipotence is a developmentally salient step in the origins of self-efficacy and agency. In addition, Whitebook (2002) describes the enchanting aspects of psychoanalysis and in particular the work of the transference as a kind of *slow magic*. Might the analyst's hatred of analysis exist in a developmental tension with the analyst's enchantment with analysis?

As a recent graduate of a doctoral program in clinical psychology, I find that enchantment characterizes many aspects of my engagement with psychoanalysis. Like a number of my peers who have recently graduated from doctoral programs in clinical psychology, I was initially intro-

duced to psychoanalysis through departments of philosophy and comparative literature, where we read Freud in the context of Nietzsche, Marx, and the "hermeneutics of suspicion" (Ricouer 1972). We read him as having a radically subversive view on the nature of conventional morality, sexuality, and self-awareness. Reading Freud's work felt like a subversive act; through Freud I could legitimize my own suspicions about things as they appeared and assert the truth of the unconscious against resistances to it. For me, attending a psychodynamically oriented doctoral program was in part a way of hiding a rebellious core in a guise of respectability. It was also a way to transform a pugnacious interest in rebellion for the sake of rebellion into a productive interest in the nature of psychological transformation and personal change.

Given that psychoanalysis can offer the possibility of deep, personal change to patients, it offers its own enchantments to clinicians entering the field. Psychoanalysis and psychoanalytic training furnish guides to the perplexed psychotherapist—keys for accessing the meaningfulness of dreams, symptoms, and primitive mental states, theories of technique, models of mental functioning, and road maps for understanding therapeutic process and structural change. They offer hidden forms of knowing: the understanding of transferential phenomena and the richness of the unconscious. They offer an identity by which one is authorized to address these in the name of analytic cure.

Psychoanalysis offers the psychotherapist a framework of meaningfulness to address the depths of psychological life. It gives the therapist a chance to live and participate in a community centered on the cultivation and transmission of a body of clinical experience and to engage with a complex, diverse, and varied tradition. Though not for everyone, what could be more enchanting, more seductive than this access to the richness of psychoanalytic lore?

## TRADITION AND ITS DISCONTENTS

Since conflict inheres in every seduction, all is not so rosy for the future analytic candidate. As Kravis writes, "analyst-educators are stuck standing on one leg—that of tradition" (p. 106), and from the candidate-to-be's point of view, being called into the analytic tradition has its down side. Kravis writes that the holding to tradition of mainstream psychoanalytic

institutes "puts them in the position of being a professional community with an anti-authoritarian doctrine that nevertheless clings to the authority of precedent and received tradition (a form of parental authority)" (p. 106). Doesn't the aspect of psychoanalytic training that is so wedded to tradition put me at odds with the commitments to change, the radical transformation, and the revolutionary fervor that attracted me to the field in the first place? Traditionalist knowing is, on the one hand, a solution to perplexity, but it also goes against the revolutionary principles that animated my interest to begin with.

Like psychoanalytic patients, I am conflicted about the desire that leads me into this seduction (it will be no quick fling, that's for sure). From my point of view, the candidate-to-be's hatred of analysis has to do with the relationship between psychoanalytic candidacy and the tradition of psychoanalysis; I have just noted how the scholastically oriented nature of analysis puts me at odds with the part of me that values disjuncture, discontinuity, and change.

But there are also specific aspects of the psychoanalytic tradition that make me ambivalent. Having been trained as a psychologist, I note the controversies over lay analysis and, in particular, the historical exclusion of psychologists from American Psychoanalytic Association training institutes (Wallerstein 1998). Perhaps even more deeply, I am aware of the poor treatment and misunderstanding of homosexual analysts and patients, as well as the caricatured view of female psychology that typified early psychoanalysis.[1] Mitchell (1981) notes the technical and theoretical ways in which some analysts departed from their analytic attitudes in order to enforce this kind of basely discriminatory stance toward their patients. As a candidate-to-be, I feel ambivalent about entering a tradition that not only held on so dearly to such retrograde ideas for such a long time, but also one that blinded itself to so many of its own insights about the complexity of human sexuality and experience in order to do so.

[1] The treatment of homosexual analysts in particular appears to be emblematic of these difficulties in relation to psychoanalytic history: it took the American Psychoanalytic Association nearly twenty years longer than the American Psychiatric Association to make a statement in opposition to discrimination against homosexual individuals, and it was largely the analytic community that opposed the removal of homosexuality from the DSM (Isay 2009).

## CANDIDACY AND SELF-REINTERPRETATION

Kravis notes in passing that one of the difficulties about candidacy is that those who are accepted for training at analytic institutes are by and large already established mental health professionals: psychologists, psychiatrists, and social workers. Undertaking analytic training involves reinventing one's professional identity after one has already put considerable time, effort, and thought into becoming a mental health professional. In this reinvention and reinterpretation, the hazards to the candidate are numerous. For example, the candidate must accommodate the values of a community that operates unlike others—that functions partially as a science, but also follows a unique configuration of traditionalist principles and values. A quote from Strachey (1934) illuminates some of the stakes for the candidate-to-be:

> All of this strongly suggests that the giving of a mutative interpretation is a crucial act for the analyst as well as for the patient, and that he is exposing himself to some great danger in doing so . . . . Such a moment must above all others put to the test his relations with his own unconscious impulses. [p. 159]

If we read this quote as applying not only to therapeutic interventions that are made to patients, but also to the process of self-reinterpretation in which the candidate-to-be is involved, we can see resonances with Kravis's paper. What are the dangers to which candidates expose themselves? As the candidate-analyst helps her patient bring dissociated and repressed aspects of himself into the ambit of his omnipotence and the transference, the candidate-analyst opens herself to the conflicts and factions within organizations and to historical tensions within psychoanalytic theory itself.

On entering training, I also expose myself to the variety of institutional transferences and the anxieties attendant upon those transferences that being in an institution will bring up in me (competitiveness, submissiveness, rebelliousness, love, hate, fear, etc.).[2] As Kravis describes, I will also open myself to having my questions about the efficacy of psychoanalysis responded to *ad hominem*, the target of projected uncertain-

[2] There is a great deal that could be said about the candidate's relationship to psychoanalytic power; see Cirio (2010) for one perspective.

ties about the work. And historically, I run the risk of being forced into a kind of compliance in order to have my ideas fit within the set of ideas that have traditionally held sway at the institute in which I choose to train (Kernberg 1996).

Spelled out in terms of Kravis's paper: is the psychoanalytic candidate-to-be identified with St. Francis in rebelling against a life of wealth and power, embarking on a journey rife with resistances, self-overcoming, and conflicts over authenticity and authority? Or is she identified with the followers of St. Francis, who in preserving the saint's legacy also perverted it into the very thing that St. Francis campaigned against?

From a traditionalist's perspective, the risk is that the analytic candidate is the latter. At the same time, however, it might be that the candidate sees herself as the former. There is tension between the conservative pressures of psychoanalytic education and tradition, on the one hand, and the candidate-to-be's enthusiasm to enact change and transformation in the lives of her patients, her own life, and perhaps even analytic theory and practice, on the other (Kirsner 2009). Is there a way for the candidate-to-be to comfortably locate herself and her career in the analytic tradition without feeling conflicted over whether she is betraying either herself or her idealized image of psychoanalysis? I think it likely that Kravis would say no.

To conclude, I will note that the dialectic between enthusiasm and doubt that Kravis describes near the end of his paper is an especially sensitive area for the candidate-to-be. Ambivalence at this stage of the game can quickly veer into disappointment and disenchantment. Too much hatred can result in depression—dragging oneself through courses, hampered by boredom and irritation. Too little hatred, conversely, can lead to grandiosity, uncritical self-certainty, and narcissism. I admit to my fair share of (healthy and unhealthy) pride in my career path, but am also aware of the brittleness of it. Analytic training involves a number of risks and opportunities for my personal and professional identity. For me, Kravis's paper helps make clear that my identity as a psychoanalyst-to-be involves a delicate balance between healthy pride and the inevitably frustrating qualities of the fugitive nature of analytic change.

We are indebted to Kravis for making this clearer—though not easier—for us. Kravis helps us see the generative quality of the dialectic between enchantment and disenchantment, between vanity and hu-

mility. For the candidate-to-be, some degree of enchantment and vanity is important: if one "pulls down one's vanity" too quickly, one risks inducing a premature disillusionment and losing the courage required to undertake the lengthy road of analytic training.

## REFERENCES


Cirio, P. (2010). Speaking for ourselves: forging a sense of identity as a psychoanalyst. *The Candidate.* http://www.thecandidatejournal.org/journals/issue4/pdf/Cirio.pdf.

Isay, R. (2009). *Becoming Gay: The Journey of Self-Acceptance.* New York: Vintage Press.

Kernberg, O. (1996). Thirty methods to destroy the creativity of psychoanalytic candidates. *Int. J. Psychoanal.*, 77:1031-1040.

Kirsner, D. (2009). *Unfree Associations: Inside Psychoanalytic Institutes.* New York: Jason Aronson.

Kravis, N. (2013). The analyst's hatred of analysis. *Psychoanal. Q.,* 82:89-114.

Milner, M. (1952). Aspects of symbolism in comprehension of the not-self. *Int. J. Psychoanal.*, 33:181-194.

Mitchell, S. (1981). The psychoanalytic treatment of homosexuality: some technical considerations. *Int. Rev. Psychoanal.*, 8:63-80.

Pound, E. (1948). Canto LXXXI. In *Selected Cantos of Ezra Pound.* New York: New Directions, 1970.

Ricouer, P. (1972). *Freud and Philosophy.* New Haven, CT: Yale Univ. Press.

Schafer, R. (1992). *Retelling a Life: Narration and Dialogue in Psychoanalysis.* New York: Basic Books.

Sieburth, R. (2003). Introduction. In *The Pisan Cantos,* by E. Pound. New York: New Directions.

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

Wallerstein, R. (1998). *Lay Analysis: Life Inside the Controversy.* Hillsdale, NJ/London: Analytic Press.

Whitebook, J. (2002). Slow magic. *J. Amer. Psychoanal. Assn.*, 50:1197-1217.

Winnicott, D. (1953). Transitional objects and transitional phenomena—a study of the first not-me possession. *Int. J. Psychoanal.*, 34:89-97.


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# "LADY ANALYSIS" IN FULL SPLENDOR: RESPONSE TO COMMENTARIES

BY NATHAN KRAVIS

I thank Drs. Jacobs, Moss, Robin, and Soni for their thoughtful and stimulating commentaries. Their remarks highlight and reframe some of my major themes in ways that I find helpful in clarifying and deepening what I am trying to say.

I am mainly saying that good analytic work is intrinsically narcissistically depriving and that the analytic task creates conditions that in some respects thwart the healthy narcissistic strivings of analysts. I conjecture that this can lead to hatred of analysis, and I have tried to sketch the forms that this hatred can take, both in the individual clinician and in institutional and organizational psychoanalysis. I assert that some degree of hatred of analysis (in other words, ambivalence) is normative and expectable yet often experienced as shameful. Here, too, I have tried to indicate how I think analysts deal with such shameful feelings if/when they arise. I believe that some of these ways of handling shame are (and have been) destructive (clinically, pedagogically, and communally).

Jacobs suggests that some of my comments apply better to a more authoritarian past and/or to my own subjective experience. My contention, however, is that some problems faced by clinical analysts are timeless and intrinsic to the analytic situation. I have tried to explore how analysts' responses to these difficulties may color their experiences of the social and political world around them, including their interactions with each other.

Jacobs cites as the prime example of analysts susceptible to experiencing hatred those who leave the practice of analysis because they find they do not like it. I point out in my paper that analysts who idealize psychoanalysis place themselves at greater risk for eventually angrily denouncing it. But I have focused my discussion mainly on the struggles of those who stick with it.

Jacobs also thinks that I exaggerate in using words like *hate* and *shame*, and that my choice of these terms undermines some of my main points. But some commingling of love and hate is what we mean by ambivalence. Jacobs thinks that most analysts experience far tamer versions of the ambivalence I describe, and sees my emphasis on hate, shame, and narcissistic rage as unwarranted and overstated. But what, one then wonders, are (according to Jacobs) the usual or appropriate affects accompanying the painful and unwelcome quandaries of being an analyst that Jacobs praises me for articulating?

If it is allowed that self-doubt, ambivalence, anxiety, frustration, boredom, and despair are commonly felt by analysts, then it is incumbent upon us to try to describe the feelings they engender in analysts. This is what I have attempted to do, and I have tried to do so in a way that neither condemns nor exonerates. Jacobs prefers to emphasize self-deceptiveness; I do not think it a stretch to nominate shame as an affect attending self-deception.

Moss, by contrast, is completely comfortable with my notion of the analyst's hatred of analysis. He uses it as a point of departure for a broader consideration of the hatred commonly felt toward work, and he deftly elaborates a concise metapsychology of work. What is specific, then, about an analyst's hatred of his or her chosen field of work? I emphasize in this regard the narcissistic deprivations particular to analytic work and the potential sources of narcissistic injury for the analyst. These fall under what Moss eloquently calls the "ineradicable" "sources of pain that infiltrate psychoanalytic work" (p. 124). And when he writes that "and so what we hate are all the indicators of our limits, our incapacities, our failures, our weak and mortal flesh, our weak and mortal minds" (p. 124), he, too, is highlighting narcissistic vulnerability as the fount of hatred.

Robin writes movingly of the analyst's experience of timelessness and awe. She rightly suggests that this enriching aspect of analytic work is held in tension with its quotidian "grind." I agree, and I have pointed to the pitfalls of masochism and omniscience that potentially await all analysts who inevitably falter now and again in navigating this narrow defile.

Robin objects to my critique of the devout, overzealous analyst, interpreting this portion of my paper as an enactment of self-hatred on my part. She argues that in its heyday the decision to become an analyst was "pragmatic," while in today's leaner times some degree of devotion to analytic ideals is needed to sustain us. But this is precisely the predicament I describe in writing of analysts as a community of adherents to an anti-authoritarian doctrine (or set of ideals), who nevertheless must rely upon the supports of clinical lore, local and regional traditions, and faith in revered mentors and scholars of the kind Robin feels fortunate to be surrounded by.

This, I have argued, is part of what it means to be a member of the analytic community today. I do not scoff at belief or dismiss the need for hope. Love of and devotion to "Lady Analysis" are part of what we demand of ourselves as analysts. But it must be a form of love that can contain and metabolize hatred and shame lest the tension between belief and doubt escalate into unbearable feelings of fraudulence, disappointment, or narcissistic rage.

Soni sees that, in speaking of "Lady Analysis," I am talking about an internalized object representing an analyst's analytic identity, and he presses forward with this notion. He takes what I have said about the risks attending the idealization of humility and the problem of the analyst's need for some expression of healthy narcissistic strivings in today's anti-authoritarian climate and uses it to develop his own cogent framing of the generative tension between pride and humility, enchantment and disenchantment with psychoanalysis. Soni and Moss are linked in their keen appreciation of the disenchantment that awaits anyone fortunate enough to become an analyst. Bearing this disenchantment, they both argue, is constitutive of a key aspect of analytic identity.

Reflecting on their own analytic journeys and evolving analytic identities, Robin and Soni write openly of personal and professional obstacles and challenges. I hope that other analysts will do the same, and use my thoughts on this topic to reckon with their own experiences of the narcissistic vicissitudes of being an analyst in today's times.

It is only when we take in Soni's struggle between rebellion and conformity in plotting his own analytic trajectory, Robin's empathy for the special burdens borne by early-career analysts, Moss's resonance with the

ineluctable bitterness of experience, and Jacobs's sharp sense of both duplicity and delight in our clinical work that we can glimpse "Lady Analysis" in her full splendor. Taken together, these four engaging commentaries encourage me to indulge the pleasant fantasy that my paper has opened a conversation that some analysts might find helpful.

REFERENCES

Jacobs, T. J. (2013). Discussion of "The Analyst's Hatred of Analysis." *Psychoanal. Q.,* 82:115-119.

Moss, D. (2013). An addendum to Kravis: an appreciative note on hating one's work. *Psychoanal. Q.,* 82:121-124.

Robin, L. G. (2013). Negation of awe: shame in the burgeoning psychoanalyst. *Psychoanal. Q.,* 82:125-132.

Soni, N. (2013). "Pull down thy vanity": a discussion of "The Analyst's Hatred of Analysis." *Psychoanal. Q.,* 82:133-140.

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# CHEMISTRY AND CONTAINING: THE ANALYST'S USE OF UNAVOIDABLE FAILURES

BY STEVEN H. GOLDBERG AND ZENOBIA GRUSKY[1]

*Certain patients overwhelm the analyst's capacity to contain both the patient and the analyst's own unbearable feelings. Though some such failures of containing may lead fairly quickly to self-correction and others to clinical impasse, our focus is on an in-between state in which the analyst's ability to tolerate his inevitable failures and gradually to (re)establish his containing capacities through difficult self-analytic work can lead to significant change that might not otherwise be possible. The authors argue that this internal psychological work on the analyst's part, which may require considerable time, effort, and suffering, is an important aspect of "good enough" containing. The unique chemistry generated between patient and analyst plays an important role in both establishing and maintaining this kind of productive analytic process.*

**Keywords:** Containment, impasse, positive chemistry, negative chemistry, self-analysis, unbearable affect, failure.

[1] In this as in our previous co-authored paper (2004), the extensive sharing of ideas and collaboration in the writing process over a long period of time make it impossible to assign roles of primary and secondary authorship. Accordingly, we have chosen in both papers to list ourselves alphabetically in an attempt to indicate that considerations of primary and secondary responsibility for these contributions cannot apply.

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## INTRODUCTION

It has been our observation that certain patients at some point overwhelm some aspect of the analyst's capacity to contain both the patient and the analyst's own unbearable feelings, and that difficult and at times prolonged psychological work and internal shifts in the analyst and in his ability to contain will be necessary for the analysis to proceed successfully. Though this process plays out differently depending upon the character, experience, and self-understanding of each analyst, and the particular combination of positive and negative chemistry between analyst and patient, we argue that certain patients challenge and to some degree overwhelm the containing capacities of a wide variety of analysts.

The analyst's capacity to tolerate these failures and to learn from his experience of them is an important and essential aspect of providing "good enough" containing for such patients. The analyst must struggle against considerable temptation to avoid or deny having to do this work, since it involves reengaging insufficiently worked-through personal feelings, and because of the unbearable, primitive, and unverbalized nature of such feelings (Goldberg and Grusky 2004). Patients not only benefit from successful containing itself, but also identify helpfully with the internal struggle and self-analytic work of the analyst that transform failure into usable self-understanding.[2] Containing, from our point of view, is a dynamic *process* rather than a consistently maintained capacity on the part of the analyst, and the process aspect becomes particularly salient in work with the patients whom we describe.

In the analyses we have in mind, internal changes in the analyst catalyzed by the chemistry of the analytic dyad make possible the (re)establishment of the analyst's containing functions and lead to his increased ability to further the analytic work. These transformational processes lead to deeper, less intellectual, and more effective interpretation by the ana-

[2] In referring to the analyst's self-analysis, we have in mind a range of psychological activities that lead to greater insight, integration, affect tolerance, internal containing, and capacity for symbolic elaboration in words, images, and dreams. Such psychological work may be undertaken with conscious intent and effort, but may also occur silently and more unconsciously and experientially, coming to consciousness after the fact and recognized more in the analyst's shifts in analytic functioning.

lyst, and to more reliable and usable introjection by the patient. In this sense, *change in the analyst must precede change in the patient.* The patient may then identify with the analyst not only in his capacity to contain, but also in his ability to move from inevitable failures and disruptions toward the (re)establishment of more optimal containing functions.

The patient's attacks on the analyst's containing function may, and sometimes do, destroy the analysis, especially when the analyst views such attacks as primarily in the service of destructiveness. They may also be—if more deeply struggled with, understood, and used constructively—the crucial vehicle for analytic work and for change in both patient and analyst (Little 1990; Searles 1965, 1979; Winnicott 1969). Struggling with the disturbing projective identifications from the patient that form the main basis for these attacks may be the best way for the analyst to engage those unresolved aspects of his own psychology that must shift in order for him to (re)gain his containing and interpretive functions. These changes in the analyst, while critical in the work with a given patient, may be substantial enough to be helpful to the analyst with other patients as well, and in other aspects of his personal life.[3]

## MUTUAL CHEMISTRY AND THE ANALYST'S CAPACITY TO CONTAIN

The nature of the patient's impact on the analyst, and of the intrapsychic changes that result, is importantly viewed as an aspect of the match between patient and analyst; see Kantrowitz (1986, 1993, 1995) and Kantrowitz et al. (1989). Other authors (Ferro 2005; Hinshelwood 2007; Pick 1985) refer to the unconscious fit or "mating" of certain aspects of the patient's mind with corresponding parts of the analyst's psychological makeup. To these concepts—which refer to more structured, enduring aspects of the psychologies of analyst and patient—we would like to add the term *chemistry,* in an attempt to capture the more mysterious, fluctuating, emergent, out-of-conscious-control, and mutually transfor-

[3] Kantrowitz (1996) demonstrates convincingly that analysts often enough *do* change in the course of doing analysis with certain patients. It is our inference, not directly argued by Kantrowitz, that in cases in which analyst and patient are deeply involved in these very challenging ways, the analyst *must* change.

mative factors that are crucial elements in our understanding of how patient and analyst are drawn to each other and change together on an unconscious level. In using this term, we are trying to capture something of the powerful and unpredictable emotional forces set in motion in the coming together of two individuals in any kind of couple, which both generate and constrain the possibilities for what can develop between them.

Bion (1979) has referred to something quite similar in noting the *emotional storm* that is created when two individuals meet. This emotional storm, or chemistry, may lead to a particular interaction between two people in which both participants are changed in some significant way.

Often enough, with the patients we have in mind, it is initially far from clear that the particular combination of negative and positive chemistry between patient and analyst will be conducive to productive analytic work. Not infrequently, the analyst will go through some phase of discouragement and doubt as to whether he can be a good enough analyst for the patient, and may come to the point of considering referral to a colleague who might offer a better "fit." The analyst may come to a clear sense of his own vulnerabilities and shortcomings that make him doubt his compatibility with a particular patient, who is viewed as needing an analyst with quite different vulnerabilities and conflicts.

We wish to emphasize the possibility that such seemingly negative and unproductive chemistry, rather than representing an impending failure of the analytic work, *may* offer the possibility of transformational experience that might not otherwise be possible. In contrast to traditional assumptions regarding the need for therapeutic alliance and therapeutic fit, we offer the idea that seemingly negative chemistry may be, in the long run, facilitative of analytic work. We view the role that apparent negative chemistry may play as related to traditional notions regarding the necessity of experiencing and analyzing negative transference in the unfolding of productive analytic process. We are enlarging the idea of negative transference to include the chemistries of both patient and analyst and the catalyzing unconscious processes between them.

Much depends on how both analyst and patient are able to handle the inevitable emotional storms that ensue. Because we are engaged in an analytic relationship, we need not necessarily be frightened by ap-

parent negative chemistry. In fact, as analysts, we can sometimes turn something bad into something "bad enough" that is actually transformative.[4]

Conversely, intensely positive, idealizing, or conflict-avoidant engagements between patient and analyst or those that raise little initial cause for concern may ultimately pose unexpected barriers to transformation. This could constitute a kind of malignant "good enough" chemistry. Some combination of positive and negative chemistry is undoubtedly required when analytic work is most valuable. We must feel drawn to our patients. We must also—particularly with the patients we are discussing—be disrupted by them, "driven crazy" by them (Searles 1959). As our cases show, the actual situation is complex and difficult to predict. And analytic situations that might be prematurely judged as impasse may turn out to represent necessary mutual disruption, containing, and working through (Goldberg and Grusky 2004).

The patients whom we have in mind span a variety of diagnostic categories and clinical presentations, and can only be recognized in relation to the specificity of an emerging transference-countertransference relationship with a particular analyst. In some instances, this will be based primarily on the idiosyncratic reactions of a particular analyst that are unlikely to be shared with other colleagues. And perhaps in all instances, this will be the case to some extent. But we also have the impression that other patients, including the ones whom we will describe, share certain features that are likely to have a disruptive effect on the containing and other types of functioning of a wide variety of analysts with differing individual psychologies.

In general, these are patients with whom the analyst struggles with intense feelings of helplessness (Adler 1972) and failure as an analyst, and at times also as a person. These patients may shake to the core the analyst's belief in himself and in psychoanalysis as a treatment. Rather

[4] We recognize that there are individually determined limits to what patient and analyst are able to tolerate and ultimately to make use of in each other. These may be limits either in the degree of struggle or in the duration of the struggle that a given analyst–analysand pair can withstand. The periods of self-analytic work or struggle that we are referring to in this paper must be differentiated from the more pronounced or more long-standing dysfunction on the part of the analyst in which there is a real danger of retraumatization of the patient.

than experiencing the gratifications of freedom of thinking and of imagination, of increased understanding and forward movement in the analysis, the analyst feels in one way or another that he is struggling for survival and is unable to think creatively. The "bad-analyst feeling" (Epstein 1987, 1999) leads to the analyst's anger at himself and at his patient, and to various defenses against anger and disappointment, which further constrain his thinking and ability to work creatively.

These patients tend to push analysts to the brink of what they can tolerate in the patient and in themselves. They may push unbearable aspects of their inner lives into the analyst with particular force and with particular determination to witness the analyst's struggle with the patient's projections and with what they stir up in the analyst in terms of his own internal conflicts and struggles.

In terms of underlying dynamic issues, our patients and others like them are terrified of separation/separateness (Meltzer 1978), feel an intense need to get inside the analyst's mind, and employ a variety of omnipotent mechanisms in an attempt to control the analyst and his separateness, as well as to avoid their own unbearable feelings. They equally fear feelings of need, vulnerability, and dependency on the analyst, though their dependency is profound. Manic control and self-sufficiency belie underlying despair and profound lack of trust. They struggle with intense and unbearable feelings of unworthiness and self-loathing, which they work overtime to draw the analyst into sharing.

These patients struggle with whether they have the right to exist (Modell 1965). They are individuals who, unlike another, more easily reassured group of patients, cannot be easily convinced of the analyst's presence, involvement, and emotional responsiveness. They cannot tolerate solitude, nor can they allow the analyst to experience solitude in their presence (Quinodoz 1996). They induce feelings of helplessness and failure in the analyst, along with the analyst's vigorous efforts to defend against such feelings.

In order to feel the analyst's presence, acceptance, and emotional involvement, these patients must feel that the analyst really feels something like what they themselves feel and suffer with—not as a transient identification, but as something deeply experienced. Absent this feeling, these patients do not feel accepted or understood in depth. The analyst's

living out, struggling with, and eventually containing and transforming aspects of the patient's inner world where it overlaps with the analyst's inner world, and in a way observable by the patient, reassures these patients both of the analyst's presence in relation to their terrors of separateness and of intense need, and of the analyst's ability to tolerate these terrors and render them more manageable.

In identification with the analyst, the patient may then be able to internalize a greater capacity to tolerate and eventually to understand what had been unbearable. As the analyst, through growth in his own capacity to contain, is able to give shape to these experiences and eventually to put them into words that the patient can understand, the patient's self-awareness and sense of internal freedom are expanded.

## RELATED CONTRIBUTIONS

Many analysts have offered compelling accounts of difficulties for the analyst in work with the kinds of patients we are describing (e.g., Adler 1972; Bollas 1987; Coen 1992; Davies 2004; Feldman 2009; Ferro 2002, 2005; Jacobs 1991; Joseph 1989; Kernberg 1975; Mitrani 2001; Modell 1965; Ogden 2004a, 2004b; Searles 1959, 1965, 1979). In presenting and discussing our clinical material, we wish to pay particular attention to an aspect of the analyst's work that, from our point of view, is not sufficiently emphasized in many of these accounts. We refer here to our focus on the *intensity* and sometimes the *duration* of the analyst's struggle, as well as the analyst's *inevitable failures*, as necessary precursors to (re)-gaining an adequate containing function.

We also emphasize and attempt to illustrate the quality of change in the analyst that may take place in the analysis of certain patients. Issues of the vulnerability to regression of the analyst's containing function, or of the need to develop new or enhanced containing functions, are frequently alluded to in the literature but often not sufficiently foregrounded or brought to life. Nor are they consistently viewed as a valuable opportunity—perhaps unavoidable with certain patients—to access and to modify the analyst's own unconscious internal barriers to understanding and to the experience of transformative response to the patient. At the extremes, the competent analyst is viewed as consis-

tently able to contain and metabolize whatever primitive and disturbing contents are being projected (e.g., Mitrani 2001), or, alternatively, the analyst is thought to be in a fixed and intractable countertransference position—i.e., impasse (e.g., Kernberg 1975, pp. 57-58).

Our emphasis is on the *process* of the analyst's inevitable failures with these patients in containing and metabolizing the patient's projective identifications, and the ways in which, when things go well, the analyst becomes increasingly able to embody these functions. The analyst's constructive use of his inevitable failures at containing, along with his capacity for increased self-understanding and personal growth, are aspects of providing "good enough" containing for patients like the ones whom we will describe.

As with many psychoanalytic concepts, containing has taken on a range of overlapping meanings. Our use of the term *containing* draws upon Ogden's (2004a) reading of Bion (1962, 1970), in which Ogden views containing as a dynamic process involving psychological work on the part of the analyst as containing object. While Ogden's discussion assumes and illustrates a degree of change in the analyst in this process, we believe that we take this discussion significantly further by emphasizing both the degree of disruption to the analyst's functioning, and the significance and scope of the growth and change that may take place in the analyst in the process of becoming a good enough containing object.

Symington (1983) has written of an internal shift in the analyst—what he terms the analyst's *act of freedom*—as an often-essential aspect of therapeutic change. He describes the analyst's collusion with the internal world of the patient, from which he must begin to break away in order for change in the patient to occur. Our clinical vignettes not only demonstrate the process that Symington points to, but also illustrate in detail the painstaking and often prolonged self-analytic work required, which is less emphasized in Symington's account.

Employing a somewhat different idiom, Bollas (1987) has also contributed importantly to understanding the phenomena we are exploring. Bollas's emphasis on the analyst as transformational object seems close to our emphasis on the analyst as containing object. Bollas highlights—as we do—not only the self-analytic work and struggle in which the analyst must engage, but also the importance of the patient's witnessing and

internalizing of these struggles. He speaks of the patient's need "to *force* the analyst into the analyst's own private experiencing of the [patient's] family atmosphere" (p. 253, italics added). We believe we go even further than Bollas in bringing alive the analyst's feelings in these experiences, including the analyst's temporary loss of boundaries and mature ego functions, as well as the analyst's sense of shame and failure.

In developing our attempt to normalize these processes, we owe a particular debt to Jacobs and to Searles, both of whom focus minutely on the analyst's actual experience. Jacobs (1991) goes inside the mind of the analyst, demonstrating something of its internal movements in the process of self-analytic work. He shows how every aspect of our work with patients, including our most valued principles of technique, is infused with countertransference phenomena that, when not sufficiently understood, pose limitations for the analytic work. The patients Jacobs describes, however, tend not to invade and disrupt the analyst's mind in ways characteristic of Searles's patients or of the ones we describe. Boundaries are maintained, and self-analytic work is helpful and minimally disruptive.

Searles (1959, 1965, 1979), on the other hand, describes patients even more seriously disturbed than ours, and illustrates in graphic and compelling detail the boundary confusion, disruption of mature ego capacities, and sense of internal suffering and failure that we experienced with our patients. In addition, Searles (1979), like us, and along with Bollas (1987) and Cooper (2000), has emphasized the bidirectional nature of change. In Searles's account, an additional factor in understanding the patient's powerful pressure on the analyst to suffer and eventually to change involves the patient's therapeutic strivings toward the parent/analyst. In a related manner, both our patients "forced" us to confront aspects of our own psychologies in experiences that, painful and confusing as they were at the time, ultimately turned out to be quite helpful to us.

To illustrate our points, we will discuss our work with two patients. Patients like Ann and Julie will see to it that the analyst does not emerge unscathed; he must experience and then resolve a certain degree of analytic and personal dysfunction in order to understand and then properly contain the patient's unbearable affects. This is in part because primi-

tive, terrifying feelings and fantasies, which are so unbearable for the patient and are so forcefully projected into the analyst, are particularly prone to arouse disturbance in the analyst and to touch on inadequately resolved aspects of the analyst's functioning. As difficult as the work that we are going to illustrate could sometimes be, *we would not view these periods as impasses,* in which there is a more profound stoppage of progressive developments in the analytic work.

The obstacles that we were up against with our patients were partially a reflection of our own characters, personal vulnerabilities, and mutual chemistries with our patients. Other analysts would have responded differently, according to their own histories, characters, and vulnerabilities. Perhaps for some, our patients might not have posed unusual problems with containing and would not have required noticeable amounts of struggle or of personal change in the analyst. Yet we suspect that, because of the intense pressure of the projections as well as their nonverbal, primitive, and concrete qualities, not to mention our patients' exquisite sensitivity to our own areas of vulnerability, many analysts would have needed to recognize and to work through some significant personal difficulties in order to provide good enough containing for these or similar patients. More generally, it seems likely that all analysts, in order to help some patients, will have to accomplish significant intrapsychic changes in order to harness and make use of the volatile chemistry that emerges between them.

## CASE VIGNETTE ONE[5]

Ann is an artist and art history scholar who has an excellent position at a prestigious university. She is highly committed and ambitious about her career, and seems to be extremely well thought of both as an artist and as a scholar. At the time that she came to me (S. H. G.) for treatment, she was seeking help with relationship difficulties and with ongoing feelings of depression.

The final moments of our initial consultation provided an experience that neither of us is likely to forget soon. As both of us were real-

[5] For purposes of clarity of exposition, we write in the first-person singular in our case vignettes.

izing that the session was coming to an end, I was reflecting to myself that, though our meeting had seemed to go well enough and I felt positively about Ann and interested in working with her, I also felt that she had seemed a bit wary of me, and perhaps more than a bit unsure at that point about our continuing to work together. My uncertainty about her response to me must have been in some way reflected in my voice when, after a brief (from my point of view) pause, I suggested that we arrange another meeting.

Ann did agree to a second meeting, but there was something behind her words that suggested to me that, in some way I did not understand, something had gone terribly wrong. After she left, I noticed that I felt disturbed in a way that lingered: I could not get her or an uncomfortable feeling about our last interaction out of my mind. It is difficult both to describe and to account for the intense and disturbing impact this exchange had on me.

In our second meeting, Ann told me that she, too, had felt quite disturbed by our interaction at the end of the first hour, and wondered whether she would return. She explained her feeling that I had at first said nothing, and then indicated some hesitation in my voice when offering a second meeting. She felt hurt and angry that I had not seemed interested enough in working with her, and she felt that I had been absent and unresponsive in some important way.

As I listened to Ann's account, I felt puzzled and disturbed, but also felt some relief in now having a slightly better sense of what had transpired. And once I was able to begin thinking about these interactions, I could sense the beginnings of an intense and mostly unconscious mutual engagement, a complicated and potentially volatile chemistry, the nature and unfolding of which would take years to understand and partially resolve.

About this and any number of similar interactions, Ann complained bitterly for quite some time. The common theme was that I was unresponsive, uninterested, cold, unempathic, and not there when she needed me. Ann frequently wondered if I were the right analyst for her. The more distraught she felt, the more she found me distant and unresponsive. She felt that I could not tolerate the intensity of her feelings and would eventually reject her.

Though I was not aware of wishing to reject her, and in fact felt quite engaged and invested in working in analysis with her, I did find that she could be quite intimidating. I thought there was some truth to her observation that the worse she felt, the more aggressively she attacked me, and the more I became defended and distant. As I was gradually able to see this pattern more clearly, I became increasingly aware that my reactions, while telling me much about Ann, also reflected an area of vulnerability for me that I would have to struggle with in order to better help her.

After several months of less frequent meetings, Ann agreed to an analysis involving four times weekly meetings, using the couch. Nevertheless, for some time, I thought she would surely decide to consult another analyst. Ann spoke about this often enough, and I was frankly surprised when she did not take this course. Perhaps she was right that there was something about my personality that made it too difficult for her to work with me (and possibly vice versa). Might she do better with an analyst whose warmth and caring would be more immediately recognizable to her? An analyst who might be more unfazed by the attacks to which I was feeling vulnerable, one with whom the initial chemistry would seem more auspicious?

I struggled with these questions for some time. Only gradually could I convince myself that Ann's dissatisfaction with me and the mutually tortured relationship that seemed to be developing were the very things she needed to bring to life with me and to explore in her analysis. Increasingly, I believed that this was not just an artifact of our particular chemistry, but rather had to do with difficulties she would have to engage and struggle with in some way no matter who the analyst.

While it is relatively easy to be clear about certain things in retrospect, I would like to try to convey the difficulty of the struggle I was engaged in early in Ann's analysis—the struggle to tolerate, understand, and contain her attacks on me and the painful feelings and defensive reactions that they elicited. I found that Ann, a highly intelligent and articulate woman, could be formidable in her ability to pick up on some actual lapse or small failure on my part, which she would then build into a case for my unacceptability as an analyst or even as a person. From my perspective, a small failure—or even a delay in understanding or responding (as in the initial consultation and in the sequence of hours

reported below)—would provide Ann with incontrovertible evidence of my remoteness and lack of compassion and understanding.

In this early part of her long and ultimately quite fruitful analysis, I felt that Ann put considerable pressure on me to experience myself as a hopelessly flawed and devalued object. There was an utterly convincing quality to these attacks that "mated" with my own self-doubts and fears around harming, rather than repairing, damaged objects. Her complaints about things I did were less painful and difficult for me than her conclusions about the kind of person I was: a sadistic doctor without human compassion.

Over time, I found that I was so stirred up at the end of the session that I could not get Ann and the uncomfortable feelings about the session out of my mind as I began work with my next patient. Without consciously being aware that I was doing so, over time I arranged for short walks after Ann's sessions. These walks were somewhat helpful in enabling me to restore some semblance of inner equilibrium, to lessen some of the aggression I felt toward my patient and toward myself, and to extricate myself from the projections in which I felt imprisoned. While I was on these walks and afterward, I struggled to recover an observing, reflective dimension to my experience. Initially, I was mostly evacuating rather than containing and processing these terribly uncomfortable feelings. Only gradually, as I could tolerate them better, could I begin to reflect on these experiences and use them analytically.

That I could not get Ann out of my mind after our sessions (nor could she get me out of her mind between sessions) began to take on important meanings for me. I gradually came to notice that there was an intensity in our interactions that I have rarely experienced to the same extent in work with other patients, involving both positive and negative feelings. This intensity, I began to feel, warded off fears of separateness, abandonment, and loss of omnipotent control of the other person. For me, and probably for Ann as well, this intensely felt presence attenuated terrible fears that either of us could destroy the treatment. Separateness—or, even worse, abandonment—would have left each of us unbearably alone with our worst fantasies and beliefs about ourselves and about the other.

For Ann, her inner sense of badness would be confirmed if I could not tolerate her. I was facing a similar dilemma. Feelings of inadequacy as a helper and deficiency and failure as a human being were at stake if I could not find some way to sustain, repair, and ultimately make good use of our relationship.

A sequence from early in our work illustrates some of these difficulties and some of my own struggles to understand and to work constructively with the intense emotional chemistry between us. Ann had come back from a short holiday break talking about how she had not been sure she wanted to return to analysis at all. She was already aware of a couple of upcoming cancellations on my part.

In the first hour, Ann lets me know that she will be away for several days the following week. There is a slight pause (from my point of view, though clearly for Ann reminiscent of the fateful pause in our initial meeting), and she calls out, sarcastically, "Did you get that?" I comment, "Yes, I got that."

In retrospect, I realize that I did not fully "get" the "that" that was going on between us at that moment. More specifically, I was not fully enough in touch with Ann's likely interpretation of my absences and, more immediately, of my not commenting right away on her cancellations as indicating that I was either indifferent to whether or not she was there or that I actually wanted to get rid of her.

Before I can say more, she continues, "I wish you'd acknowledged that." She reminds me that, unlike me, she is quick to acknowledge things that I say. I feel attacked without fully understanding the virulence.

We go on to explore her experience of my "not being there." She tells me that "your lack of response to normal business is strange. It's inhumane that you didn't say anything at all when I told you that I would be away for three days next week." She eventually tells me that she feels she is doing something bad in missing the sessions, and while I might have reassured her that it was okay, my silence greatly compounds her sense of badness.

In the next hour, Ann begins to speak about how she may be leaving her current academic position. Initially, her chair had made a big fuss over her, letting her know he wanted her to stay and might provide some

inducements. But lately he is acting as though he does not care if she leaves. It feels quite humiliating—worse than if he had never shown interest in her staying.

I tell her that I think she may be having some similar experience of me, perhaps some feeling of humiliation at her sense of my lack of interest in her, in whether she leaves or stays. She responds that she does not particularly feel I want her to leave, but that she does have concerns about the kind of person I am. I feel she has pushed away my attempt to engage her in exploring what has been happening between us. Instead, she moves to a view of me that is so negative and disqualifying that it would seem to leave no room for meaningful discussion at all.

There is then a silence, as I am trying to collect my thoughts and to decide what I might offer that could be helpful. My silence is likely prolonged by my resentment at feeling controlled in my thinking and behavior. But I do not yet have anything approaching the inner calmness and freedom to interpret this.

After a while, I tell Ann I am wondering about her—and our—silence. I feel a bit stunned when she responds, "I'm crying and don't want to cry in front of you. [I still cannot hear or see that she is crying.] And you don't know I'm crying! I have to *tell* you."

Feeling a mixture of guilt and defensiveness, I tell her that she is right, that I had not known. (It might have helped here if I had said that my not knowing she was crying meant to her that I could not or did not want to come closer to what she was experiencing.)

Increasingly angry and petulant, she says, "I just want to leave!" She sobs quietly for several moments, and then gets up and leaves well before the end of the session, despite my invitation that she stay so we can talk about it.

I feel stunned, confused, distraught, and abandoned. I feel a failure in my attempts to connect with and help my patient. I do not know whether to feel more angry at her or at myself. I leave the door open, but she does not return. For some time after the hour, I alternate in my own mind between "I've done nothing wrong to provoke that attack" and "Well, maybe she does have a point—I really could have been more present and responsive to her in a way that she needs."

In retrospect, I see that I was not fully enough aware of the way in which each of these responses reflected my difficulty in containing the disturbing feelings that Ann was projecting into me, and that she wanted me—perhaps needed me—to experience. Each response reflects a wish to blame either Ann or myself as a way of avoiding what I could not yet think about.

In looking back at this early material, I am aware of my efforts to take in and to understand Ann's experience, but I also notice a certain defensiveness and lack of deeper resonance with Ann's fantasies and terrors. Something now strikes me as a bit "off" about the music, if not the content, of some of my interventions: my having spoken to the patient from too much of a distance when what she was crying out for was for me to come closer, to prove that she was not horrible, and to show that I could actually tolerate her.

In fact, it was difficult for me to come closer in the face of her attacks on me for being cruel and inhuman, which undermined my capacities to think, reflect, and contain. It was also difficult for me to grasp her need to see that she was powerfully getting through to me in a way she felt she had not been sufficiently able to do with her parents, who she felt not only could not tolerate or help her with her powerful emotions, but who also projected into her the badness they could not tolerate in themselves. I felt a pressure to experience what she felt from the inside—to experience and struggle with my own badness, omnipotent wishes for control, and willingness to be drawn into sadomasochistic modes of relating. Ann needed to see that my internal experience could be permeable to hers and that I could think about my experience and deal with it in ways that had not been possible for her.

This material reveals a partial collapse of imaginative, reflective, potential space for both of us. I was too immersed in the concreteness of Ann's projections, experiencing them as too "real" to have sufficient distance to contain and interpret them adequately. Further self-reflection stirred up painful memories of childhood interactions with my younger siblings, whose significant, ongoing emotional struggles I could partially attribute to my own "badness." There was as yet insufficient room for me to play internally with these experiences, to ponder in a non-self-accusatory way the grain of truth in Ann's accusations, to consider myself

both within and outside the experience she was evoking in me. As I was able to regain these capacities in small increments, things began to shift in a more positive direction.

Very gradually, Ann began to show some greater capacity to realize that her aggression would not destroy me, that she did not always know my thoughts accurately, and that I did not always act in the ways she "knew" and feared that I would. As I became more comfortable with my own vulnerability in response to Ann's attacks, and more certain of my own capacity to survive and to make analytic use of them, it also became easier for me to take partial responsibility for the difficulties between us. My growing sense of separateness and of internal freedom seemed to enhance an emergence in Ann of a nascent capacity to experience and use me as a separate person.

For example, on one occasion when Ann was particularly irate with me because she felt I had become even more withdrawn and silent in response to her criticism of me, I was able to tell her that I could see that my defensive reaction had distanced me from a more nuanced understanding of what was disturbing her. I further told her that I could see this led her to feel that I could not or did not want to engage with her when she was most angry and upset. This was in neither a self-blaming nor an overly guilty mode; rather it seemed respectful of each of our limits and limitations.

This shift seemed important to both of us in that it both reflected and promoted a greater degree of separation, and allowed Ann gradually to observe and increasingly to take ownership of her own part—including her exquisite sensitivity to feeling rejected. It also gave her important access to my internal processes of psychological work with the difficulties we had been experiencing.

A heated moment somewhat later in our work provides a further window into some of these ongoing internal shifts and into my increasing ability to tolerate and contain some of Ann's unbearable experience and what it was painfully stirring up in me. This was a moment when I felt reasonably certain that Ann was going to end the analysis. She was increasingly depressed, hopeless, angry, and unable to speak. This was triggered by a number of disappointments external to the analysis, as well as

by her hopeless feeling that the more depressed she became, the less I could help or even tolerate her.

Though I was feeling worried, frustrated, and uncertain of my capacities to help, Ann's criticisms and attacks were no longer getting to me in the same concrete way. I found that I could remain in contact with my own vulnerability without being overwhelmed by it, and that I could speak with her in a more calm and reflective manner.

During the last hour of the week, with a three-day break impending, I told her that I understood she might well decide to stop with me and to find another analyst, but that, in the meantime, she had a difficult weekend to get through, and I still wanted to be available to her in whatever way I could. I suggested that we try to talk together about how this might work—until and if she were to consult someone else.

This was a spontaneous and heartfelt response on my part that seemed to reflect my caring and availability, as well as my hard-earned acceptance of the likelihood of our ending. I believe the tone of my intervention also conveyed an enhancement of my own internal space to tolerate and to reflect, and my greater confidence that I, and we, would be able to endure what would have to be tolerated if we did end.

Somewhat unexpectedly to me, my response seemed to leave Ann momentarily a bit stunned, though she quickly softened and became more thoughtful. She thanked me in a manner that seemed quite genuine, and left with neither of us knowing whether or in what way she would be back. In fact, she did return and things got better between us and in our work. In retrospect, I see this interaction less as a turning point in itself, and more as illustrative of how much was already turning within me, and within Ann as well. It seemed that I had had to come to a point of being willing to let go of her in order to allow her to begin to use me in a new and more separate way.

Perhaps it had also been necessary for the reality of the ending to enable me to further consolidate my own willingness to let go, to experience Ann as separate, and to tolerate my now-modulated feelings of self-criticism. These interactions may have offered another opportunity for Ann to identify with my willingness to confront and to rework significant psychological issues.

As Ann and I continued to struggle to tolerate and make sense of what was happening within and between us, I had the sense of a slowly deepening process in which positive feelings increasingly seemed more available to counterbalance the negative ones. For example, Ann brought a dream in which I came up behind her, put my arms around her from behind, and helped her off with her coat. Her warm and sexual feelings within the dream and in her associations to it were initially somewhat surprising to Ann, since they were so discrepant from much of her conscious experience of me. However, she was curious and open to the idea that these, too, involved real feelings between us.

Some of this sexualization no doubt served defensive needs for both of us, but I think there was also something genuine about the emergence of more positive and more hopeful feelings between us. In addition to the warm and sexual feelings in the dream, I took this to indicate something of her awareness of my greater comfort and willingness to allow her to bare herself emotionally, and of her trust that we could both tolerate and feel safe enough to come closer.

Fortunately, Ann gave me sufficient time to do this internal work, and "forced" me, but also allowed me, to do the self-analytic work that I needed to do in order to work successfully with her. In her critical observations, which at times were accurate interpretations of unknown (and unwanted) aspects of my own mental functioning, Ann served a containing function for me. An example of this relatively early in our work had to do with her relative comfort with aspects of my anger and aggression toward her that I was having difficulty tolerating. Later in the analysis, when the overall atmosphere was more positively toned, Ann at times served a similar function in relation to charged erotic feelings that at certain moments seemed more comfortable for her than for me.

In its initially confusing and disruptive effects on me, the volatile and often challenging chemistry between us catalyzed self-analytic processes that in time led to more consolidated feelings of separateness and greater resolution of insufficiently worked-through conflict for me. The very chemistry that led to my partial loss of boundaries and reflective space also led eventually to the establishment of more flexible and reliable analytic functioning. As a result of this painfully realized internal

work, I believe that I changed not only in my work with Ann, but also in my work with other patients and in more general and enduring ways.

## CLINICAL VIGNETTE TWO

During the initial moments of meeting Julie, I (Z. G.) remember thinking to myself that she looked anorexic. However, I soon learned that Julie had come to me because she was struggling with a different kind of health crisis. Although initially her condition was life threatening, it was not ultimately so once she was treated. However, in these early years (of what would ultimately become a long and quite beneficial treatment), I was to discover, in a similar way, that I was also struggling with a threat to the life of Julie's analysis.

For the most part, those early weeks with Julie were focused on concretely weathering this medical crisis, and then on gradually settling into a pattern of meeting four times a week and using the couch. And yet, months later, I noticed that I was still quite aware of her health. Thoughts such as "Does she look unusually thin?" or "Shouldn't she be wearing socks?" would not infrequently cross my mind.

There was something pervasively unsettling about the way Julie treated her body. I continued noticing that it was as if I could not stop thinking about how much or how little Julie was taking care of herself. It was a strong physical feeling—like something pushing at me, something I felt compelled to do something about. I wondered how the initial atmosphere of life and death had colored our relationship. I felt it must have cemented the bond between us in a powerful, unconscious way, igniting a kind of chemistry between us that felt very hard to think about. Over time, I became aware that, along with the protective feeling, there was also an unexplained feeling of guilt, as if I would be responsible somehow if she got hurt or caught a cold, as if it would mean I had let her down in some way.

Much of what Julie said in her sessions was about feelings of being hurt by other people. And yet the atmosphere she tried to create with me was one of sweetness and understanding. She would tell me about other people who had ignored her, other people who did not understand her, but when I asked her if she felt these feelings about me, she was surprised.

It was also very difficult for her to think about how her internal feeling of helplessness or passivity might be something she had choices about, or that we could talk about or think about together. Comments or interpretations that I brought up along these lines "made" her feel like a failure, or that she was being blamed.

I struggled to become more aware of the fact that, on so many levels, Julie was pressuring me not to bring up these things. She was asking me to be the one person who understood her, to reassure her that she *did* belong in my waiting room, that she deserved to have a happy life. Sometimes I played the role she assigned to me, but gradually I became more able to watch myself feeling pressured in this way. Despite her guilt trips, I tried to privately contain these feelings that I needed to take care of her or that I had wronged her, while at the same time interpreting her passivity. At these moments, I was working hard to think about my personal problems with guilt.

Often during these times, I found myself remembering a painful period of my adolescence during my parents' divorce and my relationship with my brother, who was also very good at arousing my guilty feelings. As I went further with this self-analytic work, I became less preoccupied with my guilty feelings toward Julie and increasingly able to think reflectively, and to contain the projections and pressures that were coming from her.

Then, without my fully recognizing it at first, the atmosphere between us grew tense and suffocating. Underneath Julie's ultrasweetness, rage was seeping in. However, she did not want to talk about angry feelings. A slammed door was "nothing"; I was merely imagining that she sounded impatient. Now that I was not playing my role, Julie felt I was the one who was forcing her to be or think a certain way. Sometimes she would tell me that she felt so controlled by me (often at the same moments when I was feeling controlled by her) that she felt she had to walk out or threaten to quit her analysis.

At one point, I felt so pent up after a session with her that I said to a colleague she was really getting to me, and that maybe I was not the best person to help her. I worried that her explosiveness and her difficulty talking about it meant that we were at an impasse, or was a sign that we were a bad match. Clearly, we had both been drawn into a complicated

unconscious communication from the beginning, but what was going on now? How would I know if this process could be understood in a way that would bring growth?

I tried to think more about the meaning of this powerful chemistry I had with Julie, and especially the old feelings from my childhood that she was so good at stirring up. I realized that what I was asking myself was, could I tolerate what she was "forcing" me to work with? Could I contain her? It felt as though she needed to touch me in some of my core places of conflict, and to bring me inside her core places of conflict, because this was the only way she could face feeling that she was so terribly and so permanently alone.

I found myself wondering if, actually, the kind of match that Julie and I had was a good match, that finding an analyst with some matching areas of conflict—an analyst with this kind of passionate, positive, *and* negative chemistry that Julie and I had—was a special opportunity for analytic work and transformation.

Beginning to talk about the seeds of all the above with my colleague helped me continue my self-analysis, and I became more aware of how I was reliving my own experience of loss during my parents' divorce. One of the ways I had coped during that time was by taking care of my younger brother. Being able to be the one in my family who could comfort him when he was crying, when we were both missing the days when our family had been together, had somehow filled in the gap for me as well. However, I had learned in my analysis that this was also a way in which I had avoided my own sadness and emptiness. I realized that I was doing a version of this with Julie. I was complying with her internally driven pressure on me to be reassuring or maternal because of my own ghosts, as well as hers.

I also began to consider the idea that thinking about my own past could create a subtle shift inside the relationship. If I felt my feelings in a more separate way, Julie would probably feel more alone with *her* feelings. What else was it about who I was that stirred up some of the most conflictual parts of her?

I knew that Julie's experience of my warmth and genuine interest had touched her in a very fundamental way. However, we had only barely begun to talk about how her feeling that I was warm and engaged

with her made her even more aware that her own mother was not. As I thought more about this, I also began to think about different ways to talk to Julie about how alone and angry this must make her feel. Julie began to tell me with more and more force that she did not just feel alone; she felt abandoned by me. Why couldn't I be the mother she longed for? Why couldn't I make up for the past?

Talking about and containing Julie's anger at me took a very long time. Even as these feelings and thoughts became more recognized, the atmosphere between us was often heavy with hopelessness and resentment. We were surviving, but not yet fully containing. There was still much more to know about why it felt so unbearable.

We had many sessions in which we seemed to be trading back and forth who would be the hopeful one, as if neither of us were ready to withstand the full onslaught of despair. I struggled silently and more consciously with my desire to assuage my guilt by taking care of her. When Julie was angry at me because she felt her analysis was not working, I sometimes interpreted that our hopeful solutions were an attempt to deny there were times when any little thing could make her feel crushed and non-existent. At other times, we would simply sit with the crushing silence, and she would weep uncontrollably.

During one of the many sessions of weeping, I said to Julie that the way in which her mother had left her alone so much as a child must have made her feel as if she had been "left for dead." In the back of my mind, as I said this, was my memory of the intense pressure I had felt in my body in the beginning of her treatment—as if *I had to do something concretely or Julie might die*. Thinking about and separating out more clearly my understanding of my own losses as an adolescent girl, and considering how Julie had felt like a stand-in for my brother, enabled me to reach a more separate understanding of Julie's feelings of abandonment by me and how that had brought up her feelings of being an abandoned little girl. I felt that the self-analytic work I had done cleared a space in my mind so that I could make this very experiential interpretation to Julie: that she must have felt her mother had "left her for dead."

It was following this interpretation that Julie told me for the first time how often her mother had left her alone as a young child. Her mother had left her without a babysitter, and sometimes without food,

for six, eight, or ten hours a day, and on at least a few occasions for several days. The feelings in this session were quite intense and overwhelming. It felt very painful to really think about what this meant about Julie's mother and what it meant in terms of what Julie was asking of me.

Julie and I talked more about the idea that she was trying to create a feeling in me, and in herself, that I was her real mother. She said she needed to find someone who could prove to her that she cared if she lived or died, because it was so frightening to remember that there had been a time when no one did care. Again, I wondered silently about the uncanny chemistry between us. How was it that Julie communicated to me so strongly that she needed real mothering, and how was she able to find and use the part of me that could easily take to that role?

In order to think about these questions and hold steady against the strong projective pull of Julie's need not to be abandoned again, I had to reengage the difficult mourning process and feelings of loss that were tied up with my relationship with my brother. In addition to sorting out a specific historical countertransference in which Julie was a stand-in for my brother, I also thought about the specific kind of transformative chemistry between Julie and me. At first, her ability to pick up on my maternal feelings was clinically useful to her, or perhaps contributed to a useful mutual chemistry. Without my consciously separating out her unconscious conflicts from mine, this could have become a negative chemistry that might have inhibited her growth.

However, my effort to analyze my part in it, to become more separate, and then to help her more consciously separate out her part as well is an example of how "bad enough" chemistry can be mutative. In other words, my character and the structure of my personality communicated and intertwined unconsciously—both negatively and positively—with Julie's character and personality structure, but as that process was lived out and analyzed, the potential for something transformative became possible.

There were times when Julie and I were able to talk about the dynamics of our interactions, but there were other times when she would feel very concretely abandoned and blaming toward me. She would say scathingly, "You say we have to feel the nothingness, but *you* don't want to do it any more than I do." At these times, I wondered to what degree

these were Julie's transference feelings or projections, and to what extent she was sensing my anxieties about going deeper. At times, either the analyst or the patient can be the one to name or bring to the surface feelings that are unbearable. In this example, it was partly Julie who "forced" me to take a closer look at my own sadness and go further with my own mourning process so that we could both do the analytic work that would provide more containing.

A turning point in my work with Julie came during one of the lowest points of her analysis. She had some very long periods of serious depression and even felt as though she really did not want to keep on living. I became preoccupied with how terrible she felt. I felt that I needed to experience with her these very desperate feelings, so that she would be able to register them and not be alone with an unbearable reality.

And yet, just at the time when she felt she needed it most, I would "fail" her. At these times, during even the briefest period of silence, Julie would experience me as cruelly abandoning her. My words would also strike her as so utterly wrong, so painfully off the mark. My saying to her that she was experiencing me in the same way that she had experienced her mother as "leaving her to die"—or, even worse, my interpreting along the lines that it was difficult when she was in so much pain not to experience any failure of mine as an intolerable separateness—infuriated her even more.

It felt as though, no matter how carefully I tried to formulate my comments, she would experience me as blaming her. As Julie angrily watched me grapple and suffer with all this, I irrationally felt that the tables had been turned, and that *she* was the one who was cruelly abandoning *me*.

Part of this mourning process, on my end, was wondering how long a painful negative transference such as this could continue, and not knowing what was possible, what the limits were, or whether it would ultimately be productive. I went round and round the above points, with Julie and with myself, trying to work out with her that my aggression would not destroy her and that hers would not destroy me, that I would not abandon her and that she would not abandon me. For my part, these were not simply reworkings of insights I had had before; I

am referring to prolonged periods of internal work that shook me at the core of my being.

It may seem as if I am referring more simply to the psychological work I did about my parents' divorce and my countertransference reaction to Julie as a stand-in for my brother. However, I am also trying to describe something bigger than that: a kind of mutually disruptive unconscious collision between analyst and patient that can be transformative when it is contained analytically. The mutual chemistry that first led Julie to use the maternal part of me also spurred me on to do more analytic work. The chemistry between us involved touching each other in core parts of our personalities, and changing who I am as an analyst and as a person, as well as enabling Julie to change. Gradually, there was a different feeling of separateness between us, and Julie seemed more able to speak reflectively about her own frightening separation anxiety.

Increasingly, I noticed parallel changes in my capacity to provide containing for Julie and to analyze her. I told her, for example, that when I had the feeling I was failing her or letting her down, I thought maybe I was feeling as hopeless as she had felt. It was as if one or the other of us had to feel so bad that it would be better to give up or die. During this hour, as Julie silently shed some tears, I felt that the unmetabolized, heavy feeling shifted into the kind of sadness that brings a feeling of relief.

During a subsequent hour, I told Julie that we both needed to be alone with the feeling that, as her analyst, I could not "fix it"—that the decision to live was ultimately her choice. From her response, it seemed clear to both of us that Julie had made an important shift in becoming aware of her need to blame me, and that this awareness had helped her move in the direction of a greater ability to mourn our inevitable separateness. Something parallel had also happened for me in my thoughts about ending the stuck part of my relationship with her, while at the same time mourning the internal stuck place of my relationship with my brother.

Looking back at this period of the analysis, not only was I able to see that my self-analytic work had increased my capacity to provide a containing function, but in addition, both Julie and I were able to see and talk about how she was increasingly able to feel separate from me

and internalize this process. I hope I have at least partially succeeded in showing the way in which Julie and I lived through this both separately and together: the failures, the mutual blindness, the despair, the mourning, and the slow shifts toward separateness and insightfulness.

One example of a new development resulting from all this is that Julie has come to recognize that her rage at her mother—and perhaps especially the feelings of separateness that are a part of that—can be even more threatening to her than her hopelessness. This insight, like many of the others described above, was built on Julie's increasing trust that together we could tolerate feelings too unbearable for her to tolerate alone.

For myself, I am aware that I think of Julie quite often when I am with my other patients; she reminds me of the pain, the intense discomfort, and also the rewards from the work of going into unknown places with my patients.

## DISCUSSION

Our two cases illustrate that the analyst's unavoidable failures lead to self-analytic work and significant internal shifts in both analyst and patient and in the transformative potential of their interaction. Ann's and Julie's analyses demonstrate, in addition, the importance and complexity of evaluating the ongoing chemistry between patient and analyst, and the ways in which that chemistry plays out for better *and* for worse.

A further challenge emphasized in our vignettes is that of making the clinically important differentiation between periods of true impasse, when analytic work is at a standstill, and periods of heightened struggle, when the capacities of both analyst and patient are strained almost to the breaking point, but where the potential for productive analytic work may be preserved if not actually enhanced.

Both cases were characterized by periods of time in which the analyst felt overwhelmed and experienced a partial loss of reflective and containing capacities. Prolonged self-analysis for both analysts involved facing depressive affect, self-doubt, feelings of failure, blind spots in their own personalities, historical countertransferences, mourning, and a subsequent letting go of the idea of fixing the patient and the relation-

ship. In both analyses, the analyst had to confront the traditional idea of a bad match and to replace it with a more complex view of "bad enough" chemistry that may be transformative. Certainly, each case challenged any idealized or traditional view of the analyst's relatively uninterrupted and reliably present capacities to take in, to metabolize, to contain.

Both patient/analyst couples had to enter into, and eventually to resolve, periods of psychic disruption that involved the analyst's psychology, the patient's psychology, and the interaction/chemistry between them. In both cases, it was primarily up to the analyst to go first by engaging in a period of self-analysis in order to understand and separate out these three aspects in the service of effecting intrapsychic shifts in both participants. In the case of the analyst, this involved not only taking on, surviving, and doing internal work with the "madness" of the patient, but also "curing" those aspects of the analyst's personal pathology that were stirred up and were posing obstacles to successful work with the patient (Bollas 1987).

The initial engagement with each patient was intense, and the nature and difficulties of that intense engagement could only be thought about and understood somewhat later. Ann's analysis began in a stormy way, with much apparent negative chemistry and various suggestions of a poor or even unworkable match. Discontinuation of the treatment seemed imminent at various junctures. Eventually, things calmed down as the analytic work proceeded, and erotic, oedipal transferences/countertransferences appeared, gained in intensity, and were productively analyzed. Whatever negative chemistry and problematic match characterized the early phases of the analysis did not preclude progressive analytic work—and in certain important ways enhanced it.

Julie's analysis began with what appeared to constitute an unusually positive chemistry and match, which enabled the analysis to proceed without disruption for a period of time. Eventually, disruption and near impasse developed, and the initial period of positive chemistry took on new meanings. What presented initially as primarily felicitous positive chemistry evolved into a disruptive and mutually challenging period of what turned out to be "bad enough" chemistry, leading the analyst to a key interpretation in which Julie was able to acknowledge for the first time how much she had been left alone by her mother. Although this

analytic work triggered worries about potential impasse, it also led to significant transformations for analyst and then for patient, with restoration of the analyst's, and eventually also the patient's, ability to reflect upon and to render usable formerly unbearable feelings and meanings.

The countertransferences that came to life in Ann's analysis did not seem to revolve directly around specific, historical family relationships to the same extent as in Julie's analysis, but were more about the overall structure of the analyst's character. The countertransferences stirred up in work with Ann seemed to involve primal, universal struggles around separateness, loss of omnipotence, self-acceptance, and fears about aggression toward self and others. A close reading of Julie's analysis suggests that these and similar issues, while perhaps not central in the same way, were still a central aspect of the self-analytic work and of the analyst's internal shifts.

An important feature of both cases was the unusual degree of disruption in the analyst, bringing him/her to the brink of what could be tolerated and worked with. Like many of the patients whom we have in mind, both Ann and Julie attempted to involve us in interactions that would generate feelings and struggles in us that constituted versions of their own core struggles, and that would lead us to identify both with them and with their internal objects. They could then watch as we grappled and suffered and eventually became better able to deal with the same emotional issues that had stymied them. While with certain other patients, it would be enough for this process to take place primarily as a fantasy within the transference, for both Ann and Julie, it seemed necessary that the struggle occur at a more concrete and observable level.

Had Ann and Julie not found resonant vulnerabilities and conflicts within us that we needed to work to better resolve within ourselves, could we have worked together successfully? Would working with another analyst have been easier and/or more effective? Or would it perhaps have been easier but less effective, characterized by an apparent positive chemistry, but a paucity of deeper struggle, self-analytic work, and inner transformation?

Our sense is that virtually any analyst would have felt some stirring up of partially unresolved issues that overlapped with Ann's and Julie's, and would have had to rework them to some extent in order to func-

tion optimally with them. Those issues might have differed from ours either in content, degree of resolution, or both. These variables would undoubtedly have had important effects on the shape, and ultimately on the outcome, of the analysis. While some analyses may proceed satisfactorily without the intensity and duration of internal struggle for the analyst that we have illustrated here, others may require just this kind of experience on the analyst's part.

After our experiences with Ann and Julie, we are left with the impression that matches such as these—that is, matches that are "bad enough"—may actually catalyze profound and creative analytic work. In other instances, the pairing may be more problematic, even if initially the chemistry seems more propitious, and may render deep and effective analytic work more difficult. And undoubtedly there are pairings, sometimes difficult to diagnose, in which the chemistry/match is so potentially or actually damaging for patient and/or analyst that it is better for the work to be discontinued.

Our emphasis is on the importance of careful observation of what each member of the pair brings out in the other, along with the particular difficulties that this poses for each. Whatever the nature of the individual analyst–patient pairing or chemistry, unresolved and painful areas are bound to be stirred up for the analyst that will call for self-observation and internal change if the containing functions and the overall analytic work are to proceed satisfactorily.

Our cases also highlight the importance of an openness on the part of the analyst to consider his own contribution to the difficulties being confronted in the analytic work, as well as a willingness to undergo significant psychological work in whatever ways are available to him. In addition to being demonstrated in our work, these points are similarly emphasized by Coen (1992), Davies (2004), and Ferro (2002, 2005), who focus on the unbearable aspects of self that are stirred up in analytic work with certain patients, and who show how the analyst must confront and tolerate those aspects of himself in order to work with such patients. Intrapsychic change leading to greater capacity for containing is implied, if not explicitly spelled out, in their accounts as well.

The analyst must rely on his "analytic superego" to recognize the absence or loss of his ability to contain the patient's projections and

what they stir up in the analyst, and to note the collapse of a reflective, observing "third" position from which to understand and to analyze. It may take the analyst some period of time and considerable psychological work with his defensive avoidance (e.g., the period of unconscious planning and subsequent utilization of walks following Ann's sessions, or the self-analytic work done by Julie's analyst that led to the interpretation that Julie's mother had left her for dead) to notice more fully what is missing, and to initiate sustained and uncompromising self-inquiry.

Britton (1998) compellingly describes the necessity and the difficulty of leaving the relative security of depressive experience for new cycles of confusion and disorganization, leading to a newly consolidated depressive position. The as-yet unachieved, new depressive position represents "a hope, based on faith, that future developments will bring coherence and meaning" (p. 81). Steiner (1993, 2005) has emphasized the pain of mourning involved, for both patient and analyst, in any relinquishment of a previously valued belief or mode of emotional investment. In working with our patients, we were repeatedly in the grip of such clinging to previously held positions and subsequent feelings of disorganization and loss.

We wish to emphasize as well the role of the patient in catalyzing and requiring this kind of developmental process in the analyst. The patient is the analyst's indispensable partner, both in forcing the analyst to deal with mental contents he has not resolved sufficiently, and by pointing out indirectly, in the patient's associations, aspects of the analyst's mind that the analyst cannot observe directly.

Finally, we want to acknowledge and emphasize the many times when the analyst's internal resources with which to provide containing for himself may not be sufficient, and that the analyst then requires an external container—generally a consultant—for his own unprocessed psychological distress. In both Ann's and Julie's analyses, both formal and informal consultation involving several different colleagues, at different points and with differing degrees of helpfulness, played important parts in the analyst's ability to tolerate unbearable affect and to effect internal transformation.

One should not assume, however, that all consultations or collegial discussions serve this containing role for the analyst; as with the analyst's

mis-timed and misconceived interpretations to the patient, consultative experiences may serve to further undermine the analyst's efforts to provide containing. This is more likely to happen when the consultant is more focused on what is wrong in the treatment than on what the analyst requires in order to metabolize or to "dream" (Ogden 2004a) the patient's experience.

Moreover, the consultant must be willing to move beyond helping the analyst toward better understanding the patient's internal world, necessary as that is, and must be able to help the analyst acknowledge and grapple with aspects of his own psychology as it manifests in the clinical encounter. This work is bound to be challenging for the consultant, and painful and often disruptive for the analyst. With patients like ours, however, we view this disruptiveness, as well as the analyst's necessary failures, as intrinsic to good enough analytic work.

## REFERENCES


Adler, G. (1972). Helplessness in the helpers. *Brit. J. Med. Psychol.,* 45:315-326.

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

——— (1970). *Attention and Interpretation.* London: Karnac.

——— (1979). Making the best of a bad job. In *Clinical Seminars and Other Works,* ed. F. Bion. London: Karnac, 2000, pp. 321-331.

Bollas, C. (1987). *The Shadow of the Object: Psychoanalysis and the Unthought Known.* New York: Columbia Univ. Press.

Britton, R. (1998). Before and after the depressive position. In *Belief and Imagination: Explorations in Psychoanalysis.* London: Routledge, pp. 69-81.

Coen, S. (1992). *The Misuse of Persons: Analyzing Pathological Dependency.* Hillsdale, NJ: Analytic Press.

Cooper, S. (2000). Mutual containment in the analytic situation. *Psychoanal. Dialogues,* 10:169-194.

Davies, J. M. (2004). Whose bad objects are we, anyway? *Psychoanal. Dialogues,* 14:711-732.

Epstein, L. (1987). The problem of the bad-analyst feeling. *Modern Psychoanal.,* 12:35-45.

——— (1999). The analyst's "bad-analyst" feelings: a counterpart to the process of resolving implosive defenses. *Contemp. Psychoanal.,* 35:311-325.

Feldman, M. (2009). *Doubt, Conviction and the Analytic Process.* New York/London: Routledge.

Ferro, A. (2002). The impasse. In *In the Analyst's Consulting Room.* London: Brunner-Routledge, pp. 81-92.

——— (2005). *Seeds of Illness, Seeds of Recovery.* London: Brunner-Routledge.

Goldberg, S. & Grusky, Z. (2004). The dark side of analytic conviction: impasses of omniscience and complacency. *J. Amer. Psychoanal. Assn.,* 52:1095-1125.

Hinshelwood, R. D. (2007). The Kleinian theory of therapeutic action. *Psychoanal. Q.,* 76(suppl.):1479-1498.

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

Joseph, B. (1989). *Psychic Equilibrium and Psychic Change: Selected Papers of Betty Joseph,* ed. M. Feldman & E. B. Spillius. London: Routledge.

Kantrowitz, J. (1986). The role of the patient–analyst "match" in the outcome of psychoanalysis. *Ann. Psychoanal.,* 14:273-297.

——— (1993). The uniqueness of the patient–analyst pair: approaches for elucidating the analyst's role. *Int. J. Psychoanal.,* 74:893-904.

——— (1995). The beneficial aspects of the patient–analyst match. *Int. J. Psychoanal.,* 76:299-313.

——— (1996). *The Patient's Impact on the Analyst.* Hillsdale, NJ: Analytic Press.

Kantrowitz, J., Katz, J. L., Greenman, D. A., Morris, H., Paolitto, F., Sashin, J. & Solomon, L. (1989). The patient–analyst match and the outcome of psychoanalysis: a pilot study. *J. Amer. Psychoanal. Assn.,* 37:893-919.

Kernberg, O. F. (1975). Countertransference. In *Borderline Conditions and Pathological Narcissism.* New York: Jason Aronson, pp. 49-67.

Little, M. (1990). *Psychotic Anxieties and Their Containment.* New York: Jason Aronson.

Meltzer, D. (1978). A note on introjective processes. In *Sincerity and Other Works.* London: Karnac, 1994, pp. 458-468.

Mitrani, J. (2001). "Taking the transference": some technical implications in three papers by Bion. *Int. J. Psychoanal.,* 82:1085-1104.

Modell, A. H. (1965). On having the right to a life: an aspect of the superego's development. *Int. J. Psychoanal.,* 46:323-331.

Ogden, T. H. (2004a). On holding and containing, being and dreaming. *Int. J. Psychoanal.,* 85:1349-1364.

——— (2004b). An introduction to the reading of Bion. *Int. J. Psychoanal.,* 85:285-300.

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

Quinodoz, J.-M. (1996). The sense of solitude in the psychoanalytic encounter. *Int. J. Psychoanal.,* 77:481-496.

Searles, H. (1959). The effort to drive the other person crazy. In *Collected Papers on Schizophrenia and Related Subjects.* New York: Int. Univ. Press, 1965, pp. 254-283.

——— (1965). *Collected Papers on Schizophrenia and Related Subjects.* New York: Int. Univ. Press.

——— (1979). The patient as therapist to his analyst. In *Countertransference and Related Subjects.* New York: Int. Univ. Press, 1979, pp. 380-459.

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

——— (2005). The conflict between mourning and melancholia. *Psychoanal. Q.*, 74:83-104.

Symington, N. (1983). The analyst's act of freedom as agent of therapeutic change. *Int. Rev. Psychoanal.*, 10:283-291.

Winnicott, D. W. (1969). The use of an object. *Int. J. Psychoanal.*, 50:711-716.

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# THE BEHOLDER'S SHARE: AN INTERSUBJECTIVE REVIEW OF BROMBERG'S *SHADOW OF THE TSUNAMI*

BY BILLIE A. PIVNICK

*The Shadow of the Tsunami and the Growth of the Relational Mind.* By Philip M. Bromberg. London/New York: Routledge, 2011. 215 pp.

**Keywords:** Neurobiology, trauma, relational analysis, aesthetics, self-states, three-body problem, nonlinear dynamic systems theory, intersubjectivity, self-experience, narrative structures, affects, communication, me/not-me.

Critics of psychoanalysis have all but concluded that psychoanalytic practitioners are suffering from reminiscences. Adherents of analytic principles, in contrast, have been revising and reformulating both theory and practice to conform to new understandings of how the mind is situated in both its cultural context and within its neurobiological constraints. The first view has created treatment approaches that attend more to narrative and dialogue; the other has led to efforts to ground theory in contemporary neuroscience. Philip Bromberg's theory and method for treating relational trauma integrate these two innovations while adhering to the importance of the unconscious, relationally conceived.

The cover of Bromberg's new book, *The Shadow of the Tsunami and the Growth of the Relational Mind*, depicts a large black wave, solarized from behind. The play of light and shadow mirrors the tension in the psychoanalysis of patients who have suffered the developmental trauma of nonrecognition. It is an apt image. Ernest Hartmann's (2001) research

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has shown that states of traumatically toxic arousal are most frequently represented in dreams as tidal waves. Though it could be mistaken for a dark cloud with a silver lining, viewed through a more tragic lens, its transformation of something fearful into a thing of extreme beauty could be considered sublime (Hagman 2011).

These different ways of seeing psychoanalytic transformation allude to the aesthetic dimension of our work, something Bollas (1989) referred to as an *aesthetics of care*. Bollas thought an aesthetic moment occurs when we are in such deep rapport with an object (whether person, text, painting, or composition) that time seems to disappear and space crystallizes, creating the illusion of fit with the object that evokes an existential memory of being with someone in an affective dialogue that helps give continuity to our self-experience.

Bromberg's aesthetic, however, like Freud's, leans toward complexity, particularly as depicted in literary, artistic, and musical productions. But also like Freud's, his views must be contextualized against a cultural backdrop in which an *aesthetic unconscious* (Ranciere 2009) emerges to permit thinking about thinking, and in a century when spatial and temporal perspectives suddenly multiply.

At the turn of the twentieth century, mathematical work by Henri Poincare on the nonperiodicity of motion of three objects in mutual gravitational attraction, the so-called *three-body problem,* created speculation about a fourth dimension (Miller 2001). Einstein extended Poincare's research to account for measuring time relative to multiple, changing spatial perspectives. Eadweard Muybridge (1901) used photography to capture human movement in multiple planes in sequence. It was left to Picasso's 1907 *Desmoiselles D'Avignon* to extend Poincare's ideas about four dimensions by posing these dimensions simultaneously in time, rather than sequentially (Miller 2001).

In 1909, Proust famously went *In Search of Lost Time*, recognizing that there was no one synthesis of character possible at any one point in time, preferring instead to write with and about the irregularly repeating cycles of human experience that he called *intermittences of the heart* (Shattuck 2000). Meanwhile, in psychiatry, Sigmund Freud attacked the hegemony of the centralized mind, giving us first the topographical model and then structural theory's tripartite one. His assault began with his

conception of the unconscious as a crucial participant in mental activity. He later recast the etiology of neurosis as another type of three-body problem, the Oedipus complex. In his later structural theory, three other bodies—id, ego, and superego—pulled in different directions, creating behavior seen as a compromised result of dynamic interaction. In theorizing trauma, Freud recognized that shock affected the traumatized person's ability to order the self in time.

As the twentieth century progressed, object splitting and atom splitting preoccupied psychoanalysts and physicists, respectively: In psychoanalysis, Fairbairn (1952) conceptualized the *multiplicity of the ego,* consisting of multiple self and object interactional representations. Physicists, meanwhile, recognized that light could be both wave and particle, though not simultaneously, as well as that observation changed the phenomenon being observed, thus initiating studies of nondeterministic systems following the laws of quantum mechanics. Finally, in 1961, an MIT meteorologist named Edward Lorenz applied Poincare's three-body research to weather prediction, leading to what is now called *chaos theory,* a way of understanding the nonlinear, nonperiodic dynamics of multiple or complex conditions in deterministic systems (Gleick 1987).

When mathematically graphed as a reiterating, double-spiral curve, seemingly random behavior demonstrated an entirely different kind of order from the two conditions of order known before—steady-state or endless periodic repetition. Now called *nonlinear dynamic systems theory,* this model has been used by Thelen and Smith (1996) to create a developmental paradigm that predicts the outcome of specifiable transactions between initial conditions and environmental context. Psychologically, the initial conditions, co-created by both the infant's soma and the maternal environmental provision, create a personality organization that is both intrapsychic and intersubjective in nature, but is susceptible to failures in "being together" that can have lifelong consequences.

Self-states, defined by Bromberg as "highly individualized modules of being, each configured by its own organization of cognitions, beliefs, dominant affect and mood, access to memory, skills, behaviors, values, actions, and regulatory physiology" (p. 73), have multiplied and divided. Now they are thought to rule the roost, at least by relational analysts—though not necessarily in ways that make us more functional.

Self-states are not static entities like tissues under a microscope. They more closely resemble assembling and disassembling casts of characters in a series of theater productions, because in any interaction between people there are a large number of both internal and externalized roles. Unless a person is traumatized—doomed to repeat over and over the same scripts with the same bad endings—he or she can engage in improvised and spontaneous interaction. But the characters have to coexist on the stage together before they can clash. When one or more self-states have been banished to the wings, their unannounced presence can disrupt the drama at a moment's notice.

Integration among self-states or between two individuals' states is not possible when early developmental conditions did not permit the processing of relational ruptures or overwhelming traumatic experiences. Instead, the imperative to protect oneself from being overwhelmed by unbearable affect (rather than mere anxiety) creates dissociative defenses that make fragmentation of self-experience far more likely. Simple hierarchical organization is usually an insufficient method of managing this incoherence. Narrative structures, such as dialogue and storytelling, often prove more useful. While faithfulness to facts creates a sense of order and consensually validated reality, by contrast, it is faith in a fictional worldview—one in which we are able to divide ourselves to assume simultaneously opposing consciousnesses, and to enter and leave different realities at will, all the while voluntarily suspending judgments concerning their relation to an ultimate reality—that now provides a therapy with dynamic traction.

In fact, this is the mark of modernity—the ability to shift perspectives, depending on whose point of view the reader or beholder is identified with at any given moment—and this is what informs Bromberg's theorizing and clinical practice. To understand his latest book, therefore, one must take an aesthetic perspective as well as a scientific one.

Bromberg demonstrates what happens when, as a result of nonlinear developmental trends, there are multiple subjectivities at play in one person and among people. In doing so, he has written a book that tells several stories from multiple perspectives. Grace Paley, the writer, once famously said, "You don't have a story until you have two stories. At least two stories" (Arcana 1994, p. 29). One, she felt, described the character's

external conflict (a battle, a relationship), the other the character's internal conflict (struggle with emotions and beliefs of various sorts), with the climax of the story the convergence of these two colliding worlds.

Perhaps because *The Shadow of the Tsunami* is of two minds about two minds, it reads like literature. The two stories of Bromberg's book—one, how and why relational trauma can be psychoanalytically treated while working with one's own subjectivity, and two, the neuropsychological underpinnings of this method—collide and converge throughout.

The book is divided into four sections: "Affect Regulation and Clinical Process," "Uncertainty," "Stumbling Along and Hanging In," and "The Reach of Intersubjectivity." Each of the ten chapters is crafted with a similar structure: it begins with a personal anecdote, which is followed by one or more excerpts from literature or film, an exposition of a theoretical or technical point, and several extended clinical vignettes that illustrate the author's views. From a literary perspective, the chapters are formed like single jewels, and the fact that the book is meant to be read in no particular order magnifies this prismatic aesthetic.

The repetition involved in making each chapter complete unto itself, however, can create redundancy. As in a Philip Glass composition, this trait can either amplify meaning or be annoying, depending on the reader's own state. The nearly 40-page foreword by Allan Schore is almost a mini-text in its own right, making many of the same points but in a more linear manner. Schore compares Bromberg's theory to his own neuropsychoanalytic one, and emphasizes the importance of Bromberg's (and his) move from privileging cognition to prioritizing affects, a shift from content to process and context, and a move away from technique to a focus on right-brain-to-right-brain affect communication and regulation. Bromberg frequently adopts Schore's language in his own text, creating sometimes fuzzy distinctions between brain and mind, sometimes overly personified ones, in one of the few ways the text can be unclear.

Bromberg aims to write a book that, with a nod to Robert Frost, cuts a figure like a poem. As Frost wrote in 1939:

> [A poem] begins in delight and ends in wisdom . . . . It inclines to the impulse, it assumes direction with the first line laid down, it runs a course of lucky events, and ends in a clarification of life—not necessarily a great clarification . . . but in a momentary stay against confusion. [Lathem and Thompson 2002, p. 440]

Of course, that is also how Bromberg views treatment. As he states in *The Shadow of the Tsunami:*

> The psychoanalytic relationship . . . moves two unrelated people along a path that bit by bit shrinks the tsunami, the dissociated emotional disasters of early life that always seem to lie just around the corner, and bit by bit brings the participants closer and closer to the [relational] "nearness of you". . . the two interrelated achievements in a successful treatment—the reward of healing and the reward of growth. [p. 4]

Bromberg prefaces his book with his wish to give all readers "maximum freedom to engage each chapter without prior 'assistance' as to how [he] prefers it to be understood," so "for any given reader, the process of understanding a chapter will entail relational engagement between [him and them], more than a direct assimilation" of his ideas (p. 2). He wants to "evoke between the reader and [him]self . . . a . . . communication process through which each person's states of mind are known to the other implicitly" (p. 2).

In playing with his readers' subjective responses much as he interacts with his patients, Bromberg demonstrates exactly what he is trying to describe. That is, he invites us to take on the role of participant-observer so that we may see how much the *beholder's share* (Kandel 2012) contributes to our experience of the book and of his work.

A nineteenth-century idea developed by art historian Alois Riegl (1902) and taken up by two of his students, Ernst Gombrich (2000) and Ernst Kris (1952)—that a work of art is incomplete without the participation of the viewer/reader/listener's perceptual and emotional state, via the empathic ability to read another's mind—the notion of the *beholder's share* has new support from psychological and neuroscientific research on social cognition (Kandel 2012). Because these findings are crucial to understanding Bromberg's theory and method, I will describe the process in some detail before going on to discuss more of Bromberg's thesis.

Observing the emotional state of another person activates an unconscious mental model of that emotional state, including its unconscious bodily processes. The components of this ability are both emotional (perceiving and responding) and cognitive (thoughts and desires). As

we unconsciously mimic another's state of mind, we may assume that person's facial expressions, bodily postures, gestures, and hand positions, and we may develop a sense of rapport with him or her. We mine this information not only for *like-me* and *not-me* features, but also for information about how the other is coping and what these expressions and motions signal about the person's attitude toward others—that is, to construct a theory of mind.

Because the same regions in our brains are activated when we see another's emotional expression as those that are activated when we experience that emotion ourselves, we form theories of our own minds, too, if we are reflective. The system that supports this ability can be differentiated from the attachment system: the primary purpose of attachment is acquiring protection, but that of intersubjectivity is communicating with others intuitively and automatically, in order to facilitate social understanding (Cortina and Liotti 2010).

*The Shadow of the Tsunami* illustrates through extended clinical interactions how the author works with patients suffering from relational trauma. While "being with" each other—that is, looking at, listening to, resonating with, and responding to one another—he and his patients begin to discuss their experience of their interaction. Moving along, they begin to create models of one another's minds, recognizing both what feels familiar (*like-me*) and what feels more alien (*not-me*). He regards much of their communication as implicit and akin to the mother–infant, state-sharing communication of the earliest developmental phases.

Because such attempts to predict and understand the other's state of mind involve unconscious imitation, both the familiar and defensively disconnected aspects of self are in the room; both are objects of joint attention—or, sometimes, of mutual dissociation. Furthermore, due to the permeability of these empathically driven shared states, it is not always clear whose state is whose. If one party disavows or dissociates a particular emotional state, the other may still perceive it unconsciously and identify with it. Thus, both empathy and negotiation are required to loosen the tangles that can result—the first promotes recognition and rapport (what Bromberg calls *healing*); the other, reciprocity and growth (what he terms, after a Gershwin song, "the nearness of you"). "The nearness of you" is Bromberg's lyrical way of describing the patient's newly devel-

oped ability to "be with" him in deep rapport. This is no small feat for a relationally traumatized person.

Bromberg shows how developing intersubjectivity in the treatment relationship helps heal developmental trauma—the sort of "small-t" trauma that results from having to face something that is more than one's mind can bear. "When you are able to see yourself as others see you, while not dissociating from the experience of how you see yourself, you are relating intersubjectively" (p. 14). Bromberg cautions the reader not to expect this initially with traumatized patients. These patients have had the experience of being viewed so differently from how they see themselves that they have used a "normal process of dissociation" (p. 48) to hold the more nonrecognized self-state separate and incommunicado.

However, sometimes—as in *chronic-strain* trauma—experiential access to the states experienced as *not-me* has been totally shut down in anticipation of distress inflicted by the other, narrowing the range in which the individual can live life. When the sequestering of self-states has been so extensive and rigid that reflectiveness has been proscribed, such persons are finally entirely at the mercy of their own fears. With perspectivizing unavailable, they can fall victim to their fear-driven wish to "detect" potentially unanticipated events that could prove to be emotionally disorganizing. They survive waiting for something "bad" to happen, but cannot really live life.

Generally, as therapy proceeds with such an individual, an enactment ensues, because as a shared dissociative event, enactments occur unconsciously when affect regulation is compromised and symbolic processing is unavailable. When the therapeutic relationship provides a container that is safe enough due to the therapist's alertness to alterations in self-states, but not entirely without risk, the trauma can be relived without being repeated in exactly the same dismal way. The patient's arousal, if carefully attended to, does not surpass his or her ability to regulate it. But because of the *shadow of the tsunami*—the dread of renewed affect dysregulation—this feels impossible, initially. It is only through interactions that form "safe surprises" (p. 17) that the patient learns to distinguish between nontraumatic spontaneity and potential trauma. Through a series of these sorts of interactions, unthinkable not-me states can be

played with, compared with the analyst's version of the same event, and added to the patient's "me."

Crucial to this process is "an analytic situation that permits collisions between subjectivities to be negotiated" (p. 17). This is a unique interpersonal encounter: due to the extraordinary sense of attunement brought about by this method, analyst and patient co-create a two-person relational unconscious that belongs to both but to neither alone. As the two people try to understand each other's subjective responses to their interactions, the other person increasingly becomes experienced more as a subject than as an object.

In Bromberg's way of working, it is important that the analyst share with the patient his or her experience of the relationship, because the gaps between defensively dissociated self-states can only be connected through human relatedness. But at the same time, the analyst must also be alert to the effect on the patient of what he/she is doing. When the patient begins to experience the analyst as someone who can recognize the patient's subjectivity, true intersubjectivity is possible and growth has taken place.

Relational listening, though, is different from listening in classical technique. It involves not just attending to content, but also to state-shifts as signaled by nonverbal cues and a treatment's poetics—its sounds, tonality, rhythms, and the ways the analyst either feels linked to the patient or senses withdrawal. The analyst observes that, although there is nothing in his or her theory that contradicts contemporary conflict theory—after all, the analyst is working to help the patient become less reliant on dissociation, so that he or she can experience and tolerate conflict enough to be able to take in interpretation—classical training tends to severely limit the analyst's interactive participant-observation.

A recent study (D'Andrea and Pole 2012) found that psychodynamic therapy technique is more helpful to Post-Traumatic Stress Disorder sufferers than cognitive-behavioral methods such as prolonged exposure and stress inoculation, a finding that tends to affirm the effectiveness of the relational psychoanalytic approach. Statistically significant changes were evident in subjective symptoms, in psychophysiological measures of emotion regulation, and in cognitive sensitivity to trauma cues as shown by changed implicit memory and attentional biases. The one cognitive-

behavioral method that showed success was relaxation of hyperarousal, which Bromberg's technique targets through a gradient of risk in interpersonal interaction.

What I as a reader bring to Bromberg's text—my share—derives from my study of symbolization theory, as articulated by Bucci (1997) and by Freedman, Lasky, and Ward (2009), and my application of it to my work with traumatized individuals. Insofar as Bromberg addresses the intersubjective conditions that make symbolization possible—what Freedman and Russell (2003) label *incipient symbolization*—his privileging of the use of dialogue in breaking up trauma narrative is consistent with both relational practice (Boulanger 2007) and contemporary perspectives on the psychoanalytic mind. After all, Cavell (1996) instructs that an intersubjective perspective is foundational to language acquisition, while Litowitz (2007) notes that it is dialogical interplay that we internalize.

Furthermore, with perceptual phenomenology as a legitimate focus of therapeutic action, Bromberg's metaphor of "standing in the spaces" (p. 51; see also Bromberg 1998)—that is, the spaces between realities incompatible with the currently experienced "me" state—can be applied more literally in treating patients whose self-states are experienced more in somatized form than in mental representation.

A clinical illustration of how such an integrated framework can be utilized, drawn from my own work, follows.

> A tall, slender young man stepped warily over the threshold of my office. Smiling wanly, he did not extend his hand. He seated himself on my couch so lightly the cushions barely registered his presence. He was unmistakably stiff. Saying he was depressed, he also noted how uncomfortable he felt in my neighborhood. He worried that he might "stick out" as unusual.
>
> Noting his handsome looks and conventional dress (a blue button-down shirt, khaki pants, and deck shoes), I was surprised. The only way he could disappear more successfully from view would be to turn sideways, like a shadow-play puppet. Then again this was Greenwich Village, not Greenwich, Connecticut—so perhaps, I thought, he could be forgiven for thinking he looked out of place.

Although he had been living in the Middle East for many years, he returned to America with his wife and child after 9/11, fearing for his life. He had witnessed a number of beheadings, and thought his height and fair coloring "stuck out" there in a way that might make him a target of similar treatment. Feeling equally at risk in post-9/11 America, his Muslim wife and child ultimately returned to the Middle East, but he chose to stay here, near his parents. He was deeply conflicted, feeling the breakup of the family was his fault and that he deserved to be punished. He was particularly despondent over losing his three-year-old daughter, who was no longer allowed by his wife's family to speak to him.

As he related his story, it became clear to me that this man had reason to worry about lots of bodily things being out of place—because they were exceptionally unintegrated. While speaking, he placed one hand on each leg, and his legs were uncrossed in parallel position—a posture I had seen in affectively permeable psychotic patients concerned about shielding themselves from intrusive thoughts. He behaved in a guarded fashion conversationally, too; he used few words and had to be prompted to respond. But I noticed that whenever he expressed any humor—usually in the form of criticism of his mother—he would relax, cross one leg over his other knee as if to create a physical boundary, and eventually begin to use gestures as if to reach out to me or to better demonstrate his points.

This man elected to enter treatment with me, and I noticed this sequence of posture and gesture repeat again and again, first over many sessions and then within a single session. At the same time, he talked about how difficult it was to be again living with his mother, whose emotional fragility made him fearful and submissive.

Over time, his posture, gesture, and narrative began to better mesh. It became clear that his extreme self-consciousness in every situation stemmed from a fear that he would be seen by others as not belonging, and that this was actually a repetitive, post-traumatic "perception." When I shared this interpretation with him, it seemed to help him gather together many memories of how his appearance and sensibility (especially his sense of humor) did not fit in, and how that made him endangered.

After some time, his humor returned, and he seemed to be on his way to being made whole. But he continued to be in excruciating pain over the destruction he felt he had caused himself and his loved ones. He despaired of being able to make a life for himself after what he had seen and experienced. It was quite evident to me that he was still depressed as well as traumatized, but it was difficult to sort out the many identifications with lost objects that characterized his unresolved bereavement. As is often the case in trauma, his experiences were held in procedural memory, and he was quite literally behaving as if he were the various people who had mistreated him.

Just as in couple's therapy we try to get various "extras" out of the marital bed, in this instance, I felt I needed to help the patient externalize the alien, physicalized self-states that had taken up residence in his body, because one of his main disconnections seemed to be between mind and body. Together we evolved a gestural language after our attention to the meaning of his initial postures had suggested to him a way to coexist with his mother, despite what sounded like an early disorganized attachment.

One day, after my usual afternoon meditation that happened to take place following a session with him, I awoke to find that my hands had wandered from the symmetrical position they usually occupied on my lap. They were now in two different positions! Since this had never happened before, I was alerted to it as a sign of something that needed attending to—perhaps a vertical rather than a horizontal split. Sure enough, as I watched this patient speak over the next few sessions, it became clear that he crossed his feet differently depending on what point of view he was espousing. With his right foot crossed over the left, he spoke with an attitude of intolerance; with his left foot crossed over his right, his views were more empathic.

I began to subtly mirror these bodily state-shifts, until one day he noticed my shifting postures. When we discussed this, he identified the two attitudes as characteristic of his parents, who had been at war with one another during his entire childhood. What ensued was a long battle between these two attitudes within him—enacted and verbalized by each self-state, with me as observer.

> After a number of months, he asked me which side I was on. I commented that I was on the fence between the two. He remarked that that was the position he himself wanted to be able to achieve—and over time, he did. Later in treatment, we also discovered a more oedipal-tinged narrative related to his fear of "sticking out." But that was only possible once a renewed capacity for symbolization had developed.

Bromberg's focus on perception, the arts, and the dialogical interplay of how patient and analyst think about one another and their relationship may position his theory at the forefront of a new psychoanalytic aesthetics. Is his way of seeing psychoanalytic work potentially tragic to the analytic project, a silver lining that has emerged from a decades-long controversy between hermeneutic and scientific conceptions of psychoanalysis—or does it approach the sublime? That probably depends on the beholder's share (Kandel 2012).

## REFERENCES


Arcana, J. (1994). *Grace Paley's Life Stories: A Literary Biography.* Champaign, IL: Univ. of Illinois Press.

Bollas, C. (1989). *The Shadow of the Object: Psychoanalysis of the Unthought Known.* New York: Columbia Univ. Press.

Boulanger, G. (2007). *Wounded by Reality: Understanding and Treating Adult-Onset Trauma.* New York: Routledge.

Bromberg, P. M. (1998). *Standing in the Spaces: Essays on Clinical Process, Trauma, and Dissociation.* Hillsdale, NJ: Analytic Press.

Bucci, W. (1997). *Psychoanalysis and Cognitive Science: A Multiple Code Theory.* New York: Guilford.

Cavell, M. (1996). *The Psychoanalytic Mind: From Freud to Philosophy.* Cambridge, MA: Harvard Univ. Press.

Cortina, M. & Liotti, G. (2010). Attachment is about safety and protection, intersubjectivity about sharing and social understanding: the relationships between attachment and intersubjectivity. *Psychoanal. Psychol.,* 27:410-441.

D'Andrea, W. & Pole, N. (2012). A naturalistic study of the relation of psychotherapy process to changes in symptoms, information processing, and physiological activity in complex trauma. *Psychol. Trauma: Theory, Research, Practice, and Policy,* 4:438-446.

Fairbairn, R. (1952). *Psychoanalytic Studies of the Personality.* New York: Routledge, 1994.

Freedman, N., Lasky, R. & Ward, R. (2009). The upward slope: a study of psychoanalytic transformations. *Psychoanal. Q.,* 78:201-231.

Freedman, N. & Russell, J. (2003). Symbolization of the analytic discourse. *Psychoanal. & Contemp. Thought,* 26:39-87.

Frost, R. (1939). The figure a poem makes. In *The Collected Works of Robert Frost.* New York: Holt, Rinehart & Winston.

Gleick, J. (1987). *Chaos: The Making of a New Science.* New York: Viking.

Gombrich, E. (2000). *Art and Illusion.* Princeton, NJ: Princeton Univ. Press.

Hagman, G. (2011). *Aesthetic Experience.* New York: Editions Rodopi.

Hartmann, E. (2001). *Dreams and Nightmares: The Origins and Meaning of Dreams.* New York: Perseus Publishing.

Kandel, E. (2012). *The Age of Insight: The Quest to Understand the Unconscious in Art, Mind, and Brain.* New York: Random House.

Kris, E. (1952). *Psychoanalytic Explorations in Art.* New York: Int. Univ. Press, 2000.

Lathem, E. C. & Thompson, J. R., eds. (2002). *The Robert Frost Reader: Poetry and Prose.* New York: Henry Holt.

Litowitz, B. (2007). The second person. *J. Amer. Psychoanal. Assn.,* 55:1129-1149.

Miller, A. I. (2001). *Einstein, Picasso: Space, Time, and the Beauty That Causes Havoc.* New York: Basic Books.

Muybridge, E. (1901). *The Human Figure in Motion.* Mineola, NY: Dover Publications, 1955.

Ranciere, J. (2009). *The Aesthetic Unconscious.* Cambridge, UK: Polity Press.

Riegl, A. (1902). *The Group Portraiture of Holland,* trans. E. M. Kain & D. Britt. Los Angeles, CA: Getty Research Institute, 2000.

Shattuck, R. (2000). *Proust's Way.* New York: W. W. Norton.

Thelen, E. & Smith, L. (1996). *A Dynamic Systems Approach to the Development of Cognition and Action.* Cambridge, MA: Bradford Books.

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# *SENTIO ERGO COGITO:* DAMASIO ON THE ROLE OF EMOTION IN THE EVOLUTION OF THE BRAIN

BY DEBRA ROELKE, HARLENE GOLDSCHMIDT, AND MARTIN A. SILVERMAN

*Self Comes to Mind: Constructing the Conscious Brain.*
By Antonio Damasio. New York: Pantheon Books, 2010. 367 pp.

**Keywords:** Emotion, brain, mind, bodily ego, id, protoself, core self, autobiographical self, neuroanatomy, consciousness, Freud.

Psychoanalytically minded psychotherapists have a wide selection of recent books that explore the neurological underpinnings of human experience. Antonio Damasio's most recent book, *Self Comes to Mind: Constructing the Conscious Brain*, is unique in that the author is not a therapist or clinician, yet comes to conclusions that are consistent with some of the basic tenets of psychoanalysis.

The thrust of Damasio's argument is that modern neuroscience indicates that the value of mediating more and more effectively between feeling and acting is what propelled the evolutionary, progressive development of the capacity to think. Therefore, the best motto for understanding what it is to be human is not "I think, therefore I am," but rather "*Sentio Ergo Cogito*—I feel, therefore I think." Here we are not far removed from Freud's "Where id was, there ego shall be" (1933, p. 80).

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Damasio, a neurologist, researcher, and author for over thirty years, addresses two questions of great relevance for psychoanalysis: "First: how does the brain construct a mind? Second: how does the brain make that mind conscious?" (p. 6). For Damasio, consciousness is inextricably linked to self. He also emphasizes that self "is a process, not a thing, and the process is present at all times when we are presumed to be conscious" (p. 8).

Importantly for psychoanalysts, consciousness is also inextricably linked to feelings; without feelings there would be no consciousness. Damasio acknowledges that in this, his latest book, he has significantly changed his views of brain functioning with regard to both "the origin and nature of feelings and the mechanisms behind the construction of the self" (p. 6). Simply his willingness to examine feelings and self places him in a unique camp among neurologists—let alone his observation, citing William James, that the self is both the knower and the object to be known. Specifically, it is the capacity of the self to be reflective on its own activities that gives human consciousness its distinctive subjectivity.

Damasio has several core premises that underlie the way he answers his two questions. First, mind and consciousness emerge from the processes of brain structures. Self and its memories are actively and continuously constructed by the systemic interplay of structures throughout the brain. Damasio says, "The ultimate consciousness product occurs *from* those numerous brain sites at the same time and not in one site in particular" (p. 23, italics in original). Second, the brain structures that function to construct memory, mind, and self are hierarchically organized and interconnected in such complex ways that feedback, from both the bottom up and the top down, is integrally involved in any mental function.

One of Damasio's main interests as a neurologist is to describe this hierarchically organized system of systems both in the simple elegance of its organizing principles and in the incredible complexity of its interwiring. In this way, he builds his case that self-reflective consciousness—the overarching goal of the psychoanalytic endeavor—is a fully integrative effort of the entire brain. This is an anatomically based, neurobiological perspective that is highly compatible with psychoanalytic ways of understanding.

Another core premise is that bodily experience—both internal and visceral, as well as the experience of the body in interaction with the external environment—is the very basis of mind and consciousness. Although he does not acknowledge it as such, this overarching assumption is in fact a psychoanalytic one: the ego is, first of all, a body ego. Our internal visceral states give rise to basic consciousness, as well as to the consciousness of consciousness, or self-awareness. These bodily states, then, become the neurological building blocks that allow us to witness our own existence, including our struggle to stay alive.

At the very foundation of this system is what Damasio calls *primordial feelings*, generated by the brain stem, which create the sense of being alive, activated, and engaged. These experiences are based on how the body unconsciously values different aspects of the environment that promote either regulation or dysregulation. From a psychoanalytic perspective, this suggests a possible neurological model of unconscious processes originating from bodily states. These bodily states have a biological value that helps create a sense of agency as they communicate through multiple levels of brain and self.

Damasio introduces and later elaborates his hierarchical thesis that the self is built up in three concentric units, all of which remain active throughout life. He points out that the most basic component of our being is not our core self, which has psychological valence and the workings of which reach into our awareness of ourselves, albeit in a more or less immediate, "right-now" form. The most basic component, viewed from an evolutionary point of view, is the somatic *protoself,* consisting of primordial feelings of aliveness, arousal, and engagement. This protoself is mediated by the most primitive portions of the brain—the brain stem and the phylogenetically oldest part of the cerebral cortex—which derive from our evolution from ancient, reptilian ancestors, but which still function within us semi-independently. The neurological concept of a very active, somatic protoself within us is at least homologous to the psychological concept of an *it* (or *id*, as Strachey neologistically translated Freud's German word *Es*) that drives the activities of the human psyche outside conscious awareness.

At the next level up is the somatopsychic *core self*, which images the constant flow of interaction between the body and the internal and ex-

ternal environment. The core self develops out of our brain's continually appraising the world around and within us and, *especially, appraising our own reaction to and interaction with this world around and within us.* This is an ongoing and dynamic process in which our brain is continually adjusting the way in which we deal with our internal and external world. At least homologously, it is quite reminiscent of Freud's concept of the *I* (or *ego,* as Strachey translated the German word *Ich*).

Damasio also emphasizes that memory of experiences, both on a subcortical and on a cortical level, is integrally associated with anticipation of future experiences, in the interest of maintaining optimal homeostasis of the organism (and of its propagation). *Core self pulses* of registration of ongoing interaction with objects in one's environment become linked with one another within the brain mapping that constitutes the brain's memory system. From these core self pulses, a large-scale, coherent observational pattern develops that constitutes the truly *psychological* "autobiographical self." This superordinate autobiographical self, which pulls together key components of the remembered self of the past and apposes them with the image of the self in the anticipated future—so as to guide us in planning and regulating our current views and actions, for our own good—has a strong degree of kinship with Freud's idea of an *over-I* (or *superego,* as Strachey translated *Uber-Ich*).

These three components of the self, according to Damasio, thereafter continue to operate both independently and in cooperation. Language gives us the ability to communicate something about these coordinated experiences. The work of psychoanalytic therapy is about discovering memories associated with feelings that were difficult to process at the time they occurred, and then to create a new perspective or context in which to house these old, felt memories. Damasio's tripartite model of self and his elaboration of it at the neurological level provide much affirmation for the psychoanalytic perspective on this.

The unit that most intrigues Damasio is the protoself. Its role in everyday life is largely unheard but far from quiet. As he puts it: "The protoself is a reasonably stable platform and thus a source of continuity. We use the platform to inscribe changes caused by having an organism interact with its surround" (p. 201). The protoself, however, is not fixed and immutable in its contents.

> Any time the organism encounters an object, any object, the protoself is changed by the encounter. This is because, in order to map the object, the brain must adjust the body in a suitable way, and because the results of those adjustments as well as the content of the mapped image are signaled to the protoself. [pp. 202-203]

Development of the core self—and beyond that, of a psychological autobiographical self—is not mediated, he points out, by higher cortical centers alone, but by the entire brain, including its most basic, primordial components. In primates, the complexity of the huge cerebral cortex has:

> . . . enabled detailed image-making, expanded memory capacity, reasoning, and eventually language . . . . [However,] the functions of the brain stem were *not* duplicated in the cortical structure. The consequence of this economic division of roles is a fatal and complete interdependence of brain stem and cortex. They are *forced* to cooperate with one another. [p. 250, italics in original]

This is an extremely interesting point from a psychoanalytic point of view. The idea that the more primitive structures of the brain could function semi-independently, in id-like fashion and partially removed from the rational oversight of the higher cortex, meshes very well with a psychoanalytic understanding of subjective experience. So does the idea that the coordination between lower and higher brain centers is not necessarily given nor easily attained.

Damasio stresses that "mind-processing begins at a brain stem level" (p. 75). He distinguishes between *emotions* and *feelings*. Physiological responses to life experiences, generated within the brain stem, are *emotions*. The perceptions of emotion are mapped in both the brain stem and higher cortical centers, in order to guide organisms in dealing with the world around them. These mapped perceptions of emotion are what he designates as *feelings*.

Emotions, he states, are generated in the nucleus tractus solitarius and the parabrachial nucleus as "the basic aspects of the mind" (p. 75). These brain stem centers are way stations for signals from the interior of

the body. Those signals are mapped within the brain stem, within which centers, especially in the superior colliculus, can institute life-and-death responses to environmental impingement within hundreds of nanoseconds. They also send signals via the thalamus, up to the insula and anterior cingulate cortex, where a substrate of complex feelings is generated, and from which signals are sent back down to the brain stem in a recursive, resonant loop. Through this mechanism, current emotional states can be continually compared with the baseline body maps that are formed in the brain stem.

Of particular interest to psychoanalysts is that:

> The [subcortical] brain regions that initiate the typical emotion cascade [in the brain stem] can also command body-mapping regions, such as the insula, to adopt the pattern they would have adopted once the *body* signaled the emotional state to it . . . [and] reconfigure its firing "as if" it were receiving signals describing emotional state X. [p. 120, italics added]

This continual mapping is the central process by which the brain constructs mind and consciousness. Damasio describes not only the neural structures that are engaged in this mapping, but also the neuroanatomy and cytoarchitecture by which these structures communicate and coordinate within the overarching self-system. He delineates the different structures in the brain that construct these maps in what he calls image space, from perceptual and/or visceral information. He also describes the structures that store what he calls *dispositions,* i.e., a set of instructions for creating these maps. In addition to maps created by here-and-now interactions with the external world, maps can be generated as memories triggered by some cue in the environment, then internally generated from the dispositions that are activated.

Areas of both the cerebral cortex and certain subcortical nuclei that are organized into cellular layers are ideally suited for image space. These neuronal layers can map different aspects of an experience and then, by virtue of their physical proximity, coordinate the various maps into a single coherent image—an elegant account of sensory integration and the interweaving of internal experience and external perception. These basic sensory maps, along with the subcortical maps of the body

itself—the internal milieu, the body's location in space—are combined in ever more complex configurations to produce the dynamic nuances of self-interacting-with-the-environment, the subjective experiences that constitute mind. At the highest level, the brain's imaging of its own mapping activity in self-reflective fashion—literally, when self comes to mind—is what characterizes consciousness.

As a neuroanatomist, Damasio lays out a complex model of the structural interconnections involved in all this. Neurons that diverge and send information out to multiple brain locations are coordinated with neurons that gather convergent information from a variety of other structures in order to integrate it. These *convergence-divergence zones* are then organized into even more complex, higher-order *convergence-divergence regions*, and it is these regions—the posteromedial cortices, in particular—that Damasio believes are responsible for the emergence of subjective conscious experience. What he is describing here is a highly integrated and intercommunicating system of brain subsystems that could potentially have the power to explain such phenomena of interest to psychoanalysts as the impact of memory on perception (for example, transference), the long-term impact of traumatic memory, the expression of psychic conflicts in bodily symptoms, and the capacity of insight to effect bodily as well as psychological change.

In a way, Damasio validates Freud's early, groping attempt to create a framework for making sense out of what he was observing in neurotic and psychotic patients by framing his impressions about what took place within their minds in terms of a structural theory involving agencies he termed *id* and *ego* and *superego*. Freud, who did not have access to the wealth of neurological, neurophysiological, and neuroanatomical information that is at Damasio's disposal, proceeded more or less from a philosophical, neumonistic vantage point in creating what he referred to as his mythology for apprehending human mental functioning.

Damasio, as he has done in his previous books, rejects Cartesian dualism about the mind and the brain. Mind and brain are not separate, he maintains, but are a unity that appears different to different viewers, depending upon how they look at it. Damasio, proceeding strictly from the point of view of neurology and neuroanatomy, emphatically concludes that the mind/brain (and, as he defines them, the *consciousness* and the

*self*) derive from, and continue to carry within them, our relationship with the earliest forms of life from which we have evolved.

Who and what we are, from the point of view of how the brain operates, is multidimensional and multilayered, according to Damasio—in much the same manner that Freud, from the point of view of psychology, came to view the way in which the mind operates. Freud's hypothetical constructions about the mind aspect of mind/brain and Damasio's constructs about the brain aspect of mind/brain are not entirely dissimilar, especially if we take into account that Freud and Damasio are looking at mental and emotional functioning from very different directions.

However, Damasio and Freud are referring to very different things when they discuss *consciousness*. Damasio is talking about what is taking place in our mind when we are not out cold, anesthetized, or in a coma. He also views language as crucial to human consciousness. Freud used the words *conscious* and *unconscious* to refer to what is in awareness or outside awareness—verbal or nonverbal, although he, too, stressed the importance of words in making what was unconscious conscious. He made an important distinction, furthermore, between that which is unconscious because it never has been in awareness, and that which is actively kept out of awareness via defense mechanisms that deal with emotional conflict.

Freud focused largely on what is mediated by higher cortical centers (especially prefrontal and frontal ones), while Damasio focuses on the interrelationship between primitive brain centers and higher-level centers in the cerebral cortex. It is meaningful that *Self Comes to Mind* focuses largely on the origins of and neurological functioning of the core self (including its relationship with the protoself that is at its core) and very little on the autobiographical self, with which we are actually most familiar.

Damasio's book provides affirmation for other psychoanalytically oriented perspectives as well. His fundamental viewpoint of brain, mind, and consciousness as active, dynamic, and in continual transaction with both the internal and external surround strongly resonates with the newly burgeoning fields of interpersonal neurobiology and neuropsychoanalysis. However, he also notes that there is a natural disjunction between brain stem functioning and the higher processing capacities of the cerebral cortex. He writes, "Increased cognitive demands have made

the interplay between the cortex and the brain stem a bit rough and brutal, or to put it in kinder words, they have made the access to the wellspring of feeling more difficult" (p. 251).

These latter conceptualizations appear to support the work of psychoanalytic therapy as a deeply integrative, growth-promoting experience between diverging aspects of our consciousness. Damasio's neuroanatomical model gives a parsimonious account of the cellular wiring that undergirds highly complex and integrated mechanisms of brain functioning, and yet also would seem to account for the disconnections and defensive maneuvers of everyday psychoanalytic observation. Moreover, he incorporates both the *rootedness in personal history* of brain, mind, and consciousness (of special interest to psychoanalysts) and their exquisite *responsiveness* in our moment-to-moment going on being. Damasio's vision of dynamic hierarchical systems carries our understanding of the brain well beyond simple structure-function correlations. He has depicted a vision of neurological process with a full appreciation of the sophisticated complexity from which our most distinctively human experiences emerge.

While in some ways *Self Comes to Mind* is a challenging book due to its neurological detail, the reader is amply rewarded with a profound, comprehensive view into our basic subjective selves. Damasio leaves us with a caution that the mystery of mind is still a mystery, even though we are capable of understanding much more than even a decade ago.

We recommend this book to any psychoanalytic reader who wants to learn more about the nuances and complexity of consciousness and mind as these relate to the anatomical workings of the brain and bodily states. The synergy between Damasio's neurobiological perspective and psychoanalytic ways of thinking raises exciting prospects indeed.

REFERENCE

FREUD, S. (1933). *New Introductory Lectures on Psycho-Analysis. S. E.,* 22.

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# WHAT IS CHILDISM?

BY LEON HOFFMAN

*Childism: Confronting Prejudice against Children.*
By Elisabeth Young-Bruehl.
New Haven, CT/London: Yale University Press, 2012. 353 pp.

**Keywords:** Childism, child abuse, neglect, sexual abuse, trauma, prejudice, projection, role reversal, parenting, counterculture, emotional abuse, narcissism, aggression.

What is *childism*? This has been the ubiquitous response from friends and colleagues when I speak about Elisabeth Young-Bruehl's book. In her introduction to this, her last book—published posthumously after her untimely and sudden death on December 1, 2011, three months shy of her 66th birthday—Young-Bruehl writes:

> My first task in this book, then, is to make that word, the term whose definition is "prejudice against children," a part of our vocabulary and to provide a nuanced, comprehensive definition of it. My aim is to enable us, Americans and others, to move beyond editorializing over how much the care of "antisocial" children costs, and to start thinking about the huge range of anti-child social policies and individual behaviors directed against all children daily. The word I propose is *childism,* and its definition is the subject of this book. [p. 4]

Since all of us, without exception, were once children, why is prejudice against children so pervasive, as Young-Bruehl clearly delineates, throughout all societies and throughout the ages? Although, as Young-Bruehl points out, a series of books about the centrality of the child's

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best interests (e.g., Goldstein, Freud, and Solnit 1973) spurred the child advocacy movement and had a dramatic effect on the legal system, childism actually became more intense, as she illustrates. She conceived her book to be a working paper that attempts to fight and redress prejudice against children.

The book consists of seven chapters plus a bibliographic essay, an education in itself. The chapters are:

- "Anatomy of a Prejudice"
- "Three Forms of Childism: Anna's Story"
- "Child Abuse and Neglect: A Study in Confusion"
- "The Politicization of Child Abuse"
- "Mass Hysteria and Child Sexual Abuse"
- "Forms of Childism in Families"
- "Education and the End of Childism"

In "Anatomy of a Prejudice," Young-Bruehl elucidates the dynamics of the most common prejudices: sexism, racism, and anti-Semitism. The commonly accepted mechanism in these forms of prejudice is the projection of one's own unacceptable impulses and negative traits onto the "out" group. The prejudiced person then feels justified in extruding members of the "out" group against which he or she feels prejudiced. Similarly, adults project onto children aspects of themselves that they cannot tolerate, such as their own debased immaturities. However, it has been difficult to conceive of prejudice *against* children because children, in fact, are dependent and in need of protection from the adults who themselves may be prejudiced against them.

Young-Bruehl explains the sources of childism beyond the mechanism of projection. She postulates—very convincingly, I think—that in addition to projection, childism is maintained via three different mechanisms related to three character types: hysterical, obsessional, and narcissistic. These types are promoted by familial, social, and cultural character formations. Hysterics grow up in hypocritical milieus; they contain their unacceptable, uncontainable wildness either by projecting it outward (onto children) or onto their own bodies. Obsessionals, with their

need for order, are split off from their emotions and see children as excessively greedy and in need of control. Narcissistic persons are either grandiosely inflated or deflated; their sense of self requires them to have complete authority over their children.

Young-Bruehl ingeniously maintains that:

> Characterologically homogeneous groups come quickly into being and fade just as quickly. What is known as the "generation gap" is a time of rapid social character shift, often spurred by a group revolt of the young against the prevailing characterological constraints of their elders. [p. 53]

In such a state, prejudices are important mechanisms that serve to maintain the status quo. However, in Young-Bruehl's explication, it seems striking to me that the defense mechanisms of identification with the aggressor and turning passive into active (Sandler and A. Freud 1981) are not extensively elucidated. To my mind, these mechanisms by which we try to cope with and master, albeit unsuccessfully, traumas that we suffered and/or were inflicted on us may be thoroughly ingrained in all of us who survived even transitory, mild abusive insults during our own childhoods. Are we thus always unconsciously impelled to collectively inflict the same trauma that was inflicted on us on each succeeding generation of children?

In my reading, these defense mechanisms are not highlighted by Young-Bruehl; they are not listed in the index. However, these concepts are implicitly discussed in two places: (1) in the discussion of the importance of role reversal (when parents expect to receive the parenting from their children that they did not get during their own childhoods, p. 120); and (2) in the discussion of the etiological importance of humiliation and shame suffered by violent prisoners (pp. 180-181).

In the next two chapters, Young-Bruehl describes the gradual psychoanalytic understanding of the symptoms of a child named Anna. Anna had a "crazy, wild young mother, a rapist stepbrother, a controlling father who abused rather than protected her, two stepmothers, and a group of stepsiblings" (p. 66)—in short, a chaotic, abusive, and neglectful family. The professionals whom she encountered included a judge who did not rule "in the best interests of the child" (p. 66).

Young-Bruehl explains that her work with Anna and other young adults with similarly troubling stories led her to study the field of Child Abuse and Neglect (CAN), which flourished after publication of a classic work by Henry Kempe and colleagues (1962). Young-Bruehl discovered, however, that the CAN literature was disconnected from the social science field of prejudice studies. As a result, it focused on abuse and neglect as a disease *of the child* rather than as a disease *of the abuser.* This "discovery" of abuse by the medical establishment postdated recognition of the phenomenon by social workers, as exemplified by the publication in 1964 of *Wednesday's Children,* authored by an Ohio social worker (Young 1964). Yet only isolated efforts were made to try to understand the characterological nature of physical abusers, such as those who came to be labeled as perpetrators of domestic violence.

Edgar Merrill (1962), a social worker, reported on a clinical interview study of 115 families. He found three clusters of adults who abused children: the angry, wounded, frustrated type (narcissistic); the cold, rigid, repressed type (obsessional); and the dependent, love-starved, depressed type (hysterical). These ideas were incorporated to some extent by Steele and Pollock (1968). By speaking with the abused children, these authors discovered that the children suffered from a role reversal in which they were expected to serve and parent the parents. Young-Bruehl notes:

> Expecting service from one's child is the essence not of abuse per se but of the childism that justifies abuse: "I have a right to the child's service," thinks the parent in an obsessional, a hysterical, or a narcissistic way. [p. 121]

Unfortunately, as Young-Bruehl describes in exquisite detail, the resultant social and political actions of the 1970s were severely limited, evidenced especially by the lack of family services that took into consideration children's developmental needs. Young-Bruehl cites Packard's (1983) accusation that America promoted an *anti-child culture,* and then asks a central question that forms the heart of her thesis:

> The question Packard did not ask, however, was why and how a culture that had fostered pro-child progressivism in the early

> twentieth century, and had united behind a vision of a Great Society in the 1960s, had become anti-child soon afterward, and had no progressive leader to rally it. But the answer goes to the heart of the childism that parents use to justify child abuse and neglect. [p. 142]

Young-Bruehl maintains that the impetus for the intensification of childism was the counterculture, the so-called conflict between generations, and all its various ramifications, including adults' fear of children. Fear promoted a more conservative climate. Child advocates were divided between "Children's Liberationists," who held extreme ideas and had a lack of understanding of children's needs for provision and protection, and agencies with a greater understanding of children's developmental needs, such as the Children's Defense Fund.

By the 1980s, the so-called culture wars between progressives and conservatives were not addressing the struggle between children and adults. The issue eventually morphed into a recognition of the high prevalence of child sexual abuse within families. As Young-Bruehl summarizes:

> All sexually abusing families share a common characteristic: for sexual abuse to become the main type of abuse in the family—no matter which form of childism it serves—there has to be a family system organized around and affected by the perpetrator. The system protects an open secret. Collusion is involved—often of the sort that develops when addicts manipulate their families into supporting their alcoholism, drug taking, or gambling. [pp. 166-167]

It was discovered that physical abuse was committed as frequently by women as by men, while physical neglect was perpetrated mainly by women, and sexual abuse mainly by men against girls, who were usually older than victims in the other two categories. Despite more reports of sexual abuse and the greater awareness of professionals—aided in part by another report by Kempe (1978)—individual, in-depth assessments of the children faltered.

By the 1990s, it became evident that the majority of prison inmates had been shamed and humiliated, and felt that their manhood had been

threatened; many had been sexually abused in a violent manner. This was described by Gilligan (1996), who—unlike some of his predecessors, such as Kempe—looked for the abusers' motivations. He identified the perpetuation of a cycle of shame and humiliation by abusers who had themselves been shamed and humiliated. Yet there was a dearth of studies that tried to understand the motivations and beliefs of sexually abusing adults.

Instead, in the late 1980s—spurred by those who promulgated the ideas that "children never lie" and that "predators are everywhere," together with entrance on the scene of criminologists—a wave of mass hysteria around child abuse ensued. A polarity arose, with *false accusation syndrome* at one end and *recovered memory therapy* at the other. Hundreds of people went to court to accuse their parents of having abused them.

Young-Bruehl believed that it was "childist narcissism that lay at the center of the mass hysteria of the 1980s: it sanctioned or legitimized people creating a reality to be what they thought it was" (p. 211). She further believed that panic over satanic ritual abuse suddenly died (as all mass hysterias do) after two decades, in the mid-2000s, when panic states started to be channeled into extreme fear of terrorism following the attacks of September 11, 2001.

By the late 1990s, emotional abuse had been added as a fourth category of abuse (the first three being physical, sexual, and that of neglect). Yet children and abusers were considered separately; there was little if any attention to the internalization of abuse in the victim or to abusers' motivations. No one connected what is known about child abusers and neglectors with what is known about prejudiced people.

According to Young-Bruehl, the connection between the Child Abuse and Neglect (CAN) field and the trauma field (spurred by the study of Post-Traumatic Stress Disorder) led to a greater understanding of the importance of intergenerational transmission of trauma. This led to a focus on the question, "What makes parents turn against their children?" (p. 226). Some of the ideas generated in response include:

- Children are inherently bad and burdensome.
- Children are wild and sexual.

- Children can be silenced with a blow, and through isolation in the home, they can be deprived of education.
- Children are owned by their parents and therefore can be molded at parental will.

Young-Bruehl discusses three family types: *Role-manipulating* (racist), *Identity-erasing* (sexist), and *Eliminative* (children prejudged to be undermining and burdensome). In chapter 6, she describes a variety of case examples: unwanted children, who in the transference feel themselves to be burdensome or toxic to their analysts; children in histrionic families, where there are boundary violations and role reversals; children who serve the egos of their parents, including narcissistic parents who treat their children as non-existent; and children who suffer from the effects of narcissistic parental divorces.

The author includes a list of the seven irreducible needs of children (pp. 275ff), as delineated by Brazelton and Greenspan (2001):

1. Loving attentive interaction between child and caretakers;
2. Physical protection, safety, and regulation;
3. Experiences tailored to individual differences—avoiding standardized or over-ritualized child rearing or education;
4. Developmentally appropriate experiences;
5. Limit setting, structure, and expectation (without corporal punishment);
6. Stable communities and cultural continuity—parents need support from the community, too; and
7. "Protecting the future."

She adds the idea that:

> Childism is a legitimation of an adult's or a society's failure to prioritize or make paramount the needs of children over those of adults, the needs of the future adults over the needs of the present adults. It is role reversal at the level of a principle. [p. 280]

Young-Bruehl ends the book by promoting the "Global Initiative to End All Corporal Punishment," which she considers to be "a model anti-

childist effort because it combines a developmental approach to children's needs, a public health approach, and a children's rights approach, and it is further, universal: it is for all children in all nations" (p. 295).

This book illustrates what we have all lost as a result of Young-Bruehl's untimely death. Like her other books, *Childism* demonstrates her encyclopedic knowledge. In addition, this book is truly a powerful manifesto aimed at bettering the lives of children, which would inevitably lead to healthier future generations. In order to accomplish this goal, we must, as mental health professionals, take into consideration a complex array of factors: biological, social, and psychological.

But why do parents hurt their children? Young-Bruehl's volume (despite a need for greater editorial work, perhaps), provides a comprehensive framework with which to continue our study of the complexity of causalities of child abuse and neglect. Alas, we must also recognize the veracity of Freud's (1930) famous observation that:

> The element of truth, . . . which people are so ready to disavow, is that men are not gentle creatures who want to be loved, and who at the most can defend themselves if they are attacked; they are, on the contrary, creatures among whose instinctual endowments is to be reckoned a powerful share of aggressiveness. As a result, their neighbour is for them not only a potential helper or sexual object, but also someone who tempts them to satisfy their aggressiveness on him, to exploit his capacity for work without compensation, to use him sexually without his consent, to seize his possessions, to humiliate him, to cause him pain, to torture and to kill him. *Homo homini lupus.* [p. 111]

Of course, we all recognize (or deny at our own peril) the ubiquitous presence of aggressive fantasies, even in mothers toward their children (Hoffman 2003). The task of helping parents who have suffered abuse and maltreatment, and who experience ongoing stress, to gain mastery and control of their impulses is enormous. We must be satisfied with baby steps, following the lead provided by Elisabeth Young-Bruehl. The reward to our children and grandchildren can be enormous.

## REFERENCES

Brazelton, T. B. & Greenspan, S. I. (2001). *The Irreducible Needs of Children: What Every Child Must Have to Grow, Learn, and Flourish.* Cambridge, MA: Da Capo Press.

Freud, S. (1930). *Civilization and Its Discontents. S. E.,* 21.

Gilligan, J. (1996). *Violence: Our Deadly Epidemic and Its Causes.* New York: Grosset/Putnam Books.

Goldstein, J., Freud, A. & Solnit, A. (1973). *Beyond the Best Interests of the Child.* New York: Free Press.

Hoffman, L. (2003). Mothers' ambivalence with their babies and toddlers: manifestations of conflicts with aggression. *J. Amer. Psychoanal. Assn.,* 51:1219-1240.

Kempe, C. H. (1978). Sexual abuse, another hidden pediatric problem: the 1977 C. Anderson Aldrich Lecture. *Pediatrics,* 62:382-389.

Kempe, C. H., Silverman, F. N., Steele, B. F., Droegemueller, W. & Silver, H. K. (1962). The battered-child syndrome. *J. Amer. Med. Assn.,* 181:17-24.

Merrill, E. J. (1962). Pamphlet on child protection, no. 21. Denver, CO: American Humane Society.

Packard, V. (1983). *Our Endangered Children.* New York: Little, Brown.

Sandler, J. & Freud, A. (1981). Discussions in the Hampstead Index on "The Ego and the Mechanisms of Defence": IV. The mechanisms of defence, part 1. *Bull. Anna Freud Centre,* 4:151-199.

Steele, B. F. & Pollock, C. B. (1968). A psychiatric study of parents who abuse infants and small children. In *The Battered Child,* ed. R. E. Helfer & C. H. Kempe. Chicago, IL: Univ. of Chicago Press.

Young, L. (1964). *Wednesday's Children: A Study of Child Neglect and Abuse.* New York: McGraw-Hill.

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# BOOK REVIEWS

INTERSUBJECTIVE PROCESSES AND THE UNCONSCIOUS: AN INTEGRATION OF FREUDIAN, KLEINIAN, AND BIONIAN PERSPECTIVES. By Lawrence J. Brown. New York: Routledge, 2011. 267 pp.

It took some years for Melanie Klein's theory to make its way into the mainstream of the American psychoanalytic dialogue. Rejected for many years as beyond the pale, Kleinian theory gained new ground when Otto Kernberg integrated it with ego psychology. Gradually building interest in the British Middle School and especially in D. W. Winnicott, as well as Roy Schafer's work on the contemporary Kleinians, also contributed to turning Klein's work into a basic component of how we understand psychoanalysis in this country today.

Something similar seems to be arising around the work of Wilfred R. Bion at present, and Lawrence J. Brown has become one of the key voices in bringing this about. Although Bion had long been regarded as *the* authority on psychoanalytic group process, his work that followed was typically relegated to the fringes, and his late work, from the mid-1960s until his death in 1979, has often been dismissed as incoherent and bizarre. Of course, Bion's difficult prose style—perhaps matched only by that other bitter pill for Americans, Jacques Lacan—contributed much to this reception.

Yet widespread interest in the topics of projective identification and countertransference, and the advent of intersubjectivity, particularly through the work of Thomas Ogden, has led to a reconsideration of these views. Brown's book *Intersubjective Processes and the Unconscious* will undoubtedly serve as an important contribution to Bion's reception and understanding in the United States, while at the same time enlightening its readers with an excellent introduction to contemporary field theory.

Originally developed by Kurt Lewin, a social psychologist, field theory was meant to describe the dynamic gestalt environment underlying

group behavior. His ideas were picked up by analysts in the River Plate region of South America—notably, Willy and Madeleine Baranger—and integrated with ideas from Klein, Merleau-Ponty, and Gestalt psychology to form what the Barangers called the *dynamic bi-personal field*. The field describes a shared unconscious fantasy of the dyad, a group of two. (Ogden's intersubjective analytic third describes the same thing, although he seems to have come to this idea via Bion, Winnicott, and other object relationists, not through the Barangers.)

The field is a third participant in any analysis, consisting of the conjoined unconscious processes of each participant and its effects on them. The Barangers' paper introducing this concept was published in Uruguay in 1961 but not translated into English until 2008,[1] leaving the English-speaking world largely ignorant of these ideas before that. However, a group of Italian analysts have been using these concepts at least since the 1990s. Antonino Ferro is the best known of that group in this country. The deep compatibility between Bionian thinking and field theory has led Ferro to characterize the current relationship as a "marriage,"[2] and the two theoretical frameworks are now often used interchangeably. As interest in this area of psychoanalysis begins to grow in the United States, analysts here find themselves in the unusual position of being theoretically in sync with a worldwide psychoanalytic scene that includes Canada, continental Europe, and South America.

Brown's book supplies a thorough history of these developments and their relationship to intersubjectivity. The relational school has proved to be a less than compelling voice for many American analysts because it is perceived as giving short shrift to the unconscious, or at least to technical approaches designed to augment the analyst's access to it. One of the strengths of Brown's book is its demonstration that, when Bion is taken as its theoretical guiding star, the unconscious is solidly positioned as the foundation of working intersubjectively. Brown defines intersubjectivity as "largely an unconscious process of communication and

[1] Baranger, M. & Baranger, W. (2008). The analytic situation as a dynamic field. *Int. J. Psychoanal.*, 89:795-826.

[2] Sabbadini, A. & Ferro, A. (2010). The work of confluence: listening and interpreting in the psychoanalytic field, by Madeleine and Willy Baranger. *Int. J. Psychoanal.*, 91:415-429.

meaning making between the two intrapsychic worlds of the patient and the analyst that results in changes between, and within, each member of the analytic pair" (p. 109).

Brown also goes a long way toward taming the fears of baffled readers of late Bion by providing illustrative clinical material in each chapter. In presenting Bion's theory as essentially intersubjective, Brown notes its constant focus on unconscious communication as at the core of the treatment. Analyst and patient maintain this communication in ways that may appear uncanny or even magical at times, but by scrutinizing episodes in his own work, Brown demystifies this to a certain extent, showing how dreams, reverie, and free associations carry messages that originate in projective identification (from each participant) that can only be recognized at a later time.

Though projective identification was originally understood as a fantasy of the patient's and potential interference to the analyst (Klein), and then as a uni-directional source of useful information about the patient (Heimann), it eventually came to be seen by Money-Kyrle as moving in both directions, from patient to analyst and vice versa. This bi-directionality, in which patient and analyst may "become" an aspect of each other, reframed the psychoanalytic experience in more complete intersubjective terms that implied a transformational process in both members of the dyad.

In his historical review, Brown traces the theme of unconscious communication back to Freud and his earliest followers, showing that it has remained a continuous, if often neglected, theoretical concern. Freud left us with a problem, notes Brown:

> As a starting point, I see Freud's ideas about unconscious communication and his recommendation that the analyst use his unconscious "as an instrument of the analysis" as essential bedrock. However, Freud never instructed the analyst how this is to be done or what the mechanisms of unconscious communication are. [p. 12]

Brown's history, then, is a means with which to answer these questions. In revisiting our history from this perspective, much as Greenberg

and Mitchell did from the perspective of object relations,[3] he provides us with a fresh panorama of our discipline. This takes him from—among others—Ferenczi to Abraham to Robert Fliess to Theodor Reik to Klein to Money-Kyrle to Isakower, before arriving at Bion.

Of particular interest here is the work of Fliess, Reik, and Isakower, who receive scant attention today but were crucial to these developments. Fliess introduced the idea of the *trial identification* that the analyst makes with his/her patient to gain a deep understanding; Reik proposed that an *unconscious sharing of emotion* is at the heart of analytic process; and Isakower described the *analyzing instrument* and the importance of the analyst's regressive evenly hovering attention and transient merger with the analysand.

Brown's history also incorporates contributions from the River Plate analysts of Uruguay and Argentina who developed Klein's work into a more intersubjective theory. Along with the Barangers, this group included Garma, Pichon-Rivière, Racker, and Grinberg. There are many other contributors whom Brown discusses, providing a fascinating account of this previously unwritten history in psychoanalysis. One unexpected pleasure in his history is the complex network of links among the various figures based on who analyzed whom, giving the reader what he calls the "DNA" of these theories. Brown's history is illuminating not only to the advanced reader, but would also be a valuable part of any psychoanalytic education.

It is the processes of projective identification and dreaming, both as redefined by Bion, that Brown presents as the ultimate mediators of unconscious communication. It is in his paper "On Arrogance" that Bion first presents his reconceptualization of projective identification as a form of communication in which the sender (patient) seeks the transformation of intolerable feelings by the receiver (analyst) into a form s/he may then accept for use.[4] Bion develops this into a model for the mother–child relationship through which the mother helps establish the thinking process for the child. Thinking becomes more than just the

[3] Greenberg, J. & Mitchell, S. (1983). *Object Relations in Psychoanalytic Theory*. Boston, MA: Harvard Univ. Press.

[4] Bion, W. R. (1958). On arrogance. *Int. J. Psychoanal.*, 39:144-146.

child's internalization of the metabolizing process by the mother; it is also the internalization of the entire relationship characterized by projection/metabolization/reintrojection, originating in both infant and mother, and giving thought itself an intersubjective dimension.

Thus, it is the *thinking* or *creative couple* that is internalized, for which Bion developed the (sexualized) terms *container* and *contained*. This mechanism also provides the central paradigm of Bionian theory that Brown discusses, *alpha function*. Alpha function was Bion's way of describing how the mind gives emotional meaning to raw, unprocessed experience. Direct experiences, i.e., prior to thought, are termed *beta elements,* and before any use can be made of them, they must undergo alpha process to become alpha elements. Beta elements should be distinguished from unconscious thought, which is already a more advanced level of mentation. Not a literal translation of those experiences (whatever that may be), alpha elements are like metaphorically related associations that are seeds for further creative thought; they contain emotional force and meaning.

The analyst's reveries, inspired by the mix of the patient's communications along with his/her own personal associations, create alpha elements that can be used for further thought. Even though it occurs during waking life, Bion calls this process *dreaming* because it employs the same mechanisms that dreams do during sleep. Thus, the dream is redefined away from sleep and wish fulfillment, and toward the unconscious reworking of experience to create alpha elements. Brown describes this as Bion's ego psychology because alpha function is an ego function, and it is the unconscious ego that is at the heart of these operations.

It would be a disservice to review this book without including some discussion of Brown's rich clinical material. The clinical examples illustrating all the major concepts make reading *Intersubjective Processes and the Unconscious* far more than an exercise in theoretical speculation. Much of Brown's work is with children, and night dreams often play an important role in the understanding process. We hear of dreams on both sides of the dyad, and in discussing his own dreams and associations to them, Brown demonstrates in detail how the working analyst can make use of his/her own unconscious clinically.

Brown is not an advocate for self-revelation, instead tending to use these insights as an important source for developing interpretations. However, we do find him revealing his own associations at times, and we can observe the beneficial effects that follow. This is far from a foolproof system, and he also shows us how such an approach can lead one astray. By relying on the analysand's responses as a guide, though, Brown comes to recognize when his associations are more about him than about his patient. The absence of reverie in the analyst also becomes a meaningful event that suggests a poverty of alpha function in the patient, or a defense against what the analyst cannot tolerate.

Three chapters are devoted primarily to clinical issues. These address trauma, supervision, and the countertransference dream. In each of these areas, Brown has something original and useful to contribute. With respect to countertransference dreams—that is to say, dreams of the analyst that include the patient—Brown adds to the few voices that have sought to lessen the pathological view of this phenomenon. Finding value in them, he also maintains an ambivalent view regarding their pathological quality, stating that they "may reflect problems in the analyst or analysis" (p. 198) without explaining why he feels this way. Yet his main point is that they provide the analyst with an experience of "becoming . . . what the patient is unable to feel" (p. 195)—an experience in which unconscious elements from both participants meet. The countertransference dream is an event of the field, provoked by the relationship and enlisting the analyst's alpha function.

Dreams figure large in the chapter on supervision as well, in which Brown takes the idea of parallel process a step further by describing a "triadic intersubjective matrix" (p. 178). In this model, the field constitutes a fourth dimension of the process, expanded from its presence as a third in the dyadic setting. Thus, a shared unconscious fantasy subtends the triad of patient, analyst, and supervisor to create this fourth. Another chapter presents trauma as causing a breakdown of alpha function, and the therapeutic process is seen as a chance to bring thinkable and temporal qualities to an unthought sphere.

Brown's concluding chapter focuses on the temporality of alpha function, showing its resemblance to Freud's *nachträglichkeit*. The surprising twist with which this chapter ends provides a fitting conclusion to

this powerful book, leaving us with a message of humility regarding our ability to know.

**HENRY P. SCHWARTZ (NEW YORK)**

PSYCHOANALYTIC TECHNIQUE EXPANDED: A TEXTBOOK ON PSYCHOANALYTIC TREATMENT. By Vamik D. Volkan. Istanbul/London: oa Publishing. 2010, 303 pp.

Vamik D. Volkan has had a distinguished career as psychoanalyst, supervisor, teacher, lecturer, and author.[1] He is also an eminent international peacemaker who has been nominated for the Nobel Peace Prize four times.[2] His extraordinary accomplishments have been combined to produce an original, clinically oriented textbook that is a valuable addition to the literature on psychoanalytic technique.

Volkan's text expands instruction in basic principles of psychoanalytic technique to include an awareness of the importance of the cultural background of each analysand. He especially focuses on the impact of trauma on personality development; such trauma may be caused by either family or societal upheaval. He also investigates the effects of multigenerational transmission of trauma.

Volkan's sources include clinical presentations of his own work and that of his supervisees. Numerous extensive clinical examples illustrate a variety of theoretical concepts and points of technique. His presentations draw the reader in, so that she/he feels included in the life of each analysis, all the while absorbing technical principles. Volkan teaches by *showing* how an analysis unfolds, which helps us empathize with the experiences of patient, analyst, and supervisor.

The book is divided into four parts and contains twenty-four chapters. Four of the chapters are summaries of entire analyses, presenting the following patients: Gable (chapter 11), used to demonstrate the anal-

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ysis of a neurotic personality; Herman (chapter 13), who has suffered from the intergenerational transmission of trauma; Brown (chapter 18), diagnosed as having a narcissistic personality organization; and Jennifer (chapter 21), said to have been both narcissistic and borderline.

The parts of the book may be read separately. For example, part I, "Psychoanalytic Treatment of the Neurotic Personality Organization," includes instruction on the basic analytic frame and illustrates the concepts of transference, defenses, resistances, and so on. It is particularly pertinent for beginning analytic candidates.

Part II, "Individuals with Actualized Unconscious Fantasies," addresses a specialized subgroup of otherwise neurotic patients. Volkan's expertise in this area stems from his own life experiences, coupled with years of participating in the international resolution of conflict. The concept of actualized unconscious fantasy and his insights on how to work with a variety of traumatized patients are both fascinating and useful. My clinical awareness has been particularly enhanced by studying this section, and I have appreciated being able to utilize some of the author's insights in my work.

Parts III and IV—"Individuals with Narcissistic Personality Organization" and "Who Else Can We Treat on the Analytic Couch?"—contain useful additions to our conceptualizations of working with narcissistic and borderline patients. Volkan demonstrates how traumatic events may combine with underlying temperament and developmental pathology to culminate in the development of the aforementioned types of personality structures. He discusses his many years of experience working in the American South with Caucasian patients who received "split mothering" involving black nannies. Additionally, the recognition and treatment of people who were "replacement children" are stressed.

Volkan's point of view is classical. For example, in the case of Gable, the neurotic personality described in chapter 11, we are told that the "main conflict was an oedipal one" (p. 89). There is an emphasis on the importance of transference, countertransference, and reconstruction. The author focuses on the centrality of developing and resolving a transference neurosis by means of interpretation. Defense analysis, as well as object relations theory, are incorporated into Volkan's work with patients. The need to make a psychodynamic formulation early in the

treatment is noted. The theoretical perspectives of both Kernberg and Kohut are referred to, as is Winnicott's concept of the transitional object, but none of these theoreticians is emphasized.

*Psychoanalytic Technique Expanded* is called a textbook, but it is far from dry or schematic. In part I (chapters 1-11), we learn how to set up an analytic office, with its accoutrement of an analytic couch. The early chapters discuss how to listen for transference, how to evaluate analyzability, and how to conceptualize a case formulation. As an analysis begins, we learn about the establishment of the therapeutic alliance, the making of initial interpretations, and the analyzing of initial dreams. The author describes types of resistance, the negative therapeutic reaction, and the hierarchy of interpretations. As the years and phases of analysis progress, he presents clinical examples to illustrate the concepts of working through, unconscious fantasy, transference neurosis, therapeutic play, recurring dreams, and termination.

The individuals presented in part II (chapters 12-15) were otherwise neurotic people who, as a result of traumas, adapted by actualizing unconscious fantasies. Those discussed in chapters 12 and 13 had been subjected to "dramatic or chronic external events" (p. 105). In adulthood, their veridical and psychic realities became intertwined, so that under certain circumstances they failed to distinguish fantasy from reality. One patient, who had suffered a complicated circumcision as a child, was convinced he was permanently damaged; in an actualized fantasy aimed at repairing the damage, he rode his motorbike in a dangerous way.

Another patient, Herman, the subject of the second complete analysis summarized in the book, exhibited quasi-psychotic ideation. He was born in Nazi Germany and grew up near the Berlin Wall. His mother died when he was six weeks old, and his stepmother was an emotionally damaged "replacement wife." Herman's disrupted childhood became even more unstable when his stepmother also died; he became convinced that he and his father had killed her. He also believed, without evidence, that his father had been a Nazi. During the course of a long analysis, this patient "killed" his female analyst in the transference. He actualized his fantasy that she was dead through a preoccupation with rotting branches (a play on her name, Dr. Ast) and the burying of a clay figure representing her.

In chapters 14 and 15, Volkan looks at transgenerational inheritance of traumata. The individuals described here escaped direct upheaval, yet they suffered the pathological effects of "the older generation's affective and cognitive responses . . . and traumatized self- and object images" (p. 125). Volkan's thesis is that the influence of the trauma must be tamed or erased before the patient can engage in a productive analysis. He has coined the term *depositing* to explain how the adult actively, though mostly unconsciously, pushes the traumatic/traumatized self- and object images onto the child.

Chapter 14 focuses on the transgenerational effects of the older generation's psychological burdens. Sophie, a replacement child and an example of *depositing*, is presented. Chapter 15 examines the impact of traumatizing world events on successive generations. Large groups who have survived intense suffering frequently deny and are later silent about the reality of what has happened. Yet they live their lives under the shadow of the past, and their offspring bear its impact. When these children enter analysis, the analyst, particularly if he/she is from the same group, may collaborate to defensively ignore the existence of such an overwhelming psychic burden. However, until the unconscious fantasy that developed as a result of the inherited trauma is tamed or resolved, the analysis is stalemated. Two cases, those of Hamilton and Peter (pp. 143-147), are presented to illustrate this issue.

The external reality addressed here may be war or genocide. It can also be cultural upheaval, the loss of a family fortune during an economic depression, or chronic tension in areas of ongoing conflict. Volkan defines a "chosen trauma" as one that is handed down to successive generations, with the result that ethnic conflicts erupt periodically.

Part III (chapters 16-20) discusses the psychoanalysis of individuals with narcissistic personality organization. Chapters 16 and 17 focus on the dynamic of splitting. In the case of Sally (chapter 16), because both the patient and the analyst (who was not Volkan) withheld or repressed certain information for several months, the predominance of "splitting as a central defence" (p. 159) was clarified only after the analyst sought consultation with Volkan. (Although Volkan notes that splitting always involves externalization, he only occasionally utilizes the concept of pro-

jective identification to define a combination of splitting and externalization.)

Chapters 18 and 19 are about the author's analysis of Brown (the book's third complete analytic presentation) in the 1960s. Brown, who was descended from a Revolutionary War hero, was diagnosed with narcissistic personality organization. As a child, he was demeaned and rejected by his father and developed a grandiose fantasy of being "chosen" and of having a special connection to his famous ancestor. Volkan shares the wonder of a young analyst in the "specialness" of psychoanalysis (p. 179) as he takes us with him on a journey through Brown's four-and-one-half-year analysis. He tells of his initial boredom as Brown repetitively distanced him with a recitation of grandiose fantasies; these centered on his living inside an iron ball and were meant to protect him from a threatening external world. (Such protective defenses have commonly been termed *cocooning* or *living in a glass bubble.*)

A narcissistic transference eventually developed, and Volkan became caught up in transference-countertransference enactments. During this period splitting and externalization were pronounced, and reality blurring occurred (a quasi-psychotic transference). The analysis proceeded through homosexual panic, therapeutic regression, reconstruction, and *vagina dentata* fantasies. Ultimately, Brown achieved a cohesive personality structure with greatly improved object relations and accessibility of oedipal-level conflicts. Finally, Volkan describes the "intense sadness" (p. 185) experienced by both participants at the time of termination.

The individuals described in chapter 20 rarely present for analysis. Some have been able to sustain their grandiose self-representations for extended periods of time. Included here are political leaders who become saviors, as well as those who become infamous. Others may represent extreme manifestations of narcissistic personality organization, such as destructive individuals with malignant narcissism, as well as sadists and serial killers.

As mentioned, part IV (chapters 21-24) is entitled "Who Else Can We Treat on the Analytic Couch?" Jennifer (chapter 21), the subject of the fourth complete analysis, was diagnosed as "a borderline-near person" (p. 233) having a "low-level narcissistic personality organization" (p. 217). This "Southern belle" married a psychotic man, who according

to *his* therapist had tried to drown her, which was why she was referred by that therapist to Volkan. (The husband was a pilot and once purportedly threatened to crash a plane into his therapist's office.) Jennifer herself denied concern for her safety and said that her motivation for being in analysis was a conflict about childbearing. She remained with her abusive, scary husband during most of the treatment.

Volkan's definition of borderline personality disorder differs from the broader definition, which is commonly applied to a range of pathology, from milder to more severe borderline personality disorders. He limits the diagnosis to individuals with extensive pathology characterized by severe splitting, and emphasizes that major transference distortions arise from the onset of treatment. The analysis of such individuals is discussed in the book's final chapters (23 and 24).

These patients frequently develop a split transference for which the author has coined the term *pismis* (pronounced *pishmish,* this is a Turkish word that "refers to something . . . cooked long enough to be ready for digestion" [p. 191]). The concept of *pismis narcissistic transference* is not well explained, although it is briefly defined in chapter 19 (p. 191), after which it is assumed the reader understands the concept. On p. 246, we are told that "a regressive loop is completed," and the borderline patient "abandons the *defensive* use of splitting" (italics in original), and, with normal development restored, "exhibits a pismis split transference." In my opinion, the final chapters are too sketchy to be of much benefit to the clinician seeking to gain expertise in the treatment of borderline patients.[3]

*Psychoanalytic Technique Expanded* is a humane and enlightening text. However, I am concerned about the omission of any discussion of the analyst's subjectivity. The book is respectful of the need to ponder one's countertransference in supervision and self-analysis; yet there is an assumption that, with proper vigilance, neutrality will predominate. This results in a tone of benign analytic authority. The author is attuned to the need to analyze countertransference, but neglects the persistent oc-

[3] The book's bibliography cites several other volumes authored or co-authored by Volkan on the treatment of borderline and other primitive personality structures. No doubt they provide greater clarity of his ideas on this complex issue than this condensation of information into two short chapters.

currence of enactments, which ebb and flow, and which analysts increasingly recognize as an unavoidable part of the dyadic nature of the analytic relationship.

Volkan estimates that the analysis of a borderline patient takes "from five to six and a half years" (p. 239), and that the termination phase, which ordinarily lasts about three months with other types of patients, takes about six months with borderlines. These seem to be optimistic estimates, which raises another area of concern. In my experience of analytic relationships, both time estimates and diagnostic categories are uncertain and individualized, so that standardized expectations are risky.

Volkan expresses a high level of confidence about a clinician's ability to divide personality structures into the categories of neurotic, narcissistic, borderline and psychotic, and then to proceed through defined phases of psychoanalytic treatment. He relies upon a hierarchy of the stages of psychosexual development, so that once defensive splitting has been replaced by developmental splitting, the Oedipus complex is said to appear and a true transference neurosis occurs. Termination follows its resolution. I think it would have been helpful for the student of psychoanalysis if the convoluted and messy nature of the analytic relationship were more clearly portrayed.

The aforementioned concerns notwithstanding, I highly recommend this text. Volkan never forgets that we are all the same manner of human being. His mission is to "better individual lives" (p. i), and he empathically considers every person a unique individual, never simply a "case." He poignantly references data from his own life and personal analysis, noting that he began life in Cyprus. He believes that he was considered a replacement child by his mother and grandmother for a series of famous and idealized Turkish male ancestors.

As a Muslim Turk, Volkan grew up as part of a minority in Cyprus and lived through a war when he was an oedipal-age boy. He had reason to fear (and wish) that his father, who remained in the war zone after the family fled, would be killed. Then, when Volkan was a young adult (in the late 1950s and '60s) and in analysis with a Jewish analyst, there was a second war, and his medical school roommate (a surrogate brother) was killed. Volkan thinks that his survivor guilt and incomplete mourning were ignored both by his analyst and himself. In later life, he has con-

cluded that the analyst's own large-group trauma had led them into collaborating to deny his pathological mourning.

These biographical details are just a few of the personal vignettes that are interwoven with individual patient presentations and points about psychoanalytic technique. The combination works well, and the textbook is a pleasure to read as it imparts the author's considerable wisdom to the clinician. Volkan clearly loves the practice of psychoanalysis and cares deeply about people. We are the beneficiaries of his enthusiasm and his exceptional ability to communicate.

**SYBIL A. GINSBURG (ATLANTA, GA)**

AGGRESSION: FROM FANTASY TO ACTION. Edited by Paul Williams. London: Karnac Books, 2011. 236 pp.

The second two-day International Psychoanalytic Conference took place in Belfast, Northern Ireland, in May 2010, with the aim of discussing the origins and treatment of aggression and violence from a psychoanalytic perspective. Paul Williams, who has written extensively on violence and terrorism, edited transcripts of the presentations into a timely discussion, published as *Aggression: From Fantasy to Action*.

The conference was sponsored by key organizations of Northern Ireland and England, including the British Psychoanalytical Association, and involved participation by therapists from correctional, institutional, and psychiatric settings. The presenters were challenged to overcome simplistic notions of good and evil, and to look at the complex problem of aggression and violence via a psychoanalytic understanding and the more personalized and humane approach of psychotherapy. I found this challenge to have been successfully met.

In the keynote address, Donald Campbell, former chairman of the Portman Clinic, which provides outpatient treatment for violent and delinquent patients, set the tone for the conference and described his professional experience over thirty years. An important part of the treatment of violent patients is to help them develop the ability to think and to verbalize thoughts in place of action. Campbell described his fear of a very violent 37-year-old patient, Mr. D, noting that when he met with this

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patient, he removed an ash tray from the table in his office, exposing his anxiety in the relationship. This caused Mr. D's anxiety to escalate and confirmed his expectation that the therapist, too, would react to his fears with aggressive action.

With Mr. D, Campbell became aware of how dangerous the therapist had become in the transference, and that the patient had to defend himself as a consequence. The therapist's ability to avoid playing the victim role and to control countertransference anxiety, to think and to verbalize what the patient was experiencing, provided the setting with the best form of constraint and safety. Campbell also emphasized the importance of group supervision.

Campbell describes *affective aggression,* which arises in reaction to a threat from either a real or projected object, and it functions in the service of self-preservation or the life instinct. An act of affective aggression has the purpose of eliminating the threat, and can be understood as "thinkable" or understandable. Campbell notes that the young child's early drives can be integrated into the personality when they are met without retaliation, but without this transformation, aggression is split off and can lead to violent defensive expression. Campbell notes that, under increasing pressure and anxiety, affective aggression can turn into predatory behavior, which becomes an end in itself beyond the need to eliminate the dangerous object.

Additionally, Campbell describes the *shame shield,* which is formed when feelings of shame and disgust attack the self. Eyes and ears that have witnessed accusations against the subject become a threat to the subject's self-esteem and must be eliminated. Another of Campbell's patients, Mr. G, attempted to gouge out the eyes and tongue of his girlfriend, who had witnessed his recent failings. In therapy, he became aware of his violent behavior and he grew afraid that he was capable of murdering her. Campbell describes the difficult treatment process, in which Mr. G was eventually able to stem his murderous rage.

In chapter 2, Anne Alvarez, a child therapist, describes the factors in the inner world of violent children that can help guide the therapy—the *why* and *who* of representational figures in the child's inner life. Strong persecutory feelings of betrayal and a need for justice result from early abuse and trauma. These feelings start out as affective aggression in a

self that has unconsciously internalized the violent figure and can move into predatory violence with an addictive quality. Repetition of violent acts can occur with increasing dissociation and depersonalization.

Developmental deficits of neglect and an absence of good internal figures result in a lack of symbolism, self-reflection, and thought process. Alvarez believes that it is vital to understand the child's internal objects before attempting treatment, which is difficult and demanding.

Several papers discuss aggression from a developmental point of view. In chapter 6, Marianne Parsons describes her study of what she calls the *core complex anxieties* of untransformed aggression in adolescence. The adolescent ego is under great pressure, both physically and emotionally. Feelings of failure and helplessness alternate with their grandiose opposites. As a result of inadequate parenting, fears of annihilation and of abandonment, as well as shame, increase the level of anxiety to the point that self-preservative violence acts as a defense.

In adolescence, these fears are more acute. Toddlers and young children are expected to express their anger and frustration in physical ways, but an adolescent who physically attacks is considered violent.

The treatment of Tom, a 17-year-old referred for attempted rape, illustrates the difficulties that arise in treating these core anxieties. From the beginning, the therapist felt she was with a volcano about to erupt. Tom's eyes penetrated her in a relentless gaze. She was afraid to say too much or too little, and felt controlled and belittled. This situation dominated the transference and the therapist's countertransference. Three-times-a-week therapy went on for some time before there was any continuity or the beginning of trust. The therapist felt that this treatment barely scratched the surface, but that in the verbalization of Tom's core anxieties, some transformation of his violent acts and fantasies took place. The therapist's participation on a research team was necessary in order for her to deal with powerful countertransference feelings.

In chapter 3, Carine Minne describes her work in correctional settings with patients who have murdered. She has found that significant changes can be made in the patient's inner object world that make him less at risk of becoming violent again. This is in the context of a multidisciplinary treatment team in a containing physical environment. The major task is to develop the patient's awareness of his inner life, as well

as of who he is and what he has done to another human being. This awareness is initially lacking or limited in such patients, and has been necessarily so for their psychic survival. Left untouched, their defenses are such that repeated bodily violence to others can occur.

However, the patient's development of this awareness can lead to massive anxiety and even psychotic breakdown and suicide. The treatment process can bring back traumatic episodes experienced in childhood. With the help of the treatment team and the use of medication, Minne finds a way to monitor subtle shifts in the patient's internal world and his developing anxieties. As violent outbursts occur, the containing function of the environment is essential for the safety of patient, therapist, and staff.

Two clinical cases are described in detail. The first, a man age twenty-seven who assaulted and killed a woman, was seen over a period of ten years, with good results. Treatment of the second case was not successful and ended in permanent institutionalization of the patient, a woman who had killed her nine-month-old baby. This act was seen as a result of the patient's internalized destructive relationship with her own mother. In contrast to men, who kill women to assuage their rage toward their mothers, women tend to kill themselves or their babies in identification with their mothers.

In chapter 4, James Gilligan interprets the most violent behavior as a window into the human psyche. He believes that all behavior can be understood, no matter how atrocious or unthinkable. The unconscious and symbolic nature of behavior is traced in literature, he notes, including in the Bible and in Greek mythology and tragedy, in which the most horrible crimes are dramatized.

Gilligan believes that understanding behavior is necessary in order to break the endless cycle of crime and punishment that has predominated in the prison system in the United States. He calls for an empathic understanding of the person behind the crime.

Gilligan describes some violent men as the *living dead.* They feel and show no emotions, even though their bodies are alive; murder can be an attempt to escape from such deadness. When this fails, self-harm or suicide may seem to be the only option for relief. The death of the self is a significant factor in understanding these persons' violent behavior.

In chapter 7, "The Perverse Fascination of Destructiveness," Franco De Masi explains that early deficits in development result in an absence of mentalization and an inability to separate fantasy from reality, with dire consequences. Early projective identification between mother and child is vital to the child's capacity to understand and reflect on feelings. De Masi refers to Klein and Bion in his discussion of the mother's reverie, which helps transform the child's raw feelings and fantasies into the beginnings of thought. Without this process of transformation, destructive impulses dominate, and the self develops along grandiose, narcissistic lines. The absence of such a relationship is experienced as indifference, which creates trauma. Indifference to the pain of others, dehumanization, and deadness later make possible the most atrocious acts conceivable.

De Masi believes that perverse violence toward others serves as a defense against intolerable suffering. This violence becomes more exciting and dangerous as it escalates and takes on a life of its own. He disagrees with what he characterizes as Ferenczi's belief that the death instinct and self-annihilation serve to relieve such suffering.

De Masi draws a significant distinction between defenses and psychopathological constructions. In the latter, there is a radical alteration in awareness, psychic reality is severely distorted, and consequently the internal world is dehumanized. Using Kleinian terms, he describes a fixation in either the paranoid-schizoid or the depressive position, with overwhelming anxiety. In this fixed construction, a bad internalized self is idealized. The superego begins to function like a criminal gang and takes over the personality, with destructiveness becoming more and more exciting. The victim thus becomes a slave to sadistic forces.

I found this chapter needed several readings. De Masi offers valuable insight into the perverse destructive personality, but his thinking is condensed and at times repetitive,

In the last chapter (8), Lord Alderdice, a psychiatrist and founder of the Northern Ireland Assembly in 1998, explores the dynamics of shame and humiliation in relation to the violent outbursts of terrorism in Northern Ireland and worldwide. He asks, "How can such violent acts be explained?" He suggests that group psychology encourages an identification with the aggressor, in which a regression occurs to an earlier

stage of development. Such aggressive behavior has no concern for the other, and dehumanization results from group regression. Group identification demands justice, vengeance, and retaliation, and becomes a belief in a larger cause. A task of the ego is to become aware and establish control and concern.

Freud explained the need for boundaries as established by religion, culture, and society, in order to provide limits and control of destructive fantasies.[1] Alderdice is pessimistic about the reining in of the ego and calls for social, cultural, and religious values to provide a safeguard against destructive aggression. Accordingly, social and political advocacy must become part of the psychoanalytic dialogue.

Discussion continued into the plenary session with important questions. Why do some individuals who experience early trauma and deprivation lead constructive lives, while others perpetrate their trauma and abuse? Determining factors include the importance of early mothering, and, for the healthier group, the internalization of at least one good object.

What can help bring about a more adaptive response at the individual and group level? The ability to discuss, explore, and process traumatic events collectively—in a way that preserves the humanity and dignity of those concerned—is vital. Such a dialogue presents a huge challenge, inasmuch as correctional, administrative, and governmental groups are resistant to change and seek to preserve the status quo and their own narrow interests.

I found these presentations vital to an understanding of pathologically violent behavior. The presenters argue strongly for a team approach and supervision to deal with the difficult transference-countertransference issues in such work. Although the case examples reflect some of this concern, there is a need for more focus and discussion of the treatment implications in future presentations.

The conference provided a much-needed response to world events as we experience them today, full of violence and senseless suffering. Our survival depends on preserving a sense of humanity and concern through participation in an active dialogue, with the goal of preventing

[1] Freud, S. (1921). *Group Psychology and the Analysis of the Ego. S. E.,* 18.

future tragedies. In editing this volume, Paul Williams has introduced us to such a psychoanalytic dialogue.

**MARY SAN MARTINO (BROOKLINE, MA)**

MONEY TALKS. Edited by Brenda Berger and Sandra Newman. New York: Routledge, 2012. 200 pp.

A by-now trite psychoanalytic saw asserts that it is easier for patients to speak about sex than money. This is no less true for many of us, their analysts. Blind spots, boundary violations, and ongoing enactments characterize many analyses in the context of the analyst working for a living and the patient paying her salary. Collusions of all kinds are fueled by the excitement and shame that money engenders in its ideational and affective links to various developmental substrates of character. The symbolic use of money bridges reality and fantasy with consistent persistence, and the fee is the one reminder, differently than the ending of the hour, of the analyst's reality as well as of the analysand's reality expectations.

One can safely assert that, for all analysts, the fee is an integral part of (counter)transferences to their patients; most analysts would readily acknowledge that the fee and its vicissitudes are frequently enmeshed in enactment. Ironically, it is perhaps this familiarity that helps account for the odd nature of the analytic literature on fees. The fee is mentioned routinely, almost automatically, in clinical narratives, thus making it near impossible to attempt a thorough review of its place in our literature. Although it is clear that the amount of the fee (reduced/full) is valuable information to include when presenting case material, there is a dearth of clinical pictures describing a set of actions, reactions, and enactments with the fee at center stage. Essentially, not enough time is spent considering the myriad ways in which the fee influences our clinical encounters, our theoretical biases, and our everyday assessment of ourselves and our work.

*Money Talks* importantly, interestingly, and intelligently helps fill the lacuna in our literature. It is timely and lively, in the way that all things universal are always au courant and vivid. This is a compilation of papers, each of which looks at the impact that analysts working for a living

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has on analytic relationships and treatment. It includes clinical contributions that bring to life, and to light, some of the vicissitudes that arise in all therapists' offices, at least twice monthly, when the bill is presented and payment is received. *Money Talks* contains commentary on those moments in a series of well-thought-through chapters.

The book's edited papers cover an array of topics found in the intersection between money and the human experience: poverty; wealth; economic downturns; gender-specific issues; patients leaving treatment; greed and envy (in a book about money?!); couples in treatment and their use of money in the dynamic regulation of their relationships; ideas that children and adolescents have about power, money, and love; even a chapter on behavioral finance and neuroeconomics, aptly titled "Dollars and Sense." The book aims to cover the playing field, which it does well.

The contributors range from several of our most senior members (Theodore Jacobs, Harold Blum, and Shelley Orgel) to newly graduated analysts (Brenda Berger and Stephanie Newman, editors of this volume), with several previously published and esteemed colleagues in between. It is varied theoretically and its clinical material is rich (!). Rather than give a standard overview of each paper, I find it more profitable (once again, we see the inescapable intrusion of financial/monetary/value terms into our everyday language) to remind the reader that, in the absence of a body of good papers about this central aspect of the therapeutic endeavor, this book goes a good distance toward filling a yawning gap.

Most of what is discussed in *Money Talks* can be found here and there in the literature, but not in such a well-organized and thoughtful presentation. I would single out the several papers having to do with training. Our shibboleths, often set in place in the early days of developing our practices, are hard to discard or even modify, regardless of accumulating evidence indicating the diminution of their usefulness.

The book opens with a treatise by Jacobs on just this need for education and experience early on, so that therapists have a solid understanding of the role that money plays in their work. It has the quality of a primer, which in some sense sets the tone of the book. Jacobs raises many of the basic and dangerously overlooked issues that present right from the beginning of training: setting fees, lowering/raising fees, self-worth, secrecy, privacy, symbolic transfer, anxiety, training costs, need to

retain patients, collusions between therapists and patients, termination, and so on. As Jacobs writes in ending his chapter, "In some cases actual abuses . . . often go unrecognized and uncorrected . . . stem[ming] from the failure of our field to confront the issue of money forthrightly in our educational programs, in the training analysis, in supervision, and in the postgraduate years" (p. 11).

Good, solid papers follow, covering not only these issues and others mentioned above, but also ones that are embedded in their arguments and clinical material. These include clinical challenges provoked by money as an integral element in the glue of the treatment relationship; the entanglement of inner and outer realities—in particular, economic similarities and disparities between the two partners in the work; and the power of sex and aggression as expressed through financial arrangements.

Another set of interrelated chapters worth highlighting (although all are well written, cogent, and pertinent) are those of Berger, Newman, and Orgel. Here we see two junior analysts and a senior analyst coming to grips with learning, doing, and teaching specifics that hopefully are generalizable; ones we all struggle with continuously, no matter our level of sophistication. Berger and Newman focus on patients with straitened economic realities and low fees; they present compelling clinical material depicting the challenge to all therapists, especially those newer to the field, of the intrusion of financial pressures on the work and on the relationship.

Orgel, focusing on Berger but nonetheless addressing the germane thread found in Newman's paper as well, states:

> It is tempting to overlook the patients' needs to test, through masochistic provocation, the enduring strength of the relationship and the analyst's commitment to it, particularly when they pay low fees to a younger person. And it is hard for the beginning analyst truly to believe that the patient is terrified that his or her aggressions will damage or destroy the new object [he/she] has come to need so badly. [p. 95]

Jacobs, Orgel, Berger, and Newman, as well as the book's other authors (Irwin Hirsch, Robert Glick, Janice Lieberman, Harold Blum, Mu-

riel Dimen, Pamela Meersand, Kachina Myers, Arielle Farber Shanok, and Dan Grech—in chapter order), have succeeded in raising awareness, diluting inhibitions, and inviting open dialogue on this most unnecessarily and unfortunately secretive, even neurotically shameful part of our clinical experience. As Orgel states:

> Insofar as conflicts over money can ever be resolved, it is required that both analyst and patient can be gratified; and that both can accept that the fulfilled life and pleasure of one gives to the other rather than takes away . . . . Does this not define this thing we call love? Money cannot buy it, but ideally money need not be the cause of sacrificing it and losing it. [p. 97]

All that is left to say is "Read the book"—with one small cavil. Edited books composed of multivoiced authorial perspectives, attempting to be "ecumenical," have the serious limitations of the absence of an overarching voice, of evenness in writing and tone, and of the pleasures of delving deeply with an author (or two) into such an extensive and important topic. Nevertheless, the book can perhaps help the reader in small and unexpected ways, while addressing the large, sometimes seemingly intractable issue of paying for love and attention.

**BARBARA STIMMEL (NEW YORK)**

THE SPINOZA PROBLEM: A NOVEL. By Irvin Yalom. New York: Basic Books, 2012. 336 pp.

Baruch Spinoza was a problem. Actually, Spinoza is still a problem—a good problem for Jews, Christians, philosophers, psychoanalysts, politicians, and historians of ideas. Indeed, Spinoza represents a problem for all of us. His philosophical work is provocative, enlightening, joyous, and demanding in that it moves us to open our minds and think rationally and critically about our ideas and ourselves, while it cautions us to carefully eschew a reliance on authority, tradition, superstition, or the social pressures of our community.

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Spinoza has been seen by many—Goethe, Schiller, Hegel, and Nietzsche among them—as a radical thinker. He is perhaps *the* radical

thinker who most singularly embodies the dawn of the seventeenth-century Enlightenment and modern rationalism. In this he represents the individual voice, a voice of his own.

In his new novel *The Spinoza Problem,* Irvin Yalom imaginatively explores the thought and personality of philosopher Baruch Spinoza (1632–1677), in conjunction with that of Alfred Rosenberg (1893–1946), who was the official ideologist of the Nazi Party. Yalom uses narrative and dialogue to draw out the ideas and psychological history of each man (to the extent they are known) and brings them to life in the reader's mind by means of imagined conversations each might have had with contemporaries. True to his academic roots, Yalom has gone to significant lengths to accurately present the ideas of both men, based on their writings and excerpts from various official documents relevant to events in their lives. In the final section of the book—titled "Fact or Fiction? Setting the Record Straight"—Yalom acknowledges which of the specific conversations and characters in the novel are fictional.

*The Spinoza Problem* is the latest in Yalom's series of "teaching novels" that explore philosophical and psychological themes.[1] These books are among nineteen volumes that Yalom has written in his long career, representing contributions to psychiatry and to the field of American Existential Psychotherapy, of which Rollo May and Yalom are progenitors.[2]

In *The Spinoza Problem*, Yalom explores the lives of Spinoza and Rosenberg and their respective struggles with the existential fundamentals of their lives and times. Each man found very different, contrasting solutions to the existential problems of his social and historical context, and each man had personal difficulties that came to involve the authorities of his time.

At age twenty-three, in Holland in the 1650s, Spinoza was officially excommunicated by Jewish authorities by means of a cherem, and was

[1] The earlier novels, all published by HarperCollins in New York, are: *When Nietzsche Wept* (1992), *Lying on the Couch* (1996), and *The Schopenhauer Cure* (2005).

[2] It was from this orientation that—in *Existential Psychotherapy* (1980; New York: Basic Books)—Yalom formulated four fundamental problems of existence arising out of the insoluble condition of living a human life. These problems are: (1) death; (2) freedom and responsibility; (3) isolation; and (4) meaninglessness.

rendered persona non grata in the Jewish community of Amsterdam as a result of his rationalistic, "individualist" ideas and "theology," and his rejection of the divinity of the Torah and the authority of the rabbinate. Later, the Roman Catholic Church also banned Spinoza's writing and placed it in its "Index of Forbidden Works." For his part, Rosenberg was convicted by the Nuremberg War Tribunal and executed in 1946 as a war criminal, as a result of his role in formulating, promulgating, and carrying out key tenets of the National Socialist German Workers' Party (the Nazi party) during World War II.

From a psychological point of view, both men struggled personally within themselves and in their relationships with community and authority. Both held strong views. Both were judged severely or condemned in public and, in the end, both were unrepentant.

How each man came to his particular solution to his existential crisis—that is, how each came to make sense of his life to himself in his own way of thinking—is what *The Spinoza Problem* is about. The novel explores contrasts. The novel does not answer or settle social or religious questions about the morality, justice, or truth of the men's ideas or actions. Ultimately, neither Spinoza nor Rosenberg was a perfect person, nor were all of their ideas. Yalom's novel is primarily about existential questions and how two prominent men approached them.

And what is the *Spinoza problem,* exactly? In order to answer this question, a brief exposition of the two men's ideas is necessary. Spinoza was born a Jew and eventually came to see all religion (including Judaism) as "unnecessary" and logically out of sync with nature/God. From Spinoza's point of view, organized religion, and the superstitions and claims to authoritative knowledge and morality associated with it, are not in harmony with the immanent cause of all things—namely, nature. According to Spinoza, nature is infinite, perfect, and rational. Nature subsumes us. It is ultimately impersonal and as a whole is beyond human comprehension; the intuitive understanding of some of the tangible and intangible "facts" of nature by humans is only possible by means of careful reasoning. And, importantly, reason itself must transcend contingent irrational thoughts and feelings that are energized by human passion. In the end, for Spinoza, reason and rationality are key.

Like Spinoza, Rosenberg and the twentieth-century Nazis of Germany saw religion and religious authority as misguided, but for different reasons. Rosenberg viewed the Roman Catholic Church and the various Protestant churches as symbolizing the irrational, weak, sentimental, and (foolishly) forgiving authority of Christianity. The purity and passion of the Aryan race was seen as superior in every respect and should rightly come to dominate and supplant Christendom and all Christian faiths. Rosenberg and the Nazis saw Judaism as a particularly lower life form; it was considered a scourge, a poison, and an impediment to the aspirations of the rightfully superior race. Thus, Judaism and its adherents should be expelled from the country, purged from society at large, and ultimately eradicated from existence. Spinoza advocated for the individual, while Rosenberg advocated for society.

With this background in mind, we might now observe that, despite all the differences between them, Spinoza and the Nazis had some ground in common. They both disliked the Judeo-Christian tradition; the authority of this tradition was seen by the Nazis as "foreign" to the purity and superiority of the Aryan race, and Spinoza viewed it as discordant, irrational, and superstitious when compared to the impersonal, rational, "higher" order of nature/God. The Nazis presented their objections from a racial, group perspective, while Spinoza's came from the perspective of the rational individual.

The *Spinoza problem* arose for Rosenberg and the Nazis in that Spinoza was seen as a great—if not *the* great—modern philosopher by the august and revered icons of Germanic philosophy: Goethe, Schiller, Hegel, and Nietzsche. The problem for the Nazis was: how could they either contradict the judgment of the exalted philosophers among them, who acknowledged Spinoza as a great thinker, *or* join in their deep admiration and respect for a lowly Jew?

Yalom's novel is about this problem. It is about the tension between the assertion of the authority of the rational individual thinker and the assertion of communal authority based on history, tradition, religion, leadership, "race," and the laws of society, intellectual and otherwise. Yalom does not offer a solution to or resolution of the tension. I think

he would like us to immerse ourselves in it, think about it, discuss it, argue it in all its manifestations and ramifications.

This tension was a problem for Spinoza in the seventeenth century as it was a problem for the Nazis in the twentieth century. Indeed, the tension is an existential problem for each of us and all of us. It is not a contingent personal problem; it is a necessary—i.e., unavoidable and insoluble—problem in being human. The real question we must all deal with is not whether we will grapple with the problem—in that we have no choice; but the question is how and in what terms we employ our hearts and minds and souls in doing so.

It is to Yalom's great credit that *The Spinoza Problem* raises and presents uncomfortable and challenging existential questions for consideration and discussion, and does so in an imaginative, accessible, engaging, and educational fashion. Yalom brings them into the present. He brings home and opens up pressing existential concerns in novel form—themes that might otherwise seem distant, arcane, irrelevant, foreign, or incomprehensible to a reader unfamiliar or uncomfortable with philosophical terminology and controversy. In my opinion, we need more voices like Yalom's; vigorous discussion about what matters in life is essential to the vitality of our field and the welfare of our patients and ourselves.

Unfortunately, the current standardization of approaches to mental health treatment in terms of what is "usual and customary," the misuse of the DSM classification system, which de facto restricts what is or is not recognized as mental "health" or a mental "disorder," and the government and insurance industry's recognizing and "paying" only for what is statistically defined as "evidence based"—all these threaten our ability to raise, identify, and think about larger existential problems. For the therapist or the patient, these problems may cause profound psychological trouble and impairment, symptomatically and otherwise.

Yalom throws some of these larger problems into high relief. He seems to ask: on what existential basis can we decide when the thinking and authority of the individual or the thinking and authority of society is right or should prevail? That is a question we all have to live with today. That is a Spinoza problem.

**GREGORY D. GRAHAM (HOUSTON, TX)**

LONELINESS AND LONGING: CONSCIOUS AND UNCONSCIOUS ASPECTS. Edited by Brent Willock, Lori C. Bohm, and Rebecca Coleman Curtis. New York/London: Routledge, 2012. 352 pp.

This collection of papers stems from a 2008 symposium held at the University of British Columbia in Vancouver. Its aim is to rectify the oversight evident in the psychoanalytic literature of the painful emotions of loneliness and longing. So many patients speak of an inner loneliness, even in the company of others.

Loneliness is widespread in our urban culture. Although it is not cited here, a classic book on the topic comes to mind.[1] I have always thought of chronic loneliness as resulting from a deficit in the establishment of a secure, soothing inner object, rather than the lack of actual companionship of an external object, but that is not a major theme of this book.

Twenty-six chapters cover a broad range of topics, e.g., loneliness in the consulting room; the relationship between loneliness and love; the effects of social networking and the Internet; how loneliness changes throughout the life cycle; and healing the analyst's loneliness. Some of the therapist-authors self-disclose as if they were talking to their own therapists, and I wondered what their patients might think upon reading what they wrote.

On the first page, a quotation from Harry Stack Sullivan—which defines loneliness as "an exceedingly unpleasant and driving experience connected with inadequate discharge of the need for human intimacy, for interpersonal intimacy" (1953)—characterizes the interpersonal, intersubjective, and relational themes in this volume. Rebecca Curtis, one of the editors, sees loneliness as relational and notes the overlap between loneliness and depression. There are also Freudian and Kleinian perspectives in a few chapters and many clinical, self-disclosing, and applied psychoanalytic perspectives. Even though the title includes unconscious factors in the understanding of loneliness and longing, there is a paucity of acknowledgment of infantile loneliness that becomes repeated in later life, and more emphasis is placed on the lack of a mate as at the root of these feelings.

[1] Riesman, D., Glazer, N. & Denny, R. (2001). *The Lonely Crowd: A Study of the Changing American Character.* New Haven, CT: Yale Univ. Press.

Reading through this book in order to review it was a daunting task. I resonated with the poignant issues it raises. Most of the authors reveal a personal connection to these emotions, at times backed up with poetry. Sandra Buechler writes of her grief at a patient's funeral, noting that life has taught her never to ignore Rilke's insights while working with patients who activate the therapist's own loneliness. Some authors cite major philosophers: Evelyn Hartman recalls Plato, and Roger Frie evokes Fromm-Reichmann, along with Sartre, Kierkegaard, Nietzsche, Heidegger, and Buber. Thus the reader will find a rich selection of references to great literature. Arlene Kramer Richards and Lucille Spira, for example, write about Proust and the "lonely pleasure of longing" (pp. 81ff).

I must admit that after having immersed myself in the sadness of the early chapters, I found some relief in reading about John O'Leary's resident-anthropologist escapade as he went under cover in a "second life" (pp. 49ff). He wonders whether adolescents' use of the social media is another form of alienation or a cure for loneliness. Karen Lombardi questions adolescents' use of social media; one mother told her: "My daughter is so popular. She has 650 names on her buddy list" (p. 59). Lombardi wonders if we are creating a culture of schizoid detachment.

Loneliness in a variety of patient types is discussed, such as the alexythymic (Graeme Taylor) and the borderline (Jonas Sapountzis). Several chapters deal with loneliness and longing and the place of religion in psychoanalysis (Phillip Classen, John Sloan). Mary Beth Cresci describes her work with lonely older patients. There are several chapters on the politics of psychoanalysis that are well written but seem tangential to the topic at hand.

I advise the reader not to do as I did; I tried to read the book as a whole from front to back. It is too melancholy. Just reading the chapter headings can make one depressed. This is a "feel bad" book. I wonder how the attendees of this conference in gorgeous Vancouver felt while listening to these papers for several days.

Chapters such as Matthew Tedeschi's "Silence the Grinch: The Loneliness of a Boy Who Yearned to Hear His Father's Voice" are heartbreaking, as is Susan Ostrov Weiser's autobiographical account of her "empty nest," living alone in a studio apartment. So is Jenny Kaufman's account of the effects of her mother's suicide on her.

Bruce Herzog recalls the painful process of notifying his patients about his wife's death. He poignantly describes the "self-righting" (p. 187) function of his private practice as part of his own healing process. Joan Lavendar addresses the not-uncommon dilemma of the single woman analyst who has to help her single women patients with issues she herself has not resolved. In these chapters, the dilemmas of the traumatized therapist working with patients who have been similarly traumatized, of the therapist who is suffering even more than her patient, and of the therapist who has yet to resolve what the patient has yet to resolve are put out there as problems to be thought about and talked about.

Controlling the content of a large conference held over several days is very difficult to do. But when a volume of papers is published, the editors should be responsible for organizing them so that common threads are revealed and highlighted. Unfortunately, this book presents as somewhat of a hodgepodge. *Loneliness* and *longing* are not really defined, and too many other ideas are attached—e.g., depression, sadness, mourning—as if other contexts will define them. There is no discernible outline. Many different arrangements of chapters would have been possible. Many of the same references are cited by more than one author. Careful editing that aims at eliminating repetition might have brought the basic concepts into focus.

In addition, considering the amount of pain expressed by the authors—their own pain and that of their patients—editorial decisions about pacing and placement of papers might have made the book more bearable to read through. Perhaps there was too much pain for the editors to have wanted to work any more with this material. It is not made clear whether all these authors were part of the conference or just some of them.

On the positive side, there is a wealth of clinical material, and those in the field who are particularly interested in countertransference will find many rich examples to study.

**JANICE S. LIEBERMAN (NEW YORK)**

*Volume LXXXII, Number 1*

# ABSTRACTS

## SELECTIONS FROM TWO GERMAN JOURNALS

**Translated and Abstracted by Rita Teusch**

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## ZEITSCHRIFT FÜR PSYCHOANALYTISCHE THEORIE UND PRAXIS

**Volume 24, Number 3 – 2009**

**Counterresistance: On the Resistance of the Analyst.** By Elisabeth Skale, pp. 340-353.

The author begins by stating that the meanings of *countertransference* and *counterresistance* have become collapsed in the psychoanalytic literature. She examines whether there is a counterresistance that is different from the analyst's countertransference. Her thesis is that there *is* a specific counterresistance, i.e., a resistance that interferes with the analyst's maintaining an optimal analytic attitude and function. Skale believes that counterresistance is different from the personal resistances of an individual analyst, which arise from that analyst's countertransference.

Skale defines countertransference as the analyst's conscious and unconscious transference attitude toward his various patients, which can become a countertransference resistance. The analyst's counterresistance (which she sees as omnipresent) is defined as the force in the analyst that resists the progress of the psychoanalytic process, analogous to such a resistance in the patient. Counterresistance leads to the analyst's withdrawal from newly emerging anxiety-provoking, confusing, primary-process-type material brought by the patient.

When an analyst is under the influence of counterresistance, she may insist on free association in the patient, adopt an insistent and inflexible attitude toward the patient, and show a refusal to be surprised by the analytic material. There can a be a refusal to offer interpretations, or the same interpretations may be offered repeatedly because the ana-

lyst feels certain that she is correct in her interpretations. However, the interpretations do not lead to surprising new material or change in the patient, but rather to the patient's increased withdrawal or upset. A successful interpretation will lead to the emergence of new and unknown material, which can be scary, confusing, or painful, but is also experienced as progress.

Skale briefly reviews the history and development of Freud's understanding of the concept of resistance, and then introduces Bion's understanding of it.[1] She then presents a case example in which she had to become aware of her counterresistance, which was preventing further progress in the analysis. Once she had acknowledged that she was under the influence of counterresistance, she could begin to work on its origin, which resided in her countertransference and her unconscious identification with the patient.

Freud's early discovery of the existence of a resistance in the mind prompted him to give up hypnosis. He recognized very early that the forces of repression and resistance were fundamentally interrelated in the sense that resistance prevented the patient from thinking about repressed thoughts. He also recognized that the aim of resistance is to exclude objectionable thoughts from being thought about. Freud and Breuer[2] described the consequences of resistance for the continuation of an analysis: the nature of repression consisted of the patient's inability to direct her thoughts to the problematic representations in her mind. As soon as she got closer to objectionable thoughts, she experienced unpleasure, which caused her to avoid these representations.

Later, Freud named five interrelated types of resistances, three of which he associated with the ego[3]:

1. Resistance that protects a repression (repression resistance).
2. Transference resistance (instead of remembering, the patient activates repressed contents in the transference to the analyst).

[1] Bion, W. R. (1962). A theory of thinking. *Int. J. Psychoanal.,* 43:306-310.
[2] Freud, S. & Breuer, J. (1895). *Studies on Hysteria. S. E.,* 2.
[3] Freud, S. (1926). *Inhibitions, Symptoms and Anxiety. S. E.,* 20.

3. Resistance of secondary gain from illness (the symptoms have become assimilated into the ego and have come to provide a certain amount of pleasure, which is difficult to give up).
4. Resistance stemming from the id which Freud called the *repetition compulsion,* which necessitates working through so that the patient will achieve a full emotional understanding, thereby ending the repetition compulsion.
5. Superego resistance associated with an unconscious sense of guilt and the need for punishment. This last type of resistance opposes every move toward success and prevents the patient from recovery through analysis.

Skale presents the case of a 26-year-old female patient who had been in analysis for six years. When she started analysis, she had an eating disorder and suffered from self-injury, having beaten and cut herself since age seventeen. These self-injurious behaviors were successfully addressed in the early years of the analysis. They were understood as her ways to regulate unbearable internal tension, and they stopped when the patient increasingly learned to use words to regulate herself. She had an older brother and two older sisters; her relationship with her mother was conflicted. As a child, she had frequently been ill and had memories of having been forced to take medication.

The analysis was often characterized by sadomasochistic elements, with the patient experiencing an internal struggle to become aware of her thoughts and feelings, which she experienced as intolerable tensions. She had the wish to have "an empty mind," which meant to her that she was free of painful tension. She experienced the analysis as a process in which she was forced to become aware of her thoughts and feelings, and the analyst was thought of as sadistically attacking her internal peace of mind and forcing emotions and thoughts into her against her will. Despite this manifest negative attitude toward the analysis and the analyst, the patient continued to attend all her sessions and to arrive on time.

The sessions often felt to the analyst like a difficult wrestling match in which she tried to help the patient tolerate her thoughts and wishes that could not be fulfilled, and to accept responsibility for her eating.

The patient experienced this as demandingness and evidence of an unbearable separation from an ambivalently loved and hated mother.

After a session in which the patient had gained a seemingly deep insight and great relief from realizing that she could have a healthy emotional distance from her mother, she began the next hour by saying, "Everything is gone again," referring to the insights from the previous session. She talked about significant insomnia during the previous night, and said that all her thoughts and feelings had again felt unbearably strange, oppressive, and overwhelming. In her internal dialogue with the analyst, everything they had talked about together had become an unbearable imposition that she had to fight against and struggle to eliminate from her head. She was finally able to fall asleep with an "empty head" in the early morning.

The analyst interpreted along the lines of the patient's fear of being by herself with her own thoughts, and her wish to erase the analyst and her interpretations so that she did not have to miss her or feel alone. The patient responded, "I *was* alone," and became very silent. The analyst understood the patient's silence as a reaction to her interpretations and the patient's withdrawal as an omnipotent-narcissistic triumph and psychic retreat to an uninvolved position. The analyst interpreted this to the patient, saying that the patient's inner struggle during the previous night had now become a struggle between the two of them, and the analyst was left to feel that she wanted contact with the patient, which the patient was refusing.

The patient continued to be silent. Based on her previous knowledge of the patient, Skale felt that she was correct in her interpretations, and also that she had to protect the patient from her self-destructive dynamics of withdrawal, while pointing out her resistance to analytic progress.

However, alongside her familiar impatience with the seemingly endless and unproductive repetitions of this and similar scenarios, the analyst noticed her own inwardly calm feeling of detachment and apathy, as well as a wish to get away from the struggle with the patient; the analyst found that she simply wanted to be left alone. Gradually, Skale began to realize that she was caught in counterresistance—i.e., unconsciously she was detached and apathetic, which had led to her repetitive inter-

pretations, as well as the paralysis of her analytic functioning. After becoming aware that she was manifestly involved in a struggle with the patient—while also latently dominated by a feeling of resignation and apathy toward the patient—she became able to understand the patient's withdrawal and prolonged silence not as a triumphant retreat, but as her wish for a symbiotic merger in a mutual space of *not thinking* and *not knowing*.

The analyst gradually understood that the patient had tried to communicate her anxiety about her increased separation in the previous session by relating her nocturnal internal aggressive struggle with the analyst and her subsequent annihilation of the new insight. When the analyst failed to understand her anxiety, the patient retreated and regressed to the fantasy of a symbiotic merger with an idealized mother. Later, it was understood that the patient's secret fantasy of such a merger with an idealized mother was protected by the enactment of a constant manifest struggle with the mother/analyst.

The analyst's holding onto the struggle with the patient under the influence of her certainty about what was going on with the patient was a counterresistance, in the sense that she was able to hear only the familiar blaming tone of the patient, but failed to hear the patient's wish to understand her experience during the night, which was surprising to her. Also, when the patient said, "I *was* alone," the analyst at first heard only a reproach toward herself and responded to the feeling of being excluded by the patient. It was only after becoming aware of her counterresistance that she could hear the sentence "I *was* alone" as an expression and a beginning acceptance of the patient's painful reality. The counterresistance had led to the analyst's one-dimensional listening and had prevented her from understanding the progressive meaning of the patient's communication.

**Volume 26, Number 2 – 2011**

**Avarice.** By Ignês Sodré, pp. 133-145.

The author sets out to answer the question: what is avarice and why is it considered a deadly sin? She proceeds from the assumption that avarice is deadly because it is fundamentally against life, even more so

than the other deadly sins, such as envy, for example. She uses several examples of characters from classic literature to illustrate the miser's dynamics: Balzac's Monsieur Grandet (in *Eugenie Grandet,* 1845); Dickens's Scrooge (*A Christmas Carol,* 1843); Molière's Harpagnon (*The Miser,* 1668); and Eliot's *Silas Marner* (1861).

Sodré begins her psychoanalytic exploration by citing Freud and Abraham, who understood a neurotic relation to money as a consequence of disturbances in the anal phase of development, i.e., subsequent possessions retain the unconscious significance of anal-level products and are idealized or subjected to omnipotent control. Both Freud and Abraham recognized that a traumatic early object loss coinciding with the anal phase results in pathological mourning, and the subject attempts to unconsciously control and forcefully preserve an internalized substitute object. One may understand avarice as a perversion in the sense that the melancholic seeks to exercise total control over the substitute object by corrupting and spoiling it and by denying its very nature. A symbolic equation takes place between the lost person and money, and the miser's only pleasure is its omnipotent possession—not its use.

The relation to money becomes erotized, and Sodré gives various examples from well-known misers in the literature who show immense pleasure at the sight of their treasures. For example, Balzac wrote of his protagonist, Grandet, that he would look at his gold with great tenderness, lovingly touching and caressing it.

The role of an excessively harsh superego is especially important in the illness of avarice. The miser denies himself and others any use of the object, often living in poverty. At the same time, he experiences a sense of moral superiority to any person who enjoys his money and life in general. A reversal of affects has taken place in the sense that the miser gets pleasure from denying himself what others can have. Sodré likens the condition of the miser to the anorexic who unconsciously feels too guilty to eat, whereas consciously, she maintains that she does not need food, though she is nevertheless deeply preoccupied with food in her mind and sometimes also in her actions.

Sodré ends with a discussion of Eliot's Silas Marner, a miser whose money clearly functions as a substitute for lost love relations and deep despair, and who experiences in the course of the novel a reparative

psychological process as he becomes able to establish a renewed relation with a real human being.

Thus the psychopathology of avarice relates to an inability to mourn or come to terms with a significant object loss, as well as an illusion that the depth and quality of feelings and relationships can find a substitute in the quantity of possessions. According to this illusion, these possessions can be preserved and controlled in an omnipotent way, thus denying the nature of the object and also its independent function in the world.

**Reflections on the Symptom of Premature Ejaculation.** By Andrea Knapp-Lackinger, pp. 169-207.

The author observes that the understanding of sexual dysfunctions was a frequent topic in early psychoanalytic literature, but has all but disappeared in contemporary psychoanalytic writings. Reasons for this may be a general desexualization of psychoanalysis, and also the fact that patients with sexual dysfunction might seek out a sex therapist rather than a psychoanalyst.

Knapp-Lackinger provides a thorough review of the traditional psychoanalytic conceptualizations of sexual dysfunction. She offers a case presentation demonstrating that the symptom of premature ejaculation reveals the interdependence of body, mind, and internalized object relations. Cumulative psychosexual (oral, anal, urethral, phallic) conflicts in men in the context of castration anxiety give rise to unconscious fantasies about their own bodies, as well as the fantasy that others cause disturbed object relations. She discusses a patient, highlighting several themes that emerged from her literature review.

Knapp-Lackinger's patient was a 22-year-old man who sought analysis because of relationship problems, inability to be productive at work, low self-esteem, excessive worrying, and premature ejaculation (less than ten seconds after intromission), which he felt increased his insecurity and caused him great shame. When he masturbated, he had no difficulties ejaculating normally, which is a common pattern, according to Abraham's writing, and points to difficulties in object relationships.

The patient had had two relationships with women, both of which had lasted only a couple of months. He was highly ambivalent about

undergoing an analysis and often missed sessions or confused the time and the analyst's bill. He paid either too much or too little, and generally behaved like a confused young child who wished that his mother would take care of him and put his affairs in order. He experienced the analyst as helpful but also feared punishment from her. He felt pressure to find solutions to his problems and to perform for her.

The analyst's countertransference was that of a bad or ineffectual mother who should prove to the patient that analysis could help him. She felt that she was expected to comfort and calm his anxiety, especially about his sadistic fantasies, which were initially unconscious but were revealed to involve shooting someone dead from a great distance. He was the youngest in his family and the only one still living at home. He felt that he was "the one who provided his mother with what she was missing." The father was denigrated by the mother, who considered him socially inferior to her; she called him "Sis."

*Object Relations and Castration Anxiety.* It is essential to understand the symptom of premature ejaculation in the context of castration anxiety and the quality of the patient's internalized object relationships. Abraham, in addition to other, more recent authors,[4] emphasized that premature ejaculation tends to happen during sexual relations and not when the patient masturbates. The woman is felt to be sadistic and dangerous, which is often expressed in the patient's fantasies about the vagina, felt to be engulfing or equipped with teeth or knives—i.e., generally castrating—and the patient feels that his penis would be damaged or cut off by it.

Castration anxiety is experienced not only in relation to the penis, but also—because of preoedipal reinforcement—the patient is afraid to lose his inner self, his independence, even his life. The author's patient stated that at the beginning of a new relationship, he formed an image of the woman's personality as sadistic, and he subsequently related to

[4] See, for example, the following two sources: (1) Benz, A. & Auslaender, J. (1978). Analytical oriented short-term psychotherapy of impotence and premature ejaculation. In *Psyche-Z-Psychoanal.,* 33:395-406; see also an abstract in *The Psychoanalytic Quarterly,* 50:307 (1981)*:* Psyche. XXXIII, 1979: Analytically oriented short-term psychotherapy for impotence and premature ejaculation. (2) Becker, N. (1996). Psychogenesis and psychoanalytic therapy of sexual dysfunctions. In *Sexual Dysfunctions and Their Treatment,* ed. V. Sigusch. Stuttgart-Goettingen, Germany: Thieme, pp. 166-179.

her in terms of this image. In his fantasy, the woman became an anal-sadistic, all-powerful, fecal mother, and he felt himself to be a small and weak child.

Anal-phase conflicts are often intimately connected with separation-individuation issues. The important anal-phase achievement—i.e., adequate control over what is inside and outside, and the experience of having a body with boundaries that the subject can control (closing of the sphincter, with doors that shut[5])—had not been adequately accomplished, and the patient could not see himself as a closed system that could tolerate, contain, or modulate affects. To be able to "shut out" also means experiencing the self as psychologically separate from the mother.

Knapp-Lackinger's patient's first dream in the analysis revealed the interconnection of infantile conflicts around aggression, sexuality, and castration anxiety, with an archaic, phallic mother representation that made it impossible for the patient to achieve separation from his mother. He related his dream as follows:

> There is a hornet in my room that chases me. I have a fly swatter with which I swat at her, but this makes her even stronger. I run to the door and she follows me. I see her with her head and upper body still in the room and with her swollen behind out of the room. I am unable to shut the door because then I would squash her.

The dream reveals many themes: in undisguised form, the patient's aggression and castration wishes toward the phallic mother; his fear of retaliation; his own castration anxiety (the door as a castrating female genital); and his homosexual conflicts—i.e., female and male elements are confused and reversed, and he cannot or will not shut the door, which would mean a separation from the mother. Closeness to the object is feared because closeness is perceived in anal-sadistic terms. His anxiety about his own drives (aggression and sexual arousal) is projected onto the object, with fantasies of her dangerous genitals, and his anxiety finds expression in the symptom of premature ejaculation.

*Aspects of Psychosexual Development in Patients with Premature Ejaculation.* Abraham viewed premature ejaculation as determined by urethral, pas-

[5] Shengold, L. (1988). *Halo in the Sky: Observations on Anality and Defense.* New York/London: Guilford.

sive-aggressive strivings. He considered oral conflicts important, but did not elaborate on them. The author hopes to fill in this important area. She states that oral themes occur in patients with all levels of personality organization, including neurotics.

Freud described weaning as the prototype of castration because it is experienced by the infant as a narcissistic injury—a loss of a body part (the breast) that the infant feels to be his own.[6] The penis (unconsciously a breast with fluids) becomes its substitute. Its overvaluation can be understood in the context of its oral prehistory.

Klein emphasized the infant's envy of the mother's breast and the infant's wish to rob her of her creativity.[7] The projection of hate and envy makes the mother a sadistic and dangerous figure. Projective identification with the mother does not allow the development of stable ego boundaries. Therefore, it is not only the penis that is in danger, but the whole male body, including the psychological identity. When passive is turned into active, the patient does not feel the penis to be a libidinous potent organ that can give pleasure to him and to a woman, but rather it is unconsciously felt to be a hostile and sadistic weapon that threatens the mother. Premature ejaculation can thus be understood both as a defense against unconscious aggression and as the man's unconscious retaliation for the oral frustration he has endured.

*Urethral Pleasure.* Abraham noted that his patients likened premature ejaculation to the flowing of urine. Knapp-Lackinger points out that the first function of the penis to be perceived by the infant is urethral. Patients who suffer from premature ejaculation have not been able to integrate a genital-active penis representation into their body image (for the reasons discussed above), but continue to be dominated by a passive urethral penis representation, which defends against intense sadism as well as castration anxiety. It is as if the patient reassures himself by saying: "Look, I am already castrated—there is no need for me to fear castration."

This situation is reinforced by the fact that, just as the sensation of mother's milk in his mouth provides a soothing function for the infant,

[6] Freud, S. (1924). The dissolution of the Oedipus complex. *S. E.,* 19.

[7] Klein, M. (1975). *Envy and Gratitude and Other Works, 1946–1963,* ed. M. M. R. Khan. London: Hogarth.

so does his experience of the warm liquid of his urine (semen). At the same time, urethral fantasies are also an expression of the patient's intense anxiety and sadism. The author notes that many of her patients with premature ejaculation have recurrent dreams and fantasies about drowning in water or being inundated with excessive, dangerous, or poisonous urinary flow.

Freud called the sexual act an act of aggression with the intent to achieve the most intimate sexual union. The patient with premature ejaculation has not been able to adequately modulate his libido or aggression. Instead, he has repressed his aggression (which lives on in unconscious sadistic fantasies), and he lacks ego boundaries, which increase fears of being overwhelmed by aggressive affect. The author's patient lived in constant fear of hurting the woman whom he was with and felt tortured by his fantasies of shooting someone, which made him feel ashamed and increased his anxiety.

The patient ended the analysis prematurely. Knapp-Lackinger maintains that a successful analysis would have reduced his intense castration anxiety, integrated his aggression, and enabled him to form a more satisfying object relationship with either a woman or a man, in which he would have experienced himself as a whole person with a healthy sense of agency.

**Volume 26, Number 3/4 – 2011**

**On the Perversion of Perception and Thought.** By Jochen Haustein, pp. 253-271.

The author states that there has been a change in the definition of perversion in the past thirty years: no longer is the term restricted to aberrant manifest or fantasized sexual behavior; it now also encompasses perverse elements in relationships and perverse intrapsychic dynamics.[8] Haustein specifically draws on the work of Mervin Glasser, who outlined what he called the *core complexes of perversion*—i.e., the role of aggression,

[8] See the following two sources: (1) Abel-Hirsch, N. (2006). The perversion of pain, pleasure, and thought: on the difference between "suffering" an experience and the construction of a thing to be used. In *Perversion: Psychoanalytic Perspectives,* ed. D. Nobus & L. Downing. London: Karnac, pp. 99-107. (2) Steiner, J. (1999). *Psychic Retreats: Pathological Organizations in Psychotic, Neurotic, and Borderline Patients.* London: Routledge.

sadism, and fears of a merger.[9] To defend against a deep fear of merger, healthy aggression is sexualized and turned into sadism, which allows for sexual control in a relationship (including the analytic relationship).

Haustein presents the example of a case he supervised in which the analyst predominantly focused on the patient's pain and sadness about weekend separations, but overlooked her rage and hatred of the analyst, with the result that she resorted to a defensive sexualization of the analytic relationship in order to manage her aggression toward the analyst. Sexualization can be understood as a creative act; it can have a protective function because it allows the management of destructive feelings in a relationship and presents a defense against wishes for merger.

Haustein states that it is important for the analyst to recognize the difference between sexualization and oedipal sexuality. He suggests that the patient may unconsciously present seemingly oedipal material to the analyst, which may seduce the analyst into believing that he has come close to the core complex of the patient's neurosis, when in fact the core complex *of perversion* is at work—i.e., sexualization of aggression to defend against wishes for merger and/or to manage unacceptable aggressive feelings.

Haustein presents the case of a female patient whose mother had been a sickly and often overworked businesswoman who left the patient with a nanny. The nanny introduced perverse elements into her relationship with the child, telling the child that if she behaved well at all times, her mother would get better and have more time for her. For the first few years of the analysis, the analyst felt controlled and reduced to insignificance by the patient. The patient had the recurring fantasy of tying up the analyst in the left upper corner of the office, behind the flowers in the wallpaper, so that the analyst could see her but had no impact on her.

When her paralyzing and compulsive control of the analyst was worked through, the patient began to come to her sessions dressed seductively and using seductive perfume, which had an erotizing impact on the analyst. He began to notice his desiring fantasies about the patient, which were distracting to him. At the same time, his countertransference

[9] (1) Glasser, M. (1979). Identification and its vicissitudes as observed in the perversions. *Int. J. Psychoanal.,* 67:9-16. (2) Glasser, M. (1998). On violence: a preliminary communication. *Int. J. Psychoanal.,* 79:887-902.

dreams were marked by the feeling of being lost in an unhappy and seemingly endless love affair, similar to the *romantic perversion* described by Steiner (see the second source listed in footnote 8).

Gradually, the analyst became aware of the fact that he was feeling paralyzed in his analytic function. He realized that focusing on the patient's erotic transference was preventing him from seeing the deeper issues she was struggling with. In understanding the erotization of their relationship as a defense, he became able to help her talk about her unbearable pain in feeling dependent on him and her wish to gain control of him through seduction and sexualization.

Gradually, the patient became able to acknowledge deep-seated feelings of insignificance, desolation, and inner emptiness, which were reinforced by the impending death of her father, an event she had not wanted to acknowledge. Being able to recognize sexualization of the relationship as a defense also allowed the analyst to help the patient express her hatred and aggression toward the analyst, from which she had wanted to protect him.

To sum up, Haustein addresses a specific aspect of perversion—i.e., how the relationship with the analyst can be manipulated so that the analyst's thinking and perception become perverted, and he is seduced into participating in an effective resistance to the patient's dependency and deeper pain. The author points out that it is often difficult to perceive ourselves as analysts being involved in perverse mechanisms because this causes painful feelings of guilt and shame. However, when the analyst is able to become aware of and examine the perverse mechanisms that are operating, it is then possible to escape an analytic impasse and to understand the patient's sexualization of aggression as an unconscious attempt to avoid a threatening psychic disequilibrium.

**Volume 27, Number 1 – 2012**

**The Cunning of Infantile Sexuality: A Clinical Case.** By Susann Heenen-Wolff, pp. 103-119.

The author observes that the role of infantile sexuality in unconscious life has been helpfully resurrected through the work of Jean Laplanche.[10] She discusses the importance of Laplanche's work for the

[10] See, for example: Laplanche, J. (1997). The theory of seduction and the problem of the other. *Int. J. Psychoanal.,* 78:653-666.

understanding of contemporary sexual reality—for example, the increased incidence of same-sex parenting.

In the second part of her paper, the author compares Lacan's and Laplanche's theories, and raises questions about Laplanche's theoretical assumption that the child's sexuality is first and foremost the result of enigmatic messages received from important adults in his life. Heenen-Wolff then presents a case example to illustrate her understanding of the role of the analyst in Laplanche's work.

Heenen-Wolff suggests that repeated research findings in the past three decades—showing that children who grow up with homosexual parents have the same degree of difficulty establishing their sexual identity and the same likelihood of becoming homosexual as children from heterosexual parents—can be understood in light of Laplanche's theory. Laplanche claims that the child constructs a primal scene against a background of unconscious enigmatic sexual messages received from the primary caretakers. The sexual unconscious of adults has a primarily infantile quality, and both homosexual thinking and heterosexual thinking are represented in the unconscious of all adults (Freud's notion of bisexuality), regardless of their sexual preference. It can thus be assumed that homosexual parents will transmit both types of sexual messages to their children (just as heterosexual parents do)—and especially so since the child's story of conception (whether of semen donation, surrogate mothering, or adoption) will inevitably point to a heterosexual primal scene.

Heenen-Wolff states that, in positing that the child's sexuality grows out of enigmatic messages from caretakers, Laplanche prioritized the other at the expense of spontaneous physiological processes in the body. She points out that, in male fetuses (and later in infant boys), one can already observe spontaneous erections and thumb sucking, which are associated with pleasure and cannot be exclusively explained as a reaction to an unconscious seduction by the primary object. While Laplanche accepts that what he calls *somatic reactivity* and *a generalized readiness to be stimulated* exist in the organism, Heenen-Wolff suggests that he underestimates the importance of spontaneous bodily reactions and a search for pleasure in the widest sense, which are independent of the enigmatic messages transmitted by the other.

Heenen-Wolff notes that there are three stages of transference in Laplanche's schema: establishment of the transference, its elaboration, and its demolition. Transference precedes the analysis, and many patients report dreaming about the analyst before the first session, or significant dreams and fantasies between the time of initial face-to-face sessions and the actual beginning of analysis on the couch. This material is not to be interpreted because an interpretation necessarily represents a deconstruction and communicates to the patient that the material constitutes a defense. Interpreting before the transference has been elaborated would be like sawing off the branch on which one is sitting.

The analyst has the task of supporting elaboration of the transference in order to allow it to develop its own dynamic. According to Laplanche (following Freud's notion that every relationship has both affectionate and sexual currents), transference has a dual nature: the transference of self-preservation and the transference of infantile sexuality. It is not the analytic situation as such—i.e., the couch or the fundamental rule—that creates the transference, but rather transference is created as a result of the conscious and unconscious enigmatic messages that the analyst unknowingly conveys to the patient. Thus the analyst is the personification of the enigmatic and compromised messages that refer back to the patient's curiosity about the primal scene, pushing for a renewed translation.

The emergence of infantile fantasies and dreams is necessarily part of the analytic process, and the aim is not to reduce these or understand them as a regression. It is the patient's task to find a new translation of his transference, and it is the analyst's task to deconstruct. Heenen-Wolff emphasizes that constancy and stability on the part of the analyst are fundamentally important for the analytic process to work, and she takes issue with Lacan's technique of sessions of variable and unpredictable length.

Heenen-Wolff ends with the case example of a 50-year-old severely depressed woman. Understood via Laplanche's model of a dual transference, this patient required the analyst simply to be a constant presence for four years—that is, to provide holding and allow self-preservation (auto-conversation). She did not seem to respond to any interpretations that the analyst offered and did not want to think or talk about the ana-

lyst. She ended the analysis when she was no longer depressed and again felt able to function well in the world. Very little deconstructive analysis had taken place, and the analyst had to accept that the patient was not in a position to hear any messages from her, enigmatic or not.

Two years later, this patient called the analyst to request further analysis. This time her explicit and conscious motivation for treatment was that she was unable to have sexual feelings. In this second analysis, the patient could recognize the analyst as a person who was sending messages and giving interpretations of her past history.

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**PSYCHE ZEITSCHRIFT FÜR PSYCHOANALYSE UND IHRE ANWENDUNGEN**

**Volume 65, Number 1 – 2011**

**Freud's Concept of "Splitting of the Ego in the Process of Defence" as a Bridge to an Extension of His Model of Neurosis.** By Erica Krejci, pp. 1-29.

The author seeks to clarify the concepts of splitting, splitting of the ego, and dissociation, and to differentiate them from repression. She proposes that Freud's concept of "Splitting of the Ego in the Process of Defence" presents an overarching concept that can contribute to an integrative psychoanalytic understanding of these phenomena.[11]

Freud worked on understanding the ego throughout his life. Early on, he spoke of a splitting of consciousness and the establishment of separate psychic groups. He viewed this splitting as an attempt to manage contradictory ideas, especially those that were unacceptable to the ego. The splitting had the effect of eliminating contradiction within the ego. Later, Freud stated that psychic conflict can result in psychic splitting, i.e., a separation between an official, conscious attitude and a hidden, unconscious attitude.[12]

Freud called the rejection from consciousness *repression* but continued to use the concept of splitting in subsequent decades.[13] He em-

[11] Freud, S. (1940). Splitting of the ego in the process of defence. *S. E.,* 23.
[12] Freud, S. (1908). Creative writers and day-dreaming. *S. E.,* 9.
[13] Freud, S. (1913). On psycho-analysis. *S. E.,* 12.

phasized that repression is a later defense mechanism and becomes possible when a sharp distinction has been achieved between conscious and unconscious psychic activity. Until that time, defenses such as *reversal of affect, turning against the self,* and *denial of the drives* are effective. Freud's ego at this time was the *ego as subject* and not yet the *ego of structural theory.* There are numerous passages in Freud's later work revealing that he understood the ego can be divided, can take itself as an object. He spoke of the tendency of writers and poets to split their egos into partial egos and project their inner conflicts into different heroes in their writing. He spoke of a *multiplicity of the ego,* revealed in the dreamer's tendency to find his different ego states represented in his dreams.

In the "Splitting of the Ego" essay, published after his death, Freud further delineated disturbances in the synthetic function of the ego. He showed that the ego can split itself and form a compromise formation between the needs of the drives and the demands of reality. Such a split results in two contradictory attitudes existing side by side, often throughout life, without influencing each other. Thus, in order to manage a conflict between reality and drives, the subject affected by illness will deny reality with a part of his ego, under the dominance of unconscious laws of thought—while at the same time the healthy part of his ego accepts reality.

Freud emphasized that such structural ego splits can be present in neurosis, perversions, and psychosis. He stated explicitly that what was new in this understanding of the ego was that the ego was split; this was not a situation of repression of a drive, which would be associated with the id. In discussing denial, Freud evoked a further split: a perception is denied while the affect associated with it is repressed.

Krejci observes that, in his essay on fetishism, Freud did not discuss the nature of the fetishist's primary object relationships.[14] Following the insights of Brenner's (1994) work on dissociation,[15] which is almost always associated with prolonged childhood sexual and/or physical abuse, she asks: what happened in the primary object relations of the fetishist that caused developmentally normal castration anxiety to be experi-

[14] Freud, S. (1927). Fetishism. *S. E.,* 21.

[15] Brenner, I. (1994). The dissociative character: a reconsideration of multiple personality. *J. Amer. Psychoanal. Assn.,* 42:819-846.

enced as an overwhelming threat to the self, to which he has reacted by giving up the unity of the self?

Krejci suggests that, under the dominance of the Oedipus complex, the fetishist becomes unable to integrate the image of a castrating father with that of the admired and desired father. Identifying with the aggressor father, he suffers an ego split, with the aggression turned against the self.

The author reviews works by Edith Jacobson,[16] Wilfred R. Bion,[17] and Melanie Klein[18] on the splitting of the ego, as well as Brenner's work on dissociation (see footnote 15) and the work of Philip M. Bromberg,[19] who does not consider the Oedipus complex crucial for structural development. She summarizes her own views, stating that splitting of the ego seems to be understood by most analysts as a defense against overwhelming early anxiety and an attempt to reduce unbearable inner tension. Splitting is associated with omnipotent fantasies and magical thinking, which developmentally belong to a time when somatic and psychic processes were not clearly distinguished. Emotions, parts of self and other, can be expelled, just as bodily substances can.

Klein emphasized that the infant's early sadistic fantasies have very real consequences because they create feelings, relationships, and—later on—thoughts that are cut off from each other. Splitting decreases as the subject reaches the depressive position, in which a whole object (consisting of good and bad parts) is recognized, and further integration and development can take place, including the ability for symbol formation. The nature and intensity of early paranoid-schizoid splitting will influence the subject's ability to use repression later on, and will also determine how permeable the relationship between conscious and unconscious will be. If schizoid splitting cannot be adequately overcome or is regressively employed to manage overwhelming anxiety, there will be a sharp differentiation between what is conscious and what is uncon-

[16] Jacobson, E. (1957). Denial and repression. *J. Amer. Psychoanal. Assn.,* 5:61-92.

[17] Bion, W. R. (1957). Differentiation of the psychotic from the non-psychotic personalities. *Int. J. Psychoanal.,* 38:266-275.

[18] Klein, M. (1946). Notes on some schizoid mechanisms. *Int. J. Psychoanal.,* 27:99-110.

[19] Bromberg, P. M. (1998). *Standing in the Spaces: Essays on Clinical Process, Trauma, and Dissociation*. Hillsdale, NJ: Analytic Press.

scious, leading to an overvaluation of rational thought at the expense of emotional integration.

Krejci ends with comments about the effects of splitting of the ego on the analyst's countertransference. She posits that the ego split is projected onto the analyst and results in a dual attitude toward the analyst—that is, one that is reality based and accepting of the analytic frame, and another that is influenced by omnipotent and negative attitudes as well as paranoid anxieties. Such duality can cause confusion in the analyst, as well as anger and helplessness, because the patient, while seemingly feeling positive about the analysis, nevertheless will not profit from it or allow the analyst's interpretations to reach him. Because the patient is not connected to himself or his inner psychic life or is overwhelmed by anxiety, the analyst's recommendation to focus attention inward will be experienced as an overwhelming and impossible task.

The analyst must be able to look beyond the content of what such a patient communicates; he also has to work on reducing the patient's anxiety about the analyst as a powerful omnipotent object from which the patient must hide himself.

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**"Neurosis is, as it were, the negative of perversion": A New Interpretation of Freud's Well-Known Statement.** By Ralf Binswanger, pp. 673-698.

Binswanger discusses this statement of Freud's[20] in the context of changed cultural assumptions about sexual orientation and sexual practice. It is now widely assumed that sexual orientations that differ from manifest heterosexuality are not pathological. The author's thesis is that certain types of neuroses are the negative of the patient's manifest sexual orientation; i.e., a manifestly heterosexual individual may develop a neurosis because of his unconscious homosexuality, and a manifest homosexual may repress his heterosexual currents, subsequently developing a neurosis.

Binswanger uses the concept of *sexual perversion* for those manifest sexual practices that do not seek drive satisfaction but in which compul-

[20] Freud, S. (1905). *Three Essays on the Theory of Sexuality. S. E.,* 7, p. 231.

sive aims—such as seeking pain, humiliation, or violence—have become dominant. These can be observed in patients regardless of sexual orientation. Binswanger further clarifies the terms *sexualization, erotization, desexualization,* and *sublimation,* and reviews important contemporary psychoanalytic contributions.

Based on Freud's *Three Essays on the Theory of Sexuality,* Binswanger states that, in infantile sexuality, the sources of the partial libidinal and aggressive drives (oral, anal, and phallic or infantile genital), and the aims of these partial drives (active, passive, sadistic, masochistic, exhibitionistic, voyeuristic) coexist together. Only gradually do they undergo maturation and modification, and eventually come to a complex integration that leads to a preferred sexual orientation and object choice.

The author suggests that heterosexuality and homosexuality may also be considered partial drives that belong to the infantile *polymorph-perverse* organization. Based on Freud's argument—that the development of the libido and the ego are determined by those aspects of the polymorph-perverse organization that are admissible to consciousness because they are experienced as pleasurable—Binswanger concludes that certain partial drives will cause unpleasure and will subsequently undergo repression, with the result of a neurosis. Thus we see latent homosexuality and heterosexuality, latent sadism, masochism, fetishism, voyeurism, or pedophilia.

Binswanger suggests that latent, repressed drive currents present a problem for the individual because they have not become desexualized. All the partial drives need to undergo development and become conscious and desexualized so that they not only evoke unpleasure, but also become capable of producing pleasure, and thus become available for nonsexualized relationships and activities. In a healthy person, these partial drives may continue to be erotized in fantasy, which may add color, determination, and effectiveness to life, but the sexual aim has been given up.

If desexualization of these partial drives has miscarried, the wishes associated with them will continue in their sexualized form in the unconscious. Subsequently, conscious nonsexual activities, which present an associative connection to the repressed drives, will be inhibited. Freud showed this with his example of writer's block. Binswanger gives his own

examples of a heterosexual man who is unable to enjoy close friendships or working relationships with other men because of his latent homosexuality that evokes unpleasure (anxiety). Latent sadomasochism prevents another patient from being able to constructively resolve conflicts and rivalries with others; latent exhibitionism prevents comfort with public appearances; latent voyeurism prevents successful research; latent pedophilia prevents close emotional relationships with children; and latent fetishism prevents the enjoyment of art objects.

The author ends with a case example from an analysis and reflects on parental and societal attitudes that will further our acceptance of "objectionable" partial drives.

**Casting Light on Bisexuality: Bisexuality, Anatomical Gender Difference, and the Psychoanalytic Meaning of "Male" and "Female."** By Monika Gsell and Markus Zuericher, pp. 699-729.

Gsell and Zuericher begin by stating that bisexuality is commonly understood as denoting either biological-anatomical characteristics or psychological characteristics and object preferences. These notions go back to Freud's *Three Essays on the Theory of Sexuality* (1905), in which he first introduced the concept of *psychic bisexuality*. Freud in his later work presented further clarification of his notion of bisexuality (and the associated terms *masculine* and *feminine*), which has not received adequate attention in the psychoanalytic literature.

The authors quote the following passage:

> We speak, too, of "masculine" and "feminine" mental attributes and impulses, although, strictly speaking, the differences between the sexes can lay claim to no special psychical characterization. What we speak of in ordinary life as "masculine" or "feminine" reduces itself from the point of view of psychology to the qualities of "activity" and "passivity"—that is, to qualities determined not by the instincts themselves but by their aims. The regular association of these "active" and "passive" instincts reflects the bisexuality of individuals, which is among the clinical postulates of psychoanalysis. [p. 182][21]

[21] Freud, S. (1913). The claims of psychoanalysis to the interest of the non-psychological sciences. *S. E.,* 13.

The authors point out that bisexuality is here clearly understood as the simultaneous presence of active and passive instinctual (drive) aims. In terms of a theory of drives, an active aim of a drive means that the subject wishes to do something with the object, whereas a passive aim of a drive refers to the subject wishing to have something done to him by the object. Such a drive-based definition of active and passive is different from the more descriptive, common use of such language in which active (in men or women) refers to an observable *active* behavior (rather than a wish), and *passive* is understood as the absence of *active* behavior (rather than referring to a wish toward the object).

This distinction is important because it clarifies that both men and women can be active behaviorally—for example, in order to satisfy a passive aim of the drive. Freud emphasized this repeatedly—the last time when he said, "People speak of 'active' and 'passive' instincts, but it would be more correct to speak of instincts with active and passive aims, for an expenditure of energy is needed to achieve a passive aim as well" (p. 96).[22]

The authors posit that a constitutional bisexuality (i.e., the disposition to seek out both active and passive drive aims) is characteristic of all human beings, regardless of gender. This is different from the notion of gender identity or gender preference.

*Psychoanalytic Meaning of "Male" and "Female."* How did Freud get from active and passive drive aims to *active* and *passive* becoming associated with *male and female?* The authors cite different passages in Freud's texts. In *Three Essays on the Theory of Sexuality,* Freud stated clearly that in the anal-sadistic phase, the polarity of active and passive is already present; however, this polarity is not yet associated with *male* and *female.* Active and passive become psychologically associated with male and female during infantile sexual development, when the child becomes truly aware of the perception of gender differences.

This commonly occurs when the child has reached the phallic stage of development (or, as Freud preferred to say later on, the infantile genital stage), during which the child recognizes that he is missing an anatomical part (the vagina or the penis) to satisfy an infantile genital drive

[22] Freud, S. (1933). *New Introductory Lectures on Psycho-Analysis. S. E.,* 22.

wish. An active infantile genital drive wish means *to penetrate like a man,* and a feminine drive aim means *to be genitally penetrated like a woman.* Different defenses, such as substitutions or regressions (for example, feminine masochism as a regressive defense against passive-genital strivings), are associated with the impossibility of reaching a desired drive aim. The authors state that Freud was not always consistent in his theorizing,[23] and show that his later association of *active-male-subject* and *passive-female-object*[24] cannot be supported from a theoretical or psychoanalytic perspective.

*Bisexuality and Neurosis.* Freud assumed that bisexuality was an important factor in the genesis of neurosis. In describing the Wolfman, who had suffered sexual abuse, Freud stated that the conflict between his male and female strivings caused repression and the development of his neurosis[25]; soon afterward he made a similar point.[26]

Freud thought that if the little girl repressed her masculine strivings, this could lead to neurosis and a lifelong disturbance in her sexual life.[27] The authors maintain that the universal task for the male child in the infantile genital stage is to come to terms with the realization that he does not have a vagina, which will cause frustration of his passive genital drive aims (to be penetrated).The challenge for the girl is to come to terms with not having a penis and to bear the frustration and unpleasure related to the recognition that her active genital drive aims (to penetrate) cannot be fully achieved. The healthy solution to these anatomical limitations in either sex is desexualization of the drive aim that has to be renounced. Such desexualization makes the energies of the frustrated drive aim available for nonsexual purposes. If desexualization miscarries, repression ensues, which leads to neurosis.

[23] See Schmidt-Hellerau, C. (1997). Libido and lethe: fundamentals of a formalised conception of metapsychology. *Int. J. Psychoanal.,* 78:683-697.

[24] Freud, S. (1923). The infantile genital organization: an interpolation into the theory of sexuality. *S. E.,* 19.

[25] Freud, S. (1918). From the history of an infantile neurosis (the "Wolf-Man"). *S. E.,* 17.

[26] Freud, S. (1919). A child is being beaten (a contribution to the study of the origin of sexual perversions). *S. E.,* 17.

[27] Freud, S. (1931). Female sexuality. *S. E.,* 21.

Gsell and Zuericher suggest that repression is caused by the child's infantile fantasies about the missing genital—fear of castration or the fantasy of having been castrated. These fears and fantasies, as well as a continued unconscious wish for the missing genital structure, color the child's oedipal relationships and subsequently all relationships. Freud asserted that the bedrock of resistance in analysis is the woman's masculinity complex (*the wish to be manly,* in German) and the man's rejection of his femininity, which Freud associated with the castration complex.[28]

The authors emphasize that a *masculinity complex* in women and *rejection of femininity* in men point to a conflict-laden psychic bisexuality. They suggest a reinterpretation of Freud's phallocentric statement (i.e., his focus on castration) along the lines of a continued unconscious wish in both genders for the missing genital, which can be resolved analytically.

*Some Implications of Psychic Bisexuality.* Understanding the psychological significance of anatomical gender differences is essential for psychoanalysis because these differences shape the child's psychosexual development. Based on their perception of anatomy during the infantile genital phase, children form an infantile association between *male* and *active-genital,* and between *female* and *passive-genital.* It is not anatomy per se that carries significance, but the psychological suffering that arises for both sexes from the discrepancy between the infantile wish to fulfill both passive and active drive aims and the impossibility of doing so. Gsell and Zuericher understand rigid societal gender roles and expectations as the expression of an exaggerated importance given to anatomy, as well as society's attempts to repudiate drive aims.

*Bisexuality and Sexual Preference.* Psychological bisexuality does not allow for any conclusions about sexual preference. The authors cite Freud's open-mindedness in this regard when he stated that there is no solid connection or relation between anatomical sex, the dominant aim of the drive (active or passive), character traits, and sexual object choice.[29] A man may satisfy his passive drive aims (wishes) with a man or woman, and a woman may satisfy her active drive aims (wishes) with a man or a woman. What is important is that every child, and later

[28] Freud, S. (1937). Analysis terminable and interminable. *S. E.,* 23.
[29] Freud, S. (1920). The psychogenesis of a case of female homosexuality. *S. E.,* 18.

every adult, comes to terms with the loss that stems from the lack of the missing genital.

*Bisexuality and Gender Identity.* More recent authors have understood gender identity as a result of oedipal identifications.[30] This is different from Freud, who did not use the term *gender identity,* and who emphasized the primacy of the "dominant masculine or feminine sexual disposition (in both sexes) that will determine the child's identifications during the oedipal period" (p. 33).[31]

Gsell and Zuericher caution against a view of bisexuality resulting from identifications with the biological gender of the parents. While they acknowledge that identifications during the oedipal period are important, they state that identifications are highly complex psychic processes that can be temporary, and that can serve wish-fulfilling and defensive functions—for example, to deal with the loss of an object.

Children also identify with certain aspects of their parents, not necessarily with their biological gender. It is not tenable to derive the Oedipus complex from bisexuality (i.e., because the child has masculine and feminine strivings, he will desire mother and father), just as it is not tenable to understand bisexuality as a result of identifications with both parents (because the child identifies with both parents, he will show both masculine and feminine strivings).

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[30] See, for example: Stoller, R. J. (1968). *Sex and Gender: On the Development of Masculinity and Femininity.* New York: Science House.

[31] Freud, S. (1923). *The Ego and the Id. S. E.,* 19.

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# THE ANALYST'S HATRED OF ANALYSIS

BY NATHAN KRAVIS

*Analytic work is loved and hated. Both attitudes deserve scrutiny, but the analyst's hatred of analysis, which transcends countertransference responses to individual patients, represents an impediment to gratifying analytic work whose recognition and conceptualization has been resisted. The author suggests that antipathy among analysts toward analysis and the analytic situation is normative and expectable, yet commonly experienced as shameful. He speculates that it is sometimes disavowed and projected. Training institutes might inadvertently foster this sense of shame rather than promote its working through. The recognition that analytic identity functions as both a loving and a persecutory internal object has implications for psychoanalytic education and practice.*

**Keywords:** Hate, love, analytic training, analytic identity, shame, doubt, narcissism, St. Francis, imposture, disavowal, projection, conviction, authority.

> It is not for us, the staid lovers calmed by the possession of a conquered liberty, to condemn without appeal the fierceness of thwarted desire.
>
> —Joseph Conrad (1911, p. 161)

## INTRODUCTION

The provocative title of my paper will suggest to some that I must be fed up with or unsuited for analytic work. In what follows, however, I shall

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argue that hatred of analysis is a normative experience for the working clinical analyst. Legions of analysts have written about the difficulties and special challenges of doing analytic work, but I nevertheless believe that *the analyst's antipathy toward the analytic situation* is an underexamined area in which I might hope to make a contribution.

I think it is safe to say that all analysts have experiences of dragging themselves through a day's work, of feeling tired, bored, distracted, anxious, or depressed about personal life events in ways that cannot be attributed to countertransference reactions to this or that patient. Even analysts who try to tune into and make analytic use of countertransference cannot reasonably ascribe all such lapses to countertransference per se, unless that term is expanded to comprehend countertransference to the analytic situation itself (cf. Parsons 2006) and to the role and identity of being an analyst. The point is not simply that analysts are only human; it is that the reality of being only human clashes with the moral demand system (Rieff 1972) of the analytic situation (i.e., its set of principles and restrictions, interdictions and releases).[1] The byproducts of this clash are shame and feelings of fraudulence.

In this paper, I shall seek to situate this shame in the analyst's experience of his or her analytic identity. In exploring the dimensions of the analyst's shame, I shall argue that, as a community, analysts are at risk for disavowing and projecting shame and doubt about analysis. I will also discuss some epistemological, sociologic, and pedagogic aspects of the analyst's hatred of analysis.

## THE ANALYST'S THWARTED NARCISSISTIC STRIVINGS

Statements by analysts professing love for their work require some unpacking since so much of good analytic work entails deep engagement with painful affect, tolerance of uncertainty and unknowingness, and, in some cases, arduous efforts to reach or sustain connection with people who distance and deaden themselves. This is not to say there can be no nonmasochistic pleasure in doing analysis. Deep gratification and

[1] Rieff (1972) uses the term *moral demand system* to connote the dynamic tension between forms of renunciation and release that he considers constitutive of culture.

pride—perhaps even a hidden sense of heroism—may attend the effort to engage, to bear, to reach, and to help. But in truth, when analytic work is going well, it is the analysand (if anyone) whose labors might be nominated for heroism, with the analyst more in the role of midwife to the analysand's process of self-discovery. The analyst usually allows his or her role to recede quietly into the background whenever possible. The analyst is often self-effacing when working well, tested and humbled when the going is rocky. In other words, good analytic work is often narcissistically depriving.

In describing analytic work as narcissistically depriving, I am thinking primarily of the analyst's human need to feel recognized and contacted. Winnicott (1963) believed that people hate analysis because it threatens to intrude upon the secretly held wish to remain isolated and uncommunicative—what he refers to as a central "incommunicado element" (p. 187) that everyone harbors somewhere deep within his or her being. I believe this wished-for isolation is complemented by the analyst's *professionally imposed* isolation and by the restraint required of the analyst in not waxing loquacious about himself to his patients, or forefronting his needs and desires in their treatments. Stone (1961) speaks of psychoanalysis as a "physically and emotionally inhibited specialty" (p. 82) and describes the analytic situation as a state of "deprivation-in-intimacy" (p. 105). Though he does not dwell on it, the deprivation he has in mind is, of course, bidirectional.

Although analysts may find narcissistic gratification in being loved and needed (Finell 1985), they nevertheless pledge to renounce a basic form of gratification that other therapists and doctors freely enjoy, namely, the unanalyzed idealizations and predications of omniscience or beneficence that patients generally bestow (Cooper 1986). Analysts have to scrutinize not only their envy of their patients, but also their envy of other treaters whose patients shower them with gratitude (Eissler 1974).[2]

Fenichel (1941) noted that "the temptation to *be* a magician is no less than the temptation to have oneself cured by a magician" (p. 12,

[2] Eissler (1974) comments that "the narcissism of the [analytic] practitioner must take far more subordinate place than it does in other professions" (p. 85).

italics added). That this renunciation is communally supported makes it no less of a personal sacrifice, and its breach is a perennial occupational hazard. Fenichel was sufficiently impressed with the self-depriving aspects of being an analyst to condone smoking as a permissible autoerotic activity for the analyst. "In general," he writes, "the continual devotion of attention to the patient imposes upon the analyst so great a damming up of libido that a mild discharge like smoking is more likely than not to be beneficial" (p. 75). Though couched in terms of the libido theory of his day, it is clear that Fenichel refers here to the conditions of narcissistic deprivation—the repudiation not only of magic, but also of the lofty status of wizard—that attend analytic work.

The thwarted narcissistic strivings of analysts are an important feature of the experience of doing analytic work and, as I shall argue below, a significant sociologic aspect of the professional community of analysts. This is the flip side of the narcissistic investment in becoming and being an analyst, a countertransference to one's own identity as an analyst, or, to paraphrase Joseph (1985), a countertransference to the total situation of analyzing.

This is a problem for which there are no easy solutions. Analysts who rigidly eschew idealization are at risk for sinking into another kind of complacency: they might come to see themselves as highly evolved beings who have transcended the pedestrian gratifications of being admired for skill and expertise, and now live on a plane of great humility that has them floating above their narcissistically needy brethren. "But what happens if the analyst himself denies his own human nature—if he denies or suppresses the realities of anxiety, anger, desire, temptation, fatigue, sadness, ill health? Self-effacement, too, can become a form of self-idealization" (Pinsky 2011, p. 368). Such analysts court an illusory selflessness that shades into a form of omnipotence.

It strikes me as improbable that any analyst can claim complete serenity or imperturbable balance with regard to the ineluctable tension between selflessness and pride in doing analytic work. Working at sustaining or regaining this balance seems to be the ordinary fare for clinical analysts. Perhaps this fact of analytic life is more narcissistically injurious to seasoned analysts than to novices, for older analysts are more prone to expect that years of experience will immunize or inure them

to the humbling aspects of their craft. That there is always more to learn about doing it well is a potentially enriching and rewarding aspect of any difficult endeavor, but particularly challenging to analysts is the realization that there is always more to learn about *oneself.*

Here, too, the moral demand system of being an analyst (and its attendant potential for narcissistic injury) is called into play. If self-analysis is endless even for highly experienced analysts (as it must be), then healthy pride will have to attach itself primarily to becoming skilled at accepting one's perpetual need for self-scrutiny, without sinking into the disheartened feeling that the predication of wisdom and expertise eludes those who are most honest about their flaws.[3]

Insofar as clinical analytic work presents nearly limitless possibilities for narcissistic injury to the analyst, one should expect to encounter the mobilization of the full range of narcissistic defenses among analysts, both individually and collectively as a professional community. Before developing this point further, however, I would like to provide some illustrative material.

## AN ILLUSTRATION

In lieu of a clinical vignette, I shall offer an allegorical illustration drawn from the life of a historical figure. Francesco Bernardone was born in 1181 or 1182 in Assisi, Italy. His father was a wealthy cloth merchant. His mother was Provençal and taught him to speak and sing in French. This was the age of chivalry, troubadours, the Cathar heresy, the crusades, and the birth of the language of romantic love (de Rougement 1983). Language, as we know, orders (organizes) experience. In his boyhood, young Francesco dreamed of becoming a heroic knight who would perform dazzling feats of bravery and be adored and celebrated by everyone. Then for a while he was a playboy, a rich man's indulged and decadent son.

A regional conflict in 1204 formed the pretext for an excursion into the unholy world of soldiering and plundering. Francesco enlisted with the forces of a nobleman, and his family had him outfitted in an im-

[3] This is my understanding of what Guillaumin (1990) means by alluding to the necessity for the analyst to preserve a vital "internal depressive space" (p. 165).

maculate suit of armor, crafted of steel and decorated with gold. They provided him with a fine horse, splendidly festooned, and a squire to accompany him and carry his shield. The expense was prodigal (J. Green 1985). Yet within days of his spectacular embarkation, he was seized with doubt. He gave away his magnificent gold-embroidered cloak to a ruined knight he encountered on the road. In Spoleto, he had dreams and visions telling him to abandon his pursuit of military glory and fortune and to serve God instead. The first great ordeal of his life was to face the humiliation of returning to Assisi untested in battle and empty-handed after such an extravagant send-off (Moorman 1976).

There followed a transitional period in which Francesco lived a double life. He began to step outside his profligate son imago and to dip his toe into what we would now call community service. He became a sort of weekend mendicant; that is, he started to travel outside Assisi, doffing the expensive clothing lavished upon him by his father, and doing good deeds, aiding the poor. He went briefly to Rome, where he gave away all the money in his purse and exchanged clothes with a beggar.

Soon the tension between affluence and service grew unbearable. The beggars and lepers in his hometown were no longer invisible to him. Without permission, he took some of his father's most expensive cloth to sell in the market and donated the proceeds to help rebuild a ruined church on the outskirts of town. Father and son quarreled, and when his father brought a case against him before the bishop, demanding restitution for the stolen cloth, Francesco famously defrocked himself in public, stood naked in front of (one imagines) a gasping assemblage, declaring himself no longer his father's son. He vowed to live a life of poverty and to obey only God. And so in 1206 began the ministry of St. Francis of Assisi.

He channeled his boyhood grandiosity into the determination that his knightly feats would be to embrace the leper and succor the sick. Renouncing erotic pleasure in favor of a higher love, he took "Lady Poverty" as his spiritual wife (Erikson 1970). Rather than viewing destitution as the outcome of misfortune or weakness, he came to see poverty as "the handmaid of Christ" (Moorman 1976, p. 7), the proverbial distressed lady in need of rescue.

In making poverty his "Lady," St. Francis was effecting a transformation of his boyhood wish to become a feted heroic knight (Cataldo 2007; de Rougement 1983; Erikson 1970). With the same zeal he had once displayed for partying, he thrust himself into a life of penury and mendicancy. His life became an *imitatio Christi* (Moorman 1976). Humility, Poverty, Simplicity, and Prayer became the four pillars of Franciscan faith.

A fresco painted by Giotto in the lower church of the Basilica of St. Francis in Assisi depicts the saint's allegorical marriage to Lady Poverty; see Figure 1 on the following page.

The pertinence of this narrative centers upon the effort to tame narcissistic strivings and bend them to a higher purpose. This is what analysts must try to do. But this effort is fraught with peril, as the life of St. Francis illustrates. For upon his embrace of Lady Poverty, he initially fell into a period of *ostentatious* filthiness and decrepitude. One of his biographers writes of his "extravagant humility" and "conspicuous sanctity" (Erikson 1970, p. 33). The "pride of piety" often mirrors the "pride of possession" (Erikson 1970, p. 78).

St. Francis was ultimately brought to the humbling recognition that poverty had become for him a point of pride, and soon he was obliged to spread the word among his growing league of followers that indigence, even if chosen, is not in itself ennobling. Do-gooders need to be housed and fed and clothed. The good graces of the most devout community will be sorely tested by a horde of mendicants who insist on being poor. The balance between moral courage, personal sacrifice, healthy pride, and the hidden grandiosity of martyrdom to a cause is rarely easily navigated.

For saints as well as for analysts, the struggle to tame pride and temper the urge to traffic in idealizations is lifelong. Well into his ministry of humility, in the year 1219, St. Francis hit upon the outlandish notion of traveling to Damietta on the Nile delta to personally convert Malik al-Kamil (1180–1238), the sultan of Egypt and leader of Muslim North Africa, to Christianity. Even if judged by the standards of conduct of other saints and martyrs, this scheme takes grandiosity and arrogance to impressive heights. This was during the siege of Damietta in the Fifth Crusade, when the sultan had promised a gold coin for the head of any decapitated Christian. Perhaps St. Francis sought martyrdom. According

FIGURE 1: Detail of Giotto's "The Allegory of Poverty" (c. 1330)

to legend, he escaped with his life only because the sultan admired his pluck (J. Green 1985).

Within St. Francis's lifetime, a rift developed between the charismatic leader and many of his followers. He was strictly against possessions, even books, whereas many Franciscans wanted to be learned like the monks of other orders (Erikson 1970; J. Green 1985; Moorman 1976). Eventually, the Franciscans defied St. Francis, much as he had defied his father except with the values reversed. Over his stalwart opposition, they insisted on building monasteries with great libraries and beautiful chapels and churches. They prevailed. As Erikson (1970) writes, "In their blundering way those who loved him continued after his death to build monuments to his memory which negate all he taught" (p. 81).

A cautionary tale for psychoanalysts! There is such a thing as overkill in the taming of narcissism. St. Francis's proscription of book ownership is a case in point. Much as happened with Freud, whose keen insights into oedipal dynamics did not appreciably augment his tolerance

of dissenting views among his loyal sons (e.g., Adler, Rank, Ferenczi), St. Francis's doctrine of humility did not inhibit him from wielding a despotically anti-intellectual attitude toward reading and studying as legitimate ways of deepening faith and spirituality. St. Francis viewed books as gateway drugs. They lead to scholarliness, which in turn leads inexorably to pride and addiction to the approbation of others.

This was a battle he was destined to lose. As one biographer notes, "Within fifty years of Francis's death the Friars Minor had become the most learned body of men in the world, but this development was entirely opposed to the original wishes of the saint" (Moorman 1976, p. 29). It was onerous to ask his followers to embrace poverty, but tyrannical to demand of the educated among them to shed their healthy narcissistic strivings along with their material wealth. The requirement to forsake the life of the mind in pursuit of a higher cause today sounds eerily cultish and totalitarian. And it shows how all heretical or radical movements, including psychoanalysis, create their own dogma and orthodoxy, suppressing creativity and critical thinking in the interests of consolidation and cohesion.

St. Francis was not by predilection an organizational leader. And, like Freud, he feared the dilution of a radical and societally unwelcome doctrine when faced with the prospect of popularization and inevitable bureaucratization. As St. Francis began to attract adherents, he accrued the same kinds of problems that beset any new charismatic leader. He felt that the Christians of his day were disregarding what was truly radical in the teachings of Christ—much as Lacan, as well as A. Green (2005), thought that analysts had lost hold of the radical Freud.

Freud was configured by some as a guru of sexual liberation preaching a gospel of libido (Rieff 1966, 1979). Likewise, some of St. Francis's admirers have wanted to see him as the originator of a "social gospel" of love for one's fellow beings (extending to love for animals and nature itself) and conscientiousness about the plight of the poor and the sick (Moorman 1976). This is reflected in popular depictions of St. Francis standing among or preaching to animals (Moorman 1976). But this is a tame rereading of his teachings, which were, like those of Jesus, much more radical and subversive. St. Francis wanted his followers to understand that *nothing* they had been brought up to value—money, career,

love, marriage, family, or even health—really matters. All that matters is God, and the sole path to God is a literal reading and contemplation of the teachings of Christ; everything else has no real purpose. Self-abnegation and obedience to the will of God, *not* love and compassion, were his primary concerns. He insisted upon the renunciation of money, property, and status in society; kinship with the beggar and the leper followed secondarily from these vows.

When pressed by papal authority to codify the mission of his new order and its rules of membership and conduct, he therefore chose to emphasize some of Jesus's most astonishing and bitter words: "If anyone comes to me and does not hate his father and mother, wife and children, brothers and sisters, even his own life, he cannot be a disciple of mine" (Luke 14:26). The path toward the love of God is through hatred of earthly pleasures and repudiation of conventional social ties and bonds.

I submit that this creed was both inspirational and unsustainable. It aptly conveys some of St. Francis's core values and beliefs, yet it also sowed the seeds of power struggles and schism within the Franciscan movement. The sad ending to this hagiography is that, within his lifetime, St. Francis was dismissed, deposed by his brethren—marginalized within the order he founded (J. Green 1985; Moorman 1976). His beatification was a foregone conclusion, but he died an oddity if not quite an outcast, stripped naked once again, shorn of his leadership, superseded in his vision of who and what being a Franciscan stood for.

Freud's legacy has been similarly contested. To consolidate the movement and the guild, his ideas underwent a process of codification and systematization that he himself resisted. And the authority to delineate the margins of psychoanalytic discourse, and to decide who is or is not a psychoanalyst, remains a matter of bitter controversy (Blass 2010[4]).

The move to completely extinguish narcissistic gratification en route to redemption has proven untenable over and over again. The story of St. Francis illustrates how an excessive idealization of humility points the way toward masochistic submission, sadistically harsh interdictions of healthy narcissistic strivings, and forays into rebound grandiosity. Re-

[4] See also the four sharply dissenting letters and Blass's response in the *International Journal of Psychoanalysis*, 2010:1279-1287.

turning to what I noted earlier about analysts who cloak their omnipotent strivings in the mantle of unflagging selflessness, I would add that analysts whose heroism takes the form of an espousal of a nonauthoritarian, completely egalitarian analytic persona, totally free of anxiety over the inevitable exposure of their imperfections, may end up in the same boat as those analysts who betray a belief in their own omniscience; both groups are possibly defending against narcissistic injury and shame in ways that may eventuate in chronic, sequestered feelings of falseness and imposture.

## THE ANALYST'S SHAME AND IMPOSTURE

Writing in 1955, Helene Deutsch commented that "ever since I became interested in the impostor he pursues me everywhere. I find him among my friends and acquaintances, as well as in myself" (p. 503).

Everyone suffers at times from feelings of imposture (Deutsch 1955; Greenacre 1958), but analysts' feelings of imposture are amplified by their professionally instilled recognition of how far short they fall from the ideal of being paragons of mental health. They cannot but be all too keenly aware of the embarrassing ways in which their love affairs, marriages, divorces, relationships with their children, and dealings with their colleagues reflect their own character flaws. Analysts can only hear the injunction "Physician heal thyself" as an ironical reminder of the extent to which unhealed healers ply their trade, ever mindful of how incomplete healing actually is.

Several writers have observed that analysts are often able to bring an ideal self (or at least a better one) to their work with patients (Cooper 1986; Hoffman 1998; Schafer 1983). But the analyst's ideal self is complemented by a slothful self, a self of lassitude and passivity. For how can an analyst, with all his or her wonderful "negative capability" (Keats 1817, pp. 491-492), escape the feeling that he or she is lazy?

Analysts steer a course between omniscience and complacency (Goldberg and Grusky 2004). Even as they proclaim the richness of analytic work, analysts may feel yoked to the heavy till of a Herculean labor that is only fitfully rewarding and sometimes sadly unrewarding (Cooper 1986; Greenacre 1966). Zealots who idealize or tirelessly promote psy-

choanalysis are at risk for taking "Lady Analysis" (or, if one prefers, the dashing "Duke of Analysis") as their spiritual spouse. These are the analysts who live and breathe psychoanalysis and who have developed no real interests or pursuits outside analysis. Their engagement with psychoanalysis is best characterized as *devotional*. Some may appear personally modest while retaining an unshakable faith in "the almost divine power of analysis" (Greenacre 1966, p. 760). For such analysts, analysis itself has become an idealized, narcissistic internal object (Caper 1997), as Lady Poverty was for St. Francis.

But even analysts with a better modulated internalization of psychoanalysis are susceptible to experiencing their analytic identity at times as punitive and shame-inducing. Ehrlich (2010) writes of "our confusion and shame at not understanding a patient at any given moment" and "our shame about the limitations of our skills and our method" (p. 517). In ways that do not necessarily reflect inexperience or personal idiosyncrasy, analysts are apt to experience themselves as repeatedly caught up in projective identifications and enactments that engender feelings of shame, guilt, and self-doubt (Feldman 2009; Goldberg and Grusky 2004).

The analyst (qua analyst) cannot even totally believe in himself as a good person; he must guard against lapsing into a casual friendliness to avoid inhibiting or squelching negative transference, and he must tolerate the stress, sometimes prolonged, of being a bad object in the transference (as emphasized by Caper in Sugarman 2000). The necessary eschewal of the gratification of being perceived as a loving, good object constitutes a taxing professional strain, particularly when the surrounding cultural climate is skeptical about or hostile to long, intensive treatments.

This strain is exacerbated by the fact that analysts in the United States practice relatively little analysis (Cherry et al. 2004). This is largely true even among analysts who attend analytic meetings, teach and supervise analytic candidates, and identify strongly with the profession. Many who undergo analytic training do so anticipating that even their practice of psychoanalytic psychotherapy will be limited. This is not imposture in any ethical sense, but it opens the analytic community to endemic feelings of fraudulence.

The findings of Cherry et al. (2004) and Cherry, Wininger, and Roose (2009) suggest that most people who identify strongly with analytic precepts and some sort of psychoanalytic theory of mind do so in the face of limited clinical experience in conducting analyses. They may, like academics, apply their analytic understanding to a variety of extra-clinical interests. At the same time, however, they may feel vulnerable to shame about the degree to which the actual practice of analysis occupies a diminished (or non-existent) role in their lives as clinicians.

## THE BELOVED AND PERSECUTORY ANALYTIC ATTITUDE

"Lady Analysis"—or, to put it differently, the analyst's internalized notion of the analytic attitude (Schafer 1983)—is both a loved, stabilizing object (Caper 1997) and a hated, persecutory internal object. The concept of the analytic attitude (Schafer 1983) encodes a set of crucially anchoring ideals, but in truth, neither analysand nor analyst can claim to be stably and consistently available for deep analytic engagement. Both parties experience significant flux in their availability for analytic work. Like an idealization of psychoanalysis itself, an idealized sense of an analyst's availability for analytic work promotes either a masochistic or narcissistic engagement with analysis on the part of the analyst (Cooper 1986; Guillaumin 1990). Such developments are comprehended by Guillaumin's concept of the "negative professional reactions" of analysts (p. 177).

To some extent, analysts carry the fractured identity of heroic do-gooders[5] who contain and interpret painful affective states that others cannot, *and* charmers who purvey disappointment and lack. They are at once mavericks with subversive messages about sexuality and aggression, *and* they are moralists (Rieff 1979) with conservative messages about intimacy, autonomy, responsibility, and realistic self-acceptance. Analysts are uniquely positioned to help people understand human aggression, yet in some respects the analyst cuts the figure of the naïf, the ivory-tower softy who cleaves to the foolishly optimistic belief that people can

[5] "Do-gooder" sounds pejorative but is intended to refer to an aspect of analytic identity: the nexus of trying to help and wishing to be loved for trying.

change simply by talking, while the rest of the world knows itself to be "red in tooth and claw" (Tennyson 1850, p. 339)—violent, and heartless.

Moreover, "Lady Analysis" is an exacting lover. Analysts tend to feel they're not doing it right, not doing "proper" analysis (Kite 2008). Hatred of analysis includes hating it for the demands it places on us (Coen, unpublished)—particularly the need to contain ourselves (Rees 2012)—and for the narcissistic vulnerability it exposes in us (Chused, unpublished). Analysts know that they should not allow themselves to be beguiled by the illusory belief that "countertransference will succeed where less calculated loves have failed" (Rieff 1966, p. 11), or (to put it in more contemporary terms) let themselves hope that the provision even of a well-boundaried intimacy will in and of itself be healing.

Yet an overly austere repudiation of the wish to be perceived as loving can lead to detachment and disengagement, a retreat into the narcissistic defense of withdrawal and self-sufficiency, which may in turn occasion the kinds of self-reproaches that, as Cooper (1986) observes, "are translated into projected aggression against the analytic work" (p. 593). Analysts who harness themselves to the myth of the ideally analyzed analyst will sooner or later chafe at the bit. They might eventually turn against psychoanalysis, devaluing "Lady Analysis" with the same fervor with which they once embraced her.

## NARCISSISTIC RAGE, DISAVOWAL, AND PROJECTION IN THE ANALYTIC COMMUNITY

When analytic identity is experienced as a persecutory object, one can expect the acting out by analysts of doubt, shame, envy, and narcissistic rage. Faulting the patient can make an analyst feel less ashamed of his or her helplessness (Friedman 2008), but shame can also be projected onto students, colleagues, or the uncomprehending, unappreciative world surrounding the consulting room.

The spillage of stifled narcissistic strivings into the arena of professional organizations and societies, where discourse is known to sometimes grow shrill, is readily apparent (Greenacre 1966). Even if not always perfectly maintained, sexual boundaries are well understood.

> The same is not true, however, for the expression of narcissistic needs, of the frustrated exhibitionism of the "silent" analyst behind the couch . . . . Dissociated sadistic needs, usually well controlled in dyadic and triadic relationships, are often acted out in social organizations, and psychoanalytic institutes provide special channels for narcissistic gratification and injury. [Kernberg 1986, p. 823]

Splits that are relatively well contained in the consulting room may be enacted in institute or organizational politics, which offer convenient outlets "for grandiosity, exhibitionism, and desires for power and control" (Finell 1985, p. 434). Whether in the setting of institute classrooms or professional meetings, this phenomenon is reflected in the lack of safety analysts sometimes feel in presenting their clinical work to each other (Finell 1985).

Unlike in an earlier, more authoritarian and dogmatic era, analysts today are constantly barraged with news of their putative obsolescence. It seems that American analysts have grown increasingly concerned about the public's perceptions of psychoanalysis, which are generally felt to be hostile. Analysts talk among themselves (and in their professional meetings give papers and panel discussions to each other) about the depiction of psychoanalysis in the media. I believe that, collectively, we have grown pricklier rather than more inured to derision. Positive or merely neutral depictions of psychotherapists in films and television shows are wildly celebrated, and awards are bestowed by the American Psychoanalytic Association upon actors simply for portraying characters who manage to refrain from having sex with their patients,[6] making analysts seem all the more craven in the pursuit of public approval to shore up their faltering self-esteem.

My point here is to conjecture that, to some extent, we project our doubts about and hatred of our work. This echoes the siege mentality of the earliest days of psychoanalysis and the accompanying notion that it

[6] Actress Lorraine Bracco of "The Sopranos" received an Artistic Achievement Award from the American Psychoanalytic Association for her portrayal of Dr. Jennifer Melfi. At the same time (2001), two of the show's writers and producers received the American Psychoanalytic Association's Award for Artistic Depiction of Psychoanalysis and Psychotherapy at a symposium entitled "Psychotherapy in 'The Sopranos.'"

is, or ought to be, a movement (Freud 1914). For Freud, hostility toward psychoanalysis was simultaneously an emblem of his personal courage and evidence of its truth. Insofar as analysts today are more thin-skinned, and insofar as concern about the waning popularity of psychoanalysis as a treatment modality touches on analysts' pride as well as on their realistic and pragmatic anxieties about their economic survival, public perception of psychoanalysis (bearing in mind that the public perception of anything is a somewhat nebulous construct that can itself be endlessly disputed) represents yet another possible source of narcissistic injury for analysts.

Historically speaking, a more authoritarian, topographically driven, one-person psychology version of psychoanalysis allowed for greater narcissistic investment on the part of the analyst in his or her analytic identity. Analysts could then feel less in doubt about their expertise. Since then, as analysts have become better attuned to the relational aspects of analytic work, and as ego psychologists have focused increasingly on the analytic surface, authoritative knowledge has seemed to be less and less the province of analysts, and as authoritative knowledge has waned, the pride that attends its possession has become unavailable to practitioners.

The postmodern derogation of authoritative knowledge and the suspicion of knowingness have become conflated, even though they are not the same.[7] The warranted suspicion of claims to authoritative knowledge can glibly morph into the unwarranted suspicion of *all* knowledge claims. As a result, the loss of authoritative knowledge has been accompanied in some quarters by an insidious trashing of what we *do* know.

We know, for example, how hard it is to change. And we know how to try to catalyze a change process without pushing too hard for it. And, at least in theory, we know of our own susceptibility to having recourse to narcissistic defenses in the face of narcissistic injury (Kravis 2009). Nevertheless, as Ehrlich (2010) states, "many analysts have swung from an earlier tendency to idealize analysis to its polar opposite, a tendency to devalue it . . . as too expensive, too impractical, too uncertain an outcome" (p. 531).

Freud (1905, 1909, 1927) prized epistemophilia as the highest sublimation of the sexual drive, but nowadays all the sexiness has been

[7] This is a topic I have explored in greater detail elsewhere (Kravis 2006).

drained from knowingness, and erudition is commonly disparaged as an elitist quest for omnipotence. The new episteme celebrates uncertainty and indeterminateness as an egalitarian cause or democratic value; it views knowingness skeptically if not cynically, promoting a subculture in which new ideas are seen as pathologically grandiose or epistemologically naive (Govrin 2006). This is another sense in which a professional community can become intellectually impoverished or riven by the too-vigorous suppression or proscription of narcissistic strivings (as was illustrated by St. Francis's attempt to ban book ownership among the Friars Minor).

As Kernberg (1986) states, "To represent reason and rationality behind the couch is one thing; to avoid the expression of frustrated, dissociated, repressed, or projected narcissistic and aggressive impulses in the court of organizational interactions is another" (pp. 822-823). Perhaps this helps explain why psychoanalysts tend to form professional communities, both locally and nationally, composed of kind, caring souls who often feel contempt for one another.

## THE CANDIDATE-ANALYST'S CONVICTION

Analysts, especially in their roles as teachers and supervisors, advocate conviction about analysis. But in their hearts, as analysts, they most admire "negative capability" and feel wary of conviction. In educational settings, fiercely held conviction about the potency and efficacy of psychoanalysis often masks and defends against the shame collectively felt about the dearth of empirical evidence supporting the recommendation of psychoanalysis as the treatment of choice for specific patients. Relative to shorter treatments (psychopharmacology, cognitive-behavioral therapy, dialectical-behavioral therapy, etc.), psychoanalysis has conspicuously lagged in published research on efficacy.

Both efficacy and specificity are largely unproven. The frequency of sessions and the use of the couch are unstudied, yet institutes accredited by the American Psychoanalytic Association are obliged to insist upon specific requirements for both. Clinical tradition and personal experience are its only supports. These are worthy and important sources of knowledge, but they do not have the same standing as empirically validated research findings. Nevertheless, lack of conviction is frequently

diagnosed in candidates who evince uncertainty or ambivalence about recommending psychoanalysis to patients, or who in the eyes of institute authorities appear reluctant to immerse themselves in analytic casework.

This amounts to a projection by faculty onto candidates of feelings of fraudulence about rules and standards that lack empirical support. This is not an argument about standards. I do not advocate an easing of requirements. The actual rules and requirements are not my concern here. My focus is on the inner experience of the analyst, and my point is that analyst-educators are stuck standing on one leg—that of tradition. This puts them in the position of being a professional community with an anti-authoritarian doctrine that nevertheless clings to the authority of precedent and received tradition (a form of parental authority).

Again, I am not *against* parental authority. I am interested here only in the peculiar position of the analyst-educator who inculcates skepticism (or at least curiosity) about doing something simply because that is the way the parental generation did or does it, while at the same time promulgating rules of procedure that enforce obeisance to received tradition and parental authority. I think this stance engenders feelings of shame that are sometimes dealt with by projection, such that it is trainees who are designated as lacking—lacking in conviction. In other words, candidates may become carriers of the faculty's projected doubts about analysis.

Obviously, candidates contend with their own issues of narcissistic injury, shame, and doubt. They, too, can be caught up in enactments of narcissistic rage. The candidate-analyst's hatred of analysis is complicated by being in the situation of doubting the wisdom of a relatively recently chosen career path that threatens to swallow him up or beat him down. Idealization of analysis or of one's training analyst, along with the fantasied creation of narcissistic lineages (Guillaumin 1990), jostles uncomfortably with hated and persecutory experiences of classes, supervision, progression, and one's own analysis.

In discussing these issues with candidates, I have heard several comment on the bind in which they find themselves when it comes to recommending psychoanalysis to patients, especially for the first time. They often report feeling as though they are courting and seducing patients into a marital relationship, with all the attendant anxiety and ambiva-

lence about whether or not the commitment will end well for either or both parties. As one candidate put it, "It's like asking someone to marry you for five or ten years." Another said: "You have to borrow the conviction of others." "It's like proselytizing," commented a third.

The feeling candidates have that "I need them [analysands] more than they need me" is another source of narcissistic injury. Some candidates report feeling guilty when their recommendation of psychoanalysis is declined. They describe the sheepish feeling that their own lack of conviction was subtly transmitted and decisively determined the patient's refusal.

Fraudulence can be felt by a novice in any field, but candidate-analysts are already trained clinicians, so (as one candidate remarked) to be reassaulted by shame and doubt is doubly infantilizing. This feeling is compounded by the sense described by some candidates that, while analytic training is rigorous and demanding, there is no test or standard of achievement that cannot be potentially finessed by interpersonal skills and allegiances; any savvy candidate knows that it is part of his or her job to "give them what they want" ("they" meaning supervisors, instructors, and institute authorities).

At the same time, candidates' idealizations of analysis are supported by the wish to feel that the expense and effort of analytic training will be repaid by gaining admittance into an august circle of omniscient cognoscenti. Tsolas (2008) writes of the candidate's "excessive wish to belong to an imagined elite group of exceptional people. The wish can lead to silence . . . in order to avoid the embarrassment of exposing one's limitations" (p. 34).

As educators, we hope that candidates seek analytic training because they anticipate finding it deeply interesting and challenging. But we ought not to expect them to possess great conviction about its efficacy. Especially in early stages of training, as Kernberg (1986) comments, "much work on oneself and with patients has to be carried out without any immediate evidence of the specific effectiveness of that work" (p. 828). Why should candidates have any great confidence in analysis?

Why, for that matter, should analysts? Most analysts will not conduct a sufficient number of analyses in a lifetime to garner an impressive amount of firsthand experience of therapeutic efficacy. Perhaps a more

reasonable expectation would be that graduate analysts will have had more opportunity to develop a thoughtful engagement with the analytic community's anxieties and tribulations around the issues of efficacy and long-term outcome. One might expect, in other words, that practicing analysts will negotiate some degree of equanimity about the uncertainties surrounding the treatment modality that most fascinates and baffles them.

Cooper (1986) wrote that the "paucity of reliable research data" constitutes a significant strain on morale and tends to "erode our confidence and enthusiasm" (pp. 586-587). Yet it is precisely *because of* the relative absence of data that we need strong beliefs and convictions to sustain us and to keep alive a necessary modicum of hopefulness and confidence in what we have to offer, even though, doctrinally, we demand of ourselves a suspicious attitude toward belief and conviction. Ehrlich (2010) writes of this paradox, noting that "unless we believe we can be helpful, we cannot engage optimistically in an analytic process. Yet we cannot know if we will be helpful until an analysis ends (and sometimes not even then)" (p. 517).

Cooper (1986) advocates maintaining a dialectical tension between "therapeutic fervor" and "therapeutic distance" (p. 596). He makes a useful distinction between the expectable day-to-day fluxes in the analyst's capacity to engage pleasurably and creatively in analytic work, as opposed to an analyst's *chronic* boredom or unremitting experience of analysis as unrewarding.

A commonly held, sadomasochistically tinged fantasy about research is that it is going to either save or destroy psychoanalysis (Gerber 2012). Research on process, outcome, and efficacy is a form of scientific activity. It is badly needed. But it is not, per se, an antidote for shame. We need more research, but we also need less defensiveness about the ambivalence of doing analytic work. I am arguing for a less shame-driven and defensive engagement with the narcissistic vicissitudes of being an analyst.

## CONCLUSION: ENTHUSIASM AND DOUBT

Have I played loose and fast with the terms *love* and *hate*? These are complicated words, to be sure, especially when we try to say what they

mean with respect to relations between two people. But in the realm of nonromantic pursuits, their commonsense stipulations seem to suffice. Professed love of analysis ought to admit of ambivalence, and declarations of love couched in the language of passion raise their own questions of excess (de Rougement 1983). Common parlance endorses such designations as "passionate educator" or "dedicated doctor."

We accept that trying to become good at doing something difficult entails perseverance and dedication, but devotional expressions of enthusiasm for analytic work can sometimes sound unhinged. I regard enthusiasm and doubt about psychoanalysis as proxies for hate and love at least as often as they are proxies for love and hate. Indeed, I argue that ardent lovers of "Lady Analysis" may use passion to ward off doubt, disappointment, and shame.

Analysts tend to need to experience the analyses they conduct as heroic ordeals, and often structure their case presentations as epic narratives of patience and endurance. There is nothing wrong with this. Without some measure of sublimated grandiosity, analysts would be totally adrift in a sea of masochism. Therapeutic heroism is not per se pathognomonic of suppressed narcissistic rage—unless it hardens into an omnipresent distortion of the analytic attitude applied inflexibly by the analyst to every clinical encounter.

Some analysts speak of analytic work with a kind of spiritual rapture. There is certainly a place for pleasure and pride in the triumphs of analytic work, as long as there is room also for feeling sick and tired of it, exhausted or bored by it, frustrated and disappointed with it. A professional community that experiences itself as culturally and/or economically besieged is at risk for limiting the range of affective experiences it can countenance among its practitioners and trainees.

Freud notoriously roiled his critics by proclaiming all opposition to psychoanalysis "resistance." It is easy, from our safe remove, to mock Freud's siege mentality, his exalted *soi-disant* rebelliousness in declaring himself the author of a doctrine that represents a narcissistic affront to the world and arouses universal antipathy. And it is easy to look back upon the doctrinal skirmishes of the early days of psychoanalysis with "a smile of pity" (Breuer and Freud 1895, p. 105n). But would we be right in thinking of ourselves, in this smug vein of historicizing, as immune

from the antipathy toward analysis that Freud described? I think not. Rather, I believe that analysts are apt to resist recognition of their own ambivalence about analysis.

The analyst's analytic identity can function as both a rewarding and a persecutory object, just as the ideals of poverty and humility functioned for St. Francis. Disavowal or projection of this fractured aspect of analytic identity threatens to erode enjoyment of analytic work and can eventuate in internal impasses of chronic boredom or omniscience. The analytic community does itself a disservice in resisting recognition of this occupational hazard.

My epigraph from Conrad's *Under Western Eyes* (1911) was chosen to suggest that analysts are staid lovers of a conquered liberty, in that there is safety and comfort for the analyst in the restrictions and constraints of the analytic situation, just as there are deprivations and temptations. Analysts are valiant do-gooders who proffer love, compassion, hope, and intimate engagement. The problem is not that they do so for a fee; the problem is that they know they are called to a higher form of love, a love that admits of rage, hate, separation, and disappointment—for both parties. What is true of the ambivalent love analyst and analysand feel for each other pertains equally to their love for "Lady Analysis." In order for "Lady Analysis" to be able to serve the analyst as a stabilizing internal object, she has to be both loved and hated (Steiner 2000). Is *hate* too strong a word? I maintain that one cannot love analysis without also hating it because, as Mitchell (2002) wisely observed, "The capacity to love over time entails the capacity to tolerate and repair hatred" (p. 144).

As for the fierceness of thwarted desire, I have contended that its leakage into the arena of professional and institutional politics, sometimes erupting explosively in dealings between analysts, is a predictable displacement of the narcissistic rage that attends unintegrated hatred and unmetabolized shame and self-doubt felt by analysts about being analysts.

The acknowledgment that some degree of antipathy toward analytic work is a normal and expectable part of being an analyst carries with it a few simple clinical and educational implications:

- In particular, expressions of candidate ambivalence about psychoanalysis ought not to be pathologized, with the candi-

date reflexively referred back by supervisors and classroom teachers for further personal analysis. Instead, such expressions should be viewed as a chance to open a conversation about the doubts and strains peculiar to analytic work and identity.

- Not only failed cases but *all* cases present opportunities to examine this ambivalence, but this can be constructively pursued only if blame and shame are mitigated.

- Experienced analysts should acknowledge shameful feelings of fraudulence and doubt; these are normative and should be turned to pedagogic account.

In a bygone era of a regnant orthodoxy, psychoanalysis was afflicted with a fraudulent piety. The present danger takes more the form of poorly integrated feelings of love, pride, disappointment, and hate, signaled by the disavowal or projection of shame-infused self-doubt.

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REFERENCES

Blass, R. B. (2010). Affirming "That's not psycho-analysis!" On the value of the politically incorrect act of attempting to define the limits of our field. *Int. J. Psychoanal.,* 91:81-89.

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

Caper, R. (1997). A mind of one's own. *Int. J. Psychoanal.,* 78:265-278.

Cataldo, L. M. (2007). Religious experience and the transformation of narcissism: Kohutian theory and the life of St. Francis of Assisi. *J. Religious Health,* 46:527-540.

Cherry, S., Cabaniss, D. L., Forand, N., Haywood, D. & Roose, S. P. (2004). Psychoanalytic practice in the early postgraduate years. *J. Amer. Psychoanal. Assn.,* 52:851-871.

Cherry, S., Wininger, L. & Roose, S. P. (2009). A prospective study of career development and analytic practice: the first five years. *J. Amer. Psychoanal. Assn.,* 57:703-720.

Chused, J. F. (2012). The analyst's narcissism. *J. Amer. Psychoanal. Assn.,* 60:899-915.

Coen, S. (unpublished). The analyst's superego at work. Paper presented at Amer. Psychoanal. Assn. Meeting, New York, January 14.

Conrad, J. (1911). *Under Western Eyes: A Novel.* New York/London: Harper & Bros.

Cooper, A. M. (1986). Some limitations on therapeutic effectiveness: the "burnout syndrome" in psychoanalysis. *Psychoanal. Q.,* 55:576-598.

de Rougement, D. (1983). *Love in the Western World.* Princeton, NJ: Princeton Univ. Press.

Deutsch, H. (1955). The impostor: contribution to ego psychology of a type of psychopath. *Psychoanal. Q.,* 24:483-505.

Ehrlich, L. T. (2010). The analyst's ambivalence about continuing and deepening an analysis. *J. Amer. Psychoanal. Assn.,* 58:515-532.

Eissler, K. R. (1974). On some theoretical and technical problems regarding the payment of fees for psychoanalytic treatment. *Int. Rev. Psychoanal.,* 1:73-101.

Erikson, J. M. (1970). *Saint Francis et His Four Ladies.* New York: Norton.

Feldman, M. (2009). *Doubt, Conviction and the Analytic Process: Selected Papers of Michael Feldman,* ed. B. Joseph. London: Routledge.

Fenichel, O. (1941). *Problems of Psychoanalytic Technique,* trans. D. Brunswick. New York: Psychoanalytic Quarterly.

Finell, J. S. (1985). Narcissistic problems in analysts. *Int. J. Psychoanal.,* 66:433-445.

Freud, S. (1905). *Three Essays on the Theory of Sexuality. S. E.,* 7.

——— (1909). Notes upon a case of obsessional neurosis. *S. E.,* 10.

——— (1914). On the history of the psycho-analytic movement. *S. E.,* 14.

——— (1927). *The Future of an Illusion. S. E.,* 21.

Friedman, L. (2008). Is there life after enactment? The idea of a patient's proper work. *J. Amer. Psychoanal. Assn.,* 56:431-453.

Gerber, A. J. (2012). Commentary: neurobiology of psychotherapy—state of the art and future directions. In *Psychodynamic Psychotherapy Research: Evidence-Based Practice and Practice-Based Evidence,* ed. R. A. Levy, J. S. Ablon & H. Kächele. New York: Humana Press.

Goldberg, S. & Grusky, Z. (2004). The dark side of analytic conviction: impasses of omniscience and complacency. *J. Amer. Psychoanal. Assn.,* 52:1095-1125.

Govrin, A. (2006). The dilemma of contemporary psychoanalysis: toward a "knowing" post-postmodernism. *J. Amer. Psychoanal. Assn.,* 54:507-535.

Green, A. (2005). The illusion of *common ground* and mythical pluralism. *Int. J. Psychoanal.,* 86:627-632.

Green, J. (1985). *God's Fool: The Life and Times of Francis of Assisi,* trans. P. Heinegg. New York: Harper Collins.

Greenacre, P. (1958). The impostor. *Psychoanal. Q.,* 27:359-382.

——— (1966). Problems of over-idealization of the analyst and of analysis. In *Emotional Growth: Psychoanalytic Studies of the Gifted and a Great Variety of Other Individuals, Vol. 2.* New York: Int. Univ. Press, 1971, pp. 743-761.

Guillaumin, J. (1990). The psychic envelopes of the psychoanalyst: some suggestions for applying the theory of psychic envelopes to the study of the psychoanalyst's functioning. In *Psychic Envelopes,* ed. D. Anzieu. London: Karnac.

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

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

Keats, J. (1817). Letter to George and Tom Keats. In *Complete Poems and Selected Letters of John Keats.* New York: Modern Library, 2001.

Kernberg, O. F. (1986). Institutional problems of psychoanalytic education. *J. Amer. Psychoanal. Assn.,* 34:799-834.

Kite, J. V. (2008). Ideas of influence: the impact of the analyst's character on the analysis. *Psychoanal. Q.,* 77:1075-1104.

Kravis, N. (2006). Friedman's corpus since his *Anatomy:* A psychoanalytic odyssey. *J. Amer. Psychoanal. Assn.,* 54:945-976.

——— (2009). Narcissistic injury and narcissistic defenses. In *Approach to the Psychiatric Patient: Case-Based Essays,* ed. J. W. Barnhill. Washington, DC: Amer. Psychiatric Publishing, pp. 393-398.

Mitchell, S. A. (2002). *Can Love Last? The Fate of Romance over Time.* New York: Norton.

Moorman, J. R. H. (1976). *Saint Francis of Assisi.* Chicago, IL: Franciscan Herald Press.

Parsons, M. (2006). The analyst's countertransference to the psychoanalytic process. *Int. J. Psychoanal.,* 87:1183-1198.

Pinsky, E. (2011). The Olympian delusion. *J. Amer. Psychoanal. Assn.,* 59:351-375.

Rees, E. (2012). Personal communication.

Rieff, P. (1966). *The Triumph of the Therapeutic: Uses of Faith After Freud.* Middlesex, England: Penguin Books.

——— (1972). Toward a theory of culture: with special reference to the psychoanalytic case. In *The Feeling Intellect: Selected Writings,* ed. J. B. Imber. Chicago, IL: Univ. of Chicago Press, 1990.

——— (1979). *Freud: The Mind of the Moralist.* Chicago, IL: Univ. of Chicago Press.

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

Steiner, J. (2000). Book review: *A Mind of One's Own: A Kleinian View of Self and Object,* by Robert Caper. *J. Amer. Psychoanal. Assn.,* 48:637-643.

Stone, L. (1961). *The Psychoanalytic Situation: An Examination of Its Development and Essential Nature.* New York: Int. Univ. Press.

Sugarman, A. (2000). Meet the author: Fred Busch. *J. Amer. Psychoanal. Assn.,* 48:581-592.

Tennyson, A. (1850). In Memoriam, A. H. H. In *The Works of Alfred, Lord Tennyson.* Ware, Hertfordshire, UK: Wordsworth Editions.

Tsolas, V. (2008). Is it shame? Inhibitions of writing as *just* a candidate. *The Amer. Psychoanalyst,* 42:34.

Winnicott, D. W. (1963). Communicating and not communicating leading to a study of certain opposites. In *The Maturational Processes and the Facilitating Environment: Studies in the Theory of Emotional Development*. Madison, CT: Int. Univ. Press, 1965.

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